



## PARTICIPANT HANDBOOK

# Section 8 Housing Choice Voucher Program



### **Guam Housing and Urban Renewal Authority**

117 Bien Venida Avenue, Sinajana, Guam 96910

Tel. (671) 475-9851 \* (671) 475-1330

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

## TABLE OF CONTENT

---

<b>Directory .....</b>	<b>4</b>
<b>Introduction .....</b>	<b>5</b>
What is the Section 8 Housing Choice Voucher Program? ...	5
GHURA’s Mission .....	5
Policies Governing the Section 8 HCV Program .....	6
<b>Fair Housing and Non-discrimination .....</b>	<b>6</b>
Non-discrimination .....	7
Discrimination complaints .....	7
Persons with Disability .....	7
Definition of Persons with a Disability .....	8
Who is <u>not</u> entitled to the protection of the Federal Disability law ..	8
Reasonable Accommodations for Persons with Disabilities..	9
What is Reasonable Accommodations.....	9
Approval/Denial of Requested Accommodations.....	9
Limited English Proficiency .....	10
Privacy Act Requirements .....	10
Confidentiality of Client Information .....	10
Violence Against Women Act (VAWA) of 2005 .....	10
Protection for Victims of Domestic Violence and VAWA....	11
<b>The HCV Partnership and Program Responsibilities .....</b>	<b>11</b>
U.S. Dept. of Housing and Urban Development (HUD) .....	11
GHURA .....	11
Property Owner/landlord .....	12
Family’s Obligations.....	12
<b>Important Steps to Receiving Housing Assistance.....</b>	<b>13</b>
<b>Eligibility Requirements.....</b>	<b>15</b>
Definition of Family .....	15
Proof of Citizenship .....	15
Income Limits .....	15
Evictions from other assisted housing assistance .....	16
Previous behavior/pattern of non-compliance in assisted housing ..	16
<b>The Section 8 Voucher .....</b>	<b>16</b>
<b>Mandatory Orientations and Briefings.....</b>	<b>16</b>
<b>Occupancy Standards.....</b>	<b>16</b>
What happens when a family breaks up?.....	17
<b>What Types of Changes Do I Report to GHURA? .....</b>	<b>17</b>

Annual Income.....	17
Change in the Family Composition .....	18
Sanctioned TANF/AFDC.....	18
Assets .....	18
<b>Key Items That Affect the Level of Assistance .....</b>	<b>18</b>
Verification .....	18
Adjusted Income .....	19
Minimum Rent .....	20
<b>Financial Hardship and Request for Exemption.....</b>	<b>20</b>
Exemption from the Minimum Rent Requirement .....	20
Temporary Exemption .....	21
<b>How The Family Subsidy is Calculated? .....</b>	<b>21</b>
How the Total Tenant Payment (TTP) is Calculated? .....	21
How the Maximum Rent Burden is Calculated?.....	22
How the Maximum Subsidy is Calculated?.....	22
How the Housing Assistance Payment (HAP) is Calculated?.....	23
How would I know What Rent My Family Can Afford?.....	23
Utility Reimbursements .....	24
<b>Zero Annual Income Status .....</b>	<b>24</b>
<b>Adding and Removing of New Family Members .....</b>	<b>24</b>
<b>Moving Procedure.....</b>	<b>25</b>
Plan Your Move.....	25
Property Damage .....	26
Finding the Appropriate Unit.....	26
Security Deposit.....	27
Utility Hook-ups .....	27
<b>Portability .....</b>	<b>27</b>
<b>Request to Move and Restrictions .....</b>	<b>27</b>
<b>Tenant Suitability Screening.....</b>	<b>28</b>
<b>Housing Quality Standards .....</b>	<b>29</b>
HQS General Requirements.....	29
Types of HQS Inspections .....	30
<b>Abatement of the Family's Rental Payment.....</b>	<b>31</b>
<b>Termination of the HAP Contract Due to a Failed Inspection .....</b>	<b>31</b>
<b>HQS Inspection Checklist .....</b>	<b>31</b>
<b>Common Reasons Assisted Units Fail Inspections.....</b>	<b>32</b>
<b>Missed HQS Inspections.....</b>	<b>33</b>
<b>Lead-Based Paint Requirement.....</b>	<b>33</b>
<b>Annual and Interim Re-Examination .....</b>	<b>34</b>

**Missed Re-examination Appointments ..... 35**

**Denial and Termination of Housing Assistance ..... 36**

    Mandatory Denial of Assistance ..... 36

    Other Reasons for Denial of Assistance ..... 36

    Mandatory Termination of Assistance ..... 37

    Other Reasons for Terminating the Family’s Assistance ..... 40

    Investigating Program Abuses ..... 40

**Informal Reviews and Hearings ..... 41**

    Informal Review for Applicants ..... 41

    Informal Hearing for Participants ..... 41

    Decisions Subject to Informal Hearing ..... 42

    Circumstances for which an informal hearing is not required ..... 42

    Informal Hearing Procedures ..... 43

**Other Programs ..... 43**

    Family Self-Sufficiency (FSS)..... 43

    Renter’s 101 ..... 44

    Section 8 Homeownership Program ..... 44

    Eligibility Requirements for Homeownership ..... 45

**Acronyms ..... 47**

**Glossary ..... 49**

**Sample Forms and Documents ..... 64**

**DIRECTORY**  
**GHURA EXECUTIVE MANAGEMENT**  
**Tel. (671) 475-1378 \* Fax. (671) 300-7565**

**BOARD OF COMMISSIONERS:**

Sabino Flores, Chairman  
Monica Guzman, Vice Chairman  
George F. Pereda, Commissioner  
Joseph M. Leon Guerrero, Commissioner  
Frank Ishizaki, Commissioner  
Anisia Delia, Commissioner

**EXECUTIVE MANAGEMENT:**

Ray Topasna, Executive Director  
Elizabeth Napoli, Deputy Director

**FAIR HOUSING**

**Katherine Taitano, Fair Housing Coordinator ..... 475-1322**

**SECTION 8 DIVISION**

Tel. (671) 475-1330 \* Fax (671) 477-7570

**Norma P. San Nicolas, Section 8 Administrator ..... 475-1375**

Nari Ilone (Front Desk)..... 475-1330

Tina Marie Cruz, Program Coordinator (SEMAP) ..... 475-1335

**Rosie Francisco, Housing Specialist Supervisor ..... 475-1338**

Joyleen Debibar, Housing Specialist ..... 475-1354

Sebastian Quenga, Housing Specialist ..... 475-1342

Remedios Taitague, Interviewer Clerk ..... 475-1346

Maria Mendiola, Interviewer Clerk ..... 475-1369

Ronnie Santos, Interviewer Clerk ..... 475-7344

**Joanne Balajadia, Housing Specialist Supervisor ..... 475-1370**

Denise White, Housing Specialist..... 475-1351

Emma Reyes, Housing Specialist ..... 475-1341

Barbara Quinata, Housing Specialist ..... 475-1355

Lisa Sablan, Interviewer Clerk ..... 475-1369

**Betty Bamba, Housing Specialist Supervisor ..... 477-3817**

Johanna Taitague, Housing Specialist..... 475-1331

Davina Quintanilla, Housing Specialist ..... 300-8416

Maritess Bondal, Interviewer Clerk ..... 475-1357

**Stephen Baza, Program Coordinator III ..... 475-1363**

Erica Gumataotao, Interviewer Clerk ..... 300-8409

John San Agustin, Building Inspector..... 475-1336

Robert Darlow, Building Inspector ..... 475-1337

Jesse Anderson, Building Inspector ..... 300-8410

**Sandrina Cepeda, Program Coordinator III (FSS) ..... 475-1333**

Pauline Santos, Program Coordinator II (FSS) ..... 475-1339

**Robert Hess, Program Coordinator III (QC Inspector) ..... 475-1321**

Hafa Adai and Welcome!

This handbook was prepared as a resource guide for applicants and participants of the Section 8 HCV Program. It contains basic information you will need to know about the program which you may refer to from time to time to ensure your family's participation under the program is a success. If you do not find the answers you are looking for in this handbook, we also recommend HUD regulations 24 CFR parts 5 and 982 and the GHURA's Section 8 Administrative Plan as additional resources. The Section 8 Administrative Plan is available online and may be accessed via [www.ghura.org](http://www.ghura.org).

### **What is the Section 8 Housing Choice Voucher (HCV) Program?**

The HCV Program is a federally-funded rental assistance program for very low-income families, the elderly, and persons with disabilities. The U.S. Department of Housing and Urban Development (HUD) provides the funding and creates the rules and regulations for the program; and GHURA administers the program for Guam.

The purpose of the program is to help families afford decent, safe, and sanitary rental housing in the private market. Housing assistance is paid on behalf of the Section 8 participant to enable them to find a suitable home of their own choosing. The housing subsidy is paid to the landlord directly on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Section 8 participants may use their vouchers to rent a single-family home, townhouse or an apartment.

An eligible participant family is issued a housing voucher and is responsible for finding suitable housing unit for the family. The owner agrees to rent under the program and is responsible for ensuring that the unit is maintained. All rental units under the Section 8 program must meet minimum standards of health and safety, as determined by the housing quality standards.

### **GHURA's Mission**

GHURA's mission is to promote the health, safety and welfare of Guam's people by the elimination of slum and blight conditions, by the

orderly redevelopment and renewal of communities, by proper planning of community development and by provision of safe, decent, sanitary dwellings for low-income families, through all available federal and local governmental programs and through encouragement of private enterprise to participate in the common tasks of community improvement.

## **Policies Governing the Section 8 HCV Program**

The Administrative Plan contains established policies that are consistent with the HUD regulations under 24 CFR Part 5 and 982, as well as local goals and objectives. Issues relating to the Section 8 program that are not covered in the Administrative Plan are addressed in other federal regulations and HUD handbooks. The policies contained in the Administrative Plan are intended to ensure compliance with the Consolidated Annual Contributions Contract (ACC), which is the initial agreement between HUD and GHURA.

## **FAIR HOUSING AND NON-DISCRIMINATION**

### **Non-discrimination**

Federal regulations prohibit discrimination against certain protected classes. GHURA will not discriminate because of race, color, sex, religion, familial status, age, disability or national origin (called “protected classes”). Familial status includes children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18.

GHURA will not use any of these factors to:

- Deny to any family the opportunity to apply for housing, nor deny to any qualified applicant the opportunity to participate in the housing choice voucher program;
- Provide housing that is different from that provided to others;
- Subject anyone to segregation or disparate treatment;
- Restrict anyone's access to any benefit enjoyed by others in connection with the housing program;
- Treat a person differently in determining eligibility or other requirements for admission; and

- Steer an applicant or participant toward or away from a particular area based on any of these factors.

To ensure all participants have equal access to housing of their choice, GHURA will fully comply with all federal, state, and local non-discrimination laws and mandates. GHURA shall not, based on race, color, sex, religion, creed, national or ethnic origin, age, family, or marital status, or disability, deny any family or individual the opportunity to apply for, or receive assistance under the Section 8 Housing Choice Voucher Program. GHURA shall fully comply with all federal, state, and local non-discrimination laws and mandates in accordance with:

- Title VI of the Civil Rights Act of 1975
- Fair Housing Act, Title II of the Americans with Disabilities Act of 1990
- Age Discrimination Act of 1975
- Section 504 of the Rehabilitation Act of 1973
- Executive Order 11063
- Executive Order 13166
- Section 109 of Title I of the Housing and Community Development Act of 1974
- Architectural Barriers Act of 1968
- Executive Order 11246
- Violence Against Women Reauthorization Act of 2005 (VAWA)

## **Discrimination Complaints**

Participants who believe that they have been a victim of unlawful discrimination may notify the GHURA Fair Housing/504 Coordinator. GHURA will assist the participant by providing them with the necessary information to file a complaint with federal and local Fair Housing and Equal Opportunity Offices. GHURA will also provide the family with the housing discrimination form and may provide assistance in completing the form (if requested). Request for accommodation may be requested at any time in writing or orally.

## **Persons with Disability**

GHURA will ensure that a person with a disability have full access to all programs and services. GHURA will ask all applicants and participants if



they will be requiring any type of reasonable accommodations during the application and in-take processing and throughout their participation under the Section 8 Program. However, you may request for reasonable accommodations at any time by completing the request for reasonable accommodations form, or by submitting the request via email, mail or fax.

### **What is the definition of a person with a disability under the Federal Civil Rights Laws [24 CFR Parts 8.3 and 100.201]**

A person with a disability is defined under federal civil rights laws, is any person who:

- Has a physical or mental impairment that limits one or more of the person's major life activities; or
- Has a record of such impairment; or
- Is regarded as having such impairment.

A physical impairment includes:

- Any physiological disorder or condition, cosmetic or disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor-urinary, hemic and lymphatic; skin and endocrine; or
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes but is not limited to: such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

"Major life activities" includes, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and/or working.

### **Who is not entitled to the protection of the federal disability law?**

A person who is a current user of illegal drugs or abuser of alcohol; or those individuals who pose a direct threat or harm to others that cannot be controlled with any form of reasonable accommodations under the HCV program are not entitled to any protection under the Federal Civil Rights Law in accordance with 24 CFR Part 8.3.

### **Reasonable Accommodations for Persons with Disabilities**

GHURA wants to ensure participants with disabilities are provided equal access to all programs and services. If you or anyone in the family is a person with a disability and require a special accommodation in order to have full access to any Section 8 program and/or services, you should contact your caseworker or the Section 8 Administrator.

### **What is Reasonable Accommodations?**

Reasonable accommodations may be a specific change, exception, or adjustment to a rule, policy, practice, or service in order for a person with a disability to have equal access to the Housing Choice Voucher Program. Federal regulations require that a request for accommodations must be considered, as long as the request does not create “undue financial and/or administrative burden” for the housing authority; or that it would result in a “fundamental change” in the actual intent of the program or services offered.

Examples of a reasonable accommodation include (but are not limited to):

- Conducting home visits for the purpose of conducting annual or interim re-examinations;
- Providing time extensions for locating an appropriate unit;
- Approving a request for a live-in aide necessary in the person’s daily care;
- Provide an interpreter for a person with a hearing impairment;

### **Approval/Denial of Reasonable Accommodations**

A participant may request for reasonable accommodation in writing and GHURA will provide a response within 15 business days. If a request for accommodation is denied because it is not reasonable, GHURA will

discuss other possible alternative accommodations with you and your family.

A person who does not meet the definition of a disabled person description is not entitled to the protection of the federal civil rights law and is not entitled to reasonable accommodation.

### **Limited English Proficiency**

GHURA will take reasonable steps necessary to provide an interpreter for any participant with limited ability to speak or understand English. If you or any members of your family prefer to use an interpreter of your choosing, you may do so at your own expense. The interpreter may also be a family member or friend. However, the use of a minor child as an interpreter is not recommended because of the technical nature of the program. A child may not have the skill to adequately interpret technical terms and requirements of the Section 8 program.

### **Privacy Act Requirements**

Applicants and participants of the Section 8 HCV program are required to sign consent form HUD-9886 Authorization for Release of Information. This form will allow GHURA to collect and verify the family's information, which is necessary to determine eligibility for participation and the level of assistance the family may receive.

### **Confidentiality of Client Information and Consent to Release Information**

GHURA will keep all Section 8 applicant and participant information confidential. Inquiries regarding a Section 8 family will not be released to any unauthorized person or persons without the expressed written consent from the person whose information is being sought. GHURA will take all necessary precautions to protect all client information.

### **Violence Against Women Act (VAWA) of 2005**

The Violence Against Women Act is a law passed by the U.S. Congress for the protection of victims against domestic violence, dating violence,

sexual assault or stalking. The law protects all victims (men, women and children) of domestic violence, dating violence, sexual assault or stalking who is applying for or receiving assistance under HUD programs.

### **Protection for Victims of Domestic Violence and (VAWA)**

GHURA may not deny admission to the applicants of the Section 8 HCV program if a victim of domestic violence, dating violence, sexual assault or stalking can show that the reason for the denial is connected to domestic violence, dating violence, sexual assault or stalking.

### **THE HCV PARTNERSHIP AND PROGRAM RESPONSIBILITIES**

The Section 8 Program is based on a partnership that involves HUD, GHURA, the Section 8 family and the property owner or landlord. The success of the program relies on the parties involved to do their part. Each partner's role and responsibilities are described below:

#### **U.S. Department of Housing and Urban Development (HUD)**

- HUD allocates funding for the family's housing assistance;
- Develops rules and regulations on how to implement the Section 8 Program;
- Provides guidance to housing authorities and interpret complicated rules;
- Monitors the implementation of the Section 8 program.

