

# CAMPBELL COUNTY DEPARTMENT OF HOUSING RECERTIFICATION PACKET

Your Recertification Packet contains information regarding rules, regulations, policies, and procedures of Campbell County Department of Housing's (CCDH) Housing Program. CCDH administers Section 8 rental assistance in the Counties of Campbell and Pendleton, excluding the City of Newport. This packet will be useful to you as an applicant, voucher holder, and program participant, so please keep the information and refer to it periodically. This information is specific to CCDH's Family Obligations and the agency's Administrative Plan.



1098 MONMOUTH STREET, ROOM 235  
PHONE: (859) 261-5200  
TDD/TTY: 1-800-545-1833, Ext. 947  
FAX: (859) 261-0577  
EMAIL: [hgeneral@campbellcountyky.gov](mailto:hgeneral@campbellcountyky.gov)

Update Eff 7/1/2024

If you have questions regarding the policies, procedures, and regulations of Campbell County Department of Housing please visit the agency's website at [www.campbellcountyky.gov](http://www.campbellcountyky.gov) for review of the Administrative Plan. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. You will receive a response regarding your request within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence against Women's Act (VAWA) should be considered please notify the PHA.



**Details regarding the following are contained in your Recertification Packet:**

- **Items to Submit**
- **Personal Declaration**
- **CCDH Release of Information**
- **Fraud Affidavit**
- **HUD Release of Information (HUD-9886)**
- **Family Obligations**
- **Ineligibility Time Frames**
- **Criminal Activity**
- **Portability Policy**
- **Voucher Time Frames and Extensions**
- **Request for Tenancy Approval (RTA) Information**
- **Current Agency Payment Standards**
- **Determination of Voucher Size (Occupancy Standards)**
- **Total Tenant Payment**
- **Scheduling Appointments with Housing Authority Personnel**
- **Submitting Paperwork and Providing Information**
- **Information Provided to Owners**
- **Agency Guest Policy**
- **Informal Reviews and Hearings**
- **Reasonable Accommodations**
- **Steps to Take Regarding Maintenance Issues**
- **Key Housing VAWA Provisions**
- **Is Fraud Worth it?**
- **Fraud Recovery**

**I understand that if any changes take place to any of the information I reported on my recertification application at any point during the time I am an active participant with CCDH, I am obligated to report those changes to my Housing Specialist. I understand that changes must be reported in writing and with supporting documentation, and that the agency's Policy and Procedure for Reporting Changes" form is available at the office or on CCDH's webpage at [www.campbellcountky.gov](http://www.campbellcountky.gov).**

**All changes in household income and household composition must be reported to CCDH in writing within 10 business days of the change.**

**I acknowledge that all adult household members have received, reviewed and understand the rules & regulations of the Housing Program as well as the Campbell County Department of Housing's policies & procedures. I acknowledge that I have had an opportunity to go over this recertification packet with my Housing Specialist.**

| <b>Signature</b>                 | <b>Date</b> |
|----------------------------------|-------------|
| <b>Head of Household:</b> _____  | _____       |
| <b>Spouse or Co-Head :</b> _____ | _____       |
| <b>Other Adult :</b> _____       | _____       |
| <b>Other Adult :</b> _____       | _____       |

## Items to Submit

### Verification Cannot Be Dated Older Than 60 Days

#### Income

- Pension
- Disability Income
- Employment (2 most recent consecutive paycheck stubs if paid biweekly; 4 if paid weekly)
- Unemployment Compensation
- Alimony
- Welfare/Public Assistance
- Regular Contributions (Financial Support Provided by Family and/or Friends)
- Child Support printout

#### Assets

- **Bank Statement** Most recent checking and savings account statement for all accounts
- **Investments** Accounts (401K, Retirement, IRA, Stocks, Bonds, Certificate of Deposit)

Verification statements must include account numbers and cash value of investments, including any income received from the investment.

- **Real Estate Owned (or sold in last 2 years)**

Bring information about the current value of the property and the current balance owed on the property. If you sold the property in the past 2 years bring the closing paperwork or settlement statement. If you rent the property, bring verification of all rental income you receive and business expenses you incur.

- **Whole or Universal Life Insurance**

Verification must include policy number, Amount of the policy, & the current cash value (surrender value).

- **Educational Grants, Loans, and Scholarships:**

Submit written verification of the total amount of assistance and purposed for which assistance is used.

#### Allowances

- **Out-of-Pocket Medical Expenses**

If the Head of Household, Spouse, or Co-Head is disabled or elderly (62 or older), you may list out-of-pocket medical expenses. These expenses might include prescription costs, medical insurance premiums, and copays for doctor visits. If you qualify for a medical allowance and would like medical expenses reviewed for your recertification, you must provide receipts, prescription printouts, or formal documentation of **paid (non-reimbursed)** expense(s) you have incurred within the past twelve months.

- **Child Care Expenses**

Verification of expenses paid to care for children/dependents while you work or attend school. Including expenses paid to care for a handicapped/disabled family member while at work or school, and documentation that you are NOT reimbursed from any person or entity for the expense you incur

If you have questions regarding expenses, please contact the office at (859) 261.5200 or email [hgeneral@campbellcountyky.gov](mailto:hgeneral@campbellcountyky.gov)

**PROGRAM PARTICIPANT REPORTING FORM**

PLEASE PRINT NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

| # | LIST THE NAME OF EACH HOUSEHOLD MEMBER |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |

← List the Name of Each Household Member. Use the # next to the name to identify the household member with an account, income, or an allowance.

| # | INCOME TYPE | GROSS ANNUAL INCOME |
|---|-------------|---------------------|
|   |             |                     |
|   |             |                     |
|   |             |                     |

List the type of income under "income type." If it is income from wages, list the employer. If it is child support, list the agency thru which it is paid (or if paid direct, the name of the person obligated to pay support).

