

**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](mailto:hgeneral@campbellcountky.gov)

Updated for HV 09/06/2022



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](http://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 Provisions in VAWA 2013
- Reasonable Accommodations
- Steps to Take Regarding Maintenance Issues
- Is Fraud Worth it?
- Criminal Activity
- CCDH Release of Information
- Fraud Affidavit
- HUD Release of Information

**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 changes to my Housing Specialist within 10 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.campbellcountky.gov](http://www.campbellcountky.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**
- **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. If you have questions regarding expenses, please contact the office at (859) 547-3603.*

## PERSONAL DECLARATION

THE FOLLOWING IS TO BE COMPLETED IN THE APPLICANT'S OWN HANDWRITING. **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: \_\_\_\_\_

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:

\_\_\_\_\_



## **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) 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 Chapter 8 of 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 me if I am 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 85 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.

**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 5 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 5 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 5 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 5 years from the reporting agency's denial or termination date.
- Currently engaging in illegal drug activity the ineligibility time frame is 5 years.
- On a sex-offender registry.
- Been evicted from or denied assistance for federally-assisted housing in the past 5 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, 2020 are:

0 BEDROOM	\$804.00	1 BEDROOM	\$922.00	2 BEDROOM	\$1202.00
3 BEDROOM	\$1610.00	4 BEDROOM	\$1809.00	5 BEDROOM	\$1891.00

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 appointments. You must contact the agency representative with whom you wish to meet to schedule an appointment.

## **SUBMITTING PAPERWORK TO CCDH**

Do not slide paperwork under the office door at any time or for any reason. You must get prior permission to e-mail any information to CCDH and, you must follow up with the intended recipient to confirm they have received it. The e-mail system of the agency is generally used for internal correspondence and outside e-mail addresses may not get through. If you fax or mail information it is your responsibility to confirm it has been received by the intended recipient. Families can leave completed documents 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. You must have an appointment with your Housing Specialist to return a Request for Tenancy Approval.

## **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**

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) Inspection details can be found in the Housing Authority's Administrative Plan at [www.campbellcountky.gov](http://www.campbellcountky.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.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

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 7<sup>th</sup> 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  
WASHINGTON, DC 20410-3000**

**Key Housing Provisions in VAWA 2013**

- VAWA 2013 maintains protections for public housing, Section 8 vouchers, and project based Section 8, and also expands the housing protections from VAWA 2005 to include 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 2013 continues to bar eviction and termination due to a tenant's status as a survivor, and requires landlords to maintain survivor-tenant confidentiality. It also continues to prohibit 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 2013 now specifically extends housing protections to survivors of sexual assault, and adds "intimate partner" to the list of eligible relationships in the domestic violence definition. Protections also now cover an "affiliated individuals," 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 continues to allow 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.
  
- New housing protections in VAWA 2013 includes 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 2013 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.

**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**

[www.campbellcountky.gov](http://www.campbellcountky.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.campbellcountky.gov](http://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.





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: \_\_\_\_\_

\_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

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

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2501-0014  
exp. 07/31/2021

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

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

John Baughcum  
Housing Specialist

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

XX

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.