



**Housing Choice Voucher Program**

412 Boulevard of the Allies, 5th Floor  
Pittsburgh, PA 15219

412-456-5090, fax: 412-456-5224  
[www.hacp.org](http://www.hacp.org)

February 1, 2023

Dear Housing Choice Voucher Participants:

Thank you for choosing the Housing Authority of the City of Pittsburgh (HACP) to be your housing provider. It is the desire of the HACP to provide you with outstanding customer service, to process your paperwork in a timely manner and to provide you with safe and affordable housing.

Please be advised that our re-certification process is a twenty-four (24) month recertification process. When you receive a re-certification packet, please immediately complete and return the packet to your Housing Counselor with the requested information. Please note failure to return the information in the requested time may result in termination from the Program. As such, even if you think your re-certification is not due, and you receive a re-certification packet, you must complete and return the packet as requested.

If you are a person with a disability and require information regarding reasonable accommodation, please contact the 504 ADA Compliance Office at 412-456-5000, ext. 2504. Thank you again for allowing the Housing Authority of the City of Pittsburgh to supply your housing needs.

Sincerely,

A handwritten signature in cursive script that reads 'La Shawna Hammond'.

La Shawna Hammond  
Director, Housing Choice  
Voucher Program

## RECERTIFICATION CHECKLIST

### VERY IMPORTANT

**IF YOU DO NOT HAVE ALL OF THE REQUIRED INFORMATION, YOU WILL BE SENT A NOTICE OF WHAT INFORMATION IS MISSING, AS WELL AS A NOTICE OF TERMINATION. YOU MUST IMMEDIATELY PROVIDE THE REQUESTED INFORMATION OR YOU WILL LOSE YOUR SUBSIDY IF WE CANNOT RECERTIFY YOUR FAMILY BY THE EFFECTIVE DATE!!!!**

Request/Verification for Reasonable Accommodation for Live in Aide (If applicable) \_\_\_\_\_

Income Verifications for all household members (Wages, TANF/DPA, Child Support, SSI, Social Security, Pension, Unemployment, etc.). Provide all Current Printouts and/or 6 Consecutive Pay Stubs. \_\_\_\_\_

Childcare Verification \_\_\_\_\_

Family Composition Form \_\_\_\_\_

Signed Applicant/Tenant Certification (Fraud) Form \_\_\_\_\_

Attached A/HUD 92006 Optional Contact Information (2 copies) \_\_\_\_\_

Asset Certification Form, provide current statements if applicable. \_\_\_\_\_

Annual Continued Occupancy Form (ACO) \_\_\_\_\_

\*\*\*Signed Authorization of Release of Information (HUD Form 9886) \_\_\_\_\_

\*\*\*Debts Owed to Public Housing Agencies and Terminations - Form HUD 2675 (2 copies) \_\_\_\_\_

Family Obligations (2 copies) \_\_\_\_\_

Medical Expense Verifications for disabled/elderly (62+) households \_\_\_\_\_

Zero Income Affidavit (if applicable). Please contact Housing Specialist for forms. \_\_\_\_\_

Full-time Student Status – For Dependents 18 years of age and older, provide letter from the Registrar's Office verifying full-time student status or a copy of student's current schedule. **Provide Current Statements/Verifications.**

\*\*\*Must be signed by each household member 18 years and older.

**All forms must be completed in ink, and packets must be dropped off or mailed into the office. Faxed Copies will not be accepted.**

**\*\*PLEASE BE SURE THAT THE ITEMS LISTED ABOVE ARE ENCLOSED BEFORE RETURNING YOUR RECERTIFICATION PACKET\*\***



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**FAMILY COMPOSITION & UTILITY INFORMATION**

