

# Snow Belt Housing Company, Inc.

7500 S. State Street, Lowville N.Y. 13367

Phone: (315) 376-2639 ~ Fax: (315) 2518 ~ TDD: 1-800-662-1220

Website: snowbelt.org

## **OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

The Snow Belt Housing Company, Inc. is the managing agent for five elderly/disabled USDA 515 housing projects. Each project has a separate waiting list. To request placement on any of our waiting lists, please check your choice or choices below:

- \_\_\_ McNeil Park Apartments, Copenhagen, NY 13626 – Contact Jeremy Chartrand (315) 376-2639
- \_\_\_ High Falls Apartments, Lyons Falls, NY 13368 – Contact Jeremy Chartrand (315) 376-2639
- \_\_\_ Whitton Place Apartments, Port Leyden, NY 13433 – Contact Jeremy Chartrand (315) 376-2639
- \_\_\_ Sackets Harbor Heights, Sackets Harbor, NY 13685 – Contact Jeremy Chartrand (315) 376-2639
- \_\_\_ Valley View Courts, Lowville, NY 13367 – Contact Erica Davis (315) 376-7376
- \_\_\_ Steepleview Courts, Croghan, NY 13327 -- Contact Erica Davis (315) 376-7376

The policy of the Snow Belt Housing Company, Inc. is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, color, national origin, religion, sex, disability, familial status, sexual orientation, gender identity, or marital status.

Before we can process your application, it is necessary that you provide the correct legal name for each member of your household as it appears on the social security card, addresses, social security numbers, income and assets. List the tenant first, co-tenant second and other members of the household third, etc.

(If you are unable to fill out this application, someone may fill it out for you. That person must sign the last page as the person whose handwriting appears on the form)

**APPLICANT:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_

If less than five years at your current address, list other addresses on a separate page and include it with your application. Have you ever lived in another state? \_\_\_ Yes \_\_\_ No.

If yes, indicate which state and/or states: \_\_\_\_\_

### **A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME:**

| <b>NAME</b> | <b>DATE OF BIRTH</b> | <b>SOCIAL SECURITY #</b> |
|-------------|----------------------|--------------------------|
|             |                      |                          |
|             |                      |                          |
|             |                      |                          |
|             |                      |                          |

1) If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name \_\_\_\_\_ Where does he/she live? \_\_\_\_\_

2) Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

3) Will any alterations to the apartment be necessary for a member of your family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**B. INCOME – LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:**

NAME OF FAMILY MEMBER \_\_\_\_\_ SOURCE OF INCOME \_\_\_\_\_

1. A. \_\_\_\_\_ Social Security monthly amount \$ \_\_\_\_\_

B. \_\_\_\_\_ Social Security monthly amount \$ \_\_\_\_\_

2. A. \_\_\_\_\_ Pension monthly amount \$ \_\_\_\_\_

B. \_\_\_\_\_ Pension monthly amount \$ \_\_\_\_\_

3. A. \_\_\_\_\_ SSI Benefits monthly amount \$ \_\_\_\_\_

B. \_\_\_\_\_ SSI Benefits monthly amount \$ \_\_\_\_\_

4. A. \_\_\_\_\_ Wages Gross monthly amount \$ \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

B. \_\_\_\_\_ Wages Gross monthly amount \$ \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

5. A. \_\_\_\_\_ Unemployment Comp. monthly amount \$ \_\_\_\_\_

B. \_\_\_\_\_ Unemployment Comp. monthly amount \$ \_\_\_\_\_

6. A. \_\_\_\_\_ Social Services monthly amount \$ \_\_\_\_\_

B. \_\_\_\_\_ Social Services monthly amount \$ \_\_\_\_\_

7. A. \_\_\_\_\_ Other Income monthly amount \$ \_\_\_\_\_

Source \_\_\_\_\_

B. \_\_\_\_\_ Other Income monthly amount \$ \_\_\_\_\_

Source \_\_\_\_\_

8. \_\_\_\_\_ Alimony monthly amount \$ \_\_\_\_\_

9. \_\_\_\_\_ Child Support monthly amount \$ \_\_\_\_\_

10. \_\_\_\_\_ Earned Income Tax Credit ANNUAL amount \$ \_\_\_\_\_

11. \_\_\_\_\_ Income from Investments monthly \$ \_\_\_\_\_

12. Do you anticipate any changes in this income during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

13. Does anyone in the household receive any regular contributions or gifts from non-household members?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

14. Do you expect anyone not listed on this application to be moving in with you in the future?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

**C. PROPERTY:**

1) Have you sold any property on a **deed of trust or mortgage** whereby you are receiving periodic payments? \_\_\_ Yes \_\_\_ No

If yes, - current outstanding balance of contract \$ \_\_\_\_\_ as of \_\_\_\_\_.