List the type of account and where it is located under "assets."

List the total value of the asset, or the balance in the account, under "total asset."

| # | ASSETS | TOTAL ASSET | ASSET INCOME |
|---|--------|-------------|--------------|
|   |        |             |              |
|   |        |             |              |
|   |        |             |              |

List the amount of interest earned each year from the asset under "asset income."

If you pay for child care please write the name of the child care provider under "allowances" and the amount you pay them either weekly, monthly, or each year under "child care."

| # | ALLOWANCES | MEDICAL | CHILD CARE |
|---|------------|---------|------------|
|   |            |         |            |
|   |            |         |            |
|   |            |         |            |

If the head-of-household, spouse, or co-head is disabled and any person in the family pays for out-of-pocket medical expenses, list the service provider and type of expense under "allowances," and the amount of expense either weekly, monthly, or each year under "medical."

Signature of Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Signatures of all other Household Members Over age 18:

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\*All persons signing above understand that information reported to Campbell County Department of Housing must be true and complete to the best of their knowledge and certify that true and complete information is listed above for all household members. All persons signing above acknowledge that any changes that occur from what is reported on this form until the effective date of the recertification must be reported to the appropriate Housing Specialist, in writing and with documentation. All persons signing above have participated in an annual recertification, been provided the recertification packet, and have acknowledged and accepted their family obligations to the assistance program. All persons signing above certify that everyone in the household over the age of 18 has participated in a review of agency policy and procedure and has received an orientation packet. The participant family acknowledges that they will receive at least 30 days' written notice of any changes resulting in an increase to the family's share of rent and that the family's failure to properly report income, assets, and deductions may result in the loss of housing assistance payments and/or a requirement of the family to repay any overpayment of housing assistance. Failure to comply with reporting requirements is a violation of CCDH Family Obligations.

All persons signing above are providing their permission to any agency, entity, or business listed above to release information to Campbell County Department of Housing for the purpose of determining the family's eligibility for housing assistance payments. All persons signing above understand to report all changes in household income and or household composition in writing within 10 business days of the change.

**CAMPBELL COUNTY DEPARTMENT OF HOUSING**  
**1098 MONMOUTH ST., Room 235 NEWPORT, KY 41071**  
**PH: 859-261-5200 TDD/TTY 1-800-545-1833 x 947**

**PERSONAL DECLARATION**

THE FOLLOWING IS TO BE COMPLETED IN THE HANDWRITING OF THE APPLICANTS OR PARTICIPANTS. **ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND ACCURATELY. FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION WILL RESULT IN THE FAMILY'S INELIGIBILITY FOR ASSISTANCE. PLEASE PRINT.**

**FAMILY COMPOSITION:**

Head of Household full name: \_\_\_\_\_ Current address: \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_ Phone number: \_\_\_\_\_  
 Date of Birth MM/ DD/ YYYY : \_\_\_\_\_ Social Security number: \_\_\_\_\_

What is your marital status?    Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse or other adult's full name: \_\_\_\_\_ Date of Birth MM/ DD/ YYYY : \_\_\_\_\_  
 Phone Number : \_\_\_\_\_ Social Security number: \_\_\_\_\_  
 Email \_\_\_\_\_@\_\_\_\_\_

Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you are currently using?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**List all household members (use additional page if needed):**

| NAME | RELATIONSHIP | RESIDE IN YOUR ASSISTED UNIT 50% OF THE TIME? | DATE OF BIRTH MM/DD/YYYY | NAME OF SCHOOL | RACE | NAME OF ABSENT PARENT FOR MINOR |
|------|--------------|---|--------------------------|----------------|------|---------------------------------|
|      |              | YES / NO                                      |                          |                |      |                                 |
|      |              | YES / NO                                      |                          |                |      |                                 |
|      |              | YES / NO                                      |                          |                |      |                                 |
|      |              | YES / NO                                      |                          |                |      |                                 |
|      |              | YES / NO                                      |                          |                |      |                                 |
|      |              | YES / NO                                      |                          |                |      |                                 |

Are there any other persons not mentioned above who live or will live in your household? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain: \_\_\_\_\_

Are you or any member of the household subject to a lifetime sex offender registration, or any sex offender registration requirements, in any state or country? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give the name of the household member and the terms of the registration requirement: \_\_\_\_\_

**INCOME:** List all income received by and for **everyone** in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement/pensions, AFDC, Welfare, Veteran Benefits, unemployment benefits, rental property income, property settlement, stock dividends, interest from bank accounts and stock dividends, alimony, and all other income: \_\_\_\_\_

Where have you worked during the past 12 months? \_\_\_\_\_

Does anyone outside of your household pay any of your bills or give you money? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "yes," please provide their name, address and phone number): \_\_\_\_\_

**STUDENT STATUS:** Are you currently enrolled or attending a college or university? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate whether you are a full-time or part-time student, and give the name of the school you are attending: \_\_\_\_\_

**ASSETS:** Do you or any household member own or have any interest in any real estate/ boat/ mobile home? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you disposed of any real estate or asset in the last 2 years for less than fair market value? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own any stocks, bonds, CDs, life insurance policies or other like assets? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a bank account (savings or checking account)? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," to any asset question, please list detailed information as to the type and organization where the asset is held (for example: savings account at U.S. Bank): \_\_\_\_\_