**PLEASE ANSWER ALL QUESTIONS**

- 1) What type of heating do you have in your unit? Electric Heat \_\_\_\_\_ or Gas Heat \_\_\_\_\_  
Do you pay for heating? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) What type of range do you have? Gas \_\_\_\_\_ Electric \_\_\_\_\_  
Do you pay Cooking Gas? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Do you pay for electricity? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Is your hot water heater Gas \_\_\_\_\_ or Electric \_\_\_\_\_
- 5) Do you pay for Water \_\_\_\_\_ Sewage \_\_\_\_\_ Trash \_\_\_\_\_
- 6) Do you own the range in your unit? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Do you own the refrigerator in your unit? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8) How many bedrooms are in your unit? \_\_\_\_\_
- 9) Have you had a change in family composition since your last recertification? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) What type of change has occurred in your unit? \_\_\_\_\_
- 11) Did you report this change of family members at the time the change took place? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12) Did the person who moved out or moved in have a source of income? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, did you report this source of income to the HACP? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) Did you report this change in income to the HACP? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14) Do you plan to remain in your present unit? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15) **IF YOU ARE TERMINATING YOUR LEASE, YOU ARE REQUIRED TO SEND A LETTER OF TERMINATION BY CERTIFIED MAIL, IN ACCORDANCE WITH THE LEASE TERMS TO YOUR LANDLORD AND RETURN A COPY OF THE LETTER AND CERTIFIED MAIL RECEIPT ALONG WITH THIS PACKET.**
- 16) Have you or any family member engaged in drug related criminal activity or violent criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_
- 17) If Yes, explain: \_\_\_\_\_

**SIGN AND DATE THIS FORM. THIS OFFICE MUST HAVE YOUR PHONE NUMBER, EVEN IF IT IS AN UNLISTED NUMBER.**

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

HCV APPLICATION

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ HEAD OF HOUSEHOLD WORK # \_\_\_\_\_ SPOUSE WORK # \_\_\_\_\_

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU.

1. NAME: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the assisted unit. Please give the relationship of each family member to the head.

MEMBER	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	BIRTH PLACE	AGE	SEX	SOCIAL SECURITY #
HEAD							
1							
2							
3							
4							
5							
6							

Does anyone live with you now who is not listed above? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

Is the Head, Spouse or Co-head of this Household disabled? ☐ Yes ☐ No If Yes, your family may be eligible for additional income deductions, housing choices or preferences. HACP may request documentation that your disability meets HUD’s definition of disabled in order to verify this status.

Is any member of the Household disabled? ☐ Yes ☐ No If Yes, your family may be eligible for additional income deductions or housing choices. HACP may request documentation that your disability meets HUD’s definition of disabled in order to verify this status.

Does anyone in your Household need special communication assistance due to a disability? \_\_\_\_\_  
Identify any special housing needs (reasonable accommodation) required as a result of the disability: \_\_\_\_\_

INCOME INFORMATION

Please answer each of the following questions. For each “Yes” answer, please provide the details in the chart in this section.

	YES	NO
1. Is any member of your household employed full-time, part-time, or seasonally? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Does any member of your household work for someone who pays them in cash?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any member of your household now receive, or expect to receive unemployment benefits?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any member of your household now receive or expect to receive child support?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Is any member of your household entitled to child support that he/she is not receiving? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any member of your household now receive or expect to receive alimony payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Is any member of your household entitled to alimony payments that he/she is not receiving? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any member of your household now receive or expect to receive welfare assistance? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Does any member of your household now receive or expect to receive Social Security benefits? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any member of your household now receive or expect to receive income from a pension or annuity? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Is any member of your household over the age of 18? If so list their income below. ....	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you or any household member engaged in drug related criminal activity or violent criminal activity? .....	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain and give dates: \_\_\_\_\_

For each type of income that your household receives, give the source of the income and the amount that can be expected from the source during the next 12 months.\*

FAMILY MEMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

\*If additional space is needed, please list on a separate sheet of paper.

ASSET INFORMATION

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates and Deposit) of all household members, including assets or property sold or given away for less than their worth during the past two years.

FAMILY MEMBER	BANK NAME	ACCOUNT NAME	CURRENT BALANCE

\*If additional space is needed, please list on a separate sheet of paper.

List value of all stocks, bonds, trusts, pension contributions, or other assets:

Do you own a home or other real estate?

☐ Yes☐ No

Have you sold or given away real property or other assets in the past two years?

☐ Yes☐ No

If Yes, what is the current market value of the assets?

EXPENSES

Do you pay for childcare for children 12 years and under, which enables you or another family member to work, seek work or go to school?

☐ Yes☐ No

If Yes, list names and ages of children:

Address, and phone number of child care provider:

Weekly cost of Child Care:

Name of member enabled to work, seek work or go to school:

Does any person or agency reimburse you or help you with child care costs?

☐ Yes☐ No

If Yes, please list the name(s) or the persons and agencies:

Families with a Person with a Disability as part of its family composition only:

Do you pay for a care attendant, service animal or any equipment for the family member with a disability necessary to permit that person or someone else in the family to work?

☐ Yes☐ No

If Yes, describe expenses:

Families where the Head, Co-Head or Spouse are Disabled and/or Elderly (62 years of age or older) only:

Do you have Medicare or Medicaid?

