

Scottsdale Housing Agency
Paiute Neighborhood Center
6535 E. Osborn Rd., Bldg. 8
Scottsdale, AZ 85251-6029

PHONE	480-312-7717
FAX	480-312-7761
TDD	480-312-7411
WEB	www.ScottsdaleAZ.gov search "Housing Choice Voucher"

REPORTING CHANGES

It is your family obligation to report all changes in your family income and/or family composition to the housing agency in writing within 10 business days from the date of their occurrence. **You must complete a Change Report and provide any supporting documents.**

If you do not report your income in a timely manner, you will be put in a repayment agreement. It will be your responsibility to pay the housing authority on a monthly basis until you have paid back all monies in full. If your payments are delayed, you may be terminated from the Housing Choice Voucher Program.

IT IS AGAINST THE LAW TO OBTAIN OR ATTEMPT TO OBTAIN HOUSING ASSISTANCE BY COMMITTING FRAUD

The most common program violations:

- ✓ Unauthorized household members
- ✓ Subleasing the assisted unit
- ✓ Not reporting changes in writing
- ✓ Not providing true and complete information
- ✓ Failure to make monthly payments to the housing agency for your repayment
- ✓ Failure to attend required appointments

Information and cooperation are two key ingredients in achieving decent, safe and affordable housing.

DO NOT RISK YOUR CHANCES FOR FEDERAL ASSISTANCE BY PROVIDING FALSE, INCOMPLETE OR INACCURATE INFORMATION ON YOUR APPLICATION AND RECERTIFICATION FORMS

IF YOU ARE AWARE OF A TENANT OR ANYONE WHO IS ABUSING THE SUBSIDIZED HOUSING PROGRAM, CONTACT THE SCOTTSDALE HOUSING AGENCY AT (480) 312-7717

Participant name

Participant signature

Date



Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



PROTECT YOUR FAMILY AGAINST VIOLENCE



Your signature below acknowledges that you have received a COPY of the pamphlet *"Violence Against Women in Federally Funded Rental Assisted Housing"* (2006 version), Notice of Occupancy Rights under the Violence Against Women Act (Form HUD-5380), and Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation (Form HUD-5382)

Participant's Name

Participant's Signature

Date

Participant's Name

Participant's Signature

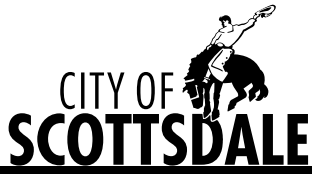
Date

Participant's Name

Participant's Signature

Date





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LEAD-BASED PAINT CERTIFICATION

BY MY SIGNATURE BELOW, I CERTIFY THAT:

1. I have read, do understand and have been given a copy of the "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME." I have been advised that if the dwelling unit I choose was built before 1978, it may contain lead-based paint.
 2. I have read and do understand the Federal Privacy Act statement.
 3. The information* given to the Scottsdale Housing Agency, on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law, and that if I knowingly falsify or omit information I may be:
 - Evicted from my apartment or house
 - Required to repay all overpaid assistance my family received
 - Fined up to \$10,000
 - Imprisoned for up to 5 years; and/or
 - Prohibited from receiving future assistance
- * After verification by this housing agency, the information may 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 media. See the Federal Privacy Act statement for more information about the use of this data.
4. The Social Security / Alien Registration number(s) that have been provided to the Scottsdale Housing Agency, are complete and accurate, and have been assigned to the person indicated, and that if no number is provided, that the person has not been assigned a Social Security/Alien Registration number, and that I have provided documentation of any such numbers for persons in my family over age 5.

