

Cheyenne Housing Authority

Recertification Packet Checklist for Public Housing

Please use this checklist to make sure all required information is included before submitting your packet.

Incomplete packets will not be accepted

All household members 18 years and older must complete and return:

- ☐ Household Declaration
- ☐ General Release of Information / Consent Form
- ☐ Community Service
- ☐ Rent Calculation
- ☐ If anyone in your household just turned 18 years of age, please request and complete the following forms:
 - Debts Owed – HUD 52675
 - Authorization for the Release of Information / Privacy Act Notice (HUD-9886-A)

Please include the following applicable documentation:

- ☐ **Income Verification:**
 - ☐ **Employment:** Payroll summary from employers and/or check stubs (60-days of the most recent, consecutive months.) Original third-party authentic documentation for any other income such as: Unemployment Benefits, POWER, Child Support, Pension / Retirement Income, Social Security Award Letter, contributions from others not currently living with you, etc.
 - ☐ **Self-Employed Individuals Only** (includes independent contractors / gig economy platforms, such as Door Dash, Uber, Lyft, etc.): Current, Signed Federal Tax Return, that has been filed with the IRS, with W2's and a schedule C for business income and expenses. CHA will accept a completed profit and loss statement with verification (IRS Form 4506-T) that a tax return was not filed. CHA may request documents that support submitted financial statements such as manifests, appointment books, cash books, or bank statements.
- ☐ **Assets:**

Current 30-day statement from your financial institution (i.e. most recent, itemized bank statement checking / savings, stocks, bonds, retirement accounts, trusts, CD, mutual funds, or any other assets). For life insurance policies, a printout showing the cash value must be provided. *New - Report all assets and income earned from those assets. If your total net family assets are **\$54,898 or less**, CHA may accept your certification without third-party verification. CHA will fully verify assets at least once every three years.*
- ☐ **Verification of Unreimbursed Childcare Expenses:**

Two consecutive months of receipts from the childcare provider listing amounts you paid out-of-pocket (if applicable)
- ☐ **Verification of Student Status and Financial Information (If applicable):**

Student enrollment with name of school and credit hours. Financial verification of tuition cost, fees, grants and scholarships for every student household member over 18 years old.
- ☐ **Verification of Disability Status (If applicable):**

Submit verification for each person of the household who is 18 years or older with a disability. Verification of receiving SSI or SSDI benefits can be used as a verification of disability. If needed, the Verification of Disability Form can be requested from CHA.
- ☐ **Verification of Unreimbursed Medical Expenses (Elderly or Disabled Households Only):**

If applicable, printouts from doctors, pharmacies, insurance premiums will require 3-months bank statements or invoices. All other medical expenses will need invoices and all **unreimbursed expenses must include verification of payment**. Please refer to the CHA Policy regarding medical verification document requirements.
- ☐ **Federal Tax Return:**

Provide a complete copy of your **Federal income tax return for the most recent calendar year**, including all schedules, forms, and attachments, if you were required to file. **CHA may request additional Federal income tax returns or other documentation as needed to verify income or determine program eligibility.**



Mailing Address: PO Box 20046, Cheyenne, WY 82003
3304 SHERIDAN ST. / CHEYENNE, WY 82009 / PH. 307-633-8333 / FAX 307-637-4663
For TTY assistance call 1-800-877-9965 / FAX 307-633-8315 (Housing Dept.) www.cheyennehousing.org



**Cheyenne Housing Authority
Household Declaration**

(for Public Housing, Housing Choice Voucher, and Multi-family Housing Programs)

- ☐ Annual Certification
☐ Income Change
☐ Household Change
☐ Moving
☐ Initial Certification

This packet is to be completed in full for *any* changes or recertification.

Please print clearly and be aware all forms must be signed by all adult members of the household.

Complete every section; mark *N/A* if it does not apply to you.