#### **GHURA**

- Establish local policies;
- Accept and review applications and determine the family's eligibility
- Maintain a waiting list and select families
- Conduct informal reviews
- Issue voucher
- Conduct family briefings
- Conduct outreach to owners
- Approve rental units
- Make housing assistance payments to owners

- Ensure landlord and families comply with program requirements
- Ensure families and their rental units continue to qualify under the program
- Provide families and owners with services
- Conduct informal hearings
- Comply with fair housing and equal opportunity requirements, HUD regulations, and terms of the ACC, GHURA's administrative Plan, etc.

### **Property Owner/Landlord**

- Screen families for suitability as renters
- Comply with the Housing Assistance Payment contract
- Enforce provisions of the lease agreement and house rules between owner and tenant
- Comply with fair housing requirements
- Maintain and make timely repairs to the unit
- Collect tenant's share of the rent

### **Family's obligations**

- Provide GHURA with complete and accurate information, determined by GHURA to be necessary for the administration of the program
- Find a decent, safe and sanitary place to live
- Attend all appointments scheduled by GHURA
- Allow GHURA to inspect the unit
- Comply with the terms of the lease agreement and house rules
- Keep the unit clean and make the necessary repairs to damages caused by the family and guest
- Comply with the family obligations of the voucher
- Do not commit serious or repeated violations of the lease
- Do not engage in drug-related violations or violent criminal activities
- Do not commit fraud, bribery, or any other corrupt or criminal acts in connection with the housing program
- Promptly notify GHURA regarding any change to family income or a change in family composition
- Do not sublet the unit to anyone

- Do not permit anyone not approved by GHURA to reside in the unit.

## **IMPORTANT STEPS TO RECEIVING HOUSING ASSISTANCE**

**Step 1: Look out for announcements regarding opening of the Section 8 wait list.** GHURA will publicly announce the opening and closing of the Section 8 wait list using a widely-publicized medium. Families interested in applying for housing assistance under the Section 8 HCV Program should look out for announcements of the opening and closing of the Section 8 wait list. The date, time of when and how GHURA will be accepting application will be outlined in newspapers, radio and/or television.

**Step 2: The family must submit an application for assistance** – The housing assistance process begins when the family submits an application for assistance.

**Step 3: GHURA will review the family's application to determine eligibility** – GHURA will review the family's application to pre-determine eligibility. If the family meets the initial pre-application requirements, they will be placed on a waiting list. Because of the overwhelming demand for housing, most applicants are placed on a waiting list.

**Step 4: Selection from the wait list** - When your name comes to the top of the wait list, you will receive written notification of your selection. The information on your application will be re-verified to ensure your family continues to qualify for assistance. You may be required to submit an updated income information.

**Step 5: Briefings and Voucher issuance**- thirty to sixty days before admission into the program, the family will be required to attend a mass screening. During the mass screening, GHURA will explain the Section 8 HCV Program requirements and update the family's income and family composition. If the family continues to meet eligibility requirements, they will be scheduled to attend a voucher briefing. During the voucher briefing, the family will be issued a voucher and will be advised how to find a suitable unit in the private rental market, and Request for Tenancy Addendum (RFTA) form. The family will be issued a landlord packet to provide to the prospective property owner from whom they will be renting.

**Step 6: The family finds a suitable unit**- The family will search for a suitable unit; keeping in mind the unit size the family qualifies for and

how much they can afford for rent, utilities, and other housing related services that comes with the unit they wish to rent on a monthly basis.

**Step 7: Registering the unit and scheduling the inspection** -When the family finds the unit they would like to rent; they must negotiate the terms of the rent with the prospective owner. Once the family and the owner mutually agree on the rental terms and condition, the owner/landlord must complete the RFTA and other required documents. The owner/landlord must call the HQS Inspection Department (475-1330 x409) to schedule an appointment to register the unit and to schedule the HQS inspection.

**Step 8: Approved rent amount** -After the HQS Inspection Department receives the RFTA and all required information regarding the unit, The HQS Supervisor will determine if the landlord's asking rent is reasonable based on the type of unit and the going rent for the area. The Supervisor will contact the landlord to discuss the approved rent and to remind the landlord of the pending inspection for the unit.

**Step 9: Unit Inspection** – The HQS Inspector will check the unit to ensure it meets Housing Quality Standards. If the unit passes inspection, the inspection report will be forwarded to the Housing Specialist. If all requirements have been met, the Housing Specialist will contact the family and the owner/landlord to schedule a contract signing date.

However, if the unit fails inspection, the landlord and tenant will be given time to make the necessary repairs and a re-inspection date will be issued. If the unit fails the second inspection, the family will be re-issued another voucher and landlord packet and will be advised to find another unit.

**Step 10: Contract and Lease Agreement signing** -The family and owner/landlord will meet with the Housing Specialist to go over the terms of the HAP contract and family obligation and then to sign the Housing Assistance Payment Contract (HAP). [The Housing Specialists will explain key points about the program and the obligations of the participant and the landlord.]

**Step 11: Annual Activities** -After the initial admissions, the family is required to live in the unit for 12 consecutive months. Before the twelfth month, GHURA will re-inspect the unit to determine if it continues to meet HQS standards. If the family wishes to continue renting the same unit, the family only needs to inform the caseworker of their desire to continue their participation in the same unit. If the family wishes to move to another unit, they must submit a request to move at least 90 days

before the end of the HAP contract. Upon the request to move, the family will be issued a voucher to begin their search for a new unit.

**Interim Re-exams** – During the term of the lease and HAP contract, the Family is required to report any changes regarding their household income and family composition. The head of household must report the change within ten (10) business days to their respective Housing Specialist.

## **ELIGIBILITY REQUIREMENTS**

GHURA will review your family's application and will determine qualification for housing assistance based on the following factors:

- **Definition of “family”:** the applicant must qualify as a family based on the HUD definition of family. A family is either a single person or group of persons:
  - A household with or without children;
  - An elderly family, whose head, co-head or sole member is at least 62 years of age or older; or two or more persons, each are at least 62 years of older or living with one or more live-in aides;
  - A disabled family, whose head or co-head, or sole member is a person with disability;
  - A displaced family, which each member or sole member is a person displaced by governmental action or whose dwelling unit has been extensively damaged or destroyed as a result of a disaster declared or formally recognized by federal disaster relief laws;
  - A remaining member of a tenant family who remains in the unit when other members of the family have left the unit; or
  - A single person who is not an elderly or displaced person, or a person with a disability or the remaining member of a tenant family.
- **Proof of Citizenship:** Household members must meet the documentation requirements of citizenship or eligible immigration status.
- **Income Limits:** The family must meet the income limits in effect at the time of admission. Section 8 HCV's income limit is 50



percent of the area's median income. The income limits are available for review at [www.huduser.org](http://www.huduser.org).

- **Evictions from other assisted housing programs:** Persons evicted from Public Housing, Section 8 Program; or any GHURA assisted housing programs for drug-related crimes are ineligible for assistance for at least three years.
- **Previous behavior or pattern of non-compliance in assisted housing:** The family's current and past behavior of household members does not include activities that are prohibited by HUD or GHURA.

## THE SECTION 8 VOUCHER

When a family is selected to receive assistance, GHURA will issue the family a voucher. The voucher document contains the family's basic information and authorizes the family to begin searching for a suitable unit to rent. Upon signing the voucher, the family agrees to comply with the family obligation.

At the start of the family's search for a unit, the family will be initially allowed 60 days to find a unit. If the family is experiencing difficulty in finding a unit, an extension may be granted. The family must call or email their caseworker to request for an extension. When requesting for an extension, the family must bring their voucher document so the caseworker may notate the extension date.

## MANDATORY ORIENTATIONS AND BRIEFINGS

Every participant head of household is required to attend a mass screening orientation and a voucher briefing prior to admission into the Section 8 HCV Program. The orientation and briefing are necessary to provide the family with important information about the requirements and rules of the Section 8 Program. A family who fails to show for the mass screening and the voucher briefing may be denied assistance.

## OCCUPANCY STANDARDS

GHURA will assign each family one bedroom to every two persons and on a case-by-case basis. With the exception of the spouse and children

under the age of 6, persons of the opposite sex will be assigned separate bedrooms. In making a decision of the number of bedrooms to assign a family, GHURA may consider the living room as a sleeping room. The HQS Inspector will also inspect the unit chosen by a family to ensure that the unit can adequately accommodate the family without any problems of overcrowding.

GHURA may grant an exception to its occupancy standards for reasonable accommodations for a person or persons with disabilities. The need for a separate bedroom may be for reasons relating to a family member's disability or medical or health needs. For example, if a disabled family member requires an additional room due to medical equipment which will take up a lot of space or ailing health conditions that require the person to have his or her own room. The family with a person or persons with disability may request for an exception to the occupancy standards in writing.

### **What happens when a family breaks up?**

When a family breaks up due to a legal separation, divorce, or death of the head of household, GHURA will decide which family member(s) will continue to receive housing assistance. In a legal separation or divorce, in most cases the parent who has custody of the child(ren) will continue to receive the assistance. If joint custody is awarded to both parents, the parent who has physical custody of the children 51 percent of the time will continue to receive the assistance.

### **WHAT TYPES OF CHANGES DO I REPORT TO GHURA?**

Changes to your family's income and household composition affect the level of your housing assistance. It is very important that all changes are reported within ten (10) days. Additionally, any change not reported in a timely manner may result in a termination of your family's housing assistance for failure to comply with the family obligations, and you may be made to repay assistance which you were not entitled to receive. Examples of what to report are described below.

## **Annual Income**

Annual income is the anticipated total income that the household will receive from all sources on annual basis. The participant family must report all sources of income and benefits. Some example of income includes: wages from employment; unemployment benefits; welfare, TANF/AFDC (cash assistance); child support, disability benefits, pensions, worker's compensation benefits, child support, in-kind contributions paid on behalf of the family or family member; alimony, military pay, gifts, annuities, interest income from assets (checking, savings, IRA, dividends, etc.); rental income or business, etc.

## **Change in family composition**

Families must report any change in household size within 10 days. The addition or removal of a family member must be reported by completing an Adding/Removing Form.

## **Sanctioned TANF/AFDC:**

You must report income that has been sanctioned by the Department of Public Health and Social Services Bureau of Economic Security; including the net benefit received. Although sanctions are usually the result of non-compliance of the family, GHURA is still required to count the full amount upon the calculation of income and rent.

## **Assets**

Participant families must report all assets, bank accounts, and security accounts held by members of the household. Assets include, but are not limited to: checking and/ or savings accounts; money market accounts; IRA; stocks; bonds, real estate properties, etc.).

## **KEY ITEMS THAT AFFECT THE LEVEL OF ASSISTANCE**

## **Verifications**

GHURA is required to verify all information that is used to establish the family's eligibility and the amount of assistance they can receive.

GHURA will verify the family's income information through third-party verification. During the annual reexamination interview, the family will be required to sign form HUD-9886, Authorization for Release of Information to begin the automated data collection and computer matching from specific sources, such as Wage Information Collection (SWICA), Internal Revenue Services (IRS) and Social Security Administration (SSA), and from current and former employers of all adult members. A family member who fails or refuses to sign the consent form will be denied housing assistance or terminated from the Section 8 Program.

## **Adjusted Income**

GHURA must determine the participant family's adjusted income by applying any of the five mandatory deductions from the family's annual income before determining rental subsidy:

1. \$480 for each dependent child under the age of 18; and/or a person with disabilities, and/or a full-time student. A household head, spouse, foster child, or live-in aide may never be counted as a dependent.
2. \$400 for any elderly or disabled family. Head of households who are 62 of age or older and/or with a disability qualify for this deduction. Because this is a "household allowance", each household receives only one allowance, even if both the head and the spouse are elderly/disabled.
3. Childcare allowance may be applied for the family's children including foster children, age 12 and under, to determine the family's adjusted income. Childcare expense may be deducted from annual income on the following conditions:
  - The care is necessary to enable a family member to work, look for work, or further his or her education;
  - The expense is not reimbursed by an agency or someone outside of the household; and
  - The expense incurred to enable the family member does not exceed the amount earned.
4. Unreimbursed disability expense may be deducted from the family's annual income to the extent that the expenses are necessary to enable a family member (including the member

with the disability), 18 years or older to be employed. The total allowance is equal to the amount by which the cost of the care attendant or auxiliary apparatus exceeds three percent (3%) of the gross family annual income. The allowance may not exceed the earned income received by the adult family member who is able to work as a result of the disability care.

5. Medical expenses deduction is permitted only for households in which the head or spouse is at least 62 years of age or older. If the household is eligible for the medical expense deduction, then all household members are eligible for medical expense deductions.

## **Minimum Rent**

GHURA's minimum rent is \$50 in accordance with the Public Housing Reform Act of 1998. The minimum rent is the least total tenant payment (TTP) the family is required to contribute and it becomes a part of the TTP formula used in determining the family's level of assistance.

## **FINANCIAL HARDSHIP AND REQUEST FOR EXEMPTION**

### **Exemption from the minimum rent requirement**

A family may be exempt from paying the minimum rent if GHURA determines that the family is unable to pay the amount due to a financial hardship, unless the hardship is temporary. Such circumstances that may be considered as hardship include:

- Loss of employment;
- Death in the family; or
- Loss of eligibility or awaiting eligibility for federal, state or local assistance programs, including a family having a non-citizen household member lawfully admitted for permanent residence and who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Act of 1996.

If the participant family is approved for an exemption from paying the minimum, GHURA will suspend the minimum rent charge and adjust the HAP payment effective on the first of the month following the change in the family's circumstances. The family must provide documentation of

the hardship and GHURA will determine if the request for hardship is temporary or long term.

### **Temporary Exemption**

If GHURA determines that the family's hardship is temporary, GHURA will suspend the family's minimum rent payment for a period of 90 days from the date of the request. *At the end of 90 days, the minimum rent shall be re-instated retroactively to the date of the suspension.*

## **HOW IS THE FAMILY'S SUBSIDY CALCULATED?**

After the family's total annual income is verified for accuracy, the total household deductions are applied, GHURA will determine the total rent and the family's total tenant payment (TTP) or the family's share of the rent. The TTP (or the family's share) is the minimum amount a family must contribute toward rent and utilities.

### **How is the Family's Total Tenant Payment (TTP) Calculated?**

To calculate the TTP, the family's annual adjusted income and annual (gross) income must be converted to monthly adjusted income and monthly gross income by dividing the annual amounts by twelve (12) months. The TTP is the greater of:

- 30 percent of the monthly adjusted income;
- 10 percent of the monthly gross income;
- The welfare rent (not applicable in Guam); or the
- The GHURA's approved minimum rent of \$50.

### **Example:**

30% of monthly adjusted income:	$\$700 \times .30 = \$210$
10% of monthly gross income:	$\$740 \times .10 = \$74$
GHURA minimum rent	\$50

The greatest of the three is \$210; therefore, the family's TTP is \$210. *The family will never pay less than the \$210 regardless of the unit they select.*

## How is the Maximum Rent Burden Calculated?

When the family selects a unit the rent burden may not exceed 40 percent of the family's monthly adjusted income. The maximum initial rent burden applies only when the gross rent for the unit selected exceeds the applicable payment standards. The payment standards are the maximum monthly assistance payment for a family before deducting the TTP.

**Example:**

Payment Standard (for 2-bedroom unit):	\$1,032
Total Tenant Payment:	\$ 210
40% of monthly adjusted income	$\$700 \times .40 = \$280$

For the above example, the family may not pay more than \$280 for their share of the rent.

## How is the Family's Maximum Subsidy Calculated?

The maximum subsidy GHURA will pay on behalf of the family is the payment standard amount minus the TTP.

**Example:**

Payment Standard:	\$1,032
Total Tenant Payment	<u>- 210</u>
Maximum Subsidy	\$ 822

*Rent to Owner:* The rent to owner is the full rent the owner is charging for the unit including utilities the owner may provide under the lease. The gross rent is the entire housing cost.

**Example:**

Rent to Owner:	\$ 840
Utility Allowance:	<u>\$ 220</u>
Gross rent	\$1,060

# How is the Housing Assistance Payment (HAP) Calculated?

The actual HAP payment the family will receive will be accurately calculated once the family has selected a unit and the gross rent is determined. The total subsidy cannot exceed the maximum subsidy, but it may be less than the maximum subsidy if the gross rent is less than the payment standards. *The total Housing Assistance payment GHURA will pay on behalf of the family is the lower of:*

## Example #1:

Payment Standards:	\$1,032
TTP:	\$ 210

If the family selects a unit with a gross rent of \$1,000 the total housing assistance payment will be \$790 because it is the lower of:

Payment standard – TTP:	$\$1,032 - 210 = \$822$ ; <b><u>OR</u></b>
Gross rent – TTP:	$\$1,000 - \$210 = \$790$

## Example #2:

If the family selects a unit with a gross rent of 1,060, the total housing assistance payment will be \$822 because it is the lower of:

Payment standards – TTP:	$\$1,032 - 210 = \$822$ ; <b><u>OR</u></b>
Gross rent – TTP:	$\$1,060 - \$210 = \$850$

The family’s share will be \$238 (\$210 [TTP] plus excess rent not covered by GHURA’s share of \$28).

