

CAMPBELL COUNTY DEPARTMENT OF HOUSING

HIGHLAND VILLAGE

RECERTIFICATION PACKET

Your Recertification Packet contains information regarding rules, regulations, policies, and procedures of the Campbell County Department of Housing's (CCDH) Housing Program. This information is specific to CCDH's Family Obligations and the agency's Administrative Plan.



1098 MONMOUTH STREET, ROOM 235
NEWPORT KY 41071
PHONE (859) 261-5200
TDD/TTY 1-800-545-1833, Ext. 947
FAX (859) 261-0577
EMAIL: hgeneral@campbellcountky.gov

Update Eff 7/1/2024



If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountky.gov. 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. We will review your request and respond 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 of your concerns to determine whether a review is in order.

Details regarding the following are contained in your packet:

- Verification Needed to Complete the Annual Recertification
- Personal Declaration
- Family Obligations
- Ineligibility Time Frames
- Portability Policy
- Agency Guest Policy
- Payment Standards
- Total Tenant Payment
- Scheduling Appointments with Housing Authority Personnel
- Submitting Paperwork and Providing Information
- Information Provided to Owners
- Informal Reviews and Hearings
- Key Housing VAWA Provisions
- Reasonable Accommodations
- Steps to Take Regarding Maintenance Issues
- Is Fraud Worth it?
- Criminal Activity
- CCDH Release of Information
- Fraud Affidavit
- HUD Release of Information (HUD-9886A)
- Fraud Recovery

As a resident of Highland Village and Program Participant of Campbell County Department of Housing, I understand and consent that paperwork I submit to either office may be shared between them for purposes of determining my initial or ongoing eligibility for residency and/or housing assistance. Either office may keep on file my initial or recertification applications, identification documents, or information verifying my income, assets, and allowances.

I also understand that I am obligated to report all changes in my household income and household composition within 10 business days of the change. All information must be complete and current when reported to HUD on the effective date of the recertification. 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 of the Housing Authority and online at www.campbellcountyky.gov.

I acknowledge that all adult household members received, reviewed, & understand the rules & regulations of the Housing Program as well as the Campbell County Department of Housing's policies & procedures.

Signature

Date

Head of Household: _____

Spouse or Co-Head: _____

Other Adult: _____

Other Adult: _____

Verification Needed to Complete the Annual Recertification

Verification Cannot Be Older Than 60 Days

Income

- Social Security Benefits
- 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)

Assets

- Bank Statements
- 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

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 Life Insurance

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

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**. We cannot accept written confirmation numbers for paid receipts. It must be a paid receipt that contains providers contact information, patient name, date of service and amount paid that is not reimbursed.*

If you have questions regarding items to submit, please contact your Housing Specialist at 859 261 5200 or hgeneral@campbellcountyky.gov.

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				
		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 / 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 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 household income must be reported to Campbell County Department of Housing in writing within 10 business days.

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 #235 Newport KY 41071

PHONE: 859 261 5200

TDD/TTY: 1 800 545 1833 Ext. 947

Fax: 859 261 0577

Email: hgeneral@campbellcountyky.gov

www.campbellcountyky.gov

RELEASE OF INFORMATION

As a resident of Highland Village and Program Participant of Campbell County Department of Housing, I understand and by signing below consent that paperwork I submit to either office may be shared between them for the purposes of determining my initial or ongoing eligibility for housing assistance and/or residency. Either office may keep on file my initial or recertification applications, identification documents, or information verifying my income, assets, allowances, or emergency contacts.

By signing below 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 expenses. I give my permission for this release of information form to remain valid for 12 months from the date of my signature.

Signature

Date

Head of Household: _____

Spouse or Co-Head: _____

Other Adult: _____

Other Adult: _____

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountyky.gov. 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. We will review your request and respond 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 of your concerns to determine whether a review is in order.



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 evictions 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 Acknowledgements:

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.

Signature

Date

Head of Household: _____

Spouse or Co-Head: _____

Other Adult: _____

Other Adult: _____

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

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

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form HUD-9886-A (10/23) exp. 10/31/26

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 family must meet the obligations in order to continue participating in the program. Violation of any family obligation may result in termination of assistance. 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, 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 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.