**EXPENSES:** How much rent do you currently pay? \$ \_\_\_\_\_

What utilities are you responsible for per your lease agreement? \_\_\_\_\_

Do you own the refrigerator in the assisted unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own the stove in the assisted unit? Yes \_\_\_\_\_ No \_\_\_\_\_

List other monthly expenses (unreimbursed child care / unreimbursed medical expenses): \_\_\_\_\_

Have you or any member of your household ever lived in or been on any Section 8 Program or lived in Public Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

List where and when: \_\_\_\_\_

Have you ever committed any fraud in a Federal housing assistance program or been requested to repay any money for misrepresenting information for such programs? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" explain: \_\_\_\_\_

Have you ever been evicted from, charged with a debt to, required to pay money back to, or currently owe money to, any Federal housing assistance program for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and give amount owed, if applicable: \_\_\_\_\_

Do you or any household member have any convictions of any drug-related activity or violent criminal activity in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" explain: \_\_\_\_\_

Do you or any household member have any active warrants or criminal charges pending against you at this time? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" explain: \_\_\_\_\_

Have you or any household member ever been convicted of production or manufacturing of methamphetamine on the premises of federally assisted housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" explain: \_\_\_\_\_

If you are a Program Participant, please certify that you have performed a cursory review of your unit and notified the housing authority of any repairs/defects that have not been addressed by your landlord \_\_\_\_\_ (**Initial here to certify**). Note any defects/repairs needed here: \_\_\_\_\_

|   |      |                          |      |
|---|------|--------------------------|------|
| <i>I do hereby swear and attest that all of the information provided on this form is true and complete. I also understand that all changes in my household composition AND income must be reported to Campbell County Department of Housing in writing within 10 business days.</i> |      |                          |      |
| Signature of Head of Household  | Date | Signature of Spouse      | Date |
| Signature of Other Adult  | Date | Signature of Other Adult | Date |

**WARNING!** SECTION 1001 OF TITLE 18 OF THE U.S. CODE makes it a criminal offense to make willful false statements or misrepresentation to any department of the United States as to any matter within its jurisdiction. It is also a criminal offense under the KENTUCKY REVISED STATUTES to make willful false statements to this agency.

**CAMPBELL COUNTY DEPARTMENT OF HOUSING  
1098 MONMOUTH STREET, ROOM 235  
NEWPORT, KY 41071**

**PHONE: 859.261.5200 \* TDD/TYY: 1.800-545-1833 EXT.947 \* FAX: 859.261.0577**

I give my permission to any agency, entity, or business contacted by Campbell County Department of Housing (CCDH) to release requested information for the purpose of determining my family's eligibility for housing assistance payments. The United States Department of Housing and Urban Development requires CCDH to obtain information regarding income, assets, and out – of pocket medical and child care expenses. I give my permission for this release of information form to remain valid for 12 months from the date of my signature.

**Head of Household :**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Spouse or Co-Head:**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Other Adult:**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Other Adult:**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Fraud Affidavit**  
**CAMPBELL COUNTY DEPARTMENT OF HOUSING**  
**Penalties for Fraud**

**FRAUD-Withholding information from this Agency OR providing false information to this Agency.**

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent- retroactively, if applicable.

**Resident Acknowledgement(s)**

**By signing below, I confirm:**

1. That I have read the penalties for submitting fraudulent information above;
2. That I understand what fraud is, and ;
3. That I understand the penalties for committing fraud.

Printed Name of the Head of Household, Signature & Date:

X \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of the Other Adult Member of the Household, Signature & Date:

X \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of the Other Adult Member of the Household, Signature & Date:

X \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of the Other Adult Member of the Household, Signature & Date:

X \_\_\_\_\_

Date \_\_\_\_\_



Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

Campbell County Department of Housing - 2024  
1098 Monmouth Street Room 235  
Newport, KY 41071

Phone: 859.261.5200

Fax: 859.261.0577

Email: [hgeneral@campbellcountky.gov](mailto:hgeneral@campbellcountky.gov)

**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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.**

Original is retained by the requesting organization.  
ref.Handbooks7420.7,7420.8, & 7465.1 form HUD-9886-A (10/23) exp.  
10/31/26

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

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

Public Housing

Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number

## **FAMILY OBLIGATIONS**

Obligations of the family are described in the housing choice voucher (HCV) regulations and on the voucher itself. These obligations include responsibilities the family is required to fulfill, as well as prohibited actions. The PHA must inform families of these obligations during the oral briefing, and the same information must be included in the briefing packet. When the family's unit is approved and the HAP contract is executed, the family must meet those obligations in order to continue participating in the program. Violation of any family obligation may result in termination of assistance, as described in Chapter 12.

**Family obligations must be fulfilled by all persons residing in, and guests to, the assisted unit or immediate vicinity (e.g. complex, common areas, grounds), such as, but not limited to the terms: family, household member, guest, client, tenant.**

### **Time Frames for Reporting Changes Required by Family Obligations**

#### **PHA Policy**

Unless otherwise noted below or given a different deadline or time frame in writing by the PHA, when family obligations or agency policy require the family to respond to a request or notify the PHA of a change, notifying the PHA of the request or change within 10 business days is considered prompt notice. If a deadline or expiration date (i.e. voucher expiration date) is a weekend or holiday, the notice or required documentation must be received by CCDH by close of business the next business day. When a family is required to provide notice to the PHA, the notice must be in writing unless an alternate format has been approved by the PHA.