# How would I know what rent my family can afford?

It is important that your family consider what you can afford by reviewing your family’s budget. Your rental payment should be no more than 30 percent of the family’s budget. By selecting a unit with gross rent that exceeds the payment standards, the family’s share of the rent



expense will be greater than 30% of your family’s adjusted income. In the example below, it is recommended for the family to select a unit with rent amount no greater than \$822.

**Example:**

Family TTP (minimum rent share):	\$210	
TTP with maximum initial rent burden:		\$280
GHURA’s Share:	\$822	\$822
<b>Maximum rent to consider</b>	<b>\$1,032</b>	<b>\$1,102</b>

**Utility Reimbursements:**

*A family who is responsible for paying utilities* may receive a utility reimbursement if the housing assistance payment exceeds the rent to the owner.

**Example:**

Housing assistance payment (HAP):	\$ 1,000
Rent to owner:	<u>-\$ 822</u>
	\$ 178
Utility allowance:	<u>- \$ 150</u>
<b>Amount reimbursed to family:</b>	<b>\$ 28</b>

**ZERO ANNUAL INCOME STATUS**

When a family claims zero annual income, GHURA will conduct a thorough review through the Enterprise Income Verification System (EIV) and through third party sources. GHURA will also conduct a zero-income monitoring on a monthly basis. The family will be required to attend a monthly income monitoring review and the family must report any changes to the family’s income status within 10 days.

**ADDING AND REMOVING OF NEW HOUSEHOLD MEMBERS**

The arrival of new born child(ren) must be reported and added to the household within ten (10) business days. The head of household must

complete the “Adding a Change of Household Member” form and attach the child’s birth certificate and social security card. If the child is adopted or under legal guardianship, a copy of the child adoption papers or court appointing guardianship document must be attached to the Adding New Household Member form.

If an adult is being added to the household as a result of marriage, common-law, or the return of an adult dependent, copies of the following must be attached:

- birth certificate
- Social Security Card
- picture ID
- income information (employment verification, wages, SNAP, MIP, TANF, social security benefit letter, income tax information, pension, inheritance, etc.)
- Student Verification (if applicable)

The adult member must also complete form HUD-9886 Authorization for the Release of Information/Privacy Act; form HUD-52675 Debts Owed to Public Housing and Agencies and Terminations; Verification Consent Form; Declaration of Section 214 Status and Section 8 Statement of Obligations.

## **MOVING PROCEDURE**

### **Plan Your Move**

Moving can be a daunting experience. It is very important to plan out your family’s move, including considering all expenses you will incur for the move. Here are some helpful tips to consider when planning your move:

- If you plan to move out of your assisted unit, you must notify GHURA and your landlord at least 30 to 60 days before the move. The notice must be in writing.
- Search for the appropriate unit to move to. GHURA maintains a list of units from property owners who are willing rent to Section 8 clients. Vacancy listings are also available in the Real Estate listings (online), Guam Pacific Daily News, the Guam Daily Post, Casa Magazine, Community Bulletins, and other local media source.

- When you find a unit that you may want to rent, you need to ask these questions:
  - What is the location and street address of the unit?
  - How much is the rent and security deposit?
  - How many bedrooms does the unit have?
  - Are utilities included?
  - What type of amenities does it come with?
  - Is it furnished, semi-furnished or unfurnished?
  - Are the stove and refrigerator provided?
  - Is the owner willing to accept Section 8?
- Make arrangements to see the unit.
  - If the owner sets up a time for you to see the unit, arrive promptly. If you can't keep the appointment time, cancel in advance.
  - Bring a list of references; most owners require references.
  - Leave your telephone number with the owner in the event they have additional questions.
  - Bring your HQS check list and inspect the unit thoroughly.

## **Property Damage**

As participants of the Section 8 Program, you will be required to keep your home clean and in good repair. GHURA will not tolerate damages to the unit that are intentionally caused by the family. The unit will be inspected by GHURA biennially to ensure it is being maintained in accordance with Housing Quality Standards (HQS).

## **Finding the Appropriate Unit**

After the issuance of a voucher, your family must find a suitable home to rent. Landlords may require a security deposit, the first month's rent and money to hook up water and electric services. It is important to be prepared to have the money to cover these costs; otherwise it may delay your family from moving into the unit. Some landlords do offer the option to pay the security deposit in installments; however, most landlords will require the deposit to be paid before you can move into the unit.

When your family finds the unit that you want to rent, before accepting it is recommended that you inspect the unit thoroughly to be sure it is in good repair and all appliances and building systems are in good working condition. Additionally, it is also very important to discuss the terms and conditions of the lease agreement with your potential landlord. You must understand what your obligations are under the lease and what the landlord requires. Once a HAP contract is executed, you and your family are required to live in the unit for 12 consecutive months. After the 12 months, the rent becomes a month-to-month rental.

## **Security Deposit**

Security deposit is additional monies required from the tenant. It serves to protect the landlord if the tenant breaks or violates the terms of the lease or rental agreement. It may be used to cover damage to the property, cleaning, key replacement, or back rent. The security deposit is generally required by all landlords before the family moves into the unit. The amount of the deposit is usually equal to the first month's rent and is an out-of-pocket expense for the family because it is not included as part of the Section 8 assistance.

## **Utility Hook-Ups**

Tenants who are responsible for the paying for their utilities must pay for the initial hook ups. The unit must have electricity and water at all times and must be turned on before the family occupies the unit.

## **PORTABILITY**

An important aspect of the Housing Choice Voucher Program is the ability to move anywhere in the United States and the U.S. Territories as long as there is a Housing Agency administering the Section 8 Program in the area. This option is called “portability”, which permits families to move from one jurisdiction to another jurisdiction and continue receiving housing assistance under the same voucher.

If your family is selected to receive assistance under the Section 8 program and you decide to port to another location in the United States, you may be permitted to do so. When you are issued a voucher, you must

let your assigned Housing Specialist know that you would like to port. However, if Guam is not your legal residence at the time of your family's selection, you will be required to live in Guam for 12 months before you can be permitted to port. GHURA may waive this requirement for the purpose of reasonable accommodations for persons with disabilities or for other reasons in accordance with VAWA.

If you are a current participant and plan to relocate to the United States, you must notify your Housing Specialist in writing about your family's plan to move at least 30 to 60 days before the expiration of your current lease. In your notification letter to your caseworker, it is important that you provide detailed information about your pending move, to include:

- The location you plan to move to, and the nearest Housing Authority that administers the Section 8 Program;
- When you plan to leave for your new location; and
- Contact numbers and addresses where you can be reached while in transit to your new location.

It is strongly recommended that you and your family properly plan out your move. GHURA may deny your request to port due to insufficient notice given to the Housing Authority or if your lease agreement is still in effect.

## **REQUEST TO MOVE AND RESTRICTIONS**

Upon execution of a new Housing Assistance Payment (HAP) Contract, the family will be required to live in the unit for at least twelfth (12) consecutive months. No request for a move may be approved until the twelve month is up. The exception to this rule will only apply to those needing reasonable accommodations due to medical reasons or for VAWA cases.

## **TENANT SUITABILITY SCREENING**

Property owners and landlords are responsible for screening potential tenants. The owner/landlord may require your family to provide a reference letter from your last landlord and may do a criminal background check on you and members of your family.

## HOUSING QUALITY STANDARDS INSPECTION

Before any unit can be approved for occupancy under the Section 8 Program, the unit must be inspected using the Housing Quality Standards. The HQS inspection is an important requirement because it ensures the unit is decent, safe, and sanitary. If the unit fails the initial inspection, all items must be corrected before the scheduled re-inspection date. HAP subsidies will not be paid out unless all deficiencies are repaired. Any life-threatening deficiencies must be corrected within 24 hours and other non-life-threatening deficiencies must be corrected within the timeframe specified by the Inspector.

### HQS General Requirements

GHURA's Inspectors will inspect the unit to ensure the minimum standards are met for the following:

Area to be inspected	Minimum Standards
Sanitary Facilities (Bathrooms and Showers)	Bathrooms and showers must be clean and the plumbing systems in good working condition; and measures to ensure privacy are in place.
Food Preparation area and trash disposal	Area for food preparation must be clean, have suitable storage space and equipment to store. Trash disposals should not be overflowing with trash.
Space and Security	The unit must have adequate space and security for the family.
Thermal Environment (room temperature)	The unit must be able to provide thermal environment that is healthy for the human body.
Illumination and electricity (lighting and electrical system)	The unit must have adequate natural or artificial lighting and electrical fixtures and wiring must not pose a fire hazard.
Structure and materials	The unit must structurally sound
Interior air quality	The unit must be free of air pollutant levels that threaten the occupant's health
Water supply	The unit's water supply must be adequate and free of contamination

Lead-based paint	The unit must be free of lead-based paint in accordance with the Lead-based Paint Hazard Reduction Act of 1992
Access	Access in and out of the unit must be possible; and the building must provide an alternative means of exit in case of a fire.
Site and neighborhood	The site must be reasonably free from disturbing noises and reverberations or other dangers to the health and safety and general welfare of the occupants
Sanitary conditions	The unit and appliances must be in sanitary conditions
Smoke detectors	Each level must be equipped with a smoke detector. Detectors must be working properly and strategically installed near sleeping rooms in accordance with the requirements of the National Fire Protection Association (NFPA) standard 74.

### **Types of HQS Inspections:**

GHURA is required to perform Housing Quality Standards (HQS) inspections in accordance with HUD regulation 24 CFR 982. HQS inspections are required for initial and during the term of the lease. HQS standards apply to the interior, exterior, and the common areas of the premises. New leases must pass the HQS inspection before the term of the lease and HAP contract begins. The family must permit GHURA to inspect the unit at a reasonable time and after reasonable notice is given.

GHURA will inspect each unit under contract annually and may be subject to random quality control inspection. GHURA conducts at least four types of HQS Inspections:

- ***Initial Inspection*** – Prior to occupancy of the unit, GHURA will perform an inspection within 15 business days upon receiving the Request for Tenancy Approval (RFTA). After the inspection has been conducted, GHURA will notify the family and owner of the results. The unit must pass the inspection before a HAP

contract can be executed and before the first rental payment can be released.

- ***Biennial Inspection*** – the unit must be inspected annually before the family’s initial move-in anniversary date. The landlord and family will be notified in writing of the scheduled inspection. If a unit fails to meet HQS standards, all deficiencies must be corrected within the timeframe specified by the GHURA inspector. If the unit fails a second time, the HAP contract may be terminated. A third inspection may be permitted provided the cause for failure was beyond the tenant or landlord’s control (i.e., no parts available on island, bad weather, death in the family, etc.). Approval of a third inspection is on a case-by-case only. Failure of normal wear and tear items are normally the landlord’s responsibility to make repairs. The care and cleaning of the unit and the surroundings are the responsibility of the family. Any items that have been specifically assigned to the tenant or items that have been maliciously damaged by the family and/or their guests will be the responsibility of the family.
- ***Special Inspection*** – GHURA will perform a special inspection when a complaint about HQS related issues are received from the tenant, landlord, or from the general public. Any violations resulting from the special inspection will be treated in the same manner as annual inspection violations. If repairs are not made to address the violations, it may result in either abatement (non-payment of the family’s rent) or the HAP contract will be terminated. If the family caused the violation, the family will be terminated from the Section 8 Program.
- ***Quality Control Inspection*** – HUD requires GHURA to perform a random and periodic quality control inspection. The QC inspector will pick at random a unit that had recently been inspected (within a 90-day period). The purpose of the QC inspection is to ensure GHURA is maintaining required standards when inspecting an assisted unit.

## **ABATEMENT OF THE FAMILY’S RENTAL PAYMENT**

If the HQS inspection fails, GHURA may abate the family’s rental payment to the landlord until timely repairs are made. The landlord and family will be notified of the HQS inspection results and the list of



deficiencies that need to be corrected. The inspector will re-inspect the unit to determine if the violations have been corrected. The timeframe to correct the deficiencies would depend on the type of deficiencies found. If the deficiencies are considered life-threatening, the deficiencies must be corrected within 24 hours. If the deficiencies are non-life threatening, the deficiencies must be corrected within a given period between 2 to 30 calendar days. The abatement will continue until the deficiencies are corrected; otherwise, the contract will be terminated.

## **TERMINATION OF THE HAP CONTRACT DUE TO A FAILED INSPECTION**

GHURA will terminate the family's housing assistance that has failed to meet HQS standards. If the unit fails inspection and was not corrected within the specified timeframe, the HAP contract will be terminated. If an inspection reveals that an exigent situation exists that may endanger the health and safety of the family occupying the unit, GHURA will require an immediate correction of the problem.

## **HQS INSPECTION CHECKLIST**

Your unit will be inspected biennially. You may use the checklist below to prepare your unit for the inspection. If the unit is maintained and cleaned on a daily basis, your unit should pass the inspection with ease.

For the **INTERIOR** part of the unit, check for the following:

- \_\_\_\_ exposed or frayed electrical wirings and have the landlord repair them immediately. Do not overload outlets.
- \_\_\_\_ water leaks and have the landlord repair the leak or replace the faucet rubber washer rings.
- \_\_\_\_ Clean and dust the unit on a daily basis.
- \_\_\_\_ Smoke alarms are working properly.
- \_\_\_\_ The stove and refrigerators are cleaned and working properly.
- \_\_\_\_ The unit has hot and cold running water.
- \_\_\_\_ The tubs/showers, and sinks are working properly and are free of leaks.
- \_\_\_\_ The toilets are working properly and are clean.
- \_\_\_\_ The windows must be able to open for ventilation and have locking mechanisms to secure them.

- \_\_\_ The roof and ceiling must be in good condition with no leaks and speckling or cracks.
- \_\_\_ The water heater must be working and have a pressure release hose.
- \_\_\_ The floor should be free of any tripping hazards; no warped or broken tiles that can cut or be a tripping hazard; the floors must be clean and free of dirt or any sticky residue.
- \_\_\_ All stairs and railing must be secured and free of any sharp edges.
- \_\_\_ All security bars on the windows must be equipped with a quick release mechanism in all rooms used for sleeping.
- \_\_\_ the rooms are properly ventilated.

For the **EXTERIOR** part of the unit, check for the following:

- \_\_\_ All trash is properly disposed of in receptacles; not overflowing or piled high in the yard.
- \_\_\_ No paint peeling off the wall or stained with mildew.
- \_\_\_ No exposed electrical wiring.
- \_\_\_ No busted pipes or evidence of a sewage leaks.
- \_\_\_ The lawn is properly maintained.
- \_\_\_ Trees and shrubs are properly trimmed and maintained.
- \_\_\_ Roof and gutters are cleaned and maintained.
- \_\_\_ No abandoned vehicles are left on the premise.

## **COMMON REASONS ASSISTED UNITS FAIL INSPECTIONS**

- **Unsanitary living conditions**- the unit is determined to be unsanitary due to poor housekeeping.
- **Damages to the unit**- damages intentionally inflicted to the unit's doors, windows, walls, etc.)
- **Entry door** – the entry door is unable to lock or gaps or holes are present that allow air, bugs, and other vermin to enter the unit.
- **Broken window(s)** – the window is cracked or smashed; or unable to open; does not have a locking mechanism; access to the window is blocked (blocked egress); etc.
- **Electrical Hazards** – electrical wires are exposed and not properly secured; labels on the breaker boxes are removed by the family.
- **Oven/Range** – thick grease on range and oven that can cause a fire; knobs and handles are removed or damaged by the family.

- **Refrigerator** – The refrigerator is not cooling properly; the gasket around the door frame is loose; the kick plate on the bottom of the refrigerator is loose or missing.
- **Hot Water Heater** – the water heater is inoperable or missing a discharge line; wiring is exposed; or a flammable material is stored next to the heater.
- **Flooring** – carpets, vinyl tiles are either frayed or torn and presents a tripping hazard.
- **Smoke Detector** – the family has disabled the smoke detector by removing the detector or the battery; or detectors are not located near the sleeping areas.
- **Garbage Disposal System** – presence of overflowing trash bins; or evidence that trash is being stacked or dumped in the yard.
- **Mold and mildew**- the presence of mold and mildew in the rooms, bathrooms, walls, under the sink, etc.
- **Water** – no running hot or cold water.
- **Keyed locks**- door locks requiring keys are installed on the bedroom doors.

