

This form **must be filled out completely**. Mark "N/A" if not applicable.

YOUR INFORMATION

NAME: AGE: SSN (last 4): xxx-xx-_____

PHONE #: () - EMAIL:

ADDRESS:

CITY: STATE: ZIP:

DISABLED? ☐ YES ☐ NO STUDENT? ☐ YES ☐ NO IF YES: ☐ FULL-TIME ☐ PART-TIME

MEMBERS OF YOUR HOUSEHOLD (PEOPLE WHO LIVE WITH YOU)

First Name	Last Name	Age	Relationship (e.g. spouse, son, live-in aide etc.)	Disabled? (Y or N)	Student? (Y or N)	If Yes to Student (FT or PT)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

- ❖ Is anyone listed above disabled, and as a result of such disability in need of a reasonable accommodation?

☐ YES ☐ NO

If yes, please explain (a reasonable accommodation is a change in policies or practice that will allow equal opportunity for housing assistance).

HOUSEHOLD MEMBER'S INCOME

Please answer the following. Each section **must be filled out completely**. Mark "N/A" if not applicable.

Do you or anyone who lives with you get money from the following:

Source	Do you or anyone who lives with you get money from this source? (Yes or No)	If yes, monthly amount
Wages/employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Wages/employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Wages/employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Social Security/SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
State SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Self-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Pension/retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Power/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Per Capita	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Student Financial Aid/Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Gift income (examples: someone who does not live with you (1) pays your bills monthly, (2) regularly gives you cash, or (3) regularly buys your groceries or clothes)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$ _____

Child support or alimony	Is there a court ordered amount you are supposed to get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____
	Do you get the full amount ordered? If not, how much do you actually get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how much \$ _____

HOUSEHOLD MEMBER'S BANK ACCOUNTS

Please answer the following. Each section **must be filled out completely**. Mark "N/A" if not applicable.

Do you or anyone who lives with you have any of the following assets (e.g. bank accounts):

Type of Account	Do you or anyone who lives with you have this type of account? (Yes or No)	If yes, name of bank
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
IRA/Other Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Whole Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	
Prepaid cards (e.g. direct express)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	<input type="checkbox"/> Direct Express <input type="checkbox"/> Blue Bird <input type="checkbox"/> Other
Real Estate	Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____
	If yes, what is the address of the property?	
	Appraised Market Value:	\$
	Mortgage or outstanding balance due:	\$

❖ Has anyone disposed of any asset for less than fair market value within the last 2 years?

☐ YES ☐ NO If yes, how much did you dispose the asset for: \$

If yes, please explain (example: selling a house for less than what it's worth).

HOUSEHOLD EXPENSES

(may help lower your rent)

 Each section ***must be filled out completely***. Mark "N/A" if not applicable.

 Does anyone pay **childcare** for children under 13 years of age? If yes:

☐ Yes ☐ No

Monthly Amount \$ _____

Is the amount reimbursed/paid for by an agency or another person who does not live with you?

☐ Yes ☐ No

Does the childcare allow anyone to go to work, go to school or look for work?

☐ Yes ☐ No

 Does anyone pay **medical expenses**?

☐ Yes ☐ No

Annual Amount \$ _____

 Medical expenses must be anticipated, regular, ongoing expenses that a family expects to pay in the 12 months following examination or reexamination. Medical expenses for the previous year *may* be used as a basis for estimating the family's anticipated expenses for the coming year.

 The medical expense deduction is permitted **only for families in which the head, spouse, or cohead is at least age 62 or is a person with disabilities**. If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted to the extent they exceed three percent of annual income.

❖ Are you, or anyone who lives with you, required to register as a sex offender in any State?

☐ YES ☐ NO

❖ Have you, or anyone who lives with you, been convicted of any drug related or violent criminal activity since the last reexamination?

☐ YES ☐ NO

If yes, please explain:

❖ Currently, or at any time within the last 12 months, have you, or anyone who lives with you, received assistance at another location?

☐ YES ☐ NO If yes, who, where and when: _____

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance/the lease and/or prosecution.