#### **Family Obligations [24 CFR 982.551]**

The family obligations of the voucher are listed as follows:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) or NSPIRE breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest. PHA Policy Damages beyond normal wear and tear will be considered to be damages that cannot be applied to or exceed the security deposit.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of this plan.
- The family must not commit any serious or repeated violation of the lease.

#### **PHA Policy**

The PHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction or an owner's notice to evict or vacate, police reports, and affidavits from the owner, neighbors, or other credible parties with direct knowledge. Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of

neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity. Generally, the criterion to be used will be whether or not the reason for the eviction was the fault of the tenant or guests. Any incidents of, or criminal activity related to, domestic violence, dating violence, sexual assault, or stalking will not be construed as serious or repeated lease violations by the victim [24 CFR 5.2005(c)(1)].

- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.

#### PHA Policy

Notices to move must be given to the Landlord and Campbell County Department of Housing (CCDH). You must give at least a 30-day written notice to move from your assisted unit and, your notice to move must also comply with any terms of your lease agreement.

Campbell County Department of Housing will not accept a notice to move more than 60 days before the reported vacate date.

Both the tenant and landlord must sign the notice of lease cancellation and it must be received by CCDH prior to 4:30 p.m. on the date it will take effect if you wish to move to a unit outside of CCDH's jurisdiction under portability, you must inform your Housing Specialist in writing of the area where you wish to move (24 CFR 982.5). This information must be submitted with your notice to move.

If either the tenant or the landlord sign and date the agreement with less than 30 days from the date of their signature to the move-out date, both parties acknowledge that the tenant may not have given a full 30-day notice but are agreeing to mutually terminate the lease agreement on the vacate date listed. If the notice is received by Campbell County Department of Housing with less than 30 days before the move-out date, CCDH will consider it a "mutual termination of lease agreement." If the notice is not received by the Department of Housing by 4:30 p.m. on the vacate date agreed upon below by the tenant and landlord, the assisted family may be terminated from the Program for failure to give proper notice/abandoning/vacating an assisted unit without prior notice to the Department of Housing.

Although mutually terminating a lease with fewer than 30 days' notice is permissible, Campbell County Department of Housing recommends submitting the Notice to Move at least 30 days prior to the selected move-out date, as the agency requires time to process paperwork, update documents, and issue a voucher in order that the family may move with continued assistance. CCDH is not responsible for delays caused by the family failing to give a proper 30-day notice or mutually terminating a lease with fewer than 30 days' notice. If the family remains in the assisted unit after the lease cancellation date they will be responsible for the entire amount of rent for the unit, as the Housing Assistance Payment Contract will terminate the day the lease is cancelled and the agency will not issue housing assistance payments on the family's behalf for any month following the month of the move-out date.

Campbell County Department of Housing cannot extend the lease cancellation date without a written request from the family and written approval from the Landlord, both which must be received by Campbell County Department of Housing on or before the lease cancellation date.

By signing or submitting a notice, the owner is acknowledging the tenant is currently in compliance with their lease agreement, has not damaged the unit, and owes no outstanding balance. The owner may provide Campbell County Department of Housing with additional information regarding the condition of the unit or outstanding balances owed by the tenant within 5 days of the lease cancellation date for review. If the tenant damages the unit, fails to comply with the terms of the lease agreement, or fails to vacate the property by the vacate date, their ongoing eligibility for assistance with Campbell County Department of Housing may be affected.

- The family must promptly (within 5 business days) give the PHA a copy of any owner eviction notice or notice to vacate for any reason.

- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.

- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.

### **PHA Policy**

The request to add a family member must be submitted in writing and approved prior to the person moving into the unit. The PHA will determine eligibility of the new member in accordance with the policies in Chapter 3.

- The family must promptly notify the PHA in writing, within 10 business days, if any family member no longer lives in the unit.

- If the PHA has given approval, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when PHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides,

- The family must not sublease the unit, assign the lease, or transfer the unit.

### **PHA Policy**

Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.

- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit. The PHA may request the family verify the residency of a person reported or believed to be an unauthorized household member.

- The family must promptly notify the PHA when the family is absent from the unit.

### **PHA Policy**

Notice is required under this provision only when all adult family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 14 calendar days. Written notice must be provided to the PHA at the start of the extended absence.

- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].

- Members of the household must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).

- Members of the household must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).

- Members of the household must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for HUD and PHA policies related to drug-related and violent criminal activity.

- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and PHA policies related to alcohol abuse.

- An assisted family or member of the household must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.

- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]

**The following are additional Family Obligations and more information about Housing Authority requirements. The family:**