Address _____

Phone _____

City, State, Zip _____

Email address _____

Mailing address if different _____

HOUSEHOLD COMPOSITION: LIST ALL OCCUPANTS OF THE ASSISTED UNIT

A child may be counted as a household member for subsidy purposes only if the child is present in the unit at least 50% of the time and is not receiving assistance as a dependent in another federally assisted housing program.

Legal Name <i>as it appears on Social Security Card</i>	Relation to Head of Household	Sex	Age	Social Security # (last 4)	Race: White/ Black/ Asian/ American Indian/ Pacific Islander	Ethnicity Hispanic Y/N	Date of Birth	Student over age 18? Y/N	Disabled Y/N
	HEAD								

If you or anyone in your family is a person with a disability, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Cheyenne Housing Authority: (307) 633-8333.

A. LIVE-IN AIDE

Do you have a live-in aide? Yes No If yes, complete the following:

Name: _____

Last 4 SSN: _____

B. FOSTER CHILDREN

List the complete name of any foster children in your family:

Name(s): _____

C. INCOME:

Does anyone in the household, including children, receive income from any of the sources listed below or any other source of income?

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Who</u>	<u>Monthly Amt</u>
• Employment / Self	☐	☐	if yes, complete section D. and/or E. below, as applicable	
• Social Security SSA / SSDI	☐	☐		
• Supplement Security Income	☐	☐		
• Work Study	☐	☐		
• Educational Loans	☐	☐		
• Grants, Scholarships	☐	☐		
• TANF / Power	☐	☐		
• SNAP	☐	☐		
• Unemployment Benefits	☐	☐		
• Workers Compensation	☐	☐		
• Child Support	☐	☐		
• Pension/Retirement	☐	☐		
• Per Capita / Tribal	☐	☐		
• Veteran's Benefits	☐	☐		
• Military Pay	☐	☐		
• Rental Property Income	☐	☐		
• Gift income	☐	☐		
• Other,explain	☐	☐		

☐ By checking this box, I am certifying that I do not have any income at this time

D. EMPLOYMENT:

Name	Occupation	Gross Wages per Month
------	------------	-----------------------

Employer's Name	Address	City, State, Zip	Phone
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Do you ever receive any of the following?

Overtime	☐ Yes ☐ No	Tips	☐ Yes ☐ No
Bonus	☐ Yes ☐ No	Commission	☐ Yes ☐ No

EMPLOYMENT:

Name	Occupation	Gross Wages per Month
------	------------	-----------------------

Employer's Name	Address	City, State, Zip	Phone
-----------------	---------	------------------	-------

Do you ever receive any of the following?

Overtime	☐ Yes ☐ No	Tips	☐ Yes ☐ No
Bonus	☐ Yes ☐ No	Commission	☐ Yes ☐ No

E. SELF EMPLOYED: Is anyone self-employed or does anyone own a business?

☐ Yes ☐ No

If yes,

- ☐ I have been self-employed less than 3 months. Must provide Self-Employment Profit and Loss Worksheet
 - ☐ I have been self-employed over 3 months. Must provide tax return and/or earnings statements
-

F. Does anyone receive any income from any other source outside your household?

For example, does anyone pay any of your bills or give you money on a regular basis?

☐ Yes ☐ No If yes, please explain.

G. ASSETS: Does anyone, **including children**, have any of the following resources?

Check **Yes** or **No** for each item. If yes, list who and amount.

