



SOUTH PORTLAND HOUSING AUTHORITY

100 Waterman Drive, Suite #101, South Portland, Maine 04106

(207) 773-4140 • FAX (207) 780-0981

ME Relay – Call 711

Dear Applicant,

Thank you for your interest in South Portland Housing Authority properties. This Pre-Application Packet is intended to collect the necessary information to preliminarily determine eligibility for our Housing Programs. Please complete all application forms in full before submitting them. **We cannot accept any applications that are incomplete.**

To complete the pre-application process and be placed on the waiting list you must submit the following:

- ☐ Pre-Application Packet (*completed in full and signed by ALL adult household members*)
- ☐ Copies of Birth Certificate(s) or other acceptable U.S. Citizenship Verification (*for ALL citizens/nationals*)
- ☐ Copies of Immigration Documentation (*for ALL non-citizens in your household*)
- ☐ Copies of Social Security Card(s) (*for ALL household members*)

Without these items, your application will be considered incomplete and will be returned to you.

For federal rental assistance programs, at least one person in the household must be either a U.S. citizen or national, or a non-citizen with eligible immigration status (i.e. permanent resident, refugee, asylum, or parole status, etc.) to be considered for admission. A family with one or more ineligible family members and one or more eligible family members may be eligible to receive prorated federal rental assistance. Some of our housing options require all household members to be U.S. Citizens or nationals or have eligible immigration status.

Once the application packet is submitted, it will be reviewed for completion. If we preliminarily determine that you may qualify for our Housing Program(s), you will be placed on the applicable Waiting List for Housing.

Once your family is nearing the top of the Waiting List, you will be contacted by our office to verify your preferences and to start the full screening process required in order to be housed in one of our Housing Programs.

If you have any questions, or you need any assistance completing the Pre-Application, please contact the South Portland Housing Authority at (207) 773-4140. Thank you for applying!

Intake Department
South Portland Housing Authority





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Pre-Application for Housing

**THIS APPLICATION MUST BE RETURNED TO OUR OFFICE LOCATED AT:
100 WATERMAN DRIVE, SUITE 101, SOUTH PORTLAND, MAINE 04106**

The South Portland Housing Authority will not discriminate against any person because of race, color, sex, physical or mental disability, religion, ancestry, national origin, familial status, sexual orientation or receipt of public assistance.

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 Agency of the U.S. as to any matter within its jurisdiction.

Applicant Name: _____

Email Address: _____

Phone Number: _____ Alternate Phone Number: _____

Mailing Address: _____

Physical Address (if different from above): _____

Are you currently living in subsidized housing? ☐ Yes ☐ No

Do you require an interpreter? ☐ Yes ☐ No If yes, what language? _____

FAMILY COMPOSITION - List all members of the household, including yourself.

First Name and Middle Initial	Last Name	Relationship	Gender (M/F)	Social Security Number	Date of Birth	Disabled ?
		Head of Household				<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No



RACE AND ETHNICITY OF HEAD OF HOUSEHOLD - Not Mandatory, for statistics only

Check all that apply:

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander

Check the ONE that applies:

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino

ACCESSIBILITY FEATURES/ACCOMMODATIONS REQUIRED? Check ALL that apply.

- ☐ Handicap/Wheelchair Accessible Unit
- ☐ Walk-in/Roll-in Shower
- ☐ 1st Floor Unit or Building with an Elevator
- ☐ Other (please describe): _____

Do you require any other accommodation to participate fully in our Programs application process?

- ☐ Yes ☐ No *If yes, please explain:* _____

APPLICANT PREFERENCES* - Please check ALL that apply to you or your household.

- ☐ Active on Section 8 and/or Public Housing waiting list (*Currently on a waiting list for S8 or PH*)
- ☐ Disabled (*Head of Household or spouse is Disabled*)
- ☐ Displaced by a Federally Declared Natural or National Disaster as designated by FEMA
- ☐ Elderly (*Head of household or spouse is Age 62 or older*)
- ☐ Family with Minors or Dependents (*Households with children under age 18 or dependents*)
- ☐ Near-Elderly (*Head of household or spouse is Age 55 – 61*)
- ☐ Scarborough Residency Preference (*Lives, works or has been hired to work in Scarborough*)
- ☐ South Portland Residency Preference (*Lives, works or has been hired to work in South Portland*)
- ☐ Veteran (*Head of Household or spouse served in the active military and was discharged under conditions other than dishonorable*)

*** Preference verification will be required at the time your application is selected from the Waiting List.**

HOUSEHOLD INCOME – List income for ALL household members, including yourself.

Income includes social security, unemployment, wages, child support, pensions, alimony or any other form of income.