 Signature of you and **everyone** who lives with you that is **18 years of age or older**:

 Signature: _____
 Signature: _____
 Signature: _____
 Signature: _____

 Date: _____
 Date: _____
 Date: _____
 Date: _____

CITIZENSHIP DECLARATION OF SECTION 214 STATUS

In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Complete a section for every household member, including children.

I, [Print Family Member Name] _____, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because: **(Check the applicable box or boxes.)**

1. ☐ **I am a citizen** by birth, naturalized citizen or national of the United States. **OR:**
2. ☐ **I have eligible immigration status and I am 62 years of age or older** (attach proof of age). **OR:**
3. ☐ **I have eligible immigration status as checked below (see reverse side of this form for explanations).** Attach INS document(s) evidencing eligible immigration status and signed verification consent form on the reverse side.
 - ☐ Immigrant status under #101(a)(15) or 101(a)(20) of the INA **OR:**
 - ☐ Permanent residence under #249 of INA **OR:**
 - ☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA **OR:**
 - ☐ Parole status under #212(d)(f) of the INA **OR:**
 - ☐ Threat to life of freedom under #243(h) of the INA **OR:**
 - ☐ Amnesty under #245A of the INA _____
4. ☐ **I am not a citizen and do not have eligible immigration status.**

X _____

☐ **Check box if signing for a minor child.**
Sign your name, not the minor child's name.

[Sign and Date Here]

I, [Print Family Member Name] _____, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because: **(Check the applicable box or boxes.)**

1. ☐ **I am a citizen** by birth, naturalized citizen or national of the United States. **OR:**
2. ☐ **I have eligible immigration status and I am 62 years of age or older** (attach proof of age). **OR:**
3. ☐ **I have eligible immigration status as checked below (see reverse side of this form for explanations).** Attach INS document(s) evidencing eligible immigration status and signed verification consent form on the reverse side.
 - ☐ Immigrant status under #101(a)(15) or 101(a)(20) of the INA **OR:**
 - ☐ Permanent residence under #249 of INA **OR:**
 - ☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA **OR:**
 - ☐ Parole status under #212(d)(f) of the INA **OR:**
 - ☐ Threat to life of freedom under #243(h) of the INA **OR:**
 - ☐ Amnesty under #245A of the INA _____
4. ☐ **I am not a citizen and do not have eligible immigration status.**

X _____

☐ **Check box if signing for a minor child.**
Sign your name, not the minor child's name.

[Sign and Date Here]

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following pertains to noncitizens who declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under §101(a) (15) or 101(a) (20) of the INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(1) (20) of the immigration and nationality Act (INA), as an immigrant, as defined by §101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

Permanent resident under §249 of the INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained resident in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*]

Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980 because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

Parole status under §212(d) (5) of the INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

Threat of life or freedom under §243(h) of the INA. A noncitizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*Threat to life or freedom*].

Amnesty under §254A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under §254A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].



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 04/30/2023.

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 or such other period consistent with State Law.

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.

This Notice was provided by the below-listed PHA:
Cheyenne Housing Authority
3304 Sheridan St.
Cheyenne, WY 82009

**I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

Cheyenne Housing Authority

XXVII. DRUG FREE HOUSING (PUBLIC HOUSING)

THIS POLICY is adopted to meet federal and state requirements for any subsidies, grants, or loans received by the Cheyenne Housing Authority requiring drug free tenant housing. The unlawful manufacture, cultivation, distribution, delivery, possession or use of a controlled substance by any person receiving any housing assistance through the program of the Cheyenne Housing Authority is prohibited. Controlled substances are defined as any substance defined as such by Federal, State or local drug laws. Tenants are responsible to see that prohibited activities do not occur on premises and the members of the household and guests comply with this policy.

If CHA employees observe a violation of this policy or have reason to believe the policy is being violated, the employee is required to report the violation to the employee's supervisor. The appropriate CHA supervisor shall notify law enforcement officials of information regarding a possible violation of drug laws. Upon conviction of a violation of Federal, State or local laws regarding a controlled substance, the tenant shall be immediately evicted in accordance with the procedure established by law.