Interest Rate \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Payments are \_\_\_\_\_ Monthly, \_\_\_\_\_ Quarterly, \_\_\_\_\_ Annually, or \_\_\_\_\_ Other

**Please attach an amortization schedule.**

2) Does anyone in the household own any property? Yes \_\_\_ No \_\_\_ If yes, Type of property \_\_\_\_\_  
 Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or outstanding loans balance due \$ \_\_\_\_\_

**Please attach a copy of your deed and most recent tax bill.**

3) Have you disposed of any assets in the last two years? (Examples – given away money to relatives, set-up irrevocable trust accounts) \_\_\_ Yes \_\_\_ No If yes, please describe asset \_\_\_\_\_

Date of disposition \_\_\_\_\_ Amount disposed of \$ \_\_\_\_\_

4) Do you have any other assets not listed above? (Excluding personal property) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

5) Do you have ACCESS to any other income or assets not listed above? Yes \_\_\_ No \_\_\_

If Yes, list: \_\_\_\_\_

\_\_\_\_\_

**D. ASSETS:**

List all assets for all household members.

**CHECKING ACCOUNTS** Yes No

| Bank | Address | Account # | Account Balance | Interest Rate |
|------|---------|-----------|-----------------|---------------|
|      |         |           |                 |               |
|      |         |           |                 |               |
|      |         |           |                 |               |
|      |         |           |                 |               |

**SAVINGS, CD's, MONEY MARKETS, ETC.**      **Yes**      **No**

| Bank | Address | Account # | Account Balance | Interest Rate |
|------|---------|-----------|-----------------|---------------|
|      |         |           |                 |               |
|      |         |           |                 |               |
|      |         |           |                 |               |
|      |         |           |                 |               |

**OTHER (TYPE \_\_\_\_\_)**      **Yes**      **No**

| Institution | Address | Account # | Account Value<br>Market Value | Interest Rate/<br>Dividend |
|-------------|---------|-----------|-------------------------------|----------------------------|
|             |         |           |                               |                            |
|             |         |           |                               |                            |
|             |         |           |                               |                            |
|             |         |           |                               |                            |

**E. MEDICAL ALLOWANCES:**

Indicate on whose behalf medical expenses will be incurred for the next twelve months. Medical expenses may include insurance premiums, Medicare premiums, prescriptions, over the counter drugs with proper Dr.'s verification, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits, etc.

Health Insurance Company \_\_\_\_\_

Insurer's Name: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Insurer's Name: \_\_\_\_\_

Premium \$ \_\_\_\_\_ PAID; \_\_\_\_\_ Monthly, \_\_\_\_\_ Quarterly, or \_\_\_\_\_ Annually

Medicare Premiums:

Insurer's Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Insurer's Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Anticipated Medical/Drug Prescription costs NOT covered by insurance or reimbursed:

Monthly Amount \$ \_\_\_\_\_

Medical Bills or outstanding costs YOU are making monthly payments for:

Balance Due: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_ Payable to: \_\_\_\_\_

**Please attach a drug profile for the past twelve months.**

Name and Address of all Physicians you are seeing on a regular basis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other medical expenses: Type \_\_\_\_\_  
Amounts \_\_\_\_\_