Name (Whose income is it?)	Income Amount (Gross – before any deductions)	Frequency (Weekly, Bi-Weekly, Monthly)	Source of Income (Social Security, Pension, Child Support, etc.)



HOUSEHOLD ASSETS – List assets for ALL household members, including yourself.

Assets include checking accounts, savings accounts, real estate, whole life insurance policies, stocks/bonds, IRA's, etc.

Name (Whose account is it?)	Bank/Financial Institution	Account Type (Checking, Savings, IRA, Life Insurance)	Current Balance

ADDITIONAL QUESTIONS:

Have you or anyone in your household been evicted from Public or Assisted Housing? ☐ Yes ☐ No

If yes, please explain: _____

Do you owe money to any housing authority or property management company? ☐ Yes ☐ No

If yes, list amount owed and agency/management company: _____

Have you or anyone in your household been convicted of ANY criminal activity? ☐ Yes ☐ No

If yes, please explain: _____

Are you or anyone in your household a registered lifetime sex offender registration? ☐ Yes ☐ No

If yes, please list which household member: _____

Have you or anyone in your household resided in another state? ☐ Yes ☐ No

If yes, please list names and which states: _____

Do you currently have a Housing Voucher (Section 8, BRAP, Shelter Plus Care, etc.)? ☐ Yes ☐ No

If yes, please list the type of voucher: _____

Please answer the following questions so that we may determine whether anyone in your household qualifies for an exemption from disclosing and providing verification of a SSN.

Is any member of your household not contending eligible immigration status? ☐ Yes ☐ No

If yes, please list names of each non-contending household member: _____

Was any member of your household age 62 or older as of January 31, 2020, who does not have a SSN, and was receiving HUD rental assistance at another location on January 31, 2020? ☐ Yes ☐ No

If yes, please list the names of each household member that meets the above criteria and include the name/location of the HUD rental assistance that they were receiving on January 31, 2020: _____



WAITING LIST SELECTION - WHICH WAITING LIST(S) ARE YOU ELIGIBLE FOR?

There are separate waiting lists for each type of housing available. To be added to a waiting list, you must meet its eligibility requirements: age and income. **All SPHA properties are smoke-free.**

Please check the box(es) for the Housing you want to be considered for.

<input type="checkbox"/> RAD Project-Based Voucher 225 Broadway, 231 Broadway, 73 Hill Street, 53-60 Landry Circle South Portland, ME	Preference for Families with Children	1, 2 and 3 bedrooms Rent: 30% of Adjusted Income <i>Utilities included</i>	Maximum Income <ul style="list-style-type: none"> • \$41,450 (1 person) • \$47,350 (2 people)) • \$53,250 (3 people)
<input type="checkbox"/> RAD Project-Based Voucher 235 Broadway South Portland, ME	Preference for Elderly or Disabled	1 and 2 bedrooms Rent: 30% of Adjusted Income <i>Utilities included</i>	<ul style="list-style-type: none"> • \$59,150 (4 people) • \$63,900 (5 people) • \$68,650 (6 people)
<input type="checkbox"/> Scattered Sites PBV (Project-Based Voucher) Various locations South Portland, ME	Preference for Families with Children	2, 3, and 4 bedrooms Rent: 30% of Adjusted Income <i>Utilities included</i>	<ul style="list-style-type: none"> • \$73,350 (7 people) • \$78,100 (8 people)
<input type="checkbox"/> Public Housing - Efficiency Hazard Towers 425 Broadway South Portland, ME	Applicants must be 55 years of age or older; OR Disabled	Efficiency units Rent: 30% of Adjusted Income <i>Utilities included</i>	Maximum Income <ul style="list-style-type: none"> • \$66,250 (1 person)
<input type="checkbox"/> Public Housing Hazard Towers 425 Broadway South Portland, ME St. Cyr Court 1700 Broadway South Portland, ME Landry Village 1-50 Landry Circle South Portland, ME	Applicants must be 62 years of age or older; OR Disabled	1 and 2 bedrooms Rent: 30% of Adjusted Income <i>Utilities included</i> <i>Handicap accessible units available</i>	Maximum Income <ul style="list-style-type: none"> • \$66,250 (1 person) • \$75,700 (2 people) • \$85,150 (3 people) • \$94,600 (4 people)
<input type="checkbox"/> Mill Cove 10 Soule Street South Portland, ME	Applicants must be 62 years of age or older; OR Disabled	1 and 2 bedrooms Rent: 30% of Adjusted Income <i>Utilities included</i> <i>Handicap accessible units available</i>	Maximum Income <ul style="list-style-type: none"> • \$41,450 (1 person) • \$47,350 (2 people)) • \$53,250 (3 people) • \$59,150 (4 people)
<input type="checkbox"/> Adam Court 1-10 Adam Court South Portland, ME	Applicants must be Disabled and require Handicap Accessible Unit	2 bedrooms Rent: 30% of Adjusted Income <i>Utilities included</i> <i>All Handicap accessible units</i>	Maximum Income <ul style="list-style-type: none"> • \$41,450 (1 person) • \$47,350 (2 people))



WAITING LIST SELECTION *Continued...*

Please check the box(es) for the Housing you want to be considered for.