## **MISSSED HQS INSPECTIONS**

**HQS inspections are mandatory.** All assisted units **must** be inspected by GHURA before the family moves in to the unit, biennially; and whenever GHURA deems it necessary. If a unit is not inspected because the Inspector was refused entry into the unit or there is evidence that the family is intentionally avoiding the HQS inspection, GHURA will immediately terminate your family's housing assistance. You are advised that if you can't make the appointment for reasons beyond your control, you must contact GHURA's HQS Inspection department 24 hours before the inspection date. If your record reflects a pattern of missed HQS inspections due to non-entry without reasonable cause, it may also result in your family's termination from the Section 8 program.

## **LEAD-BASED PAINT REQUIREMENT**

Exposure to lead-based paint to children under the age of six (6) may be hazardous if ingested or inhaled. The government identifies lead-based paint that has a concentration of lead of more than 0.5 percent by weight or greater than or equal to 1.0 milligrams per square centimeter. Lead-

based paint is common in homes and buildings that were built prior to 1978. It is estimated that lead-based paint was used in 38 million homes constructed before 1978. If you choose to rent a unit that was constructed before 1978, and you have children under the age of six (6), the unit will be inspected for lead-based-paint. When searching for a unit, you should perform a visual check for paint that is cracking, scaling, chipping, peeling or loose. If you find the paint to be in either of these conditions, you must alert the landlord or GHURA so it can be inspected. If lead-based is found, GHURA will require the landlord to abate the problem and depending on the condition, the unit may not be approved for rental under the Section 8 Program

## **ANNUAL AND INTERIM REEXAMINATION**

GHURA is required to reexamine each family's income and family composition at least annually. When a change occurs in either the family's income or the number of household members, GHURA will make the necessary adjustment to the family's subsidy. There are two types of re-examination processes:

- **Annual Re-Examination** – GHURA will begin the annual re-examination process as early as 120 days in advance of your family's effective date (anniversary date of your admission). A re-exam interview will be scheduled and you will be advised to bring in required documents during your interview appointment. The required information will include the Annual re-examination form, an Authorization for the Release of Information/Privacy Act Notice, as well as supporting documents relating to your family's income, expense and family composition.

If you fail to provide the required documents during the annual reexamination interview, you must provide the documents within 10 business days of the interview. If you are unable to provide the documents within the 10 business days, you may request for an extension. However, if you fail to provide the document(s) during the required timeframe, your family's assistance will be terminated.

- **Interim Re-Examination** – GHURA is required to conduct a re-examination when there are changes in the family's income or

composition. When your family's income and/or family size increases or decreases, you must report the change to GHURA. Any change that occurs between annual re-exams must be reported within ten (10) business days. Failure to report changes may result in termination of your family's assistance.

Addition of a new family member as a result of birth, adoption, or court-awarded custody of a child does not require GHURA approval; but you are required to report the addition to GHURA within ten (10) business days. Addition of another adult member must require GHURA's approval and the addition is only permitted during the annual re-examination.

When your family's income changes, GHURA will perform an interim re-examination for the following circumstances:

- When a family is receiving Earned Income Disallowance (EID) at the start and conclusion of the second 12-month exclusion period (50 percent phase-in);
- If the family has reported zero income, an interim re-exam will be performed on a monthly basis;
- If at the time of the annual re-examination, GHURA is unable to determine the actual income for the next 12 months due to seasonal or cyclic income; and
- If at the time of the annual re-examination, the family's document reflects a provisional information due to the lack of third-party verification; and
- Families reporting increases in earned income, including new employment.

### **MISSED RE-EXAMINATION APPOINTMENT(S)**

Re-examination appointments are very important in order for GHURA to complete the processing of your family's housing assistance in a timely manner. If your family or family member fails to show for the re-examination appointment or to call to reschedule the appointment, GHURA will serve a proposed letter of termination. Families who are unable to make their scheduled appointment must promptly contact the caseworker at least 24 hours before the appointment to reschedule.

## **DENIAL AND TERMINATION OF HOUSING ASSISTANCE**

### **Mandatory Denial of Assistance**

Program regulation requires GHURA to deny assistance for the following reasons:

- Household who has been evicted from a federally-assisted housing program in the last five years for drug-related criminal activity.
- GHURA determines that any household member is currently engaged in the use of illegal drugs.
- GHURA has reasonable cause to believe that any household members' current use or pattern of use of illegal drugs, or current pattern of abuse of alcohol, may threaten the health, safety, or right of peaceful enjoyment of the premises by other residents.
- If any household members have ever been convicted of drug-related criminal activities for the production or manufacture of methamphetamine in any location, not just in federally assisted housing.
- Any household members who are subject to a lifetime registration requirement under the state sex offender registration program.

### **Other Reasons for Denial of Assistance**

GHURA may also deny assistance for admission for the following reasons:

- For criminal activities to include: violent criminal activities; criminal activities that may threaten the health, safety, or right to peaceful enjoyment of the premises; or any drug-related criminal activities.
- For previous behavior in assisted housing: GHURA will deny assistance if:
  - The family does not provide information to GHURA or HUD which is determined necessary in the administration of the program;

- The family does not provide complete and true information;
- Any family member who's been evicted from federally-assisted housing in the last five years;
- Any family member who's housing assistance has been terminated by another PHA;
- Any family member has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program;
- The family owes rent or other amounts to any PHA in connection with the HCV, Certificate, Moderate Rehabilitation or Public Housing programs, unless the family repays the full amount of the debt prior to being selected from the waiting list;
- The family has breached the terms of a repayment agreement entered into with GHURA, unless the family repays the full amount of the debt covered in the repayment agreement prior to being selected from the waiting list; and/or
- A family has engaged in threatening, violent or abusive behavior toward GHURA personnel. Abusive or violent behavior towards GHURA personnel includes verbal as well as physical abuse or violence. Used of racial epithets, or other language, written or oral, that is customarily use to intimidate may be considered abusive or violent behavior.

### **Mandatory Termination of Assistance**

HUD requires GHURA to terminate assistance in the following circumstances:

- **Eviction from the Assisted Unit.** A family's assistance will be terminated when a family is evicted from an assisted unit under the HCV program for a serious or repeated violation of the lease. Incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed as serious or repeated violations of the lease by the victim or threatened victim of such violence or stalking. A family will be considered *evicted* if the

family moves after a legal eviction order has been issued, whether or not physical enforcement of the order was necessary.

*Serious and repeated lease violations* will include, but are not limited to, nonpayment of rent, disturbance of neighbors, destruction of property, or living or housekeeping habits that cause damage to the unit or premises and criminal activity. Generally, the criterion to be used will be whether or not the reason for the eviction was the fault of the tenant or guests.

- **Failure to Provide Consent.** GHURA will terminate assistance if any family member fails or refuses to sign and submit any consent form, which they are required to sign for a re-examination.
- **Failure to Document Citizenship.** GHURA will terminate assistance if (1) a family fails to submit required documentation within the required timeframe concerning evidence of citizenship and eligible immigration status; (2) a family submits in a timely manner, but the United States Citizenship and Immigration Services (USCIS) primary and secondary verification does not verify eligible immigration status of the family; or (3) a family member, as determined by the GHURA has knowingly permitted another individual who is not eligible for assistance to reside (on a permanent basis) in the unit. For (3) above, such termination must be for a period of at least 24 months. This does not apply to ineligible noncitizens already in the household where the family's assistance has been prorated.
- **Failure to Disclose and Document Social Security Numbers.** GHURA will terminate assistance if a participant family fails to disclose the complete and accurate social security numbers of each household member and the documentation necessary to verify each social security number. However, if your family is otherwise eligible for continued program assistance, and GHURA determines that the family's failure to meet the SSN disclosure and documentation requirements was due to circumstances that could not have been foreseen and were outside of the family's control, GHURA will defer the family's termination and provide the family with the opportunity to comply with the requirement for a period of 90 calendar days for circumstances beyond the



participant's control such as delayed processing of the SSN application by the SSA, natural disaster, fire, death in the family, or other emergency, if there is a reasonable likelihood that the participant will be able to disclose an SSN by the deadline.

- **Methamphetamine Manufacture or Production.** GHURA will terminate assistance if any household member has ever been convicted of the manufacture or production of methamphetamine on the premises of federally-assisted housing.
- **Failure of Students to Meet Ongoing Eligibility Requirements.** If a student enrolled at an institution of higher education is under the age of 24, is not a veteran, is not married, does not have dependent children, is not residing with his/her parents in an HCV assisted household, and is not a person with disabilities receiving HCV assistance as of November 30, 2005, GHURA will terminate the student's assistance if, at the time of reexamination, either the student's income or the income of the student's parents (if applicable) exceeds the applicable income limit.

If a participant household consists of both eligible and ineligible students, the eligible students shall not be terminated, but must be issued a voucher to move with continued assistance in accordance with program regulations and GHURA's policies, or he or she will be given the opportunity to lease in place if the terminated ineligible student members elect to move out of the assisted unit.

- **The Death of the Sole Family Member.** GHURA will immediately terminate program assistance for deceased single member households.
- **Use of Illegal drugs.** GHURA will terminate a family's assistance if any household member is currently engaged in any illegal use of a drug, or pattern of illegal use that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- **Abuse or pattern of abuse of alcohol.** GHURA will terminate assistance if any household member abuses or has a pattern of abuse of alcohol that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.

- **Drug-related and violent criminal activity.** GHURA will terminate a family's housing assistance if any household member has violated the family's obligation not to engage in any drug-related or violent criminal activity.

### Other Reasons for Terminating the Family's Assistance

GHURA will terminate a family's assistance for the following reasons:

- The family failed to comply with family obligations under the program, as specified in **Tenancy Addendum and page 12 of this handbook**;
- If any family member has been evicted from federally-assisted housing in the last five years;
- If any PHA has ever terminated assistance under the program for any member of the family;
- If any family member has committed fraud, bribery, or any corrupt or criminal act in connection with any federal housing program;
- If a family breached the requirements of the lease agreement;
- If the family has repeatedly failed to maintain the assisted unit in accordance with HQS requirement.
- The family has breached the terms of repayment agreement entered into with GHURA;
- A second incident of violating the family obligation after the family has received counseling from GHURA will result in a termination;
- A family member has engaged in or threatened violent or abusive behavior toward GHURA personnel;
- If the family has been absent from the unit for more than sixty (60) consecutive days; and/or
- If there is insufficient funding to support continued assistance for the family.

## Investigating Program Abuses

GHURA will review all referrals, specific allegations, complaints, and tips from any source including other agencies, companies, and individuals, to determine if they warrant investigation. In order for GHURA to investigate, the allegation must contain at least one independently-verifiable item of information, such as the name of an employer or the name of an unauthorized household member.

GHURA will investigate inconsistent information related to the family that is identified through file reviews and the verification process.

## INFORMAL REVIEWS AND HEARINGS

There will be times when GHURA makes a decision that has a negative impact on a family; the family is entitled to appeal the decision. *For applicants, the appeal process takes the form of an informal review; for participants, or for applicants denied admission because of citizenship issues, the appeal takes the form of an informal hearing.*

### Informal Review for Applicants

Applicants denied admission into the Section 8 HCV Program may request for an informal review. The informal review process is intended to provide the applicant the opportunity to appeal the reason or reasons for the denial. GHURA will only offer an informal review to applicants for whom assistance is being denied. Denial of assistance includes: denying placement on GHURA's Section 8 waiting list; denying or withdrawing a voucher; refusing to enter into a HAP contract or approve a lease; refusing to process or provide assistance under portability procedures.

GHURA will provide the applicant prompt notice of its decision to deny assistance and it shall contain a brief statement of the reason for the decision. The applicant must request for an informal review within 10 business days from the date of GHURA's denial of assistance.

A request for an informal review must be made in writing and delivered to GHURA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of GHURA's

denial of assistance. GHURA will schedule and send written notice of the informal review within 10 business days.

### **Informal Hearing for Participants**

GHURA will offer an informal hearing for certain determinations relating to the individual circumstances of a participant family. A participant is defined as a family that has been admitted to GHURA's HCV program and is currently assisted in the program. The purpose of the informal hearing is to consider whether GHURA's decisions related to the family's circumstances are in accordance with the law, HUD regulations and GHURA policies.

GHURA will not terminate a family's assistance until the time allowed for the family to request an informal hearing has elapsed, and any requested hearing has been completed. GHURA will only offer participants the opportunity for an informal hearing when required to do so by the regulations.

### **Decisions Subject to Informal Hearing**

Circumstances for which GHURA will give a participant family an opportunity for an informal hearing are as follows:

- A determination of the family's annual or adjusted income, and the use of such income to compute the housing assistance payment;
- A determination of the appropriate utility allowance (if any) for tenant-paid utilities from the GHURA utility allowance schedule;
- A determination of the family unit size under GHURA's subsidy standards;
- A determination that a certificate program family is residing in a unit with a larger number of bedrooms than appropriate for the family unit size under GHURA's subsidy standards; or
- the determination to deny the family's request for exception from the standards;
- A determination to terminate assistance for a participant family because of the family's actions or failure to act;
- A determination to terminate assistance because the participant has been absent from the assisted unit for longer than the

maximum period permitted under GHURA policy and HUD rules;

- A determination to terminate a family's Family Self Sufficiency contract, withhold supportive services, or propose forfeiture of the family's escrow account [24 CFR 984.303(i)]

**Circumstances for which an informal hearing is not required are as follows:**

- Discretionary administrative determinations by GHURA;
- General policy issues or class grievances;
- Establishment of the GHURA schedule of utility allowances for families in the program;
- A GHURA determination not to approve an extension or suspension of a voucher term;
- A GHURA determination not to approve a unit or tenancy;
- A GHURA determination that a unit selected by the applicant is not in compliance with the HQS, however GHURA will allow a review for a breach of HQS caused by the family;
- A GHURA determination that the unit is not in accordance with HQS because of family size; or
- A determination by GHURA to exercise or not to exercise any right or remedy against an owner under a HAP contract.

### **Informal Hearing Procedures**

When GHURA makes a decision that is subject to informal hearing procedures, GHURA will inform the family of its right to an informal hearing at the same time that it informs the family of the decision. For decisions related to the family's annual or adjusted income, the determination of the appropriate utility allowance, and the determination of the family unit size, GHURA will notify the family that they may ask for an explanation of the basis of the determination, and that if they do not agree with the decision, they may request an informal hearing on the decision.

For decisions related to the termination of the family's assistance, or the denial of a family's request for an exception to GHURA's subsidy standards, the notice must contain a brief statement of the reasons for the decision, a statement that if the family does not agree with the decision,

the family may request an informal hearing on the decision, and a statement of the deadline for the family to request an informal hearing.

## **OTHER PROGRAMS**

### **Family Self-sufficiency (FSS)**

GHURA administers the Family Self-sufficiency Program for Section 8 and Public Housing participants. The objective of the program is to enable housing participants to achieve their personal goal, to reduce their dependency on welfare and increase their family's earned income potential.

Eligible FSS participants must enter into a Contract of Participation (CoP) with GHURA. The CoP stipulates the rights and responsibilities of the family and GHURA for a term of up to five years. This includes the family's Individual Training and Service Plan (ITSP), which is a series of intermediate and long-term goals; and the steps they plan to take to accomplish their goals. In turn, GHURA will help the participant by linking services and resources they may need to complete their plan. Such examples of the services that may be provided include: child care, transportation, education, job training, employment counseling, job placement, on-the-job training, financial literacy, and homeownership, etc.

As an incentive of the program, the participant will establish an interest-bearing escrow account, where any increases in the family's rent as a result of an increase in their family's income will be credited to an escrow account. Once the family graduates from the program, they may withdraw the balance from their escrow account and use it toward any purpose, including putting a down payment on a new home or towards the advancement of their education.

The FSS program is for Section 8 HCV and Public Housing participants. They must be in good standing with their respective programs and be willing to work hard to achieve their ITSP goals. For an application and/or more information about the FSS program, please contact GHURA Section 8.

## **Renter's 101 Monthly Seminar**

The Renter's 101 seminar is available for housing participants under the Section 8 and other GHURA housing programs. The objective of the seminar is to inform participants about basic renter's responsibilities such as housekeeping, budgeting and how to read your lease.

Participants are taught basic renter's skills by introducing them to the do's and don'ts of renting; how to maintain the rental unit; how to build good relations with the landlord and neighbors; how to comply with program requirements and more. The seminar is on a first-come-first basis, and anyone interested may contact the FSS Program to sign up.

## **Section 8 Homeownership Program**

GHURA offers Section 8 HCV eligible participants the opportunity to use their voucher towards homeownership. A family who successfully obtains a mortgage loan from a conventional lending institution to purchase a home may use their housing assistance to help pay the monthly mortgage payments. A family assisted under this option may be newly admitted or an existing participant in the HCV program.

## **Eligibility for Homeownership**

The family must meet all of the requirements listed below before the commencement of homeownership assistance.