If a tenant's child is convicted of violating a drug statute, on the first conviction the tenant shall be given written notice, upon a second conviction the entire tenant household shall be evicted.

I have received and read CHA's policy on drug free housing. I understand the unlawful manufacture, cultivation, use, possession, or sale of a controlled substance on the premises by anyone will result in my immediate eviction. I understand that conviction of a violation of a drug law by any adult in the house hold will result in immediate eviction.

Head of Household

Date

Spouse/Co-Tenant

Date



Cheyenne Housing Authority

CHARACTER REFERENCE

VERIFICATION FORM

To: _____
Character Reference Name, Email or Fax or mailing address for person providing character reference.

_____ has requested the Cheyenne Housing Authority contact you in order to help us determine whether he/she can fulfill the terms of the lease for property owned and/or managed by the Cheyenne Housing Authority.

Please return this form via Fax 307-633-8315, Attn: Elizabeth or email to EPeralta@cheyennehousing.org Should you have any questions regarding this request, please call 307-633-8336.

Please briefly describe your relationship and/or involvement with the above-named applicant(s): _____

If you represent an agency please indicate the name, address and phone number of the agency: _____

How long have you known/been involved with the applicant? _____

In your best professional opinion, if a lease is executed between the CHA and the applicant(s), will the following requirements be adhered to? _____ YES or NO

Lease compliance includes but is not limited to:

Keeping the unit clean, sanitary and safe	Avoiding destruction of property	Managing finances/paying rent on time
Paying utility expenses on time	Responding to mail	Reporting income/status changes
Following appropriate rules	Not disturbing the neighbors	Avoiding criminal activity

Please indicate any concerns you may have: _____

Name, Signature and Title of person completing this form: _____

Date: _____ Phone Number: _____

APPLICANT(s) RELEASE: I hereby authorize the release of the information requested on this form.

Signature SEE ATTACHED Date _____

Signature _____ Date _____



3304 Sheridan St./ Cheyenne, WY 82009/PH 307-634-7947/Housing Dept FAX 307-633-8315
For TTY assistance call 1-800-877-9965/www.cheyennehousing.org

CHA Approved 10-2017

LANDLORD REFERENCE

VERIFICATION FORM

To: _____
Landlord Name, Email or Fax or mailing address for person providing landlord reference.

_____ has requested the Cheyenne Housing Authority contact you in order to help us determine whether he/she can fulfill the terms of the lease for property owned and/or managed by the Cheyenne Housing Authority.

Please return this form via Fax 307-633-8315, Attn: Elizabeth or email to EPeralta@cheyennehousing.org Should you have any questions regarding this request, please call 307-633-8336.

1. Are you a relative or friend of the applicant? _____ If yes, please describe the relationship: _____
2. What was the address where the applicant resided? _____
3. What dates did the applicant reside in your unit? _____
4. What was the monthly rent? _____ Was the rent ever paid late? _____ If yes, was this a repeated occurrence? _____
5. Did the applicant ever issue a check that was returned "Insufficient Funds"? _____ If yes, how often? _____
6. Does the applicant owe any past due amounts for rent, damages, utilities etc? _____
If yes, how much? _____ Is there a repayment agreement in place? _____
7. Were there any other adult household members responsible for the unit? _____ If yes, did they contribute or were they the cause of any violations of the lease agreement? _____
Please explain if necessary: _____
8. Did the applicant comply with the lease agreement? _____ If no, please explain: _____
9. Was the applicant's lease terminated? _____ If yes, please explain: _____
10. Was the applicant evicted or under any eviction process? _____ If yes, please explain: _____
11. If the applicant has vacated the property, was the property left in an acceptable condition? _____ If no, please describe the condition of how the property was left? _____
12. Did the applicant give proper notice before vacating the unit? _____
13. Would you rent to the applicant again? _____ If no, please explain: _____

Thank you for completing this information. Please feel free to provide any other information you think necessary: _____

Landlord Signature _____ Phone # _____ Date _____

APPLICANT(s) RELEASE: I hereby authorize the release of the information requested on this form.

