



EQUAL HOUSING
OPPORTUNITY

RANDOLPH TERRACE APARTMENTS

SALEM SDB HOUSING CORP.

#1 New York Ave.

Salem, WV 26426

Ph: 304-782-3618 Fax: 304-782-3087

A **\$25.00** Application Fee will be charged to each applicant upon receipt of Application.

We do Credit, Criminal and Personal background checks on each applicant.

You may leave your Application in the large gray box, but a check or money order for the application fee must accompany it, before it will be processed. *NO CASH IN BOX PLEASE!*

You may also stop by our office at any time during regular business hours to drop off your Application and fee. We accept Cash, Check or Money Order.

If you have any questions, please feel free to call or stop by our office.

Thank you,
The Staff of Randolph Terrace Apts.

*Randolph Terrace Apts. (Salem SDB Housing Corp.)
#1 New York Ave.
Salem, WV 26426
304-782-3618 Phone 304-782-3087 Fax*

Dear Applicant,

Thank you for your interest in Randolph Terrace Apartments! Attached is the application packet, which you must complete and return, along with the application fee, to be considered for tenancy. You will find several forms and informational fact sheets, as well as the application.

Please complete the application and forms and return the packet to the management office. If you have any questions or require help in completing these forms, please feel free to contact the office during regular business hours at (304)782-3618.

After the application has been returned and all necessary checks have been done, you will be contacted to set up an interview with management. At that time, you will be given a letter with the necessary information you need to bring with you to the interview. Please be sure to give the address where you get your mail and a phone number where you can be reached &/or receive voicemails on the application!

If an appropriate apartment is not available for you at the time, you will then be placed on a waiting list. You must contact our office every 6 months to tell us that you wish to remain on the waiting list. You must also contact the office to report any information changes that you provided on the application. Failure to keep our office contacted will result in your application being removed from our waiting list. It is your responsibility to verify that all information that you have given on any form is correct, if not, it should be brought to the attention of management.

If you are denied housing, you will be notified in writing to the address provided on your application.

I have read and understand these application instructions. I understand that I must update this application every 6 months in order to remain eligible for an apartment. I understand that I must immediately report any change in information provided on the application. I understand that I can make these updates either in person at the office or by telephone. I understand that there is a Tenant Selection Policy (TSP) posted in the office for review which is available to me upon request.

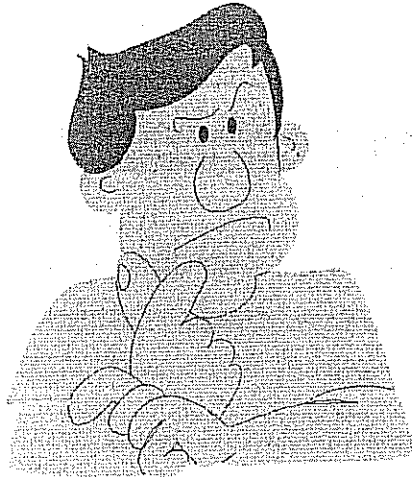
Signature of Head of Household

Date

Signature of Co-Head of Household

Date





APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...
IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

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

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
 - 10% of the family's monthly income
 - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU should know

If You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons."



What income information is in EIV and where does it come from?

- The Social Security Administration;
- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

- The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH);
- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you reapply for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
 - correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

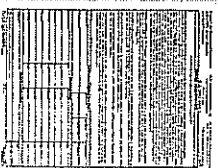
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

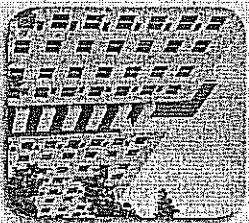
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/sgm/rftv/hlp/eiv/ehome.cfm.



JULY 2009

Randolph Terrace Apts.
 #1 New York Ave.
 Salem, WV 26426

Application for Admission &
 Rental Assistance

rev. 3/2018

Applicant Name (Head of Household): _____
 Current Address: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____

1. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each person to the Head of Household. (Include Foster children, Foster Adults & Live-In Care Attendants)

Person #	First Name	Middle Initial	Last Name	Relation to HOH	Birth Date	Age	Sex	Social Security #
HEAD								

2. Is any household member, over the age of 18, a full-time student? Yes No
 If "yes", please give name: _____
3. **Race of Household:** Please check one. (This information is optional and used for statistical purposes only)
 White Black or African American American Indian/Alaska Native Asian
 Native Hawaiian or Other Pacific Islander Other
4. **Ethnicity of Head of Household:** Check one. (For statistical purposes only)
 Hispanic or Latino Not-Hispanic or Latino
5. Does anyone live with you who is not listed above? Yes No
6. Does anyone plan to live with you who is not listed above? Yes No
7. If "yes" to questions #5 and #6, please explain: _____