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 NPSIRE 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 the security deposit.

- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice, as described in the Administrative 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, 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, and 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

The family must use the PHA provided “Notice to Move” form unless an exception is approved by the PHA. Notices to move must be given to the Landlord and Campbell County Department of Housing. 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.

Both the tenant and landlord must sign the notice of lease cancellation and it must be received by CCDH by 4:30 p.m. on the vacate date agreed upon by the tenant and the landlord. If the notice is not received by the Department of Housing by 4:30 p.m. on the vacate date agreed upon 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.

If the tenant and 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.”

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 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.

- The family must promptly (within 5 business days) give the PHA a copy of any owner eviction notice or notice to vacate for a lease violation.
- 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 if any family member no longer lives in the unit. If the PHA has given approval, a live-in aide or foster adult may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by 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 adults and live-in aides, see Chapter 3 of the Administrative Plan.
- 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 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].
- The family 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).
- Family members 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).
- Family members 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 family 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]

Several Family Obligations are listed on the Housing Choice Voucher.

The following are additional Family Obligations and more information about Housing Authority requirements. Unless listed otherwise, "prompt notice" is considered within 10 business days. 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 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 they are required to be present at the initial inspection of the unit. Once my unit is approved the Housing Authority may inspect my unit biennially.
- Must report, in writing and within 10 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 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 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 my 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. I must report all criminal activity of this type that any member or guest in the household participates in within 10 days of the incident.
- Must not operate a business from my 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 my security deposit, I 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. I must submit any eviction notice or Notice to Leave the Premises served by my landlord to the Housing Authority within 5 business days of receipt. If the court enforces my eviction, I must vacate the assisted unit by my eviction date.
- Must not threaten or abuse, verbally or physically, any employee of the Housing Authority. I 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 a total of 84 non-consecutive days in a twelve-month time frame). If my lease agreement allows guests for fewer than 7 days per month I must comply with the terms of my lease.
- Families that are required to obtain keys or activate a means to receive mail per their lease agreement are required to comply with their lease. It is the family's obligation to ensure they have access to their mail and that they receive their mail timely. Unless a family is required by their city or locality to use a P.O. Box they must use the assisted unit address as their mailing address.

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 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. 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 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 receive housing assistance with Campbell County Department of Housing for 3 years.

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

- Been 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

Project-based voucher recipients may qualify to move from one Housing Authority's jurisdiction to another while continuing to receive housing assistance. A project-based voucher family may be eligible for Portability if the following requirements are met:

- The initial lease term at Highland Village has been fulfilled
- Before giving a notice to move from Highland Village, the family has submitted a written request to receive a Housing Choice Voucher and has received approval to receive one from the Housing Authority. The family must provide a written statement that they wish to transfer to another jurisdiction and include the area to which they wish to transfer
- 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 is in good standing with both the owner and the Housing Authority
- 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.

AGENCY OCCUPANCY STANDARDS FOR HIGHLAND VILLAGE

Sole person households are allocated one bedroom units. Two person households are generally allocated a two bedroom unit when available, however, two persons in a one bedroom unit does not exceed occupancy standards.

CURRENT AGENCY PAYMENT STANDARDS

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. Payment standards effective October 1, 2023 are:

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.

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 to 1098 Monmouth Street, Room 235 / Newport, KY 41071 or drop off to the drop off box at this address

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

Guests are permitted in the assisted unit no more than 7 days (overnight) per month, be they consecutive or non-consecutive days (overnight). If the owner's lease agreement is more restrictive than the agency policy, it takes precedence.

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

2. Contact your Landlord and verbally notify them of the item(s) in need of repair or replacement and request they address the problem;
3. Allow your Landlord a reasonable amount of time to fix a non-emergency item;
4. 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;
5. 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) Inspection details can be found in the Housing Authority's Administrative Plan at www.campbellcountyky.gov ~ County services ~ Section 8 Housing.

**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.

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. 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

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 Program⁸¹¹ 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, provide the full scope of VAWA protections, regulations, policies, procedures, and associated forms.

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.

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.