Signature _____ Date _____

Signature _____ Date _____



Cheyenne Housing Authority

House Rules

- The Unit must be used only as your private residence.
- Additions to your household require prior written approval.
- Lease is month to month.
- Amount of rent is stated in the lease.
- Rent is due on the first of the month and late if received after the 7th.
- Late fees will be charged, as set in your lease, for any rent payments received after the 7th.
- No partial payments will be accepted any time.
- No cash is accepted. Payments must be made with check, money order, or cashier's check.
- Rent is prorated at the time of move-in but not at move-out. Make sure keys are handed into the office by the last day of the month in order to not assess rent charges for the next month.
- Maintenance charges are assessed for tenant damages.
- Dishonored checks will be charged a return check fee and personal checks will no longer be accepted.
- Payments must be made at the Cheyenne Housing Authority office.
- A security deposit is required.
- Tenant paid utilities are identified in #7 of the lease.
- Permission must be received in writing from the Housing Authority for guests staying more than three (3) days.
- Changes in household income or composition must be reported by the 21st of the month.
- Annual re-certifications are required.
- Interim changes to household may result in rent adjustments (ex. Decrease or increase in household composition or income).
- Hardship exemptions may be requested for tenants paying the minimum rent of \$25.00.
- Pet Policy must be followed.
- Grievance procedures are included in the lease up packet.
- Criminal activities may result in eviction.
- Tenant obligations will be reviewed with the tenant at the time of the lease signing. Failure to comply with these obligations may result in the termination of your lease.
- Tenant must abide by the Smoke Free Policy signed at the time of lease-up.

A few of the tenant obligations include, but are not limited to:

- Housekeeping standards must be followed.
- Tenants are responsible for their household members and guest.
- Tenants are responsible for the care of their unit.

- No unlicensed/inoperable vehicles may be stored on Authority property. (IHM-Talk to resident manager about parking).
- Do not disturb residents or neighbors peaceful enjoyment of their accommodations.

Maintenance:

- If you are in need of maintenance services, you need to call the 24 hour maintenance number:

307-632-0539

- If damages or maintenance items are not reported in a timely fashion, there may be charges assessed to the tenant for the delay which may cause further damage to the unit.

I HAVE READ THE ABOVE HOUSE RULES AND UNDERSTAND THAT MY LEASE IS THE LEGAL DOCUMENT WHICH CONTAINS ALL OF THE TERMS AND CONDITIONS OF MY TENANCY. THIS LIST IS NOT ALL INCLUSIVE. YOU MUST READ THE ENTIRE LEASE TO UNDERSTAND YOUR RESPONSIBILITIES.

Head of Household Signature

Date

Household Member Over 18 Signature

Date

Household Member Over 18 Signature

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

Cheyenne Housing Authority
3304 Sheridan Street
Cheyenne, WY 82009

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 information 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 an 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 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 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.

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.

Housing Authority of the City of Cheyenne (CHA)

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 is 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 under CHA's Public Housing program, 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 under CHA's Public Housing program, 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.

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.

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 under CHA's Public Housing Program 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.

Removing the Abuser or Perpetrator from the Household

CHA 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 CHA chooses to remove the abuser or perpetrator, CHA 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, CHA 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, CHA must follow Federal, State, and local eviction procedures. In order to divide a lease, CHA 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, CHA 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, CHA 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.

CHA 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.

CHA's emergency transfer plan provides further information on emergency transfers, and CHA 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

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

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

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

Confidentiality

CHA 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.

CHA must not allow any individual administering assistance or other services on behalf of CHA (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.

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

- You give written permission to CHA to release the information on a time limited basis.
- CHA 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 CHA or your landlord to release the information.

VAWA does not limit CHA'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, CHA 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 CHA 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 CHA can demonstrate the above, CHA 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 Casper office (307) 261-6251.

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/select-citation/2016/12/06/24-CFR-578.99>.