Item	Yes	No	Who	Amount
Cash (over \$100)	☐	☐	_____	\$_____
Checking Account(s)	☐	☐	_____	\$_____
	☐	☐	_____	\$_____
Savings Account(s)	☐	☐	_____	\$_____
	☐	☐	_____	\$_____
Prepaid Card(s)	☐	☐	_____	\$_____
(Direct Express)	☐	☐	_____	\$_____
Whole Life Insurance Policy	☐	☐	_____	\$_____
Trust Funds	☐	☐	_____	\$_____
Stocks or Bonds	☐	☐	_____	\$_____
Notes, Mortgages or Deeds	☐	☐	_____	\$_____
CDs or Money Markets	☐	☐	_____	\$_____
Retirement Accounts	☐	☐	_____	\$_____
Tax Refund balance	☐	☐	_____	\$_____
Other, Explain	☐	☐	_____	\$_____

☐ By checking this box, I am certifying that I do not have any assets at this time

_____ **If yes to any items in Section G, complete the following:**

Type of asset

Name & Address of Institution

Interest Rate %

H. STUDENT INFORMATION:

List all household members 18 and older currently enrolled in school or an institution of higher education. Verification of student enrollment, applied financial aid or scholarships & cost of tuition must be supplied.

Student Name(s)	Name of School/ University	Full-time or Part-time	Does the Student receive financial aid, scholarships or grants?
		☐ full-time ☐ part-time	☐ yes ☐ no
		☐ full-time ☐ part-time	☐ yes ☐ no

I. Does anyone in your family currently own any real estate such as land, a home, a mobile home, etc.?
 Yes No If yes, please complete the following:

Type	Address	Estimated Value
Balance of any mortgage on the property \$ _____		

J. Have you or any other adult household member sold any business or assets in the last 2 years for less than its full value? Yes No If yes, please explain:

K. Do you have out of pocket child care expenses for a child age 13 or under and the childcare enables you to work or go to school? Yes No If yes, complete the following:

1)	Care Provider Name	Care Provider Address	Monthly Amount
2)	Care Provider Name	Care Provider Address	Monthly Amount

M. Have you or any household member listed above ever been charged and/or convicted of any violent drug-related criminal activity or is any member of your household required to register as a sex offender in any state?

Yes No If yes, please explain:

MEDICAL EXPENSES – Elderly or Disabled Families Only

To request a medical deduction for all household members, the head of household, co-head, spouse, or sole member must be at least 62 years of age or disabled. Two criteria for medical expense deductions according to HUD must be met:

1. Medical expenses (such as prescriptions, medical premiums, dental care, etc.) must be out of pocket, non-reimbursed costs. **Receipts required for verification of payment must include company name, your name and amount paid by you.*
2. Expenses must be **anticipated, regular, ongoing expenses** that a family expects to pay in the 12 months following reexamination. Medical expenses for the previous year may be used as a basis for estimating the family's anticipated expenses for the coming year.

Please contact your Housing Specialist regarding any medical expense questions and/or details on HOTMA medical expense changes.

APPLICANT / PARTICIPANT / TENANT CERTIFICATION AND NOTICE
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Please note that the income information provided on this form may be subject to income matching by the Department of Housing and Urban Development with IRS, Social Security and State Wage and Unemployment income data for the Public Housing and Section 8 programs. The information collected is subject to the Federal Privacy Act as explained on form HUD-9886. **WARNING!** *Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.*

I/We certify that the information completed on this form and provided to the Cheyenne Housing Authority regarding household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge.

I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements are grounds for denial or termination of our housing assistance.

I/We understand that a criminal background will be completed for every adult member of the household upon intake to the program and CHA may complete a criminal background annually or as needed. I/We do hereby swear and attest that all the information provided on this declaration is true and correct.

**Cheyenne Housing Authority
Applicant / Participant / Tenant
Responsibilities**

I certify all the information I have provided is accurate in regard to household composition, income, household assets and items for allowances and deductions.

Any changes in household income must be reported in writing to the Cheyenne Housing Authority (CHA) within 15 business days.

Any changes in household composition including addition of children to the household, marriage, divorce, or separation must be reported in writing to the CHA within 15 business days. This includes anyone moving in or out of the unit.

I must supply any information requested by the CHA or HUD for use in a regularly scheduled reexaminations or interim reexaminations of family income and composition. This includes disclosure and verification of social security numbers and signing and submitting consent forms for obtaining information.