**F. PROGRAM INFORMATION:**

- 1) Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, or disabled as defined by Rural Development? \_\_\_ Yes \_\_\_ No If so, do you realize you will be eligible for a \$400.00 deduction and medical deductions? Please realize that your eligibility must be verified.
- 2) Would you or any one in your household benefit from a handicapped accessible unit? \_\_\_ Yes \_\_\_ No
- 3) Are you currently living in subsidized housing? \_\_\_ Yes \_\_\_ No
- 4) Have you ever resided in a project financed and/or subsidized by the Government? \_\_\_ Yes \_\_\_ No  
If yes, Name and address \_\_\_\_\_
- 5) Have you ever been evicted from Public Housing or any other Federal Housing Program?  
\_\_\_ Yes \_\_\_ No If yes, Where \_\_\_\_\_ When \_\_\_\_\_  
Describe reason: \_\_\_\_\_
- 6) Have you ever been evicted from other housing? \_\_\_ Yes \_\_\_ No
- 7) Are your bills current with the electric company? \_\_\_ Yes \_\_\_ No
- 8) Will you be able to get lights in your name with National Grid? \_\_\_ Yes \_\_\_ No
- 9) How did you hear about this housing? \_\_\_\_\_
- 10) Will you take an apartment when one is available? \_\_\_ Yes \_\_\_ No
- 11) Briefly describe your reason for applying \_\_\_\_\_

**G. CRIMINAL HISTORY:**

- 1) Have you ever been convicted of a felony offense? \_\_\_ Yes \_\_\_ No  
If yes, please describe convictions. Please use back of application if you need additional space.  
\_\_\_\_\_
- 2) Are you currently using illegal drugs? \_\_\_ Yes, \_\_\_ No
- 3) Have you ever been convicted of the sale, distribution, or possession of illegal drugs? \_\_\_ Yes, \_\_\_ No
- 4) Have you or any one in your household (regardless of age) been arrested, charged or convicted for any of the following:
  - a. Violent criminal activity? \_\_\_ Yes, \_\_\_ No If yes, please describe \_\_\_\_\_
  - b. Alcohol related activity? \_\_\_ Yes, \_\_\_ No If yes, please describe \_\_\_\_\_
  - c. Manufacture of methamphetamines? \_\_\_ Yes, \_\_\_ No If yes, please describe \_\_\_\_\_
- 5) Are you subject to the lifetime sex offender registry? \_\_\_ Yes, \_\_\_ No.

**H. REFERENCE INFORMATION:**

**LANDLORD (Please list all landlords for the last five years):**

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Tenant Address \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Tenant Address \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Tenant Address \_\_\_\_\_

**CREDIT**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONAL REFERENCES (NO RELATIVES)**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**I. ADDITIONAL INFORMATION:**

**PETS**

Do you own any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

**VEHICLES**

List any cars, trucks or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

| <u>TYPE</u> | <u>YEAR/MAKE</u> | <u>COLOR</u> | <u>LICENSE PLATE #</u> |
|-------------|------------------|--------------|------------------------|
| _____       | _____            | _____        | _____                  |
| _____       | _____            | _____        | _____                  |
| _____       | _____            | _____        | _____                  |

**J. AUTHORIZATION and CERTIFICATION:**

**AUTHORIZATION**

I/we do hereby authorize the Snow Belt Housing Company, Inc., as managing agent and its staff or authorized representatives to contact any agencies, local police departments, Division of Criminal Justice services, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in this HUD and/or USDA Rural Development 515 housing complex.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**CERTIFICATION**

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in a different location.

I/we further certify that this will be my/our permanent residence.

I/we understand I/we must pay a security deposit for this apartment.

I/we understand that my eligibility for housing will be based on Rural Development and/or HUD income limits.

I/we certify that we are a U.S. citizen or a qualified alien.

I/we certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and are grounds for denial of this application or termination of tenancy after occupancy.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

## FAMILY HOUSEHOLD COMPOSITION

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, which the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

### Ethnicity:

Hispanic or *Latino* \_\_\_\_\_

Not Hispanic or *Latino* \_\_\_\_\_

### Race: (Mark one or more)

White \_\_\_\_\_

Black or African American \_\_\_\_\_

Asian \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

### Gender:

Male \_\_\_\_\_

Female \_\_\_\_\_

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).





**CRIMINAL RECORD RELEASE FORM**

**Applicant(s)/Tenant(s) please complete the following information. Please use your full legal name with middle initial. If your current address is less than five years, please list additional address on back of form.**

(A) I, \_\_\_\_\_ hereby state that I reside at \_\_\_\_\_ that my date of birth is \_\_\_\_\_, and that my social security number is \_\_\_\_\_.