Additionally, CHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact CHA.

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 organizations on the attached list.

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 organizations on the attached list.

Victims of stalking seeking help may contact organizations on the attached list.

Attachment: Certification form HUD-5382

Local Organizations Offering Assistance to Victims of Domestic Violence

1. Safehouse Sexual Assault Services / Domestic Shelters
714 West Fox Farm Road
Cheyenne, WY 82007
(307) 637-7233
2. Comea Shelter
1504 Stinson Avenue
Cheyenne, WY 82001
(307) 632-3174
3. Wyoming Coalition for the Homeless
907 Campbell Avenue
Cheyenne, WY 82001
(307) 634-8489

4. **Wyoming Safe House, Wyoming Domestic Violence Shelters**
1813 Carey Ave
Cheyenne, WY 82001
Hotline: (800) 591-9159 or (307) 637-7233
5. **Wyoming Coalition Against Domestic Violence and Sexual Assault**
710 E Garfield St #218,
Laramie, WY 82070
(307) 755-5481
6. **Albany County Safe Project**
319 S. Lincoln Street
Laramie, WY
24 Hour Crisis Line: (307)745-3556

Cheyenne Housing Authority

Community Service and Self-Sufficiency Requirement (CSSR) Procedure, ACOP Reference and Forms Implementation CSSR 1

August 31, 2016

Procedure:

1. Tenant(s) will be provided a copy of the "Community Service" Policy from the CHA ACOP at lease signing. The CSSR requirements will be reviewed and all adult household members will need to sign an *Entrance Acknowledgement* and an *Exemption Certification* if applicable.
2. At every reexamination, all adult household members will need to sign the *Annual Renewal* and an updated *Exemption Certification* if applicable. Household members who are not exempt will be required to verify they completed the required number of community service hours by providing the *Verification Form*.
3. If it is determined during the annual reexamination process a household member who is not exempt has not completed the required number of Community Service hours, a *Notice of Noncompliance* letter will be sent along with a *Workout Agreement*.
4. If the household member does not return the *Workout Agreement* within ten days of the date of *Notice of Noncompliance* letter, a 30 day notice will be sent to the tenant indicating the lease will not be renewed as of the reexamination date.

ACOP Reference (Continued Occupancy and Community Service

See CSSR 2a, 2b, and 2c

CSSR 3 Entrance Acknowledgement
CSSR 4 Exemption Certification
CSSR 5 Annual Renewal
CSSR 6 Log and Verification Form
CSSR 7 Notice of Non-compliance
CSSR 8 Workout Agreement



3304 SHERIDAN ST. / CHEYENNE, WY 82009 / PH. 307-637-466 / FAX 307-637-4663
For TTY assistance call 1-800-877-9965 / FAX 307-633-8315 (Housing Dept.) www.cheyennehousing.org

Cheyenne Housing Authority

CONTINUED OCCUPANCY AND COMMUNITY SERVICE

Extracted from CHA ACOP Adopted 06/23/2016

CSSR 2a

General

Federal regulations require that in order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement.

Exemptions

The following adult family members of tenant families are exempt from this requirement.

- A. Family members who are 62 or older
- B. Family members who are blind or disabled as defined under 216(I) or 1614 of the Social Security Act, and who certifies that because of this disability she or he is unable to comply with the service provisions
- C. Family members who are the primary care giver for someone who is blind or disabled
- D. Family members engaged in work activity
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
- F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program



Cheyenne Housing Authority

CSSR 2b

NOTIFICATION OF THE REQUIREMENT

The Cheyenne Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Cheyenne Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Cheyenne Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 4/1/01. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

Volunteer Opportunities

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Process

At the first annual reexamination on or after April 1, 2001, and each annual reexamination thereafter, the Cheyenne Housing Authority/Resident will do the following:

- A. Provide information about obtaining suitable volunteer positions.
- B. At the time of annual recertification, all required adult family members will be required to provide third party verification of compliance with the 8 hours per month of community service.
- C. Thirty (30) days before the family's next lease anniversary date, the Cheyenne Housing Authority will review whether each applicable adult family member is in compliance with the community service requirement.



