



Partners in Housing
Partners in Community

Housing Choice Voucher Moving Packet

You have decided to move from your current home. To move, please complete the following steps:

1. Complete the documentation in this packet. When completing the Intent to Vacate form, the landlord must complete their section or verification of proper notice included as outlined in the form.
2. Gather copies of current income, assets, and expenses. These documents must be dated within the last 60 days.
3. Review the Moving Orientation power point located on our website. Once reviewed, sign the Family Obligation form.
4. Upload this completed packet, your income, asset, and expense verifications, and the signed Family Obligation form on the portal.
5. Your Occupancy Specialist will issue your voucher and RFTA through the portal. Sign and return the voucher as instructed. When you find a home you wish to rent, email the RFTA to the landlord. When they complete their part, it will come back to you to review and sign. Once you sign, it will be submitted to your Occupancy Specialist for processing.

If you are porting out of Lorain County, please complete steps 1-4. Contact your Occupancy Specialist to advise what county you wish to port to. Please provide the Housing Authority name, phone number, and email address.



Partners in Housing Partners in Community

This notice must be returned to the Raise Up office before the last day of the month. Raise Up will not approve the Notice of Intent to Vacate if it is received with less than a 30-day notice.

Participant Name			
Email Address			
Contact Phone Number			
Current Address			
	City:	Zip:	
Last Month to Occupy Unit	Month:	Day:	
Are you requesting to port to another PHA?	Yes	No	

As a participant, I agree to the following:

1. Raise Up will stop payments to the owner for the last day of the month indicated above.
2. I am responsible for paying my portion of rent through the last date indicated above.
3. Notification to Raise Up by the owner that I have outstanding rent, utilities, or damages may be delay or prevent me from receiving housing assistance.
4. I must complete the forms contained in the moving packet and provide updated verification of income, asset, and expenses.
5. I may be terminated from the program for non-compliance if I fail to fulfill my family obligations as stated on the Housing Choice Voucher Program or as stated in the Administrative Plan.
6. If I chose to cancel my move from the above unit, I must submit a written letter to my Occupancy Specialist at least five (5) days before the above mentioned move out date.
7. If I stay in the property after this date, I am responsible for all payments to the owner. Raise Up is not responsible for payment to the owner if I stay beyond the move out date listed above.
8. If at any time during the move process, Raise Up determines I am no longer in good program standing, the unit transfer may be delayed until my program status concern is resolved or cancelled if I am no longer a participant on the HCV program.

Participant Signature _____

Date _____

To Be Completed By The Landlord:

**If the landlord is unable to be contacted to complete this form, a certified notice may be sent. Please include a copy of this with your moving packet submission. If a landlord provides legal notice that you are not in good standing, this may delay your move until the issue is resolved.

Landlord Name: _____

Phone Number: _____

	Yes	No	If yes, the following documents will be forwarded to Raise Up within 10 days:
Participant owes outstanding rent			
Participant has outstanding utilities			
Participant owes for damages			

Landlord Signature: _____

Date: _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

THIS FORM MUST BE SIGNED BY **ALL ADULTS** WHO WILL LIVE IN YOUR HOUSEHOLD

I have applied for or am a resident/participant of Raise Up. Raise Up may use this authorization and the information obtained with it to administer and enforce program rules and policies for federally assisted housing.

I authorize the release of any information, including documentation and other materials pertinent to eligibility for, and/or participation under the following programs:

HCV (SECTION 8) ASSISTANCE PAYMENTS PROGRAM LOW-INCOME RENTAL PUBLIC HOUSING

Inquiries may be made about any of the following:

Child Care Expenses	Handicapped Assistance
Credit History	Health Care Expenses/Insurance
Criminal Activity	Identity and Marital Status
Education	Residences and Rental History
Employment, Income, Pension, Assets	Social Security Numbers
Family Composition	Unemployment income
Federal, State, Tribal or Local Benefits	Worker's compensation income
Utility expense	

I agree that photocopies of this authorization may be used for the purposes stated above.

I, therefore, respectfully request that you furnish to Raise Up any information requested and hereby release you from any and all liability of damages for providing such information.