8. Could your household benefit from a wheelchair accessible unit? Yes No
9. Please identify any special housing needs that your household may have: _____

10. Have you or any member of your household ever been convicted of a criminal offense?
 Yes No
11. Do you or any member of your household currently have any criminal charges pending which have not yet been resolved? Yes No
12. If the answer is "yes" to either #10 &/or #11, please provide details: _____

13. Do you own a vehicle? Yes No
 Make: _____ Model: _____ Color: _____
 License Plate #: _____ Drivers License #: _____



14. Are all members of your household U.S. Citizens? Yes No
15. Have all male members of your household complied with the Selective Service Act? ("The Draft")
 Yes No

Assets

1. List all checking & savings accounts (including Money Market funds, IRA's, etc.) of all household members. **This information will be verified with your banking institution at a later date.*

<u>PERSON #</u>	<u>BANK NAME</u>	<u>TYPE OF ACCOUNT</u>	<u>ACCOUNT #</u>	<u>BALANCE</u>

2. List the value of all assets, including cash held, stocks, bonds, trusts, pensions, whole life insurance policies, equity in rental property or other capital investment, real estate, or any other assets owned by any household member. Also identify any assets held jointly with other persons. _____

3. List the value of any assets (including cash as a gift) disposed of for less than their fair market value during the past two years: _____

Expenses

1. Do you have expenses for child care of a child aged 12 or under? Yes No
If "yes", what is the unreimbursed weekly cost to you for child care? _____
**A form will be given to you to verify this information with your child care provider.*
2. Do you pay for a care attendant (or live in aide) or for any equipment for any handicapped or disabled household member(s) so that person or someone else in the household can work?
 Yes No If "yes", what is the unreimbursed weekly cost to you for the aide or equipment?

**A form will be given to you to verify this information with your child care provider.*

62 Years of age or Older or Disabled

1. Do you have Medicare? Yes No If "yes", what is the monthly premium? _____
2. Do you have any other kind of medical insurance? Yes No If "yes", what is the monthly premium amount? _____
3. Do you have outstanding medical bills? Yes No
4. Do you have any other out of pocket medical expenses? Yes No

**All of the above information will be verified at a later date.*



Income & Asset Information

Please answer the following questions. Does any member of your household?.....

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work Full-time, part-time, or seasonally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays you cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive workers compensation benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Now receive or expect to receive child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Entitled to child support that he/she is not now receiving? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Now receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have an entitlement to receive alimony that is not currently being received? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Now receive or expect to receive public assistance such as TANF? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Now receive or expect to receive Social Security benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Now receive or expect to receive SSI, disability, Black Lung, VA, etc? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Now receive or expect to receive income from a pension, annuity, or retirement fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Now receive or expect to receive regular monetary gifts or non-cash contributions from organizations or from individuals not living in the unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Now receive or expect to receive income from assets including interest on checking or savings accounts, interest & dividends from certificates of deposit, stocks or bonds or income from rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Own real estate or any assets for which you receive no income (checking account, cash, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you sold or given away real property or other assets (including home, cash, certificates of deposit, etc.) in the past two (2) years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Do you or any household member have a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Now receive or expect to receive any lump sum payments, such as inheritance, lottery winning, insurance settlement, capital; gains, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Now receive or expect to receive income from any other source? |

NAME	SOURCE/TYPE OF INCOME	MONTHLY INCOME	ANNUAL INCOME



Personal

Please provide two (2) names, addresses and working phone numbers of two people who know you well. You may not provide names of family or members of your current household.

1. _____

2. _____

Please provide a name, address and working phone number of your nearest relative not living with you.

Relationship: _____ Phone number: _____
Address: _____

Employment History

**For Head of Household:*

Current Employer (Company): _____
Address: _____
Phone number: _____
Supervisor or HR contact: _____
How long have you been employed there?: _____

**For Co-Head of Household*

Current Employer (Company): _____
Address: _____
Phone number: _____
Supervisor or HR contact: _____
How long have you been employed there?: _____

**An employment verification form will be given to you to be filled out to verify the above information directly with the employer.*

Previous Rental History

1. Have you lived or are you currently living in a federally subsidized housing unit? Yes No
 Currently Formerly
If "Yes":
Name of Complex: _____
Address of Complex: _____
Phone number: _____
Name of Manager: _____
How long have you/did you live there?: _____
Reason for leaving?: _____

2. Please provide the name and addresses for two (2) former landlords. If you have never rented before, please check the box and move on to the next question.