Cheyenne Housing Authority

CSSR 2c

Notification of Non-compliance with Community Service Requirement

The Cheyenne Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

Opportunity for cure

The Cheyenne Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service the Cheyenne Housing Authority shall take action to terminate the lease.



Cheyenne Housing Authority

Community Service and Self-Sufficiency Requirement Certification

Entrance Acknowledgement CSSR 3

For Non-Exempt Individuals

Date: _____

Participant Name: _____

I have received and read the Community Service and Self Sufficiency Requirement (CSSR). I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of every 12 month period) of community service or participate in an economic self-sufficiency program. I further understand that if I do not qualify for one of the exemptions listed on the community service exemption certificate form, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement at the time of initial program participation.

Signature: _____

Date of Signature: _____



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

Annual Renewal CSSR 5

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 per month (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 lease nonrenewal.

Signature: _____

Date of Signature: _____



3304 SHERIDAN ST. / CHEYENNE, WY 82009 / PH. 307-637-466 / FAX 307-637-4663
For TTY assistance call 1-800-877-9965 / FAX 307-633-8315 (Housing Dept.) www.cheyennehousing.org

Cheyenne Housing Authority

Community Service Log and Verification

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

[illegible]

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 and Date:

FOR OFFICE USE ONLY:

Verified by CHA

Staff: _____ Date: _____



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Cheyenne Housing Authority

COMMUNITY SERVICE NOTICE OF NONCOMPLIANCE CSSR 7

Date:

Name of Head of Household:

Address:

According to CHA records, it has been determined that one or more residents in your household are required to perform community service and have not done so.

Household Member Name: _____

Total number of Community Service Hours Required as of this date: _____

Failure to complete the community service requirement is a violation of the Dwelling Lease, CHA Policies and federal regulations.

You have the opportunity to enter into an agreement with the CHA to make up for the missed hours in the next 12-month period. Note that the community service hours worked to make up for missed hours would be in addition to the community service hours required for the current year. Attached is a Community Service Work-out Agreement. Failure to enter into an agreement will be a basis for nonrenewal of the lease. Please return the Community Service Work-out Agreement within ten (10) calendar days from the date of this letter or no later than _____.

This determination is subject to the grievance procedure. You have a right to request an informal review to dispute this matter with ten (10) calendar days from the date of this letter or no later than _____. Your informal request must be submitted to the CHA in writing and the written request must specify:

1. the reasons you request an informal review, and
2. the action or relief you seek

You have the opportunity to examine, before the Informal Review, any CHA documents, including records and regulations directly relevant to the review. There is a charge for copies of any CHA documents.

If you have any questions or concerns, please contact the CHA office.

Sincerely,



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Cheyenne Housing Authority

COMMUNITY SERVICE/SELF-SUFFICIENCY REQUIREMENT WORKOUT AGREEMENT CSSR 8

A Compliance Agreement must be executed by each non-compliant household member at least 30 days prior to annual recertification effective date. Each agreement must be signed by the Head of Household, the non-compliant household member and the CHA designee.

In accordance with the provisions of the CHA's Community Service/Self-Sufficiency policy:

- ☐ I/We agree to complete all deficient community service hours. The number of deficient service hours for the review year, _____ will be completed by _____.
- ☐ I/We further assure that all members of the family who are subject to the service requirement are currently complying with the service requirement.
- ☐ I/We understand that the CHA will issue a 30-day notice of lease termination if the service hour requirements of the lease are not brought into compliance by _____. I/We understand what types of volunteer work qualify as community service and what types of programs qualify for self-sufficiency participation.
- ☐ The non-compliant member of the household, _____, is no longer living in the unit and will duly be removed from the lease. I/We understand that a member of the household who is removed from the lease after failure to fulfill his/her community service/self-sufficiency requirements may not be added back to the lease in the future.

Signature Head of Household

Date

Signature Other Adult Household Member

Date

Signature Authorized CHA Representative

Date