☐ Yes☐ No

If Yes, what is your Medicare/Medicaid premium? (per year or monthly)

\$

Do you have any other type of medical insurance?

☐ Yes☐ No

If Yes, give policy number and carrier's name:

Do you expect to have any out of pocket medical expenses during the next 12 months?

☐ Yes☐ No

COMMENTS/ADDITIONAL INFORMATION:

APPLICANT CERTIFICATION: I/We certify that the information given to the Housing Authority of the City of Pittsburgh on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signature of Head:

X

Date:

X

Signature of Spouse:

X

Date:

X

NOTICE TO APPLICANTS: If you believe you have been discriminated against, you may call the Equal Opportunity National Toll-Free Hotline at 800-424-8590.

NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, the Housing Authority of the City of Pittsburgh does not discriminate on the basis of handicap (physical or mental) in the admission of or access to public housing, or in the treatment of employees or applicants for employment. Any discrimination on this basis is illegal.

**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.

## Authorization for the Release of Information/ Privacy Act Notice

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

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing  
OMB Control Number 2577-0295  
Expiration Date 1/31/2025

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

Caster D. Binion, Executive Director  
Housing Authority City of Pittsburgh  
412 Boulevard of the Allies, 5th Floor  
Pittsburgh, PA 15219

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

XX  
XX  
XX  
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.



Housing Authority  
City of Pittsburgh

## ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Head of Household Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Please complete **one** of the following sections (A-C), whichever is most applicable to your entire household. Then proceed to Section D to complete the remainder of the form.

☐ **Section A: NO ASSETS:** I/we do not have any assets at this time based on the net family asset definition in 24 CFR 5.603.

☐ **Section B: ASSET SELF-CERTIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE LESS THAN \$50,000)**

*(Please proceed to Section D of this form to sign and date.)*

☐ **Section C: ASSET VERIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE GREATER THAN \$50,000)**

I/we certify that I/we have assets with a combined value greater than \$50,000. I/we understand that I/we are required to provide HACP with verification of all assets as well as complete this table below:

Household Member Name	<b>LIST ASSET TYPE(S):</b> Checking, Savings, Mutual Funds, Money Market, Equity in Rental Property, Retirement & Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			\$	\$
			\$	\$
			\$	\$
			\$	\$
	<b>LIST PREPAID DEBIT CARD TYPE(S):</b> Direct Express, Net Spend, CashApp, Meta Bank, ACE, EBT, EppiCard, Relicard, Payroll Deposit Card, etc.	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			\$	\$
			\$	\$
	<b>DISPOSED ASSETS:</b> Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Bank/ Financial Institution / Provider Name	Cash Value of Disposed Asset	Income from Disposed Asset
			\$	\$

### Section D: SIGNATURE(S). *This part of the form is required for all household members aged eighteen (18) or older.*

A family that knowingly submits false information is subject to a civil penalty, plus damages under the False Claims Act (31 U.S.C. 3729). By signing below, I/we do hereby swear under penalty of perjury that I/we have reported all the assets available to me and/or any member of my household. I/we understand that failure to report these items and/or to provide any applicable documentation of assets could be subject to termination from the Housing Choice Voucher Program or result in termination of the Public Housing rental lease agreement (whichever is applicable).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date



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**VERIFICATION OF EMPLOYMENT AND GROSS EARNINGS**

In accordance with federal law and regulations published by the Department of Housing and Urban Development, it is necessary to verify the sources and amounts of income of each family making application for or receiving rental assistance. Information provided remains confidential and will be used solely for the purpose of determining eligibility for rental assistance and establishing rent in accordance with applicable law and federal regulations.

The following individual has indicated employment with your firm. To assist in the compliance with the above provisions, you are requested to provide the following information:

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Presently Employed: YES \_\_\_\_\_ Date Employed \_\_\_\_\_  
NO \_\_\_\_\_ Date Terminated \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Title/Position \_\_\_\_\_

**BASIS OF PRESENT PAYMENT**

Present hourly rate base pay: \$ \_\_\_\_\_  
Hours per day \_\_\_\_\_ Number of days per week \_\_\_\_\_ Average hours per week \_\_\_\_\_

Present hourly rate, overtime \$ \_\_\_\_\_  
Weekly wage or salary \$ \_\_\_\_\_  
Monthly Salary \$ \_\_\_\_\_  
Piece Work: (average) \$ \_\_\_\_\_  
Commission: (average) \$ \_\_\_\_\_

Any other compensation not included above (specify for meals, expense allowance, etc.)