- Must report any changes in household composition within 10 business days of the change. The family may not add a new household member without first obtaining PHA approval. The PHA may approve requests that must also be approved by the owner, depending on the terms of the lease. If the PHA approves a request, and that request results in a change to the lease, you must provide the PHA an updated lease agreement within 10 business days. These changes include but are not limited to changes to household composition. Remember, even if the PHA approves a request you may still be obligated to get approval from your landlord, update your lease, and provide a copy of the new lease to the PHA.
- Must report increases in income within 10 business days of the change. If a change in circumstances results in the family's ineligibility for a previously eligible deduction, the family is required to report the change within 10 business days.
- Must keep appointments and provide requested information on time. Three missed appointments within any twelve months' time period is grounds for termination from the program. Failure to provide information by a PHA deadline may count towards missed appointments.
- Must maintain a P.O. Box in localities within the PHA's jurisdiction that require one. Families that are required to obtain keys or activate a means to receive mail per their lease or agreement with the owner are required to comply with their lease. It is the family's obligation to ensure they have access to their mail, that they receive or obtain their mail timely, and that they inform the PHA of their mailing address. Unless a family is required to use a P.O. Box by the city in which they reside they must use the assisted unit address as their mailing address.
- Must furnish tenant-paid utilities, which must be on and in an adult household member's name at all times. Tenant paid utilities may not be in the name of any other person, business, or entity, including that of the landlord or the property management company, unless approved by the PHA (i.e. unit is not individually metered).
- Must allow the PHA to inspect the unit. CCDH will attempt two inspections before terminating assistance for failure to allow access. The Housing Authority will notify the family if an adult household member is required to be present at the initial inspection of the unit. Once the unit is approved the Housing Authority will inspect the unit at least biennially.
- Must report, in writing and within 10 business days, any changes to the lease. Some changes do not involve the PHA. For instance, if the owner agrees to amend a pet policy at their tenant's request. Some changes involve the PHA. The PHA may approve requests that must also be approved by the owner, depending on the terms of the lease. If the PHA approves a request, and that request results in a change to the lease, you must provide the PHA an updated lease agreement within 10 business days. These changes include but are not limited to utilities, rent changes, landlord services, and household composition. Remember, even if the PHA approves a request you may still be obligated to get approval from your landlord, update your lease, and provide a copy of the new lease to the PHA.
- Must not permit members or guests in the household to participate in any illegal drug or any violent criminal activity. No member or guests of the household will participate in alcohol-related activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing within the immediate vicinity of the premises. The family must report all criminal activity of this type that any member or guest in the household participates in within 10 business days of the incident.
- Must not operate a business from the unit unless it is approved by the landlord and the Housing Authority and is in compliance with planning and zoning restrictions.
- Must not damage the unit beyond normal wear and tear. If the damage cannot be applied to the security deposit, the family will lose eligibility for housing assistance.
- Must not rent from a family member unless it is first approved by the Housing Authority.
- Must not be evicted or issued a notice to vacate for a lease violation. The family must submit any eviction notice or Notice to Leave the Premises served by the landlord to the Housing Authority within 5 business days of receipt. If the court enforces the eviction, the family must vacate the assisted unit by the eviction date.
- Must not threaten or abuse, verbally or physically, any employee of the Housing Authority. No household member will not attempt to contact Housing Authority Personnel outside of the PHA office or outside of regular business hours.
- Must not allow a guest in my assisted unit for more than 7 days per month (or to exceed 84 non-consecutive days in a twelve-month time frame). If the lease agreement allows guests for fewer than 7 days per month the family must comply with the terms of the lease.

## **CAMPBELL COUNTY DEPARTMENT OF HOUSING**

### **INELIGIBILITY TIME FRAMES**

A family's failure to comply with the agency's Family Obligations, resulting in program ineligibility, also affects the family's future eligibility to reapply and/or receive housing assistance with Campbell County Department of Housing (CCDH). These violations may affect the family's eligibility for assistance with other Housing Authorities as well. Typically, CCDH will not extend ineligibility time frames if CCDH's exceed those implemented by another PHA at which the family was penalized for an infraction.

Any violation of a Family Obligation related to illegal drug activity, violent criminal activity, or alcohol related activity will result in the family's ineligibility to reapply and/or receive housing assistance with Campbell County Department of Housing for 3 years.

If any member of an applicant or participant family commits fraud, bribery, or any other corrupt or criminal act in connection to the program it will result in the family's ineligibility to reapply and/or receive housing assistance with Campbell County Department of Housing for 3 years. Fraud includes intentionally providing false or misleading information or failing to report information that CCDH requires. For example, failing to report someone is living in the assisted unit or has vacated the assisted unit.

CCDH denies assistance if any member of the household has been and/or is:

- Convicted of any illegal drug activity, violent criminal activity, or alcohol-related activity as defined in the agency administrative policy in the past 3 years. If an applicant has an active warrant for their arrest they may be denied assistance.
- Committed fraud, bribery, or any other corrupt or criminal act in connection to any federally assisted housing program the ineligibility time frame is 3 years from the reporting agency's denial or termination date.
- Currently engaging in illegal drug activity, the ineligibility time frame is 3 years.
- On a sex-offender registry.
- Been evicted from or denied assistance for federally-assisted housing in the past 3 years.
- Been convicted of manufacturing methamphetamines on property owned by a Public Housing Agency (lifetime ineligibility).

Any violation of any Family Obligation that is not included above will result in an ineligibility time frame of 2 years.

### **CRIMINAL ACTIVITY**

Illegal drug activity and violent criminal activity is prohibited for applicants and program participants. Guests to a family's assisted unit must not participate in criminal behavior that is in violation of the Family's Obligations. Families are required to report activity of this type to CCDH within 10 days. No member or guests of the household can participate in alcohol-related activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing within the immediate vicinity of the premises. Illegal drug activity means the manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use a controlled substance. Violent criminal activity includes any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another. Alcohol-related incidents that meet the above definition must be reported within 10 days.

## **PORTABILITY POLICY**

Portability is a term used to explain a family's ability to move from one Housing Authority's jurisdiction to another while continuing to receive housing assistance.

A family is eligible for Portability if the following requirements are met:

- A family that has not yet leased a unit under the Voucher Program is eligible if the head of household, spouse, or co-head is a resident in the jurisdiction where CCDH administers assistance at the time the family's eligibility is determined. The family must provide verification of residency.
- A non-resident family has satisfied a one-year lease term in a unit subsidized by CCDH.
- The family has given proper written notice to move to both their landlord and CCDH, using the "Notice to Move" document required by CCDH or another format approved by CCDH.
- The family must provide CCDH all proper portability paperwork when requested.
- The family must be income eligible in the area where the initial unit is leased with assistance.
- No family may move with continued assistance if they owe money to CCDH or if it would violate a promissory note the family has signed with another PHA.