I have never rented before and did not have a landlord.

1. Name and Address of Landlord (& Complex if appropriate): _____

Phone number: _____

Reason for leaving: _____

2. Name and Address of Landlord (& Complex if appropriate): _____

Phone number: _____

Reason for leaving: _____

3. If different from above, for verification purposes, please provide your last two (2) mailing addresses.

I do not have any previous addresses

#1 Address: _____

#2 Address: _____

4. Have you or the co-head of your household ever been evicted from any housing? Yes No
If "yes", please explain: _____

**A Landlord verification will be completed at a later date.*

Advertising

How did you hear about Randolph Terrace Apartments?

A current or former resident? Who?: _____

Facebook

Our Website

Social Service Agency

Online search

Other Please identify: _____

Other Information:

Is there anything that you would like the staff of Randolph Terrace Apartments to know about you, your co-head of household or any member of your household, that is not listed above? _____



Randolph Terrace Apts.
#1 New York Ave.
Salem, WV 26426

Application for Admission &
Rental Assistance

rev. 3/2018

Applicant Certification

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize Management to verify any &/or all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we understand that information about me/us may be collected from any public domain source, i.e. the internet. I/we understand that by signing below, gives Management the right to seek information from any Federal, State or local law enforcement agency. I/we certify that the statements made in this application are true and complete, to the best of my/our knowledge and belief. I/we understand that making false statements or providing false information is punishable under Federal law. I/we understand that making false statements or providing false information can result in rejection of my/our application or termination of my/our lease at the time the false information or statement is discovered.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Signature of Management

Date

The following is for office use only:

Date Received: _____
Time Received: _____
Number of Bedrooms: _____



**Randolph Terrace Apts.
CRIMINAL RECORD VERIFICATION**

Date: _____

Dear Applicant:

Federal law requires us to verify certain information about all members of households living in or applying for admission to our development, who are 18 years of age or older. Specifically, we wish to avoid admitting a household member who is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any persons listed below. If you have any questions, please call the office 304-782-3618.

Using the numbers below, please indicate whether any household members have been arrested for or convicted of any crimes relating to the following:

- | | |
|--------------------------------------|--|
| 1. Homicide/Murder | 6. Drug Trafficking/Use/Possession/Manufacture |
| 2. Rape or child molesting | 7. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny/Theft | 8. Public Intoxication./Drunk & Disorderly |
| 4. Threats or Harassment | 9. Receiving Stolen Goods |
| 5. Destruction of Property/Vandalism | 10. Fraud |
| 6. Assault or fighting | 12. Prostitution |
| | 13. Disorderly conduct |

Household Member Names	S.S #	D.O.B.	Crime(s)#	Status/Disposition

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____



*Randolph Terrace Apts.
#1 New York Ave.
Salem, WV 26426
304-782-3618 phone 304-782-3087 fax*

September 30, 2009

Addendum to Application

Is the applicant or any other member of the applicant's household subject to a **Lifetime State Sex Offender Program**, in any state?

Circle One:

YES NO

Failure to respond to the question may jeopardize the approval of the application.

Applicant, Head of Household

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

Family/Name Change

Randolph Terrace Apts.
#1 New York Ave.
Salem, WV 26426

Family / Name Change

- 1. Have you or any member of your family, immediate or extended, ever lived at Randolph Terrace Apartments? If yes, please list all and your relationship:

- 2. Have you ever lived at Randolph Terrace under a different name, either through marriage, divorce or legal name change? If yes, please list that name:

Previous States/County Lived

For screening purposes, please list any state that you yourself and/or any member of your household have resided. If possible, also include the county in that state.

1.	_____	_____	_____
	Name of household member	Past State	County
2.	_____	_____	_____
	Name of household member	Past State	County
3.	_____	_____	_____
	Name of household member	Past State	County
4.	_____	_____	_____
	Name of household member	Past State	County
5.	_____	_____	_____
	Name of household member	Past State	County



Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



Owners Notice No. 1 For an Applicant Family

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.

Each family member (including you) listed on the Family Summary Sheet must complete a ****Citizenship**** Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the ****Citizenship**** Declaration. The ****Citizenship**** Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each ****Citizenship**** Declaration.

Submit the Family Summary Sheet, the ****Citizenship**** Declarations, and any other forms and/or evidence to the name and address listed below:

Randolph Terrace Apartments
Rental Office
#1 New York Ave.
Salem, WV 26426

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact **The Manager 304-782-3618**. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the ****Citizenship**** Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

RTA 5/16

Citizenship Declaration

INSTRUCTIONS: THE FOLLOWING FORM IS TO BE FILLED OUT BY THE HEAD OF HOUSEHOLD AT THE TIME OF APPLICATION. UPON MOVE IN, ONE WILL BE FILLED OUT FOR EACH ADDITIONAL FAMILY MEMBER.