I must notify CHA and my landlord in writing at least thirty (30) days before vacating my unit. CHA will not assist me in another unit if I owe any assisted housing program for unpaid rent, utilities, damages and/or repayment agreements (or if there are any pending charges).

I understand the address of my unit may not be used by other persons as a mailing address. By allowing this, it will be construed as an unreported person residing in my unit and will be cause for termination of my rental assistance.

I understand I am responsible for any deficiencies under the National Standards for the Physical Inspection of Real Estate (NSPIRE) by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond ordinary wear and tear caused by any member of the household or guest. I must allow CHA to inspect the unit at reasonable times and after reasonable notice.

I understand my assistance can be terminated for any of the following, but not limited to:

Not reporting changes in household income and composition within 15 business days.

Subletting my unit.

Lease violations, damage to the unit and/or eviction.

Preponderance of evidence of drug related or violent criminal activity by any household member.

Any household member threatening abuse or showing violent behavior toward CHA personnel.

Absence from the unit for more than thirty (30) days in a one (1) year period.

Failing to complete the required annual recertification process.

Failing to notify CHA in writing 30 days before vacating the unit.

Program fraud, which includes falsifying any information provided to CHA.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

RENT CALCULATION OPTION CERTIFICATION

I, _____ (Head of Household), hereby select the following rent calculation option for the term of the Lease Agreement to which this document is attached. I/We further certify that I/we fully understand the rent calculation options that are available to me/us.

I/We understand that by electing the Percentage of Income calculation I/we will be required to report any changes in the household income or composition no later than the 21st day of the month of the occurrence, and that I/we will be subject to complete the annual re-examinations.

I/we understand that by electing the Flat Rent calculation my/our rent amount will not be adjusted for changes in my/our income or household composition during the applicable term. I/We understand that if I/we select the Flat Rent option I/we will be required to complete a full re-examination every three years and that the Flat Rent amount may be changed by the Housing Authority annually.

I/we further understand that I/we may change my/our selection of rent calculation methods at my/our annual re-certification date, or at any time for the following reasons:

1. The family's income has decreased;
2. The family's circumstances have changed, increasing their expenses for child care, medical care, etc.;
3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.

I/We select the following rent calculation option:

_____ Percentage of Income

_____ Flat Rent

By signing below I/we certify that I/we have received the Flat Rent schedule and a complete explanation of my/our rent calculation options, and that based upon that full understanding I/we have selected the above indicated rent calculation option.

Head of Household

Date

Household Member 18 & Older

Date

Household Member 18 & Older

Date

CHEYENNE HOUSING AUTHORITY

General Release of Information / Consent Form

I authorize the Cheyenne Housing Authority (CHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive or continue to receive housing assistance or otherwise participate in programs operated by, administered by, or overseen by CHA. CHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, governmental entity, or organization that has, or may have, any information listed below. If CHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to abide by the rules of the lease, take care of rental property, and get along well with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- Information from employers regarding wages, salary and duration of employment.
- Criminal history information, including fingerprint submission where necessary to effect positive identification. This includes, but is not limited to, criminal history information generated, stored, accumulated, assembled, or reported by local, state, or federal law enforcement agencies or entities even if that information is otherwise restricted, confidential, or protected from release by local, state, or federal law;
- Information about or concerning me which has been created by or is in the possession of any state, local, or law enforcement agency or any prosecutorial entity (including, but not limited to such entities as district attorney's offices, city attorney's offices, or county attorney's offices) related to any suspected, investigated, alleged, charged, or convicted criminal activities. This release applies even if such information is otherwise restricted, confidential, or protected from release by local, state, or federal law. This information which I am authorizing the release of would include, but not be limited to, investigation reports, arrest reports, statements of witnesses, complaining parties, or other persons, photographs, recordings, documents and materials collected in the course of investigations or prosecutions, citations, tickets, referrals for charges, booking sheets, detention reports, charging documents, plea bargain paperwork, pleas, verdicts, transcripts, sentencing documents, probation documents, and all other such documents related to the topics referred to in this paragraph.
- Information on payment history and balances owed to utility companies;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verification;

- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private screening contractors;
- Outstanding debts to other housing agencies.