Families interested in portability should ask their Housing Specialist for more information about their option as a Section 8 Program applicant or participant.

## **VOUCHER TERM AND EXTENSIONS**

The initial term of a voucher must be at least 60 calendar days. The initial term must be stated on the voucher [24 CFR 982.303(a)].

### **PHA Policy**

The initial voucher term will be between 60 and 120 days. The family must submit a Request for Tenancy Approval and proposed lease within the initial voucher term unless the PHA grants an extension. No extensions or suspensions to an expired voucher may occur at any time for any reason, excepting PHA error.

The PHA has the authority to grant extensions of search time, to specify the length of an extension, and to determine the circumstances under which extensions will be granted. 24 CFR 982.303(b)].

When an extension is requested by the family, the request must include the reason(s) additional time to search is necessary. The PHA may require the family to provide documentation to support the request or obtain verification from a qualified third party.

All requests for extensions to the voucher term must be made in writing and received by or postmarked to the PHA prior to the expiration date of the voucher (or extended term of the voucher). The PHA will decide whether to approve or deny an extension request within 10 business days of the date the request is received, and will immediately provide the family written notice of its decision

The PHA will not approve more than 120 days for any voucher except during a natural disaster or state of emergency or public health crisis, and then at the agency's discretion.

## **REQUEST FOR TENANCY APPROVAL**

CCDH prefers to accept original RTAs and requires a proposed, unexecuted lease agreement from the prospective owner to be provided with the RTA for review.



## **CURRENT AGENCY PAYMENT STANDARDS EFFECTIVE 10/1/2023**

Payment standard amounts are used to calculate the monthly housing assistance payment for a family and are established in accordance with HUD published fair market rents and the number of bedrooms the family has been approved for based on the Housing Authority's occupancy standards.

|           |            |           |            |           |            |
|-----------|------------|-----------|------------|-----------|------------|
| 0 BEDROOM | \$891.00   | 1 BEDROOM | \$1,010.00 | 2 BEDROOM | \$1,314.00 |
| 3 BEDROOM | \$1,746.00 | 4 BEDROOM | \$1,942.00 | 5 BEDROOM | \$2,030.00 |

If the rent approved by the Housing Authority to the property owner plus the utility allowance the Housing Authority approves for the unit is more than the payment standard for your voucher size, the Housing Authority is required to confirm the unit is still affordable for you. Your Total Family Contribution (TFC) must not be more than 40% of your monthly adjusted income at the time you lease the unit with the Housing Authority's assistance. A family's rent plus utility expenses may also be unaffordable if they report no or extremely low-income. Generally, a family must report some source of income to the PHA in order for their rent and utility responsibility to be determined affordable per federal regulations at lease-up.

## **DETERMINATION OF FAMILY UNIT (VOUCHER) SIZE**

Campbell County Department of Housing (CCDH) assigns one bedroom for each two persons within the household, except in the following circumstances:

- Spouses or couples will be allocated one bedroom;
- Single person families will be allocated one bedroom;
- Persons of the opposite sex (other than spouses or couples) will be allocated separate bedrooms;
- Minors of the same sex will be allocated one bedroom;
- Live-in aides will be allocated a separate bedroom;
- Foster adults and foster children will be allocated a separate bedroom;
- A family that consists of a pregnant woman as the sole member will be allocated two bedrooms.

## **HOW THE FAMILY'S TOTAL TENANT PAYMENT IS DETERMINED**

Generally, 30% of a family's adjusted income is used to determine their Total Tenant Payment. The PHA must consider the family's gross annual income, current assets and any assets that have been disposed of in the past two years, and allowable deductions to determine the Total Tenant Payment.

## **APPOINTMENTS ARE REQUIRED**

To meet with your Housing Specialist or other representatives of CCDH, you must first make an appointment. CCDH does not allow walk-in/unscheduled appointments. You must contact the agency representative with whom you wish to meet to determine whether an appointment may be scheduled.

## **SUBMITTING PAPERWORK TO CCDH**

Do not slide paperwork under the office door at any time or for any reason. Available options to submit paperwork to CCDH: Mail or drop off to the drop box located outside of lobby door 1098 Monmouth Street Room 235 Newport, KY 41071. Fax: 859.261.5200, email: [hgeneral@campbellcountyky.gov](mailto:hgeneral@campbellcountyky.gov).

Families can submit completed documents to an agency representative at the front desk to be provided to their Housing Specialist. You may ask for a receipt for any information you submit at the front desk. If no one is available to accept your information and you do not require a receipt you may leave the information in the agency's locked drop box, located in the lobby and outside office door. If you submit information to CCDH it is your responsibility to confirm it has been received by the intended recipient.

## **CCDH POLICY REGARDING PROVIDING INFORMATION TO PROPERTY OWNERS**

The PHA must provide the owner with the family's current and prior address (as shown in the PHA records) and the name and address of (if known to the PHA) of the landlord at the family's current and prior address. The PHA will not provide additional screening information to the owner.

## **CCDH GUEST POLICY**

A guest can remain in the assisted unit no longer than 7 days per month, be they consecutive or non-consecutive days, not to exceed 84 days within a 12-month time frame. If the family's lease agreement allows for fewer "guest days," the lease prevails.