- The family must have been admitted to the Housing Choice Voucher program;
- The family must qualify as a first-time homeowner and has been approved for a mortgage loan from a conventional lending institution;
- The family must meet the Federal minimum income requirement.
- For disabled families, the minimum income requirement is equal to the current SSI monthly payment for an individual living alone, multiplied by 12;
- For elderly or disabled families, welfare assistance payments for adult family members who will own the home will be included in determining whether the family meets the minimum income requirement. It will not be included for other families;

- The family must satisfy the employment requirements by demonstrating that one or more adult members of the family who will own the home at commencement of homeownership assistance is currently employed on a full-time basis (the term 'full-time employment' means not less than an average of 30 hours per week); and has been continuously so employed during the year before commencement of homeownership assistance for the family;
- The employment requirement does not apply to elderly and disabled families. In addition, if a family, other than an elderly or disabled family includes a person with disabilities, GHURA must grant an exemption from the employment requirement if GHURA determines that it is needed as a reasonable accommodation;
- The family has not defaulted on a mortgage securing debt to purchase a home under the homeownership option;
- No family member has a present ownership interest in a residence at the commencement of homeownership assistance for the purchase of any home; and
- The family has entered a contract of sale in accordance with 24 CFR 982.631(c).

For more information about the Section 8 Homeownership Program, please consult your Housing Specialists.



## ACRONYMS

ACC	Annual Contributions Contract
ADA	Americans with Disabilities Act of 1990
BR	Bedroom
CFR	Code of Federal Regulations
COFA	Compact of Free Association
DISID	Department of Integrated Services for Individuals with Disabilities
EEO	Equal Employment Opportunity
EID	Earned Income Disregard
ELI	Extremely low-income families
EIV	Enterprise Income Verification
FAS	Freely Associated States
FEHO	Fair Housing and Equal Opportunity
FMR	Fair Market Rent
FSS	Family Self-Sufficiency (Program)
FUP	Family Unification Program
FY	Fiscal Year
FYE	Fiscal Year End
GHURA	Guam Housing and Urban Renewal Authority
HAP	Housing Assistance Payment
HCV	Housing Choice Voucher (Program)
HQS	Housing Quality Standards
HUD	(U.S. Department of) Housing and Urban Development
INS	(U.S.) Immigration and Naturalization Service
IRS	Internal Revenue Service
LBP	Lead-Based Paint
LEP	Limited English Proficiency
MS	Mainstream Housing Program
MTCS	Multi-Family Tenant Characteristic System
PIH	Public and Indian Housing
PHA	Public Housing Agency
PHRA	Public Housing Reform Act of 1998 (also known as Quality Housing and Work Responsibility Act)

PIC	(Public and Indian Housing) Information Center
PS	Payment Standards
QHWRA	Quality Housing and Work Responsibility Act of 1998
RFTA	Request for Tenancy Addendum
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
SWICA	State Wage Information Collection Agency
TANF	Temporary Assistance for Needy Families
TR	Tenant Rent
TTP	Total Tenant Payment
QC	Quality Control
UA	Utility Allowance
UIV	Up-front Income Verification
URP	Utility Reimbursement Payment
U.S.	United States
USCIS	United States Citizenship and Immigration Services
VA	Veteran Affairs
VASH	Veteran Affairs Supportive Housing
VAWA	Violence Against Women Re-Authorization Act of 2005

## GLOSSARY

**Absorption:** This term is used when a family ports to another jurisdiction. This refers to the point when a receiving PHA issues the family a voucher and stops billing the PHA of which the family originated from. The receiving PHA uses funds available under the receiving PHA's consolidated ACC.

**Absent family member:** A family member who is either temporarily away or permanently away for a variety of reasons including educational activities, employment, illness, etc.

**Adjusted Income:** The family's annual or monthly income, less allowable HUD deductions.

**Adjusted Annual Income:** The family's annual income, less allowable HUD deductions.

**Administrative Plan:** The plan that describes PHA policies for Administration of the tenant-based programs. The Administrative Plan and any revision must be approved the PHA's board and included as a supporting document to the PHA plan.

**Admission:** When the family becomes a participant under the Section 8 program.

**Annual Contributions Contract (ACC):** The written contract between HUD and GHURA which HUD agrees to provide funding for a program under the 1937 Act, and the PHA agrees to comply with HUD requirements for the program.

**Annual Income:** The anticipated total income of an eligible family from all sources for the 12-month period following the date of determination of income, computed in accordance with the regulation.

**Applicant:** A family that has applied for admission to a program but is not yet a participant in the program.

**Assets:** Anything tangible that represents ownership of value that can be converted into cash. Cash can also be considered an asset (savings, trust, etc.)

**Child:** A member of the family other than the family head or spouse who is under 18 years of age.

**Child care expense:** Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period of which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income.

**Citizen:** A citizen or national of the United States.

**Co-head:** An individual in the household who is equally responsible for the lease with the head of household. A family may have a co-head or spouse but not both. A co-head never qualifies as a dependent. The co-head must have legal capacity to enter into a lease.

**Consent form:** Any consent form approved by HUD to be signed by assistance applicants and participants to obtain income information from employers and SWICAs; return information from the Social Security Administration (including wages, net earnings from self-employment, and retirement income); and return information for unearned income from IRS. Consent forms expire after a certain time and may authorize the collection of other information to determine eligibility or level of benefits.

**Contract:** An agreement between two or more parties, one that is written and enforceable by law.

**Covered families:** A statutory term for families who are required to participate in a welfare agency's economic self-sufficiency program, and who may be subjected to a welfare benefit sanction for noncompliance

with this obligation. This includes families who receive welfare assistance or other public assistance under a program for which federal, state or local law requires that a member of the family must participate in an economic self-sufficiency program as a condition for the assistance.

**Dating violence:** violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on consideration of the length and type of relationship; and the frequency of interaction between the persons involved in the relationship.

**Dependent:** A member of the family (except foster children and foster adults) other than the family head or spouse, who is under 18 years of age, or is a person with a disability, or is a full-time student.

**Disabled person:** please refer to page for the detail definition of a “disability”

**Disabled family:** A family whose head, spouse, or sole member is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.

**Displaced person:** A family in which each member or whose sole member is a person displaced by government action or a person whose dwelling has been extensively damaged or destroyed as a result of disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief laws.

**Drug-related Criminal Activities:** Activities relating to the “illegal manufacture, sale, distribution of a drug with the intent to manufacture, sell, distribute, or use of the drug.

**Elderly family:** A family whose head of household, spouse, or sole members is a person who is at least 62 years of age; or two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age.

**Drug-related Trafficking:** The illegal manufacture, sale, or distribution, or the possession with intent to manufacture sell, or distribute, or a

controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)

**Elderly person:** An individual who is at least 62 years of age.

**Elderly family:** An elderly family that is income eligible and meets the requirements of 24 CFR Part 5.

**Eligible Non-citizen:** A family that is income eligible and meets requirements of the Housing Act and CFR Part 5

**Evidence of citizenship or eligible status:** The documents which must be submitted to proof citizenship or eligible immigration status.

**Extremely low-income family:** A family whose annual income does not exceed 30 percent of the median income for the area, as determined by HUD.

**Fair Housing Act:** Refers to Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988.

**Fair Market Rent (FMR):** The rent, including the cost of utilities (except telephone), as established by HUD for units of varying sizes (by number of bedrooms), that must be paid in the housing market areas to rent privately owned, existing, decent, safe, and sanitary rental housing of modest (non-luxury) nature with suitable amenities.

**Family:** Includes but is not limited to the following:

- A family with or without children (the temporary absence of a child from the home due to placement in foster care is considered in determining family composition and family size);
- An elderly family or a near-elderly family;
- A displaced family;
- A single person who is not an elderly or displaced person, or a person with disabilities or the remaining member of a tenant family.

**Family Rent to Owner:** In the voucher program, the portion of rent to owner paid by the family.

**Family Self-sufficiency Program (FSS):** The program established by GHURA in accordance with 24 CFR 984 to promote self-sufficiency of assisted families, including the coordination of supportive services (42 U.S.C. 1437u).

**Family Share:** The portion of rent and utilities paid by the family.

**Family unit size:** The appropriate number of bedrooms for a family based on GHURA's subsidy standards.

**Family unit size:** The appropriate number of bedrooms for a family, as determined by the PHA under the PHA subsidy standards.

**Federal Agency:** A department of the Executive branch of the Federal Government.

**Foster Adult:** Usually refers to a person with disabilities, unrelated to the family and is unable to live alone; and is under the care of the assisted family.

**Foster Child:** A child that is in the legal guardianship or custody of a State, County or private adoption or foster care agency.

**Foster Child Care Payment:** Payment to eligible households by state, local, or private agencies appointed by the State, to administer payments for the care of foster children.

**Full-time Student:** A person who is attending school or vocational training on a full-time basis (carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended; 24 CFR 5.603).

**Gross rent:** The sum of the rent to owner plus any utility allowance.

**Guest:** A person temporarily staying in the unit with the consent of a member of the household who has expressed or implied authority to consent.

**Handicap:** Any condition or characteristic that renders a person an individual with handicaps.

**HAP Contract:** Housing Assistance Payments contract. A written contract between the PHA and an owner for the purpose of providing housing assistance payments to the owner on behalf of an eligible family.

**Head of Household:** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.

**Hearing Impaired:** A person with a hearing disability.

**Housing assistance payment (HAP):** The monthly assistance payment by a PHA, which includes: (1) A payment to the owner for rent to the owner under the family's lease; and (2) An additional payment to the family if the total assistance payment exceeds the rent to owner.

**Housing Agency (HA):** A state, county, municipality or other governmental entity or public body (or agency or instrumentality thereof) authorized to engage in or assist in the development or operation of low-income housing. ("PHA" and "HA" mean the same thing).

**Housing Quality Standards (HQS):** The HUD minimum quality standards for housing assisted under the voucher program.

**HUD:** The U.S. Department of Housing and Urban Development.

**Immediate family member:** A spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in the position or place of a parent; or any other person living in the household of that person and related to that person by blood and marriage.

**Imputed Asset:** Asset disposed of for less than fair market value during two years proceeding examination or re-examination.

**Imputed Income:** HUD passbook rate multiplied by the total cash value of assets. Calculation used when net family assets exceed \$5,000.



**Imputed welfare income:** An amount of annual income that is not actually received by a family as a result of a specified welfare benefit reduction but is included in the family's annual income and therefore reflected in the family's rental contribution.

**Income:** Income from all sources of each member of the household, as determined in accordance with criteria established by HUD.

**Income Information:** means information relating to an individual's income, including:

- All employment income information known to current or previous employers or other income sources.
- All information about wages, as defined in the state's unemployment compensation law, including any Social Security Number; name of the employee; quarterly wages of the employee; and the name, full address, telephone number, and when known, Employer Identification Number of an employer reporting wages under a State unemployment compensation law.
- Whether an individual is receiving, has received, or has applied for unemployment compensation, and the amount the period received.
- Unearned IRS income and self-employment, wages and retirement income.
- Wages, social security, and supplemental security income data obtained from the Social Security Administration.

**Income Limits:** Income limits are used in determining if a family qualifies for assistance based on income threshold per bedroom size.

**Individual with Disabilities or Handicap:** Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

**Initial PHA:** A portability term which (1) a PHA that originally selected a family that later decides to move out of the jurisdiction of the selecting PHA; and (2) a PHA that absorbed a family that later decides to move out of the jurisdiction of the absorbing PHA.

**Initial payment standard:** The payment standard at the beginning of the HAP contract term.

**Initial rent to owner:** The rent to owner at the beginning of the HAP contract term.

**Jurisdiction:** The area in which the PHA has authority under State and local law to administer the program.

**Landlord:** Either the owner of the property or his/her representative or the managing agent or his/her representative, as shall be designated by the owner.

**Lease:** A written agreement between an owner and a tenant for the leasing of a dwelling unit to the tenant. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP contract between the owner and the PHA.

**Live-in Aide:** A person who resides with one or more elderly persons, or near-elderly person, or persons with disabilities, and who:

- Is determined to be essential to the care and well-being of the person or persons;
- Is not obligated for the support of the person or persons; and
- Would not be living in the unit except to provide the necessary supportive services.

**Low Income Family:** A family whose income does not exceed 80 percent of the median income for the area as determined by HUD with adjustments for smaller or larger families, except that HUD may establish income limits higher or lower than 80 percent for area with unusually high or low incomes.

**Mandatory Policies:** Policies driven by legislation, regulations, current handbooks, notices, and legal opinions.

**Manufactured home:** A manufactured structure that is built on a permanent chassis, is designed for use as a principal place of residence

and meets the HQS requirements. See Special Housing Types 24 CFR 982.622 and 982.624.

**Manufactured home space:** In a manufactured home space rental, it is the space leased by an owner to a family. A manufactured home owned and occupied by the family is located on the space. See 24 CFR 982.622 and 982.621.

**Medical expenses:** Medical expenses, including medical insurance premiums that are anticipated during the period for which annual income is computed, and that are not covered by insurance, (a deduction for elderly or disabled families only). These allowances are given when calculating adjusted income for medical expenses in excess of 3 percent of annual income.

**Minor:** A member of the family household other than the family head or spouse, who is under 18 years of age.

**Mixed family:** A mix family refers to household whose members include those with U.S. citizenship or eligible immigration status, and those without citizenship or eligible immigration status.

**Monthly adjusted income:** Monthly adjusted income refers to the family's annual adjusted income divided by 12 (months).

**Monthly income:** The family's gross annual income divided by 12 (months).

**National:** A person who owes permanent allegiance to the United States, for example, as a result of birth in a U.S. territory or possession.

**Near elderly family:** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; or two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.

**Net family assets:** Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds,

and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.

- In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust family will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income under 24 CFR 5.609.
- In determining net family assets, PHAs or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration received therefore. In case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms.

**Non-citizen:** A person who is neither a citizen nor a national of the United States.

**Other adult:** means a family member, other than head of household, spouse, or co-head, who is 18 years or age or older. Foster adults and live-in aides are not considered other adults in a “family”.

**Owner:** Any person or entity with the legal right to lease or sublease a unit to a participant.

**Persons with Limited English Proficiency:** Persons who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English and need information or language services in a language other than English.

**Physically Impaired:** A person who has a condition that substantially limits one or more major life activities such as caring for oneself,

performing manual tasks, walking, seeing, hearing, breathing, and/or working.

**Participant:** A family that has been admitted to the PHA program and is currently assisted in the program. The family becomes a participant on the effective date of the first HAP contract executed by the PHA for the family (first day of initial lease term).

**Payment standard:** The maximum monthly assistance payment for a family assisted in the voucher program (before deducting the total tenant payment by the family).

**Persons with Disability:** A person who has a disability as defined in 42 U.S.C. 423 or a developmental disability as defined in 42 U.S.C. 6001. Also includes a person who is determined, under HUD regulations, to have a physical or mental impairment that is expected to be a long-continued and indefinite duration substantially impedes the ability to live independently, and as is of such a nature that the ability to live independently could be improved by more suitable housing conditions. For purposes of reasonable accommodation and program accessibility for persons with disabilities, means and “individual with handicaps” as defined in 24 CFR 8.3. Definition does not exclude persons who have AIDS or conditions arising from AIDS, but does include a person whose disability is based solely on drug or alcohol dependence (for low-income housing eligibility purposes).

**Portability:** Renting a dwelling unit with Section 8 housing choice voucher outside of the jurisdiction of the initial PHA.

**Premises:** The building or complex in which the dwelling unit is located, including common areas and grounds.

**Public Assistance:** Welfare or other payments to families or individuals based on need, which are made under programs funded separately or jointly by Federal, state, or local governments.

**Public Housing Agency (PHA):** Any State, county, municipality, or other governmental entity or public body, or agency or instrumentality of

entities that is authorized to engage or assist in the development or operation of low-income housing under the 1937 Act.

**Reasonable rent:** A rent to owner that is not more than rent charged for (1) for comparable units in the private unassisted market; and (2) for comparable unassisted units in the premises.

**Receiving PHA:** In portability, this refers to a PHA that receives a family selected for participation in the tenant-based program of another PHA. The receiving PHA issues a voucher and provides program assistance to the family.

**Recertification (Also Re-examination):** The process of securing documentation of total family income used to determine the rent the tenant will pay for the next 12 months if there are no additional changes to be reported.

**Remaining Member of Tenant Family:** Person left in assisted housing who may or may not normally qualify for assistance on own circumstances (i.e., an elderly spouse dies leaving widow age 47 who is not disabled).

**Rent to owner:** The total monthly rent payable to the owner under the lease for the unit (also known as contract rent). Rent to owner covers payment for any housing services, maintenance and utilities that the owner is required to provide and pay for.

**Residency Preference:** A PHA preference for admission of families that reside anywhere in a specific area, including families with a member who works or has been hired to work in the area ('residency preference area').