For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Tip-estimate \$ \_\_\_\_\_ Anticipated earnings next 12 months. \$ \_\_\_\_\_

Amount (if any) deducted from earnings for Medical/Hospitalization Insurance

\$ \_\_\_\_\_ per \_\_\_\_\_ (week, bi-weekly, monthly, etc.)

What address do you have in your records for your employee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

20 \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

20 \_\_\_\_\_ Gross Income to Date \$ \_\_\_\_\_

**PLEASE COMPLETE EACH QUESTION**



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## EMPLOYMENT STATUS VERIFICATION

\_\_\_\_\_  
Applicant/Participant Name

Dear Employer:

Regulations require us to verify the incomes of applicants and tenants to establish their eligibility and rent for our Rental Assistance Housing Program. The person identified on this form has told us that he or she is now employed, or has been employed by your firm.

Your completion of this form will help us to determine whether this family is eligible for our housing program. All information will be held in confidence and will be used only in determining eligibility and/or rent and rental subsidy.

We are required to complete our determination within a specified time; therefore, your prompt reply will be appreciated. A return envelope is enclosed for your convenience.

Thank you for your cooperation.

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Phone No.

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
City, State, Zip

## AUTHORIZATION TO RELEASE INFORMATION

**I hereby grant the Housing Authority of the City of Pittsburgh permission to make inquiries regarding my income and assets. I understand that this information is for the purpose of determining my eligibility only, and will be kept confidential.**

**Signed:** \_\_\_\_\_

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



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**VERIFICATION OF CHILDCARE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No.: \_\_\_\_\_

**TO BE COMPLETED BY TENANT**

This is to certify that I pay to \_\_\_\_\_ \$\_\_\_\_\_ per week for the care of my child/children while I am employed or while attending school.

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

Are you being reimbursed for childcare from DPA or any other Agency?

Yes \_\_\_\_ No \_\_\_\_

---

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**TO BE COMPLETED BY CHILDCARE PROVIDER**

This is to certify that I receive \$\_\_\_\_\_ per week from \_\_\_\_\_ for childcare services.

Names of Children

Age

_____	_____
_____	_____
_____	_____

Signed: _____	Date: _____
Address: _____	Phone: _____
_____	S.S.#: _____

---

---

**PLEASE NOTE:**

**CERTIFICATE STATEMENT**

Knowing the penalty for making a false statement under the United States Criminal Code I hereby certify that the above is a true and full statement.

Section 35(a) of the United States Criminal Code makes it a criminal offense, punishable by the maximum of 10 years imprisonment, \$10,000 fine or both, to make false statement or misrepresentation of any department or agency of the United States as to any matter within their jurisdiction. The information provided above was requested by the Housing Authority of the City of Pittsburgh as a verification document.



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## ATTACHMENT

### APPLICANT/TENANT CERTIFICATION

### APPLICANT(S) TENANT(S) STATEMENT

I/We certify that the information\* given to the PITTSBURGH HOUSING AUTHORITY on household composition, income, net assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

X \_\_\_\_\_  
Signature of Head of Household

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Spouse

X \_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-669-9777.

\*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

Supplemental and Optional 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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.

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**Signature of Applicant**

**Date**

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.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**Housing Authority of the City of Pittsburgh  
412 Boulevard of the Allies, 5th Floor  
Pittsburgh, PA 15219**