<input type="checkbox"/> Ridgeland Estates 109 Ridgeland Avenue South Portland, ME	Applicants must be 55 years of age or older	1 bedroom Rent: \$625-\$725 <i>Utilities included</i> Vouchers accepted <i>Handicap accessible units available</i>	Maximum Income • \$50,700 (1 person) • \$57,900 (2 people)
<input type="checkbox"/> Ridgeland Gardens 101 Ridgeland Avenue South Portland, ME	Applicants must be 55 years of age or older	1 bedroom Rent: \$940 <i>Utilities included</i> Vouchers accepted	Maximum Income • \$49,740 (1 person) • \$56,820 (2 people)
<input type="checkbox"/> Jocelyn Place 41 Little Dolphin Drive Scarborough, ME	Applicants must be 55 years of age or older	1 bedroom Rent: \$1,000-\$1,200 <i>Utilities included</i> Vouchers accepted <i>Handicap accessible units available</i>	Maximum Income • \$49,740 (1 person) • \$56,820 (2 people)
<input type="checkbox"/> Jocelyn Place – PBV (Project-Based Voucher) 41 Little Dolphin Drive Scarborough, ME	Applicants must be 55 years of age or older	1 bedroom Rent: 30% of Adjusted Income <i>Utilities included</i>	Maximum Income • \$41,450 (1 person) • \$47,350 (2 people)

* *Income Limits and Contract Rent Amounts effective May 15, 2023. These figures are subject to change.*

APPLICANT CERTIFICATIONS:

- I understand I am required to notify the Housing Authority (in writing) of any change of address.
- If I cannot be contacted at the above mailing address, my name will be removed from the waiting list, and I will have to re-apply.
- I understand that the submission of false information, misrepresentation of information, or failure to disclose information requested on this application may result in loss of eligibility to participate in any South Portland Housing Authority Program.
- I certify that I have attained the age of eighteen (18) and therefore have full capacity to act on my own behalf in the matter of contracts or I am a legally emancipated minor.
- **I do hereby attest that all the information I provided on this application is true and correct.**

Date

Signature of Applicant

Date

Signature of Adult Household Member(s)

Date

Signature of Housing Authority Staff





SOUTH PORTLAND HOUSING AUTHORITY

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ME Relay – call 711

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, the undersigned, do hereby authorize any agencies, offices, groups, organizations or business firms to release any information or materials deemed necessary to complete my/our eligibility for housing. These organizations are to include, but are not limited to: U.S. Citizenship and Immigration Services (INS SAVE); financial institutions; child support payers; state employment security commission; past or present employers; past or present landlords; social security administration; utility companies; worker's compensation payers; hospitals; public and private retirement systems; law enforcement agencies; attorneys; realtors; child care providers; doctors; pharmacies and social workers.

This consent form expires fifteen (15) months after date of signature.

Head of Household:

Signature: _____ Date: _____

Social Security #: _____

Print Name: _____

All other household members, age 18 or older:

Signature: _____ Date: _____

Social Security #: _____

Print Name: _____

Signature: _____ Date: _____

Social Security #: _____

Print Name: _____

Signature: _____ Date: _____

Social Security #: _____

Print Name: _____



Equal Housing Opportunity

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (check all that apply) <table border="0"><tr><td><input type="checkbox"/> Emergency</td><td><input type="checkbox"/> Assist with Recertification Process</td></tr><tr><td><input type="checkbox"/> Unable to contact you</td><td><input type="checkbox"/> Change in lease terms</td></tr><tr><td><input type="checkbox"/> Termination of rental assistance</td><td><input type="checkbox"/> Change in house rules</td></tr><tr><td><input type="checkbox"/> Eviction from unit</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Late payment of rent</td><td></td></tr></table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	Date
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The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



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INFORMATION REGARDING THE WAITING LISTS