**Responsible entity:** For the public housing and the Section 8 tenant-based assistance, project-based certificate assistance and moderate rehabilitation programs, the responsible entity means the PHA administering the program under an ACC with HUD. For all other Section 8 programs, the responsible entity means the Section 8 owner.

**Section 8:** Refers to Section 8 of the U.S. Housing Act of 1937.

**Section 214:** Section 214 of the Housing and Community Development Act of 1980, as amended.

**Security Deposit:** A dollar amount (maximum set according to the regulations) which can be used for unpaid rent or damages to the owner upon termination of the lease.

**Single person:** A person living alone or intending to live alone.

**Social Security Number (SSN):** The nine-digit number that is assigned to a person by the Social Security Administration and that identifies the record of the person's earnings reported to the Social Security Administration. The term does not include a number with a letter as a suffix that is used to identify an auxiliary beneficiary.

**Special admission:** Admission of an applicant that is not on the PHA waiting list or without considering the applicant's waiting list position.

**Special housing types:** See subpart M of 24 CFR 982. Subpart M states the special regulatory requirements for SRO housing, congregate housing, group homes, shared housing, cooperative (including mutual housing), and manufactured homes (including manufactured home space rental).

**Spouse:** The marriage partner of the head of household.

**Stalking:** To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass or intimidate another person; and in the course of; or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (1) that person, (2) a member of the immediate family of that person, or (3) the spouse or intimate partner of that person.

**Subsidy standards:** Standards established by the PHA to determine the appropriate number of bedrooms and amount of subsidy for families of different sizes and compositions.

**Suspension:** Stopping the clock on the term of a family's voucher after the family submits a request for approval of tenancy. If the PHA decides to allow extensions or suspensions of the voucher term, the PHA administrative plan must describe how the PHA determines whether to grant extensions or suspensions, and how the PHA determines the length of any extensions or suspension. This practice is also called "tolling".

**Tenancy Addendum:** Under the Housing Choice Voucher Program, this refers to the lease language required by HUD in the lease between the tenant and the landlord (owner).

**Tenant:** The person or persons (other than a live-in aide) who executes the lease as lease of the dwelling unit.

**Tenant rent to owner:** The tenant's share of the total rent paid to the owner.

**Term of Lease:** The amount of time a tenant agrees in writing to live in a dwelling unit.

**Total Tenant Payment (TTP):** The total amount the HUD rent formula requires the tenant to pay toward rent and utilities.

**Unit:** Residential space for the private use of a family. The size of a unit is based on the number of bedrooms contained within the unit and generally ranges from zero (0) bedrooms to six (6) bedrooms.

**Utility allowance:** If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a PHA or HUD of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment.



**Utility Reimbursement:** In the HCV program, this refers to the portion of the housing assistance payment which exceeds the amount of rent to owner.

**Utility hook-up charge:** In a manufactured home space rental, this refers to the costs payable by the family for connecting the manufactured home to utilities such as water, gas, electrical and sewer lines.

**Very Low Income Family:** A low-income family whose annual income does not exceed 50 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50 percent of the median income for the area on the basis of its finding that such variations are necessary because of unusually high or low family incomes. This is the income limit for the HCV program.

**Violent criminal activity:** Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

**Voucher (HCV program):** A document issued by a PHA to a family selected for admission to the housing choice voucher program. This document describes the program and the procedures for PHA approval of a unit selected by the family. The voucher also states obligations of the family under the program.

**Voucher holder:** A family holding a voucher with an unexpired term (search time).

**Voucher program:** The Section 8 Housing Choice Voucher Program.

**Waiting list admission:** An admission into the Section 8 HCV Program from the PHA waiting list.

**Welfare assistance:** Income assistance from Federal or State welfare programs, including assistance provided under TANF and general assistance. Does not include assistance directed solely to meeting

housing expenses, nor programs that provide health care, child care, or to the services for working families.

**Welfare-to-work (WTW) family:** A family assisted by a PHA with voucher funding awarded to the PHA under the HUD welfare-to-work voucher program (including any renewal of such WTW funding for the same purpose).

## SAMPLE FORMS AND DOCUMENTS

### Request for Reasonable Accommodation Form

#### GUAM HOUSING AND URBAN RENEWAL AUTHORITY

##### Request for Reasonable Accommodation

GHURA OFFICIAL ACTION

\_\_\_\_ Approved

\_\_\_\_ Disapproved: Written reason  
for denial must be attached.

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

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

Contact no: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of family member requiring reasonable accommodation:

\_\_\_\_\_ Head of Household \_\_\_\_\_ Family member: \_\_\_\_\_  
(Name)

Please check below the type of accommodation(s) being requested:

\_\_\_\_\_ **Request to lease a unit owned by a relative.** Please explain why renting from a relative is necessary and provide a physician's or an official third party certification which supports the request for accommodation.

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

\_\_\_\_\_ **Request for addition time to find a unit due to disability.** Please provide an explanation of the hardship you are faced with as a result of your disability in finding a unit and why extra time is needed.

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

\_\_\_\_\_ **Request for higher payment standards** due to special accommodation units. Please explain the need for a higher payment standard.

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

\_\_\_\_\_ **Other special accommodation due to disability.** Please explain: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

# Authorization for Release of Information/Privacy Act Notice (form HUD-9886) (page 1)

## 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: 2501-0014  
exp. 07/31/2017

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

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

**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.

Authorization for Release of Information/Privacy Act Notice (form HUD-9886) (page 2)

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.

# Declaration of Section 214 Status (page 1)



# GHURA

Guam Housing and Urban Renewal Authority  
Aturidat Ginima' Yan Kinueban Siudad Guahan  
117 Bien Venida Avenue, Sinajana, GU 96910  
Phone: (671) 477-9851 - Fac: (671) 300-7565 - TTY: (671) 472-3701  
Website: [www.ghura.org/](http://www.ghura.org/)



Date: \_\_\_\_\_  
Application/HPNo/PH No. \_\_\_\_\_

## DECLARATION OF SECTION 214 STATUS

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Guam Housing and Urban Renewal Authority office located at 117 Bien Venida, Sinajana, Guam 96910. Please feel free to consult with an immigration attorney or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully in the United States because (please check the appropriate box below):

- A. ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- B. ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- C. ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
- ☐ Permanent residence under 249 of INA; or
- ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA; or
- ☐ Parole status under 212(d)(5) of the INA; or
- ☐ Threat to life or freedom under 243(h) of the INA; or
- ☐ Amnesty under 245A, of the INA.
- D. ☐ I do not have eligible immigration status.
- E. ☐ I do now wish to declare U.S. or eligible immigration status.
- F. ☐ I am signing the Declaration of 214 status on behalf of my minor child(ren) listed on page 2.

**Note:** evidence of support for the above declaration must be submitted to GHURA no later than ten (10) calendar days.

8/14/2017

Declaration of Section 214 Status (page 2)

Name of Minor Child	Age	Relationship to Head of Household	Citizenship Status (circle one)				
			A	B	C	D	E
			A	B	C	D	E
			A	B	C	D	E
			A	B	C	D	E
			A	B	C	D	E
			A	B	C	D	E
			A	B	C	D	E
			A	B	C	D	E

Print Name

Signature

Date

Footnotes:

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older:** If you are a non citizens who are 62 years age or older or who will become 62 years if age or older and receiving assistance under a Section 214 covered program as of June 19, 1995; if you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigration status under §101(a) (15) or 101(a) (20) of Immigration and Nationality Act:** A noncitizen lawfully admitted for permanent residence, as defined by §101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101 9a) (15) of the INA (8 U.S.C., 1101 (a) (20) and 1101 (a) (15), respectively [*immigration status*]. This Category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C., 1160 or 1161). [*Special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1250) [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under §2207, 208 of INA.** A citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C., 1158) [*asylum status*]; or as a result of being granted conditional entry under §203 (a) (7) of the INA (8 U.S.C., 1153 (a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

Declaration of Section 214 Status/consent form (page 3)

Application/HAP No/PH No: \_\_\_\_\_

VERIFICATION CONSENT FORM

I/We adult members, under the Household of \_\_\_\_\_, hereby consent the Guam Housing and Urban Renewal Authority (GHURA) To request and obtain information from the **Immigration and Naturalization Service (INS)** for the purpose of verifying my family’s eligibility and level of assistance under the Section 8 Housing Choice Voucher Program (a HUD assisted housing program). I/We understand that GHURA cannot use the information obtained to purposely delay, deny or eliminate housing assistance because of immigration status of a family member, **except** for those provided by HUD regulation. In addition, I understand that I must be given an opportunity to contest the determination with the INS or GHURA, or both.

This consent form expires 15 months after signed date below.

Head of Household (print and sign)	Alien Number	Date
Spouse	Alien Number	Date
Family Member (age 18 or over)	Alien Number	Date
Family Member (age 18 or over)	Alien Number	Date
Family Member (age 18 or over)	Alien Number	Date
Family Member (age 18 or over)	Alien Number	Date

8/14/2017



# Medical Doctor's Certification Form



## GHURA

Guam Housing and Urban Renewal Authority  
Aturidat Ginima' Yan Rinueban Suidat Guahan  
117 Bien Venida Avenue, Sinajana, Guam 96910  
Phones: (671) 477-9851 to 4 · Fax: (671) 472-7565 · TTY: (671) 472-3701



### MEDICAL DOCTOR'S CERTIFICATION

The definition of a "Disabled Person" under the Public Housing Program follows:

A person who is under a disability as defined in Section 223 of the Social Act (42 U.S.C. 423) or Section 102 (b) of the Developmental Disabilities and Facilities Construction Amendments of 1970 (42 U.S.C. 6001 (7)) Section 223 of the Social Security Act defines disability as:

- (A) Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
- (B) In the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness as defined in Section 416 (f) (1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities in which he has previously engaged with some regularity and over a substantial period of time.
- (C) Section 102(5) of the Development Disabilities Services and Facilities Construction Amendments of 1970 defines disability as a disability attributable to mental retardation cerebral palsy epilepsy or another neurological condition of any individual found by the Secretary (of Health Education and Welfare) to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals which disability originates before such individual attains age 18, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual.

I HEREBY CERTIFY that it is my professional opinion that \_\_\_\_\_  
(NAME OF APPLICANT)

Fully satisfies at least one of the requirements of the above definitions of a disabled person.

At what age was disability attained; \_\_\_\_\_  
Is Disability permanent? ( ) Yes ( ) No  
How long has patient been under your care? \_\_\_\_\_  
Is the patient able to obtain employment? ( ) Yes ( ) No

_____ Print Name of Physician	_____ Signature of Physician
_____ Business Address:	_____ Telephone:
_____ _____	_____ Date:

**IMPORTANT NOTE:** With respect to single individuals applying for housing assistance the U.S. Department of Housing and Urban Development requires that the applicant meet both the income limit and the definition of a Disabled Person. Section 1001 of Title 18 of the U.S Code makes it a criminal offense to make willful false statements of misrepresentation to any Department of Agency of the United States as to any matter within jurisdiction.

GHURA does not discriminate against persons with disabilities.  
The Chief Planner has been designated as Section 504 Coordinator.

# Appointment Letter



# GHURA

Guam Housing and Urban Renewal Authority  
Aturidat Ginima' Yan Rinueban Suidat Guahan  
117 Bien Venida Avenue, Sinajana, Guam 96910  
Phones: (671) 477-9851 · Fax: (671) 472-7565 · TTY: (671) 472-3701



Date: \_\_\_\_\_  
HAP No. \_\_\_\_\_  
Group No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dear \_\_\_\_\_

Please be advised you have an appointment to meet with \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m. Along with this appointment,  
you must bring a copy of the following document(s) listed below:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

When you are fifteen (15) minutes late, this appointment may be rescheduled. Therefore, it is very important to be prompt for your appointment. Should this appointment be inconvenient for you please contact our office at telephone no. 477-9851. Failure to comply with this letter may result in your termination of housing assistance payments.

Should you have any questions, again please contact our office.

Sincerely,

**SECTION 8 Representative**

\_\_\_\_\_  
Tenant's Signature / Date

REV (09/07)

GHURA does not discriminate against persons with disabilities.  
The Chief Planner has been designated as Section 504 Coordinator.  
The Coordinator can be contacted at the above address and telephone numbers.

# Employment Verification Form



Guam Housing and Urban Renewal Authority  
Aturidat Ginima<sup>1</sup> Yan Rinueban Sudat Guahan  
117 Bien Venida Avenue, Sinajana, Guam 96910

Phones: (671)477-9851-4 Fax: (671)472-7565 TTY#:(671)472-3701



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Voucher/App No: \_\_\_\_\_

## EMPLOYMENT VERIFICATION

Dear Sir/Madam:

Re: \_\_\_\_\_ Social Security #: \_\_\_\_\_

We are required to verify the incomes of all family members living in or applying for Section 8 housing. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. The person referenced has authorized your release of the information. If you have any questions, please contact \_\_\_\_\_

Sincerely,

Housing Services Manager

### Applicant/Tenant Release

I \_\_\_\_\_ hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1. Name of Employee \_\_\_\_\_
2. Position/Title \_\_\_\_\_
3. Presently Employed? Yes/No Date Started \_\_\_\_\_ Date Terminated \_\_\_\_\_
4. Employee Paid: Weekly \_\_\_ Bi-Weekly \_\_\_ Semi-monthly \_\_\_ Monthly \_\_\_  
Other (specify) \_\_\_\_\_
5. Current Pay rate \$ \_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_\_
6. Average number of hours work per week: Straight Time \_\_\_\_\_
7. Overtime is paid at the rate of \$ \_\_\_\_\_ Average OT Hours per week \_\_\_\_\_
8. Night Differential is paid at the rate of \$ \_\_\_\_\_ Average hours work per week \_\_\_\_\_
9. Bonus Pay \$ \_\_\_\_\_ : Bi-Weekly \_\_\_ Semi-monthly \_\_\_ Monthly \_\_\_ Annually \_\_\_
10. Average Commission \$ \_\_\_\_\_ : Weekly \_\_\_ Bi-weekly \_\_\_ Semi-monthly \_\_\_  
Monthly \_\_\_ Other \_\_\_\_\_
11. Average Tips \$ \_\_\_\_\_ : Weekly \_\_\_ Bi-weekly \_\_\_ Semi-monthly \_\_\_ Monthly \_\_\_  
Other \_\_\_\_\_
12. Expected change in Rate of Pay within next 12 months: New Rate \$ \_\_\_\_\_  
Effective Date \_\_\_\_\_

# Self-employment Certification Form



## GHURA

Guam Housing and Urban Renewal Authority  
Aturidat Ginima' Yan Rinuelan Siudad Guahan  
117 Bien Venida Avenue • Sanjona, Guam 96926  
Phones: (671) 477-9851 to 4 • Fax: (671) 472-7565 • TTY # (671) 472-3701



### SECTION 8 HOUSING ASSISTANCE PROGRAM SELF-EMPLOYMENT CERTIFICATION

I certify that I am self-employed and that my only income is from the proceeds derived from the sale of my products or services.

To the best of my knowledge, I certify that the information provided is true and correct:

Present income: \$ \_\_\_\_\_ per \_\_\_\_\_

Anticipated income: \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature

Witnessed by:

\_\_\_\_\_  
Signature

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

**WARNING:** Section 1001 of Title 18 of the United States Code makes it criminal offense to make a willfully false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

GHURA does not discriminate against persons with disabilities.  
The Research, Planning and Evaluation Administrator has been designated as Section 504 Coordinator.  
The Coordinator can be contacted at the above address and telephone numbers.