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

**Signature**

**Date**

**Printed Name**



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

## **Family Obligations [24 CFR Section 982.551, as amended by MtW]**

1. The family must supply any information that the HACP or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by the HACP or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
  - a. The HACP must receive all applicable documentation within 30 calendar days of the change for a family-initiated interim reexamination.
  - b. The HACP must receive all requested documentation by the deadline indicated on correspondence sent to the family requesting information for regularly scheduled reexaminations and interim reexaminations.
3. The family must report in writing all increases in household income, including new employment, and deductions of 10% or greater, within 30 calendar days of the date that the change occurred.
4. The family must disclose and verify social security numbers (as provided by part 5, subpart B, of this title) and must sign and submit consent forms for obtaining information in accordance with part 5, subpart B, of this title.
5. Any information supplied by the family must be true and complete.
6. The family is responsible for any Housing Quality Standards (HQS) breach caused by any of the following:
  - a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;
  - b. The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
  - c. Any member of the household or guest damages the dwelling unit or premises (damages beyond ordinary wear and tear).
7. If an HQS breach caused by the family is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days (or any HACP-approved extension).
8. If the family has caused a breach of the HQS, the HACP must take prompt and vigorous action to enforce the family obligations.
9. The family must allow HACP to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of the current HACP Housing Choice Voucher Administrative Plan.
10. The family must not commit any serious or repeated violation of the lease. Under 24 CFR 5.2005(c), an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking will not be construed as a serious or repeated lease violation by the victim, or threatened victim, of the domestic violence, dating violence, sexual assault, or stalking, or as good cause to terminate the tenancy, occupancy rights, or assistance of the victim.
  - a. HACP 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.
  - b. Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, or living or housekeeping habits that causes damage to the unit or premises and criminal activity. Generally, the criteria to be used are whether the reason for the eviction was through no fault of the tenant or guests.
11. The family must notify HACP and the owner before moving out of the unit or terminating the lease.
  - a. The family must comply with lease requirements regarding written notice to the owner.
  - b. The family must provide written notice to HACP at the same time the owner is notified.
12. The family must promptly give HACP a copy of any owner eviction notice.
13. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
14. The composition of the assisted family residing in the unit must be approved by HACP. The family must promptly notify HACP in writing of the birth, adoption, or court-awarded custody of a child. The family must also promptly notify HACP in writing of the marriage of a household member. The family must request HACP approval to add any other family member as an occupant of the unit. No other person [i.e., nobody but members of the assisted family] may reside in the unit (except for a foster child or live-in aide as provided in paragraph 16 of this section).



15. The request to add a family member must be submitted in writing and approved prior to the person moving into the unit. HACP will determine eligibility of the new member, including members added through marriage, in accordance with the policies in Chapter 3 of the HACP Housing Choice Voucher Administrative Plan.
16. The family must promptly notify HACP in writing if any family member no longer lives in the unit.
17. If HACP has given approval, a foster child or a live-in aide may reside in the unit. HACP has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when HACP consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (Sections I.K and I.M), and Chapter 11 (Section II.B) of the HACP Housing Choice Voucher Administrative Plan.
18. Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
19. The family must not sublease or let the unit, assign the lease, or transfer the unit.
  - a. 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.
20. The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any HACP-requested information or certification on the purposes of family absences. The family must cooperate with the HACP for this purpose. The family must promptly notify the HACP of absence from the unit.
  - a. Notice is required under this provision when any or all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to HACP at the start of the extended absence.
21. 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].
22. 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).
23. 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).
24. The members of the household may 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 §982.553). Under 24 CFR 5.2005(b)(2), criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a tenant's household, or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or an affiliated individual of the tenant, as defined in 24 CFR 5.2003, is the victim.. See Chapter 12 for HUD and HACP policies related to drug-related and violent criminal activity.
25. 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 HACP policies related to alcohol abuse.
26. 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.
27. 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 HACP 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]
28. Members of the household must participate in the Family Self-Sufficiency program in cases where hardship on the minimum rent apply.

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Head of Household

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Date

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HACP Representative

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Date

## **Family Obligations** [24 CFR Section 982.551, as amended by MtW]

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6. The family is responsible for any Housing Quality Standards (HQS) breach caused by any of the following:
  - a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;
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  - a. HACP 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.
  - b. Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, or living or housekeeping habits that causes damage to the unit or premises and criminal activity. Generally, the criteria to be used are whether the reason for the eviction was through no fault of the tenant or guests.
11. The family must notify HACP and the owner before moving out of the unit or terminating the lease.
  - a. The family must comply with lease requirements regarding written notice to the owner.
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13. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
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  - a. Notice is required under this provision when any or all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to HACP at the start of the extended absence.
21. 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].
22. 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).
23. 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).
24. The members of the household may 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 §982.553). Under 24 CFR 5.2005(b)(2), criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a tenant's household, or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or an affiliated individual of the tenant, as defined in 24 CFR 5.2003, is the victim.. See Chapter 12 for HUD and HACP policies related to drug-related and violent criminal activity.
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28. Members of the household must participate in the Family Self-Sufficiency program in cases where hardship on the minimum rent apply.

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Head of Household

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Date

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HACP Representative

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Date

## **THE RESIDENT EMPLOYMENT PROGRAM**

### ***PROGRAM DESIGN***

The Resident Employment Program is a program developed by the Housing Authority City of Pittsburgh (Department of Resident Self Sufficiency) to empower residents to enter into the workforce. This program is to assist residents with resources to become economically self-sufficient.

### ***NEIGHBORHOOD SERVED***

The Resident Employment Program is responsible for serving all the Housing Authority City of Pittsburgh's Public Housing Communities and HCV residents.