Head of Household Name

Head of Household Signature

Date

Other Adult in Household Name

Other Adult in Household Signature

Date

Other Adult in Household Name

Other Adult in Household Signature

Date



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INFORMATION ABOUT MOVING (PHA COPY)

1. You **MUST** give a 30-day **WRITTEN** notice to your **current** landlord and provide a copy to the Scottsdale Housing Agency.
2. You **MUST** meet with your current landlord to perform a walk-through of your unit prior to or upon vacating the unit.
3. An **INSPECTION MUST** be done on the NEW unit **BEFORE** you may move in. The unit **MUST BE EMPTY** in order for the inspection to be done. **DO NOT** move in furniture, boxes, etc., unless an inspection has been done. You will not be able to receive housing assistance on the unit unless it passes inspection.
4. All utilities (electric, gas, & water) **MUST** be on in order for the inspection to be completed. Refrigerator must be installed and operational.
5. **After** the unit passes inspection, you may sign the Lease Agreement with your new landlord. You **MUST NOT** sign a Lease Agreement until the unit passes inspection and you are notified by your Housing Specialist.
6. You or landlord **MUST** submit a copy of your signed lease within 24 hours or the next business day, so the rent calculation can be completed and you be allowed to move-in.
7. You are solely responsible for the deposits required by the new landlord. You may ask the landlord for a separate Security/Pet Deposit Agreement in which you would be allowed to make payments on the deposit(s) owed to the landlord. You are responsible for obtaining a receipt for all monies given to perspective landlord.
8. Your initial portion of the rent (Tenant Rent) cannot be higher than 40% of your adjusted monthly income. Consult your housing specialist for your limit on tenant rent. The minimum tenant portion (minimum rent) for this locality is **\$50.00**.

Participant's Name

Participant's Signature

Date

Participant's Name

Participant's Signature

Date

(Scottsdale Housing Agency Copy – Sign & Submit at end of the briefing)



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REVISED: JUNE 2012 (SHA-62)





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FAMILY CERTIFICATION OF BRIEFING

Instructions to Family: This form must be completed and turned in at the conclusion of the briefing.

This is to certify that on this date I have completed a *Family Briefing* for the Housing Choice Voucher Program.

The City of Scottsdale Housing Agency has explained the items below in detail to me. I understand that should I need further explanation of any or all of these items, it is always available to me in person, by telephone, or in writing. All of the items listed below are enclosed in my participant briefing packet.

Housing Choice Voucher
Request for Approval of Assisted Tenancy
HUD Required Tenancy Addendum
Payment Standards
Voucher Extension Form

Utility Allowance Schedule
Housing Discrimination Complaint Form
Lead Base Paint Brochure
HUD Booklet "Good Place to Live"
Repayment Agreement

I also understand that it is my responsibility to locate suitable and eligible housing before the expiration date of my Housing Choice Voucher, and to notify the Housing Agency if I am having difficulty.

As being a participant of the program do you understand and agree to abide by the rules and regulations of the program?

☐ **Yes**

☐ **No**

Participant's Name

Participant's Signature

Date

Participant's Name

Participant's Signature

Date

Participant's Name

Participant's Signature

Date

PHA Representative Name

PHA Representative Signature

Date



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REVISED: March 2011 (SHA-63)



HUMAN SERVICES

AUTHORIZATION TO OBTAIN/RELEASE CLIENT RECORDS AND/OR INFORMATION

SOCIAL SERVICE ELIGIBILITY

In order to better assist you, or your minor child or children, there are times when we may need to obtain or release personal information. This information will only be released or obtained with your approval, as you indicate below. Please check the boxes below to indicate that you authorize releasing and/or obtaining personal information relating to the following:

	Release	Obtain
Bank records		
Billing statements		
Employment (current and past)		
Federal, State, and County agencies		
Housing information		
Legal		
Medical		
Psychological		
School information		
Salvation Army		
St. Vincent de Paul		
Other		

I HEREBY AUTHORIZE City of Scottsdale Human Services Staff to release and/or obtain the information indicated immediately above to/from the following individuals or organizations, as applicable. Name/Organization: _____

I understand that the contents of my client record, or that of my minor child or children, as applicable, including the information indicated above, may be discussed between Human Services staff members for the purposes of supervision and case coordination, and shared with crisis intervention staff members, as deemed necessary and appropriate. I also understand that I may withdraw this consent at any time, except as to actions that have been already taken, by making a written request to a representative of Human Services.

Print Name: _____ Signature: _____ Date: _____

Print Guardian/Parent Name (as applicable): _____

Guardian/Parent Signature (as applicable): _____ Date: _____