Asset Certification Form

GUAM HOUSING AND URBAN RENEWAL AUTHORITY  
Guahan Aturidat Ginima' Yan Rinueban Suidat  
117 Bien Venida Avenue \* Sinajana, Guam 96910  
Tel: (671) 477-9851 \* Fax: (671) 477-7570

ASSET CERTIFICATION

[ ] I CERTIFY THAT I DO HAVE AN ACCOUNT WITH:

1. BANK OF: \_\_\_\_\_ [ ] Savings [ ] Checking [ ] Trust Fund  
Account #: \_\_\_\_\_ Joint Account With: \_\_\_\_\_
2. BANK OF: \_\_\_\_\_ [ ] Savings [ ] Checking [ ] Trust Fund  
Account #: \_\_\_\_\_ Joint Account With: \_\_\_\_\_
3. BANK OF: \_\_\_\_\_ [ ] Savings [ ] Checking [ ] Trust Fund  
Account #: \_\_\_\_\_ Joint Account With: \_\_\_\_\_
4. BANK OF: \_\_\_\_\_ [ ] Savings [ ] Checking [ ] Trust Fund  
Account #: \_\_\_\_\_ Joint Account With: \_\_\_\_\_
5. BANK OF: \_\_\_\_\_ [ ] Savings [ ] Checking [ ] Trust Fund  
Account #: \_\_\_\_\_ Joint Account With: \_\_\_\_\_

[ ] I CERTIFY THAT I DO NOT HAVE ANY BANK ACCOUNTS

[ ] I CERTIFY THAT I DO HAVE PROPERTY

- ☐ On Island
- ☐ Chamorro Land Trust
- ☐ Off Island: Pls. Specify Where \_\_\_\_\_

[ ] I CERTIFY THAT I DO NOT HAVE ANY PROPERTY ON OR OFF ISLAND

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(REV 06/2014 FLP)

# Certification for Divestitures of Assets Form



## GHURA

Guam Housing and Urban Renewal Authority  
Aturidat Ginima' Yan Rinueban Siudad Guahan  
117 Bien Venida Avenue, Sinajana, Guam 96910  
Phones: (671) 477-9851 to 4 • Fax: (671) 472-7565 • TTY: (671) 472-3701



### CERTIFICATION FOR DIVESTITURES OF ASSETS

- [ ] I hereby certify that neither I nor any other adult member of my household has disposed of more than \$1,000 in assets for less than fair market value within the two-year period preceding the effective date of my certification or re-certification.
- [ ] I hereby certify that during the two year (24 months) period preceding the effective date of my certification or re-certification of eligibility for program participation. I have disposed of the following asset(s) as identified below.
- 1) I have disposed of more than \$1,000 in assets for less than fair market value within the two-year period preceding the effective date of my certification or re-certification.
  - 2) The asset(s) I/we disposed of was:
    - (a)
    - (b)
    - (c)
    - (d)
  - 3) The value of the asset I/we disposed of was:
    - (a)
    - (b)
    - (c)
    - (d)
  - 4) The amount(s) received for the asset(s) I/we disposed of was:
    - (a)
    - (b)
    - (c)
    - (d)

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to make willful statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\*\*\*\*\*  
REMARKS(to be completed by GHURA representative): \_\_\_\_\_

Witnessed by: \_\_\_\_\_

\_\_\_\_\_  
Signature of GHURA representative

\_\_\_\_\_  
Date

GHURA does not discriminate against persons with disabilities.  
The Research, Planning and Evaluation Administrator has been designated as Section 504 Coordinator.  
The Coordinator can be contacted at the above address and telephone numbers.

# Income Tax Filing Certification Form



**GUAM HOUSING AND URBAN RENEWAL AUTHORITY**  
117 BIEN VENIDA VENUE  
SINAJANA, GUAM 96910  
PHONE: (671) 477-9851  
**SECTION 8 ASSISTANCE PROGRAM**



## CERTIFICATION

I/We the undersigned, certify that I/We did not file a 1040 Tax Return for the tax years \_\_\_\_\_

\_\_\_\_\_  
Print & Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print & Sign

\_\_\_\_\_  
Date

WITNESS:

\_\_\_\_\_  
Print & Sign

\_\_\_\_\_  
Section 8 Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### WARNING:

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense, punishable by a \$10,000 fine or ten (10) years imprisonment or both, to make willful false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

\_\_\_\_\_  
GHURA does not discriminate against persons with disabilities.

The Chief Planner has been designated as Section 504 Coordinator.

The Coordinator can be contacted at the above address and telephone numbers.

## Zero Income Certification Form

*Guam Housing and Urban Renewal Authority*  
**ZERO INCOME CERTIFICATION**  
*117 Bien Venida Avenue, Sinajana, Guam 96910*  
*PHONE (671) 475-1330 – FAX (671) 477-7570*

The answers provided on this certification are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). ANY changes that take place after this certification has been submitted to the Guam Housing and Urban Renewal Authority MUST be reported in WRITING within TEN (10) days of the event occurring. Failure to do so may constitute a violation of your obligations under the rental assistance program and result in program termination and/or criminal charges being filed against you.

**WARNING:** Making false statements on this document is considered **FRAUD** and may result in **TERMINATION** from the program and **CRIMINAL PROSECUTION**.

1. I \_\_\_\_\_ hereby certify that I do not receive income from ANY of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments (TANF, TCA, Quest/EBT, welfare, etc.);
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources;
  - j. ANY bills paid on my behalf, by ANYONE residing outside of my household
  - k. ANY other source not named above.
2. I certify that I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I certify that I will be using the following sources of funds to pay for rent and other necessities:  
\_\_\_\_\_  
\_\_\_\_\_

By signing this certification, I certify under penalty of perjury that ALL of the information contained in this document is true and correct. I understand and acknowledge that making false statements on this document is a FELONY under Title 18, Section 1001 of the United States Code and Guam code annotated.

**WARNING:** Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and **CRIMINAL PROSECUTION**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GUAM HOUSING AND URBAN RENEWAL AUTHORITY  
SECTION 4 DIVISION  
117 BIEN VENIDA AVENUE  
SINAJANA, GUAM 96910



# Student Verification Form

## GUAM HOUSING AND URBAN RENEWAL AUTHORITY

Guahan Aturidat Ginima' Yan Rinueban Suidat  
117 Bien Venida Avenue \* Sinajana, Guam 96910  
Tel: (671) 477-9851 \* Fax: (671) 477-7570

### STUDENT VERIFICATION

---

---

---

I, \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature Date

The individual named above is an applicant / participant for housing assistance which is subsidized through the Department of Housing and Urban Development (HUD). Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information requested. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. Should you have any questions, please feel free to contact our office.

Thank you for your cooperation.

\_\_\_\_\_  
Section 8 Representative Telephone Number Date

### TO BE COMPLETED BY INSTITUTION:

1. \_\_\_\_\_ Is enrolled at \_\_\_\_\_ as a:  
[ ] FULL-TIME Student [ ] PART-TIME Student [ ] NOT ENROLLED
2. Student is:  
[ ] IS enrolled for Summer Months [ ] IS NOT enrolled for Summer Months
3. Student received the following amount for scholarship and / or educational grant: \$ \_\_\_\_\_  
per: [ ] SEMESTER [ ] YEAR

(REV 06/2014 FLF)

# Acknowledgement of Enterprise Income Verification Form



## SECTION 8 HOUSING CHOICE VOUCHER PROGRAM ACKNOWLEDGMENT OF ENTERPRISE INCOME VERIFICATION

I, the undersigned pre-applicant/ tenant, acknowledge that the Guam Housing and Urban Renewal Authority (GHURA), through the Section 8 Housing Choice Voucher Program has informed me of the following Enterprise Income Verification System (EIV).

**Enterprise Income Verification (EIV) What is EIV System?** The system is to make integrated income data available from one source, via the Internet, for Public Housing Authority's (PHAs) to use to improve income verification during required income reexaminations.

**EIV provides the following information:**

1. Monthly employer new hires
2. Quarterly wage (including employer information), Federal wages are available
3. Quarterly unemployment compensation
4. Monthly Social Security (SS) and Supplement Security Income (SSI) benefits

**Benefits of the system:**

- Increases the efficiency and accuracy of income and rent determination
- Reduces incidents of underreported and unreported household income
- Removes the barriers to verifying tenants-reported income
- Addresses material weaknesses in a PHAs examination process and programs operations.
- Assures that more eligible families are able to participate in the program.

**EIV System Uses and Capabilities**

- Provides new hire, wage, unemployment compensation and Social Security information through a data matching process for household by a HUD-Form 50058
- Allows the PHAs to review monthly new hire information, quarterly wage, employer information, quarterly unemployment benefits payments, monthly Social Security (SS) and Supplement Security Income (SSI) benefits medical deduction within the PHAs jurisdiction
- Provides income discrepancy reports to identify families who may have substantially underreported household income.
- Helps deter housing Fraud.

As the head of household, it is my responsibility to ensure that all income earned or received by members of my family is accurately reported to GHURA. Failure to disclose all the earnings to the GHURA may result in the withdrawal of your Pre-application or termination of your Housing Assistance Payment.

\_\_\_\_\_  
Print / Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
GHURA Representative

\_\_\_\_\_  
Date

Ref9/06

# Criminal History/Sex Offender Certification Form (page 1)

## Guam Housing and Urban Renewal Authority

117 Bien Venida Avenue, Sinajana, Guam 96910  
(671) 475-1330; Fax (671) 477-7570

### CRIMINAL HISTORY/SEX OFFENDER CERTIFICATION

As part of the screening process for the housing assistance program, all adult household members (18 years and older) are required to complete this certification. The answers provided on this certification are used in part to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). As part of the screening process, any answers or documentation you provide as part of the application or recertification process are subject to verification. Failure to disclose any information and/or answer all questions in the application, including questions on this form, fully and truthfully, may constitute grounds for denial or rejection of your application. In addition, making false statements on this affidavit is a crime and may result in CRIMINAL PROSECUTION.

FULL LEGAL NAME \_\_\_\_\_

ANY MAIDEN NAMES OR ALIASES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT HOME ADDRESS (RESIDENCE)

PREVIOUS HOME ADDRESS

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

State, Zip: \_\_\_\_\_

1. Have you ever been cited, arrested, or charged, for any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
2. Do you have a case pending for any crime (misdemeanor or felony), other than traffic violations? \_\_\_\_\_
3. Are you under indictment for any crime? \_\_\_\_\_
4. Have you ever been convicted of any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
5. Are you a fugitive from justice? \_\_\_\_\_
6. If you answered "yes" to any of the questions listed above, do any of the charges, pending charges, indictments, arrests, or convictions include drug-related or gang-related offenses?  
\_\_\_\_\_
7. In the past three (3) years, have you ever been evicted or asked to vacate public housing or any other subsidized housing due to: (a) drug activity (b) alcohol abuse (c) criminal activity (d) \_\_\_\_\_

1/25/2016

1

# Criminal History/Sex Offender Certification Form (page 2)

gang activity or (e) interfering with the health, safety, or the right to peaceful enjoyment of the premises by other residents? \_\_\_\_\_

8. Are you currently on parole, probation, or court supervision? \_\_\_\_\_

9. Are you subject to registration as a sex offender? \_\_\_\_\_

10. Have you ever committed fraud in connection with any federally funded program (i.e. housing, Social Security, Veterans Affairs, Medicaid/Medicare, welfare, food stamps, etc.)? \_\_\_\_\_

11. Have you ever had to repay money to such a program or agency due to misrepresenting information? \_\_\_\_\_ Are you still paying? \_\_\_\_\_

12. Have you lost your assistance from such a program due to engaging in threatening or abusive or violent behavior toward the agency's personnel? \_\_\_\_\_

IF YOU ANSWERED "YES" TO ANY QUESTION ABOVE, EXPLAIN IN DETAIL BELOW:

---

---

---

---

---

**WARNING:** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. MAKING FALSE STATEMENTS ON THIS DOCUMENT IS ALSO A FELONY UNDER GUAM CODE ANNOTATED AND MAY RESULT IN LOSS OF BENEFITS AND/OR CRIMINAL CHARGES BEING FILED AGAINST YOU.

I do hereby certify under penalty of perjury, that all of the information contained in this document is true and correct. I understand and acknowledge that falsifying information on this certification may result in denial of admission into the Housing Choice Voucher Program (Section 8) or immediate termination of my housing assistance subsidy and/or criminal prosecution.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

GUAM HOUSING AND URBAN RENEWAL AUTHORITY  
SECTION 8 DIVISION  
117 BIEN VENIDA AVENUE  
SINAJANA, GUAM 96910  
Housing Authority Date Stamp / Signature

# Direct Deposit Authorization Form



**GUAM HOUSING AND URBAN RENEWAL AUTHORITY**  
 117 Blen Venida Avenue \* Sinajana, GU 96910  
 Tel (671) 477-9851 \* Fax: (671) 477-7570

## Section 8 Housing Assistance Program

### Housing Authority Direct Deposit Authorization Form

I/We hereby authorize Guam Housing and Urban Renewal Authority, hereinafter called AGENCY to initiate direct deposits to the designated account at the financial institution named below, hereinafter called DEPOSITORY.

1. Verify your direct deposit with your bank by the 5th or 20th day of each month.
2. Statements with payment details are mailed by the 5th & 20th of each month.
3. A bank statement, voided check OR DDA with bank certification is mandatory

B  
A  
N  
K

Bank's Name		Branch Location (City & State)	
Router Number	Account Number	Checking	Savings

Account Type (circle one)

H  
O  
U  
S  
I  
N  
G  
  
A  
U  
T  
H

PRINT Housing Authority Name	EIN Number
Housing Authority's Authority's Name/Signature	Contact Number
Date	

T  
E  
N  
A  
N  
T  
  
(S)

1. Print Tenant's Name	Contract Effective Date
2. Print Tenant's Name	Contract Effective Date

#### BANK CERTIFICATION:

I certify the above banking information is true and correct.

Bank Name: \_\_\_\_\_  
 Bank Representative Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Bank Stamp:**

#### FOR GHURA MIS USE ONLY

Received Date: \_\_\_\_\_ Initial: \_\_\_\_\_ No Change Date: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Entered Date: \_\_\_\_\_ Initial: \_\_\_\_\_

MIS Rev. 6/25/2013

# Annual Re-certification Application Form (page 1)

## Guam Housing and Urban Renewal Authority RECERTIFICATION FOR HUD SUBSIDIZED RENTAL ASSISTANCE BENEFITS 117 Bien Venida Avenue, Sinajana, Guam 96910 PHONE (671) 475-1330 – FAX (671) 477-7570

Please complete all sections of this certification and ANSWER all questions. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development ("HUD"). DO NOT leave any questions blank. If a question does not apply write "NO". If you do not understand a question, you may ask for an explanation or have someone else explain it to you. ALL adult members of the household must certify the information relating to them listed in this certification is correct.

ANY changes that take place after this form has been submitted to the Guam Housing and Urban Renewal Authority (i.e. between annual certifications) **MUST** be reported in WRITING within TEN (10) days of the event occurring. Failure to do so may constitute a violation of your obligations under the rental assistance program and result in program termination and/or criminal charges being filed against you.

**WARNING:** Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

### HEAD OF HOUSEHOLD

Last Name	First Name	Middle Name
Alias or any other names used		Home Phone Number ( )
Street Address (including apartment number)		Mailing address
City	Zip Code	Cell Phone Number ( )
Work/Message Phone Number ( )	E-mail address	

### A. HOUSEHOLD COMPOSITION

- List ALL people living in your home.

List the Head of Household first followed by spouse/co-head then oldest to youngest household members.

Full Name Exactly as appears on Social Security card	Age	Birthdate mm/dd/yy	Relationship to Head of Household	Sex M/F	Race	* U.S. Citizen	** Marital Status	Social Security number	School currently attending
1)			SELF						
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									

\*If not a U.S. citizen, but are a legal U.S. resident, write individual's alien registration number ("A" number).

\*\*Marital Status: S = Single, M = Married, SE = Separated, D = Divorced

### B. SEPARATED/DIVORCED

Please list spouse or ex-spouse information

Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)	Divorced? YES/NO	Year Separated
1)			
2)			

# Annual Re-certification Application Form (page 2)

C. ABSENT PARENT(S) Please list absent parent(s) information for any of the children above.			
Child Name(s)	Absent Parent Name	Last Known Address	Any contact with absent parent? YES/NO
1)			
2)			
3)			

D. STUDENT STATUS Please list all adult household members who are attending college or vocational school. • OFFICIAL SCHOOL TRANSCRIPTS WILL BE REQUIRED				
Student Name	Part time or Full time Student?	School Name and Address	Financial Aid Amount	Type of Degree
1)				
2)				
3)				
4)				

Property owner / tenant relationship	YES/NO
Are you or any person residing in the household related to the owner of the property where you reside? If yes, explain the nature of the relationship in detail _____	

## SECTION II – HOUSEHOLD INCOME

Please answer each question below. You MUST disclose ALL sources of income for ALL people residing in your household.