This Consent expires 15 months after I sign it. I may revoke this General Release of Information / Consent Form by notifying the CHA in writing. If I revoke this General Release of Information / Consent Form, I understand that future housing assistance may not be provided and/or that my participation in assistance or other programs may be denied or terminated. I hereby release any and all persons, businesses, governmental entities, or organizations that disclose, share, or otherwise provide information to the CHA and/or to HUD pursuant to this release from any and all claims or liability which would or might otherwise arise from the disclosure, sharing or providing of such information without such a release having been given by me. This Consent Form is being signed knowingly and voluntarily without coercion.

Head of Household (printed name)	Signature	Date
Co-Head (printed name)	Signature	Date
Other Adult 18 years of age or older	Signature	Date
Other Adult 18 years of age or older	Signature	Date

Who must sign the Consent Form: Each member of your household 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. Criminal background checks will be run on anyone in the household 18 years of age or older.

Failure to sign Consent Form: Denial of eligibility or termination of benefits is subject to CHA's Housing Choice Voucher informal hearing/review procedures or Public Housing informal review/grievance process.

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 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 Social Security Numbers issued to you and all other household members age six years and older. Provision of Social Security Numbers of all household members is mandatory, failure to provide 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 application.

Penalties for misusing this Consent: HUD, CHA and any owner (or any employee of HUD, CHA or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the Consent Form. Use of the information collected based on this form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other appropriate relief against the officer or employee of HUD or the CHA.

Cheyenne Housing Authority

Community Service Exemption Certification CSSR 4

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- ☐ I am 62 or older;
- ☐ I am a person who is blind or who is disabled and I certify that based on this disability, I cannot comply with the requirements or I am a primary caretaker of such individual;
(Disability must be or have been verified)
- ☐ I am working 30 hours or more per week;
(Employment verification will serve as documentation)
- ☐ Exempt from Work Requirements by State Program: I am receiving TANF or benefits from another state welfare program and am exempt from related work requirements.
(Must provide verification letter from agency)
- ☐ I am a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and have not been found to be in noncompliance with such program.
(Must provide verification from the funding agency that you are complying with job training or work requirements)
- ☐ I am a full time student;
(Must provide verification of school schedule.)
- ☐ Other;
Please explain: _____

Resident

Date



Cheyenne Housing Authority

Community Service and Self-Sufficiency Requirement Certification

CSSR 5 Annual Renewal

For Non-Exempt Individuals

Date: _____

Participant Name: _____

I understand that as a resident of public housing, I am required by law to contribute 8 hours permonth (96 hours over the course of every 12-month period) of community service or participate in an economic self-sufficiency program. I have received and read the Community Services and Self Sufficiency Requirement Policy. I further understand that if I am not exempt, failure to comply with CSSR is grounds for leasenonrenewal.

Signature: _____

Date of Signature: _____



Cheyenne Housing Authority

Community Service Log and Verification CSSR 6

Participant Name: _____ Head of Household Name: _____
Last 4 of SS#: _____

Month & Year	# of Hours Completed	Name of Organization	Organization Contact Name	Contact Name Phone #	Signature of Contact Verifying Hours Served

The undersigned hereby represents that all of the information provided is true and complete and authorize the Cheyenne Housing Authority to obtain information from any source to verify information provided.

Participant Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Verified by CHA

Staff: _____ Date: _____



Mailing Address: PO Box 20046, Cheyenne, WY 82003
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For TTY assistance call 1-800-877-9965 / FAX 307-633-8315 (Housing Dept) www.cheyennehousing.org
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