### ***HOURS OF OPERATION***

The Resident Employment Program hours of operation are Monday – Friday 8:00 am – 5:00 pm. Every 3<sup>rd</sup> Wednesday of the month, 10:00 am – 7:00 pm (Late hours).

### ***RESIDENT EMPLOYMENT PROGRAM'S FUNCTIONS***

- Hold recruitment sessions for community members who need assistance in finding employment twice a month at different HACP locations
- Conduct application day twice a month
- Hold annual mega job fairs for community members and Pittsburgh area employers.
- Assist residents with job placement opportunities job referrals
- Assist residents with writing resumes, cover letters and thank you letters
- Assist and refer residents to enter into training and education programs
- Assist residents with interviewing techniques and filling out applications properly
- Provide residents with on-site employer interviews and job fairs
- Assist residents with interview and work clothes
- Make contact with Pittsburgh area employers

### ***RESIDENT EMPLOYMENT CURRENT TRAINING PROGRAMS***

- Resident Employment Job Line X 1064
- Pre-Orientation (Construction)
- Green Jobs Training
- Home Health Aide Training
- GED Program
- Computer Training
- Drivers Education Training
- Refer residents to BJWL Training

- Refer residents to Job Corps Program
- Application Day
- Scheduled one on one interviews

### ***SECTION 3 COMPONENTS***

- Assist public housing with employment in the construction field
- Pre-Orientation and Orientation sessions are conducted for residents entering the Section 3 Process.
- Hiring Priority
  - 1<sup>st</sup> – HACP leaseholders from communities where the work is performed
  - 2<sup>nd</sup> – Residents from adjacent HACP communities
  - 3<sup>rd</sup> – Residents from communities where work is being performed
  - Residents from the City of Pittsburgh at-large

### ***INTERVIEW PARTNERS***

- Family Resources, Inc.
- PNC Bank
- Addecco
- Diversified Health Care
- Job Corps
- Bidwell Training Center
- Mistick Construction
- Honeywell
- J&S Handyman Services
- Service Masters

## I'm interested, how do I get started?

If you're interested in the FSS Program, you can get started by:

- Attending the virtual FSS Information Session on the first Wednesday of each month from 5:00 - 6:00 P.M., using the link [bit.ly/HACPFSSInfo](http://bit.ly/HACPFSSInfo)

OR

- Contacting the FSS Program at [fsssc@hacp.org](mailto:fsssc@hacp.org) to schedule an orientation and enrollment appointment with an FSS Service Coordinator

### Service Coordinators

#### Mo Cervil

- Phone: 412-643-2945
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**HACP Mission Statement**  
To bring a higher quality of life to City of Pittsburgh residents by creating safe, affordable housing in conjunction with comprehensive support services, attentive property management and forward-thinking real estate development strategies.

HACP Resident Self-Sufficiency Department  
1205 Liverpool Street  
Pittsburgh, Pennsylvania 15233

Phone: 412-643-3312  
Fax: 412-323-4684

[www.hacp.org](http://www.hacp.org)

FSS Program Manager

#### Sharrell Price-White

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**family**  
SELF-SUFFICIENCY  
program

# FSS

**A place to live.**  
**A path to launch.**

**A path to launch, towards  
a brighter future:**

**Advance Your Education**

**Gain Job Skills**

**Complete Budgeting Workshops &  
Credit Counseling**

**Strengthen Your Financial Skills**

**Achieve Homeownership**

**FAMILY SELF-SUFFICIENCY PROGRAM (FSS)**

## What is the Family Self-Sufficiency Program (FSS)?

The FSS Program is a voluntary program that connects you with service coordinators and helps you overcome barriers to employment, strengthen your financial skills, and address other challenges holding you back from achieving your goals.

Together with an FSS Service Coordinator, you develop an Individual Training and Service Plan (ITSP) to outline your intentions and achievable goals, and find resources to achieve those goals.

## Am I eligible for the FSS Program?

All HACP residents are eligible to participate in the FSS Program regardless of age or disability status, unless a back rent balance is owed or if your TTP already exceeds FMR.

There is no risk to your rental assistance while participating in the FSS Program, so long as you are following the rules and family obligations of your lease.