## **INFORMAL REVIEW AND HEARINGS**

When a Housing Authority makes a decision that has a negative impact on a family, the family is often entitled to appeal the decision. For applicants, the appeal takes the form of an informal review; for participants, or for applicants denied admission because of citizenship issues, the appeal takes the form of an informal hearing. Hearings and reviews must be requested in writing and the request must be received by the PHA within 10 days of the date of notice of negative action to the client.

### **Applicants may request an informal review for the following:**

- Denial of admission to an open waiting list;
- Denial of or revocation of a voucher;
- Refusal to enter into a HAP contract or approve a lease;
- Refusal to process or provide assistance under portability procedures;
- Denial of assistance based on an unfavorable history that may be the result of domestic violence, dating violence, or stalking.

### **Applicants may not request an informal review for the following:**

- Discretionary administrative determinations by the PHA (i.e. mail that is undeliverable resulting in applicant removal from the waitlist, or applicant removal for failure to respond to a waitlist purge);
- General policy issues or class grievances;
- A determination not to approve an extension or suspension of a voucher term;
- A determination of the family unit size under the PHA subsidy standards;
- A PHA determination not to grant tenancy;
- A PHA determination that the unit is not in compliance with the HQS;
- A PHA determination that the unit is not in accordance with the HQS due to family size or composition.

### **Participants may request an informal hearing for the following:**

- Determination of the family's annual or adjusted income;
- Calculation of the total tenant payment;
- Determination of appropriate utility allowance for tenant-paid utilities from the CCDH schedule;
- Termination of assistance;
- Determination of unit size for participants in accordance with agency subsidy standards;
- Denial of hardship exemption to the minimum rent requirement.

### **Participants may not request an informal hearing for the following:**

- Discretionary administrative determinations by the PHA;
- General policy issues or class grievances;
- Establishment of the PHA schedule of utility allowances for participant families;
- Determination not to approve an extension or suspension of a voucher term;
- Determination not to approve a unit or tenancy;
- Determination that an assisted unit is not in compliance with HQS;
- A PHA determination that the unit is not in accordance with HQS because of the family size;
- A determination to exercise or not exercise any right or remedy against the owner under a HAP contract.

## **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

A person with a disability may require special accommodation in order to have equal access to the Section 8 Program. Some examples of reasonable accommodations CCDH can provide include changes, exceptions, or adjustments to a rule, policy, practice, or service.

If an applicant or participant indicates that a reasonable accommodation is needed because of a disability, and the request does not pose an undue financial or administrative burden on the program, CCDH will try to grant the request. To show that a requested accommodation may be necessary, there must be an identifiable relationship between the requested accommodation and the individual's disability.

The family must explain what type of accommodation is needed to provide the person with a disability full access to the PHA's programs and services. If a person's disability is obvious, or otherwise known to the PHA, and if the need for the requested accommodation is also readily apparent or known, no further verification will be required. If it is not, the PHA must verify that the person meets the definition of a person with a disability and that the limitations imposed by the disability require the requested accommodation and will enhance the family's access to the PHA's programs and services.

CCDH encourages families to make reasonable accommodation requests in writing and may request the family complete a reasonable accommodation request form. CCDH responds to requests within 10 business days. If the family includes a person with disabilities, the family may request a list of available accessible units known to the PHA.

## **STEPS TO TAKE IF YOU HAVE MAINTENANCE ISSUES IN YOUR SUBSIDIZED UNIT**

1. Contact your Landlord and verbally notify them of the item(s) in need of repair or replacement and request they address the problem;
2. Allow your Landlord a reasonable amount of time to fix a non-emergency item;
3. If your Landlord fails to make a repair in a reasonable amount of time send them a written request of the item(s) that requires attention;
4. Send a copy of the request you gave the Landlord to your Housing Specialist.

Upon receipt of the notice your Housing Specialist will discuss the situation with the Housing Inspector and the Property Owner may be contacted by a representative of the Housing Authority. If necessary, a Housing Inspector may conduct a special inspection of the property and/or the property owner will be asked to make any necessary repairs in a time frame stipulated by the Housing Inspector. Upon completion of the repair(s) the Inspector will either confirm completion of the repair(s) verbally with you and/or the Property Owner or a re-inspection may be conducted to confirm proper completion of the repair has occurred.

In the event of a maintenance emergency you must contact your Landlord. If your landlord fails to reasonably respond to an emergency situation, please feel free to contact your Housing Specialist for further guidance. The Housing Authority recommends that renters familiarize themselves with their lease agreement and contact their Landlord with questions regarding tenant responsibilities. Housing Quality Standard (HQS) / NSPIRE Inspection details can be found in the Housing Authority's Administrative Plan at [www.campbellcountky.gov](http://www.campbellcountky.gov) ~ Departments ~ Housing Program ~ Section 8 Administrative Plan.

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
**Key Housing Provisions in VAWA**

The Violence against Women Act (VAWA) provides special protections for victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking who are applying for or receiving assistance under the housing choice voucher (HCV) program. If your state or local laws provide greater protection for such victims, those laws apply in conjunction with VAWA. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

- VAWA maintains protections for public housing, Section 8 vouchers, and project-based Section 8, and the following programs which includes HUD's Homeless Assistance Programs:

HOME Investment Partnerships program

202 supportive housing for the elderly

Section 236 Rental Program 811 supportive housing for people with disabilities

Section 221(d)(3) Below Market Interest Rate (BMIR) Program

HOPWA housing program

HUD's McKinney-Vento homeless programs

Low-Income Housing Tax Credit properties

USDA Rural Housing properties

- VAWA bars eviction and termination due to a tenant's status as a survivor, and requires landlords to maintain survivor-tenant confidentiality. It also prohibits a tenant who is a survivor of domestic violence from being denied assistance, tenancy, or occupancy rights based solely on criminal activity related to an act of domestic violence committed against them.
- VAWA extends housing protections to survivors of sexual assault, and adds "intimate partner" to the list of eligible relationships in the domestic violence definition. Protections cover an "affiliated individual," which includes any person living with the survivor and related to him or her by blood or marriage including the survivor's spouse, parent, brother, sister, child, or any person to whom the survivor stands in loco parentis.
- It allows a lease bifurcation so a tenant or lawful occupant who engages in criminal acts of physical violence against affiliated individuals or others may be evicted or removed without evicting or removing or otherwise penalizing a victim who is a tenant or lawful occupant. If victim cannot establish eligibility, the landlord must give a reasonable amount of time to find new housing or establish eligibility under another covered housing program.
- Housing protections in VAWA include the requirement that each appropriate agency develop a notice of rights under VAWA for tenants and provide such notice at the time a person applies for housing, when a person is admitted as a tenant of a housing unit, and when a tenant is threatened with eviction or termination of housing benefits.
- VAWA requires each appropriate agency to adopt a model transfer plan for use by public housing agencies and owners or managers of housing. Tenants must request a transfer and reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit.

Chapters 12 and 16 of the Agency's Administrative Plan, available online at [www.campbellcountyky.gov](http://www.campbellcountyky.gov), provide the full scope of VAWA protections, regulations, policies, procedures, and associated forms.

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:

HUD OIG Hotline, GFI  
451 7th Street, SW  
Washington, DC 20410  
December 2005

**Office of Inspector General**  
**United States Department of Housing and Urban Development**  
**Form HUD 1141**

# **APPLYING FOR HUD HOUSING ASSISTANCE?**

## **THINK ABOUT THIS... IS FRAUD WORTH IT?**

### **Do You Realize...**

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

### **Do You Know...**

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

### **So Be Careful!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC

payments, social security for children, etc. Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock

dividends, etc. Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

## **FRAUD RECOVERY**

CCDH may offer a repayment agreement despite the family's failure to comply with reporting requirements. **CCDH will not send payment reminders or late notices to the family. Compliance with a repayment agreement is the responsibility of the family.** Non-compliance of a repayment agreement will be considered a breach of the agreement and may result in program termination. Additional information regarding Family Repayments can be found in Chapter 16 of the Agency's Administrative Plan at [www.campbellcountyky.gov](http://www.campbellcountyky.gov).

### **Family Reimbursement to PHA [HCV GB pp. 22-12 to 22-13]**

#### PHA Policy

In the case of family-caused errors or program abuse, the family will be required to repay any excess subsidy received. The PHA may, but is not required to, offer the family a repayment agreement in accordance with Chapter 16. If the family fails to repay the excess subsidy, the PHA will terminate the family's assistance in accordance with the policies in Chapter 12.

### **Family Debts to the PHA**

Families are required to reimburse the PHA if they were charged less rent than required because the family either underreported or failed to report income. PHAs are required to determine retroactive rent amounts as far back as the PHA has documentation of family unreported income [Notice PIH 2018-18].

#### PHA Policy

Any amount owed to the PHA by an HCV family must be repaid by the family. If the family is unable to repay the debt within 30 days, the PHA may offer to enter into a repayment agreement in accordance with the policies below.

- The PHA will deny a family permission to make an elective move either within or outside of the PHA jurisdiction if the family owes the PHA a debt.

### **Refusal to Enter into an Agreement**

If the family refuses to repay the debt, does not enter into a repayment agreement, or breaches a repayment agreement, the PHA must terminate assistance [Notice PIH 2018-18].

### **Payment Thresholds**

#### PHA Policy

The PHA has established the following thresholds for repayment of debts:

One month will be given to repay each \$100.00 owed the PHA, with minimum payments of \$100.00 or the remaining balance if it is less than \$100.00. In the event more than \$1200.00 is owed the total debt remaining after the down payment is deducted will be divided by 12 to determine the monthly payment. Debts must be paid within 12 months of entering into a repayment arrangement.

### **Due Dates**

#### PHA Policy

All payments are due by the close of business on the 5th day of the month. If the 5th does not fall on a business day, the due date is the close of business on the first business day after the 5th.

### **Late or Missed Payments**

#### PHA Policy

If a payment is not received by the end of the business day on the date due, and prior approval for the missed payment has not been given by the PHA, it will be considered a breach of the agreement and the PHA may terminate assistance in accordance with policies in Chapter 12.

Any request for an extension or exception to a repayment policy must be made by the family in writing and received by the PHA prior to missing the scheduled payment. Extensions or exceptions may be permitted at the PHA's discretion, however, the PHA will consider factors such as the cause of the overpayment, amount owed, duration of the repayment agreement, and the frequency and number of extensions or exceptions that the family has requested in the past in making the determination.

### **No Offer of Repayment Agreement**

#### PHA Policy

The PHA will not enter into a repayment agreement with a family if there is already a repayment agreement in place with the family or if the amount owed by the family exceeds the federal or state threshold for criminal prosecution. The PHA will not enter into a repayment agreement with a family if the family has been offered a repayment agreement by the PHA within the past 12 months. The PHA may refuse to offer a repayment agreement to any family with a history of failing to report changes in a timely manner that resulted in overpayments of subsidy, and may terminate assistance in accordance with policies in Chapter 12.

The PHA will not enter into a repayment agreement with a family if the cause for overpayment was due to a failure to disclose all income at program admission, but will terminate assistance in accordance with policies in Chapter 12.

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