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION	
<p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
_____ Signature	_____ Date
Check if adult signed for a child: _____	

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

RANDOLPH TERRACE APARTMENTS GRIEVANCE POLICY

Individuals Receiving Services

Any person who is a tenant or has applied for housing at Randolph Terrace Apartments is entitled to file a grievance or complaint at any time. A "grievance" can stem from a denial of housing, discriminatory action, a violation of policy, or disagreement with the decision of management.

a. Response/Staff

Grievances should initially be brought to the attention of staff through an informal process. All efforts will be made by the Randolph Terrace Manager and Social Worker to mediate a discussion around an individual's concerns. All parties involved should be given the opportunity to have their concerns heard in a respectful and appropriate manner, without fear of adverse impact on the housing provided. Discussions arising from complaints or grievances will not be used as basis for terminating an individual from housing provided by Randolph Terrace.

b. 2nd Response/Board of Directors

If a resolution is not reached or if the individual is not satisfied with the outcome of the discussion, the individual can then submit a written grievance to this office, which will then be submitted at the next scheduled Board of Directors meeting. At that time the Board will discuss it and give management further instruction on how to proceed and if necessary schedule an interview. The individual will be notified in writing of the decision.

c. 3rd Response/WVHDF Office

In the event an individual is still not satisfied with the outcome of both above grievance procedures, they may then address their concerns with the WVHDF office.

5710 MacCorkle Ave. S.E.

Charleston, WV 25304

800-933-1272

www.wvhdf.com

RANDOLPH TERRACE APARTMENTS
1 NEW YORK AVENUE
SALEM, WV 26426
PH # 304-782-3618 FAX # 304-782-3087

REV: 03/2018

LEASE ATTACHMENT NO. 3 HOUSE RULES:

ATTACHMENT TO APPLICATION & /OR MOVE-IN PACKET

PEST DECLARATION

I, the applicant/tenant, am not bringing into the Randolph Terrace Apartments, used furniture, that could potentially be infested with pests.(ie roaches, bed bugs, fleas, etc.)

I, the applicant/tenant, will not bring used furniture into the complex at any time during my tenancy. I understand that if I do so and an infestation occurs, I am responsible for the cost of treatment and a possible eviction.

I, the applicant/tenant, will allow the staff of Randolph Terrace Apartments to inspect my furniture before move in, if necessary, to determine that I am not bringing pests into the complex.

X _____

HEAD OF HOUSEHOLD

X _____

DATE

X _____

CO-HEAD OF HOUSEHOLD

X _____

DATE

If a pest inspection was required before move in: (STAFF ONLY)

X _____

RTA STAFF

X _____

DATE

FINDINGS:

APPROVED FOR MOVE-IN: (CIRCLE) YES OR NO

Equal Employment & Housing Opportunity



EQUAL HOUSING OPPORTUNITY



SERVICE DOG, EMOTIONAL & THERAPY ANIMALS & SMALL PETS POLICY

REV.3/2018

A service dog, emotional or therapy animal, is not a pet. It is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support. While providing reasonable accommodations for those tenants in need of such an animal(s), Randolph Terrace also has a responsibility to the remainder of the community. Therefore, there is a policy for such animals.

Applicant,

Thank you for applying to Randolph Terrace Apts. Above is the definition of a service dog, emotional or therapy animal. If you are already in possession of such an animal, you will need to fill out the information below and sign. Once you have proceeded to the next step in the move-in process for Randolph Terrace Apts., you will receive the full written policy and forms to be completed. If you would like, you may request it beforehand.

1. What type of the above animal(s) do you have? _____
2. How many? _____

Small Pets

Randolph Terrace does allow **small pets**, such as fish, birds, hamsters and guinea pigs. However, there is a limit and rules. Also the office must be notified ahead of time.

1. No limit on fish. But aquariums must be kept clean and free of odor.
2. The limit on all other small animals is 2 max for each.
3. No snakes allowed.
4. Any other small animal requests must be given to the office for approval and will be granted upon Manager approval.

1. What type of animal(s) do you have? _____
2. How many? _____

I, the applicant, have one of the above animals and understand that I will be subject to the Policy and Procedures associated with having said animal. I understand that information must be provided to Management before move in is completed and I understand that there are rules to having an animal.

Applicant Signature

Date