- **South Portland Housing Authority MUST receive any changes in address, phone number, family composition, income, and preferences IN WRITING. All Changes must be submitted to the following address:**
 - South Portland Housing Authority
Attn: Intake
100 Waterman Drive, Suite 101
South Portland, ME 04106
- **We DO NOT provide Waiting List positions. Please DO NOT call us to check on your position. You will be contacted once you are near the top of the Waiting List.**
- **South Portland Housing Authority has a SMOKE-FREE CAMPUS POLICY.**
 - **NO SMOKING** of any kind is permitted on South Portland Housing Property.
- **All Applicants will be screened for any criminal records.**
- **Incomplete Applications will NOT be accepted.**
 - Please answer every question on the Pre-Application Form. If you don't have an answer, please write "N/A", or "NONE".
- **Our waiting lists are ranked by date and time of application as well as preference.**
 - This means that applicants are selected based on total preference points, then by date and time. It is extremely important that you indicate any and all preferences that apply to your household when completing the Pre-Application Form as this will determine your placement on the Waiting List(s). When your name comes up for acceptance, you will need to provide verification of all preferences.
- **Some of our Waiting Lists provide a Local Residency Preference for applicants that are living, working or have been hired to work in South Portland or in the town where the housing project is located.**
 - This means applicants with a Residency Preference will typically be housed before others on the list. It also means your place on the Waiting List can change if a person with a Residency preference applied after you, as they would be higher on the list than non-residents. South Portland Housing **MUST** receive notification in writing if you move or change job locations. When your name comes up for acceptance, you will need to provide proof of Residency OR pay stubs showing employment within the city/town for which you received the Local Residency Preference.
- **Eligible Veterans have a preference.**
 - Eligible Veterans will receive a preference on our Waiting List. You will need to provide a copy of your DD214 or other documentation to show that your discharge from the military was anything but dishonorable.
- **South Portland Housing Authority typically purges its Waiting Lists once per year.**
 - A letter will be sent to you asking if you'd like to remain on the Waiting List once per year. If so, you must fill out and return the letter by the date indicated. If the letter is not returned by the date indicated, your name will be removed from the Waiting List and cannot be re-instated. Once your name is removed from the Waiting List, you will have to go through the application process again to be added back to the Waiting List. Please make sure to ALWAYS notify our office of any address changes so you will receive your mail.

Copies of birth certificate(s) can usually be obtained from the municipal building in the city or town where the person was born.

To obtain Social Security cards contact the Social Security Administration.

312 Fore Street 110 Main Street, Suite 1450

Portland, ME 04101 Saco, ME 04072

1-877-319-3076 1-877-253-4715

Documentation that you and/or family member(s) are lawfully within the U.S. may include, but is not limited to, the following:

Permanent Resident Card, Form I-551

Resident Alien Card, Form I-551

Employment Authorization Card, Form I-766

Employment Authorization Document, Form I-688B

Arrival-Departure Record, Form I-94

Certificate of Naturalization

*All documentation must be valid and may be sent to INS for verification.

US Citizenship and Immigration Services

www.uscis.gov

Contact Center 1-800-375-5283

If you are a U.S. Citizen who was born abroad you can contact the following office to request a copy of your birth certificate. This process can take 4-8 weeks.

Passport Vital Records Office, Suite 510

1111 19th Street

Washington, DC 20036

1-202-955-0307

Contact the office below if you are a Veteran and require a copy of your military discharge DD214.

Maine Bureau of Veterans Services

Central Office

117 State House Station

Augusta, ME 04330

207-430-6035



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties For Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><input type="checkbox"/> Evicted from your apartment or house;<input type="checkbox"/> Required to repay all overpaid rental assistance you received;<input type="checkbox"/> Fined up to \$10,000;<input type="checkbox"/> Imprisoned for up to 5 years; and/or<input type="checkbox"/> Prohibited from receiving future assistance. <p>Your state and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	<p>When you answer application question you must include the following information:</p> <ul style="list-style-type: none"><input type="checkbox"/> All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);<input type="checkbox"/> Any money you receive on behalf of your children (child support, social security for children, etc.);<input type="checkbox"/> Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);<input type="checkbox"/> Earnings from a second job or part-time job;<input type="checkbox"/> Any anticipated income (such as a bonus or pay raise you expect to receive) <p>^</p> <ul style="list-style-type: none"><input type="checkbox"/> All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family who will be living with you<input type="checkbox"/> Any business asset that you sold in the last 2 years for less than its full value, such your home to your children.<input type="checkbox"/> The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- ☐ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- ☐ When you sign the application and certification forms, you are claiming they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- ☐ Information you give on your application will be verified by your housing authority. In addition, HUD may do computer matches of the income you report from various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- ☐ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits etc., for all household members.
- ☐ Any move in or out of a household member; and,
- ☐ All assets that you or your household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- ☐ Do not pay any money to file an application;
- ☐ Do not pay any money to move up on the waiting list;
- ☐ Do not pay for anything not covered by your lease;
- ☐ Get a receipt for any money you pay; and,
- ☐ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 251 Seventh Street, S.W., Washington, D.C., 20410.

HUD- 1140-OIG

THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION.