If you have questions about your eligibility status, reach out to a Service Coordinator or contact [fsssc@hacp.org](mailto:fsssc@hacp.org)

## What services can I expect from the FSS Program?

The FSS Program helps you achieve economic self-sufficiency by focusing on:

- Educational Advancement
- Employment Skills Training and Gaining Employment

- Financial Literacy, Credit Counseling, and Budgeting Workshops
- Achieving Homeownership
- Possible Monthly Escrow Credit



## What's in it for me by participating in the FSS program?

There are a number of benefits to participating in the FSS Program, from personal satisfaction to improving your finances, including:

- A sense of personal satisfaction knowing your family's needs are met
- Gaining new skills to effectively access community resources and services beyond the FSS Program
- Opportunities for gainful employment or partnership training
- Improving finances and starting to save in an escrow account.

*Only after you increase your earned income in accordance with FSS guidelines, HACP will begin to deposit money into a savings account on your behalf*

- Purchasing a home after completing the Homeownership Program

## What is required to successfully graduate from the FSS Program and receive accrued escrow?

To successfully complete the FSS Program, you must:

- Work cooperatively and engage with your FSS Service Coordinator, notifying them when any changes occur (i.e. contact info, change in employment, etc.)
- Maintain employment suitable to achieve self-sufficiency by the end of the program
- Be completely off TANF cash assistance prior to program completion, household family members included. SNAP and Health Benefit assistance are excluded from this; you can still receive them
- Complete all contractual obligations and ITSP Goals







**Housing Choice Voucher Program**  
412-456-5090, fax: 412-456-5224  
[www.hacp.org](http://www.hacp.org)

## **Assistance For Persons With Disabilities**

**The Housing Authority of the City of Pittsburgh can assist you in accessing suitable housing in the Section 8/Housing Choice Voucher Program if your family includes a person with a disability. We can help.....**

***1. Request a current listing of available units that are accessible or landlords who lease accessible units.***

- The HACP will provide you with the most current listing of accessible units.

***2. Ask to speak with a Housing Authority representative about your needs for accessible housing.***

- A representative will discuss the housing options with you and assist you in determining your needs.
- The representative will also assist you by contacting any known owners of accessible units to determine if suitable vacancies exist.
- The representative will provide contacts at other agencies that provide specialized services for persons with disabilities.

***3. If you are a voucher holder and require additional time to search for housing, ask if you are eligible for a special extension as reasonable accommodation by the Housing Authority.***

- A representative will determine if you are eligible for an extension of search-time on your voucher up to a total of 150 days.

***4. If the property you choose meets your accessibility needs and has a higher rent, you may qualify for a higher Housing Authority assistance payment.***

- Contact your Housing Authority representative if you locate a higher rent property that meets your needs including those relating to your disability; and request a reasonable accommodation.
- Based upon the market value of the property and your special needs, the Housing Authority may approve an exception payment standard, which can make the property more affordable.

***5. If you have any other special housing needs, the Housing Authority can help.***

- The Housing Authority can provide reasonable accommodations at any time for persons with disabilities to use and enjoy its programs and housing options. You may request a reasonable accommodation by simply contacting your Housing Authority representative.
- The representative can offer contacts at other agencies that provide specialized services for persons with disabilities





**Disability Compliance Office**  
412 Boulevard of the Allies, 6th Floor  
Pittsburgh PA 15219  
Telephone: 412.456.5282  
TTY: 412.201.5384  
Facsimile: 412.471.0964

Dear Housing Choice Voucher Participant:

Please be advised the following *Reasonable Accommodation Verification Form - Request for Continued Approval of Live-In Aide Housing Choice Voucher (HCV) Program* form is being provided to verify your continued need for a Live-in Aide. To confirm this, we will need third party verification of your continued need for this request. Please know HACP never inquires into the nature or extent of your disability. The HACP requires verification of how your request is related to your disability and how it will remove a barrier(s) you face in housing.

**IF:**

- **YOU WERE NOT PREVIOUSLY APPROVED FOR A LIVE IN AIDE VIA REASONABLE ACCOMODATION, OR**
- **YOU WERE PREVIOUSLY APPROVED FOR A LIVE IN AIDE VIA REASONABLE ACCOMODATION BUT THE PERSON YOU SUBMITTED TO HACP FOR LIVE IN AIDE APPROVAL HAS NOT BEEN APPROVED BY HACP**

**DO NOT** fill out the following *Reasonable Accommodation Verification Form - Request for Continued Approval of Live-In Aide Housing Choice Voucher (HCV) Program* form. If you would like to submit a reasonable accommodation request for a live-in aide, please contact your housing specialist.

Once HACP receives the completed verification form back from your Third Party Professional, we will review your request. **Please return the completed form regarding your disability related need within 15 days from the date you submitted your annual reexamination packet to HACP.**

Please be advised that if there are any changes in the person that has been your live-in aide, you will need to immediately report these changes to your Housing Specialist so the new person can undergo the HACP formal verification process before they can be added as your Live-in Aide.