Since completing your last housing certification has your income or employment status changed? \_\_\_\_\_  
If you answered "yes", explain in detail including date(s) of change(s): \_\_\_\_\_

A. SSI / PENSION / OTHER BENEFITS			YES/NO
Do you or any household member(s) receive Social Security/SSI benefits (including outside of U.S.)			
Do you or any household member(s) receive pension, retirement benefits, or an annuity? (including from outside of the United States)			
Do you or any household member(s) receive unemployment benefits or disability benefits? (including from outside of the United States)			
Name of Household Member	Monthly/weekly amount	Name & address of Agency/Office	

B. EMPLOYMENT				YES/NO
Do you or any household member(s) receive full/part-time, seasonal job earnings or severance pay?				
Do you or any household member(s) receive cash, tips, or bonuses?				
Do you or any household member(s) receive military or reserve pay?				
Are you or any household member(s) self-employed?				
Do you or any household member receive income from ANY other source not listed above? If yes, list below				
Name of Household Member	Monthly Gross Pay	Name and Address of Employer	Start date	

## Annual Re-Certification Application Form (page 3)

<b>C. PUBLIC ASSISTANCE BENEFITS</b>		<b>YES/NO</b>
Do you or any household member(s) receive cash aid, welfare, food stamps, or other public assistance?		
Do you or any household member(s) receive adoption or foster care payments?		
Do you or any household member(s) receive in-home care for another person?		
Do you or any household member(s) receive transportation reimbursement?		
Name of Household Member	Monthly Amount	Type of Benefit

<b>D. CHILD SUPPORT OR ALIMONY BENEFIT(S)</b>		<b>YES/NO</b>
Do you or any household member(s) have an open child support case with a court?		
Do you or any household member(s) receive child support office payments?		
Do you or any household member(s) receive child support /alimony directly from an absent parent/spouse?		
Does the absent parent purchase items for child(ren) such as clothing, food, formula, diapers, etc?		
Name of Child	Absent Parent/Spouse name and Address	Monthly Amount Cash Value of Purchases, clothing, food, formula, etc

<b>E. CONTRIBUTIONS</b>		<b>YES/NO</b>
Does anyone outside your household give you money or pay your bills(s) for you?		
Does anyone outside your household buy you supplies such as groceries, car payment, rent, etc?		
Does any organization help you pay a bill or expense?		
If you answered yes, please explain in detail:		

<b>F. FEDERAL INCOME TAX (including Guam Department of Revenue and Taxation)</b>		<b>YES/NO</b>
Did you or any household member(s) file a federal or Guam income tax return in the last 12 months?		
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT to file a tax return?		
Were you or any household member(s) claimed as a dependent on someone else's taxes?		
Name of Household Member	TAX YEAR	Reason taxes not filed Name of Person claiming family member as dependent

### SECTION III – ASSETS

Please answer each question below. If you answer "YES" please fill out information below for the household member(s) with that asset(s).

<b>A. ACCOUNT INFORMATION</b>		<b>YES/NO</b>
Do you or any household member(s) have a savings or checking account? (including outside of U.S.)		
Do you or any household member(s) have stocks, bonds or certificate of deposit (CD)? (including outside of the U.S.)		
Do you or any household member(s) have a money market fund/trust fund? (including outside of the U.S.)		
Do you or any household member(s) have a retirement, 401K, federal Thrift Savings Plan (TSP), IRA or Keogh account? (including outside of the U.S.)		
Name of Household member	Company/Bank Name	Type of Account Account Number



## Annual Re-Certification Application Form (page 4)

<b>B. PROPERTY</b>			YES/NO
Do you or anyone in your household own or have an interest in commercial or residential real estate or mobile home?			
Have you or anyone in your household sold any real estate in the last two years?			
Name of Household member	Type of Asset	Value	

<b>C. LUMP SUM INCOME</b>			YES/NO
Did you or any member of your household receive a large sum of money from any source within the last 12 months?			
Name of Household member	Amount	Date	Type of Income

### SECTION IV – VEHICLES AND CREDIT CARDS

Please answer each question below. If you answer "YES" please fill out information below for the household member(s).

<b>A. VEHICLES BEING USED BY YOUR HOUSEHOLD</b>					YES/NO
Do you or any household member have a vehicle(s) registered to him/her?					
Do you or any household member have use of any vehicle(s) that is not registered to him/her?					
Name of Registered Owner	Make and Model of Vehicle	Year	License Plate Number	Monthly Payment	

<b>B. CREDIT CARDS AND LOANS</b>					YES/NO
If you need additional space to answer the question, you may use another sheet of paper and attach it to this form.					
Do you or any household member have a Visa, Master Card, Discover, or American Express?					
Do you or any household member have a department store, furniture store, or jewelry store account?					
Do you or any household member have an auto loan, bank loan, credit union loan, home loan, or personal loan?					
Name of household member	Creditor/Bank Name	Account balance	Delinquent or in collections?	Monthly payment	

### SECTION V – EXPENSES

Please answer each question below. If you answer "YES" please fill out information below for the household member(s) with that expense(s).

<b>A. CHILD CARE EXPENSES</b>				YES/NO
Do you pay childcare for a child 12 and under to go to work or to school?				
Do you pay for care equipment for a household member with a disability for you to go to work?				
If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Name of child or disabled member	Monthly Child care	Child care providers name	Name of Agency if paid by an agency	

<b>B. MEDICAL EXPENSES</b>		YES/NO
Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months?		
If yes, how much \$		

## Annual Re-Certification Application Form (page 5)

C. HOUSEHOLD EXPENSES					
<ul style="list-style-type: none"> <li>List the MONTHLY average amount ALL household members pay for each of the following.</li> <li>If the expense does not apply to you write NO or NONE. Do not leave any spaces blank</li> </ul>					
Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$
TOTAL MONTHLY EXPENSES			\$		

### SECTION VI – SUPPLEMENTAL INFORMATION

Please answer each question below for every person residing in your household. If you answer "YES" please fill out information below for that household member(s).

A. HOUSEHOLD INFORMATION	YES/NO
1) Is there a household member(s) claiming a disability? If yes, please explain any requested accommodation(s):	
2) Is any household member temporarily absent from the home? Away at school or military service, etc.	
3) Has any household member been out of the subsidized unit for more than 30 consecutive days in the past 12 months?	
4) Does any household member have any minor children that do not live in the home? If yes, please explain:	
5) Are you or anyone residing in your household currently or ever been on parole or probation?	
6) Have you or anyone residing in your household ever been cited, arrested, charged, or convicted of ANY crime (misdemeanor and felony) other than traffic violations? If yes, list in detail ALL incidents, regardless of date of offense:	
7) Are you or anyone residing in your household subject to registration as a sex offender? If yes, list name of registrant and complete address where currently registered:	
8) Have you or anyone residing in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the United States Social Security Administration? If yes, please give name(s) and/or Social Security number(s), including those issued by another country:	
9) Have you ever received or lived in any other assisted housing elsewhere? If yes, list in detail date(s) and location(s):	
10) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? If yes, list date and all details:	
11) Does anyone not listed as a household member on this certification receive mail at your residence or claim it as their residence on ANY legal document (driver's license, vehicle registration, government assistance benefits, school, sex offender registration, probation, parole, tax forms, police reports, work, etc.) or to ANY government entity? If yes, list name of person(s) and actual address where they reside.	

## Annual Re-Certification Application Form (page 6)

B. CONTACTS Please list information below for two relatives or friends who generally know how to contact you.			
Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	
Address		Address	
City/State/Zip		City/State/Zip	

### SECTION VII – CERTIFICATION OF AFFIDAVIT

I/We have received, read, and understood a copy of the Statement of Family Obligations. I/We hereby certify that I/we understand my/our responsibilities to the Guam Housing and Urban Renewal Authority and I/we further acknowledge and understand that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

In addition, I/We understand that ALL changes in the income of ANY member of the household MUST be reported to the Guam Housing and Urban Renewal Authority IN WRITING within TEN (10) days of occurrence. Also I understand that the Guam Housing and Urban Renewal Authority must approve ANY additional household members BEFORE they move in. The head of household must request in writing to add or to remove any member.

(ALL adult household members must initial that they have read and understand the above statements.)

**WARNING** Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States.

**MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF GUAM.**

I/We hereby certify under penalty of perjury that all of the information contained in this certification (including any documents provided in support of this certification) is true and correct. I/We understand and acknowledge that making false statements on this certification (or any documents provided in support of this certification) is a crime under federal and Guam code annotated laws, which may result in termination from the program and criminal prosecution.

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date

**\*\*\*\*If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family\*\*\*\***

Name	Relationship to Family	Date
------	------------------------	------

Housing Specialist signature	Date
------------------------------	------

Housing Authority Date Stamp

# Reporting Change in Family Income or Contact Information Form

## REPORTING CHANGE IN FAMILY INCOME OR CONTACT INFORMATION

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

NAME OF CASEWORKER: \_\_\_\_\_

I am a current participant of the Section 8 Housing Choice Voucher Program and I am reporting the following change(s):

**1. Change of Household income:**

- A. \_\_\_\_\_ My family's household income has decreased due to:
- a. Loss of employment of household member
    - Name of household member who is working: \_\_\_\_\_  
(Please attach a copy of personnel action or termination letter.)
  - b. Loss of public assistance or social security benefits  
(Please attach DPSS certification or Social Security letter regarding of loss benefits.)
  - c. Loss of supplemental support from family member
    - Name of family member who was providing supplemental support: \_\_\_\_\_  
(Please attach notarized statement of discontinued support from family member.)
- B. \_\_\_\_\_ My family's household income has increased due to:
- a. Recent employment of household member
    - Name of household member who is working: \_\_\_\_\_  
(Please attach a copy of VOE and/or check stubs.)
  - b. Receiving public assistance or social security benefits
    - Name of household member receiving benefits: \_\_\_\_\_  
(Please attach copy of DPSS certification or Social Security benefit letter.)
  - c. Receiving supplemental support from a family member or members
    - Name of household member providing supplemental support: \_\_\_\_\_  
(Please attach notarized statement of supplemental support.)

**2. Change of contact information:**

A. My mailing address has changed:

New address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

B. My telephone number(s) has changed:

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_  
Signature/Date

CR12/13/16

## Change in Family Composition (cover page)



# GHURA

Guam Housing and Urban Renewal Authority  
Aturidat Ginima' Yan Rinueban Siudad Guahan  
117 Bien Venida Avenue, Sinajana, GU 96910  
Phone: (671) 477-9851 • Fax: (671) 300-7565 • TTY: (671) 472-3701



### FILING A CHANGE IN FAMILY COMPOSITION

The program requires that you report any changes to your family size within 10 days. Failure to comply with this requirement could result in the termination of your family's assistance. To add or remove a family member, please read and follow the instructions below:

#### 1. Instructions for **ADDING** a family member:

- a. The head of household **must** read and complete form A "Request to add a family member"; (please do not leave anything blank)
- b. You **must** also complete all required documents which are enclosed with this packet:
  - o Form HUD-9886 Authorization for the Release of Information /Privacy Act
  - o Form HUD-52675 Debts Owed to Public Housing and Agencies and Terminations
  - o Verification Consent Form
  - o Declaration of Section 214 Status
  - o Section 8 Statement of Family Obligation
- c. You **must attach copies** of the following applicable documents for each member being added to the household.
  - ✓ Birth certificate
  - ✓ Social Security card
  - ✓ A valid picture identification card (18 years and older)
  - ✓ Employment verification, check stubs (if applicable)
  - ✓ Public assistance information (SNAP, MIP, TANF, etc.)
  - ✓ Student verification (if full time student 18 -23 years old)
  - ✓ Social Security benefit letter (if applicable)
  - ✓ Other proof of income source(s)(income tax return , inheritance, pensions, etc.).

Failure to accurately complete and provide all required documents may delay processing of your request. With the exception of a child from birth, please do not move any members into your home without GHURA's consent. If you do, this will be considered an "unauthorized tenancy" and your family's housing assistance may be terminated.

#### 2. Instructions for **REMOVING** a family member:

- ✓ Complete form B "Request to remove a family member".
- ✓ Submit a written statement (Part II of form B) of your reason for removing the family member and provide their new home address.
- ✓ You **MUST** notify landlord of the removal of household member and landlord **MUST** sign form B.

**WARNING:** Making false statement on this document is considered **FRAUD** and may result in **TERMINATION** from the program and **CRIMINAL PROSECUTION**.

GHURA does not discriminate against persons with disabilities.  
The Chief Planner has been designated as Section 504 Coordinator.

Adding a Family Member (Form A)

ADDING A FAMILY MEMBER  
FORM A

Participant Information:

Name of Participant under Section 8: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Contact no: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Name of Housing Specialist: \_\_\_\_\_

Information about the Family Member to be added:

Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ currently employed: Yes \_\_\_ No \_\_\_

Name of Employer or Company: \_\_\_\_\_

Full time: \_\_\_ or Part time \_\_\_ Hourly wage \_\_\_\_\_

Number of work hours per week \_\_\_\_\_ are you a full time student? Yes \_\_\_\_\_ No \_\_\_\_\_

List of income other sources:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name of education institution attending: \_\_\_\_\_

Are you a person with a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ Would you be requiring some form of reasonable accommodation due to disability? Yes \_\_\_\_\_ No \_\_\_\_\_; if yes, please explain what type of accommodation you will need: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any departments or agency of the United States.

I/We hereby certify under penalty of perjury that all of the information contained in this form A (including all documents provided in support of this certification) is true and correct. I/We understand and acknowledge that making false Statements on this form (or any documents provided in support of the information provided in this form) is a crime under the federal and Guam code annotated laws, which may result in termination from the program and criminal prosecution.

\_\_\_\_\_  
Print Name and Sign

\_\_\_\_\_  
Date

# Removing a Family Member (Form B)

## REMOVING A FAMILY MEMBER FORM B

Request (today's) Date: \_\_\_\_\_

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

Name of Housing Specialists (caseworker): \_\_\_\_\_

Contact no: \_\_\_\_\_ email address: \_\_\_\_\_

Unit address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

### Information about the family member being removed from the household:

Name of Household member(s)

Being removed from the lease: 1. \_\_\_\_\_

2. \_\_\_\_\_

Move-out date: \_\_\_\_\_ Reason for removal: \_\_\_\_\_

New unit and mailing address: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any departments or agency of the United States.

I/We hereby certify under penalty of perjury that all of the information contained in this form B is true and correct. I/We understand and acknowledge that making false Statements on this form is a crime under the federal and Guam code annotated laws, which may result in termination from the program and criminal prosecution.

\_\_\_\_\_  
Print Name of Head of Household and Signature

\_\_\_\_\_  
Date

### Landlord acknowledgement:

By signing below, I hereby certify that I am aware of my tenant's change of household composition and that I will ensure that the family continues to abide by the requirements of the lease in accordance with Section 8 program.

\_\_\_\_\_  
Print Name and signature

\_\_\_\_\_  
Date

# Debts Owed to PHA Form (page 1)

OMB No. 2577-0266 Expires 10/31/2019



## 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 recordkeeping 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 10/31/2019.

#### 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.

08/2013

Form HUD-52675



## 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.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <b>Debts Owed to PHAs &amp; Termination Notice:</b></p>	
	<p>Signature Printed Name</p>	<p>Date</p>

# Preliminary Clearance Form



## GHURA

Guam Housing and Urban Renewal Authority  
Aturidat Ginima' Yan Rimueban Suidat Guahan  
117 Elen Vensida Avenue, Sinajana, Guam 96910  
Phones: (671) 477-9851 to 4 Fax: (671) 472-7565 TTY: (671) 472-3701



### SECTION 8 HOUSING ASSISTANCE PROGRAM

Date: \_\_\_\_\_  
Voucher #: \_\_\_\_\_  
Caseworker: \_\_\_\_\_

The family headed by \_\_\_\_\_ has indicated a desire to:

- ☐ transfer to another ☐ complete termination from the program ☐ annual recertification  
☐ other \_\_\_\_\_

Expiration date of lease: \_\_\_\_\_

In order to consider the family's request to move, we ask that you complete this clearance form. This form must be submitted no later than \_\_\_\_\_ (Tenant's date of appointment). This is a preliminary form to enable us to work with the family in clearing outstanding obligations by the expiration date of the lease with you.

Failure to complete this form within the prescribed time period can be construed to mean that there are not outstanding obligations due from the family.

Sincerely,

Section 8 Representative

### PRELIMINARY CLEARANCE

Our records indicate that a security deposit in the amount of \$\_\_\_\_\_ was required.

#### PLEASE CHECK OFF THE APPROPRIATE BOX BELOW:

- ☐ Security Deposit collected ☐ Security Deposit not collected

The following clearance is noted:

- ☐ The family has no outstanding obligations nor damages.  
☐ The family has the following clearances to make:  
☐ Unpaid **rent** in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ month(s)  
☐ Unpaid **power bills** in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ month(s)  
☐ Unpaid **water bills** in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ month(s)

#### DAMAGE(S)

	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

Print / Signature of Landlord / Representative

Date

#### CERTIFICATION AND ACKNOWLEDGMENT BY FAMILY:

##### CHECK APPROPRIATE BOX BELOW:

- ☐ I agree with the Landlord's findings and understand that failure to clear any and all obligations noted on this form by \_\_\_\_\_ may result in the termination of all housing assistance payments.  
☐ I do not agree with the Landlord's findings and wish to appeal all charges contained within this clearance form.

I understand also that my continued participation under the Section 8 Housing Assistance Program is further subject to the final clearance to be submitted upon expiration of the existing lease.

Print / Signature (Head of Household)

Date

GHURA does not discriminate against persons with disabilities.  
The Chief Planner has been designated as Section 504 Coordinator.  
The Coordinator can be contacted at the above address and telephone numbers.



*"Home sweet home. This is the place to find happiness. If  
one doesn't find it here, one doesn't find it anywhere."*

*by M. K. Soni*

## Appointments

Name of Housing Specialist: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Appointment	Reason