(B) I, \_\_\_\_\_ hereby state that I reside at \_\_\_\_\_ that my date of birth is \_\_\_\_\_, and that my social security number is \_\_\_\_\_.

I am an applicant for housing with one of Snow Belt Housing Company, Inc.'s managed properties. A question for Snow Belt's tenant selection criteria concerns the existence of a criminal record. I hereby waive the right to privacy, to which I am otherwise entitled, and consent that any record of a criminal conviction pertaining to me be released to the Snow Belt Housing Company, Inc. employees and/or its authorized representatives.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

**Existence of a Criminal Record to be verified by local, state and/or county law enforcement:**

Does the applicant(s)/tenant(s) have a criminal record? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Does the applicant(s)/tenant(s) possess a felony conviction? \_\_\_\_\_

Has the applicant(s)/tenant(s) ever been involved in any illegal drug activity? \_\_\_\_\_

Were the applicant(s)/tenant(s) ever convicted of any drug related offense(s)? \_\_\_\_\_

# Snow Belt Housing Company, Inc.

7500 South State Street ~ Lowville, NY 13367  
E-mail: [cheryl@snowbelt.org](mailto:cheryl@snowbelt.org)

*Cheryl L. Shenkle-O'Neill, Executive Director*

NYS Relay Service No. – TTD 1-800-662-1220  
Phone (315) 376-2639 ~ Fax (315) 376-2518

## AUTHORIZATION FOR RELEASE OF INFORMATION

### Consent

I authorize and direct any Federal, State, or Local Agency, Organization, Business, or Individual to release to Snow Belt Housing Company, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- \* Federal HOME Program
- \* USDA Section 515 and 533 Programs
- \* Federal CDBG Program
- \* Section 8 Housing Assistance Program
- \* Solutions to End Homelessness Program (STEHP)
- \* HUD Continuum of Care Program
- \* DHCR administered programs
- \* Rural Rent Assistance Program (RRAP)

I give my consent for the release also for the minor children in my care who live with me. 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) and Rural Development in administering and enforcing program rules and policies.

### Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- \* Identity and Marital Status
- \* Income and Assets
- \* Medical or Child Care Allowances
- \* Credit and Criminal Activity
- \* Employment
- \* Residences/Rental Activity
- \* Social Security Numbers

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 the housing assistance program.



This institution is an equal opportunity provider and employer



## 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 Agencies)
- \* Post Offices
- \* Schools and Colleges
- \* Support and Alimony Providers
- \* Veterans Administration Retirement Systems
- \* Credit Providers and Credit Bureaus
- \* Past and Present Employers
- \* Welfare Agencies
- \* State Unemployment Agencies
- \* Social Security Administration
- \* Medical and Child Care Providers
- \* Banks and other Financial Institutions
- \* Utility Companies

## COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA 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 Security Agencies, Department of Defense, Office of Personnel Management, the U. S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

## CONDITIONS

I agree that a photocopy of this authorization may be for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Head of Household

\_\_\_\_\_  
Signature (Print Name) Date

Co-Head of Household

\_\_\_\_\_  
Signature (Print Name) Date

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).





# Rural Housing and Community Programs

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

### **Avoid Fraud, Report Abuse**

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

### **If You Disagree With a Decision**

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### **Notice of Adverse Action**

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### **Grievance Process Overview**

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### **When a Grievance Is Legitimate**

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

| A complaint may not be filed with the owner/management if:  | A complaint may be filed with the owner/management if:   |
|---|--|
| USDA has authorized a proposed rent change.   | There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA. |
| A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management. | The owner or management fails to maintain the property in a decent, safe, and sanitary manner.         |
| The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.  | The owner violates a lease provision or occupancy rule.  |
| USDA has required a change in the rules and proper notices have been given.   | A tenant is denied admission to the complex.   |
| The tenant is in violation of the lease and the result is termination of tenancy.   |  |
| There are disputes between tenants that do not involve the owner/management.  |  |
| Tenants are displaced or other adverse effects occur as a result of loan prepayment.  |  |

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.