Your Housing Specialist is unable to provide you with assistance regarding your live-in aide request prior to:

- the Reasonable Accommodation form being completed in full by you and your Third Party Professional,
- the completed Reasonable Accommodation Request form being submitted to HACP for review and approval by the Disability Compliance Office.

If you have any questions, you may contact the Disability Compliance Office at 412-456-5282.

Sincerely,

Housing Authority of the City of Pittsburgh  
Disability Compliance Office



Disability Compliance Office  
412 Boulevard of the Allies 6th Floor  
Pittsburgh PA 15219  
Telephone: 412-456-5282  
TTY: 412-201-5384  
Facsimile: 412-471-0964

## REASONABLE ACCOMMODATION VERIFICATION FORM REQUEST FOR CONTINUED APPROVAL OF LIVE-IN AIDE HOUSING CHOICE VOUCHER (HCV) Program

Instructions (please review carefully)

- (1) The individual or family member should describe in detail the continued need for a Live-in Aide.
- (2) The Third Party Professional (such as a doctor/nurse, social worker, or service agency counselor) should initial this request if, in their opinion, it has been determined the need still exists due to the individual's or family member's disability. Attach supplemental information if necessary for any requests. Do not include any information about the nature or extent of the person's disability. **DO NOT SEND MEDICAL RECORDS.**
- (3) The third party professional "MUST" complete and sign the form as directed.
- (4) All requests with complete verification documents will be responded to within 30 days of receipt of the completed documents. If the request is denied information will be provided on the right to grieve the denial.
- (5) Please note: this form should be returned within 15 days from the date the requester received it.

### **Please Complete Release of Information:**

Participant \_\_\_\_\_  
(Print the name of the person with the disability)

Date of Birth: \_\_\_\_\_

I currently reside at \_\_\_\_\_  
(Print patient's full address:)-street apt. no. city state zip code

My phone # \_\_\_\_\_ Name of the Head of Household \_\_\_\_\_

By signing this release, I authorize \_\_\_\_\_  
(Name of Third Party Professional, i.e. nurse, social worker, doctor)

to release information to the HACP to verify my disability and the need for an accommodation.

Participant/Guardian (sign name) \_\_\_\_\_ Date: \_\_\_\_\_

*\*If this is for a child with disabilities please print Guardian's name \_\_\_\_\_  
and Guardian should sign above.*

**If you are in need of additional assistance or an alternate means of reviewing and understanding this process, please contact the Disability Compliance Staff at 412-456-5282.**





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412 Boulevard of the Allies, 6th Floor  
Pittsburgh, PA 15219  
Telephone: 412.456.5282  
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NAME OF PARTICIPANT: \_\_\_\_\_

**EXTRA BEDROOM FOR LIVE-IN AIDE:** This individual requires a specific person to provide LIVE-IN assistance related to a disability (not just visiting help). This process is not to be used as verification for aides who come and go on a rotating basis, such as a caregiver(s) that works specific shifts during the day or night. A live-in aide must meet this HUD definition: A live-in aide is a person who resides with one or more persons with a disability and who: (1) Is determined to be essential to the care and well-being of the person(s); (2) Is not obligated for the support of the person(s); and (3) Would not be living in the unit except to provide the necessary supportive services. **Please describe the duties of the aide below and initial.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Live-In Aide: \_\_\_\_\_ Professional Initial Here: \_\_\_\_\_

### FOR PROFESSIONAL TO COMPLETE

In my professional opinion, the above individual a) has a disability as defined below which creates a barrier to access HACP housing/housing assistance and related programs and services, and b) the requested special features, modifications, and/or change(s) to HACP policy(s) listed above are required to address those barriers in order to allow the above individual full access to HACP housing and related programs and services. *The Fair Housing Act defines a person with a disability as (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with record of such an impairment.*

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Person to contact with questions about form: \_\_\_\_\_

**I certify that the information I am providing is accurate and true to the best of my knowledge based on my professional training and experience.**

Signature of Professional: \_\_\_\_\_ Date: \_\_\_\_\_

*The certifying professional should return this form to:*

HACP - DISABILITY COMPLIANCE OFFICE  
Fax Number: 412.471.0964 or Email: [ra@hacp.org](mailto:ra@hacp.org)

Note: It is important that all pages (2) need to be completed and returned within 15 days from the date the requester received them.