****This authorization shall expire twelve (12) months from date of signature****

Print Name_____

Head of household Signature_____Date _____

Print Spouse's Name_____

Spouse's Signature_____Date _____

Print Other Adult's Name_____

(Includes boyfriend/girlfriend, child over 18, etc)

Other Adult's Signature_____Date _____

Please contact me if you need assistance to understand this document.

Por favor, póngase en contacto conmigo si necesita ayuda para entender este documento.



Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):Raise Up, 1600 Kansas Avenue, Lorain,
Ohio 44052

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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Fourteen Day Reporting Notice

I have been informed that I must report to the Housing Choice Voucher Program (HCVP) Office in writing, within fourteen (14) business days, any changes for any household member. Examples of such changes are changes in income or income sources, name changes, changes in student status, and changes in family composition. I understand that these are examples of changes that may occur and that my obligation to report all changes is not limited to the items listed in these examples.

I further understand that my failure to report any changes could result in termination of my HCVP assistance.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Raise Up

APPLICATION AND PERSONAL DECLARATION FORM / SOLICITUD Y FORMULARIO PARA DECLARACIÓN PERSONAL (Autoridad Metropolitana de Vivienda de Lorain)

1600 KANSAS AVE., LORAIN, OHIO 44052

Phone/ Teléfono: (440) 288-1600

PRINT clearly in ink. All questions must be answered in your own hand writing. Must provide valid address and phone number. Use correct legal name, for all, as it appears on the Social Security card(s). All adult members must sign below certifying the information pertains to them. 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). / **ESCRIBE, en letra de molde, claramente en tinta. Todas las preguntas deben ser respondidas escritas en su propia mano. Debe proporcionar una dirección y un número de teléfono válidos. Utilice su nombre legal correcto, para todos, tal como aparece en la(s) tarjeta(s) del Seguro Social. Todos los miembros adultos deben firmar a continuación para certificar que la información les pertenece.** Las respuestas proporcionadas en este documento se utilizan para determinar su elegibilidad para los beneficios de asistencia de alquiler subsidiados a través del Departamento de Vivienda y Desarrollo Urbano (HUD) de EE. UU.

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and/or EVICTION from your housing and criminal prosecution. / **ADVERTENCIA:** Hacer declaraciones falsas en este documento se considera FRAUDE y puede resultar en la TERMINACIÓN del programa y / o la EVALUACIÓN de su vivienda y enjuiciamiento penal.

HEAD OF HOUSEHOLD/ JEFE DE HOGAR:

Last Name/ Apellido	First Name/ Primer Nombre	Cell Phone Number/ Número teléfono Móvil ()
Street Address/ Dirección: nombre de calle Apt Number/ Número de apartamento		Home Phone Number/ Número teléfono Residencial ()
City, State, and ZIP/ Ciudad, Estado y Código Postal	E-Mail Address/ Correo Electrónico	
Please indicate with a "Yes" or "No" if Raise Up may contact you by the following methods? / ¿Por favor indique con un "Si" o "No" si Raise Up puede comunicarse con usted por estos siguientes métodos? Cell phone/ Telf. Móvil: _____ Home Phone/ Telf. Residencia: _____ Work Phone/ Telf. Trabajo: _____ Email: _____		

SECTION I – HOUSEHOLD INFORMATION/SECCIÓN I – INFORMACIÓN SOBRE EL HOGAR

A. FAMILY HOUSEHOLD COMPOSITION: List Head of Household first; then oldest to youngest, of persons who will live in your household. / COMPOSICIÓN DEL HOGAR DE LA FAMILIA: Primero enumere al jefe de familia; luego de mayor a menor, las personas que vivirán en su hogar.

Full Name/ Nombre Completo	Age/ Edad	Birthdate/ Fecha Nacimiento mm/dd/yy mm/dd/aaaa	Relationship to Head of Household/ Relación con Jefe de Familia	Sex/ Sexo M/F	Race/ Raza – Please use codes below/ Por favor use los códigos indicado abajo 1- White/ Blanca 2- Black/ Negra 3- American Indian/ Nativo Americano 4- Asian/ Asiático 5- Multi-Racial	Ethnicity/ Etnicidad 1- Hispanic/ Hispano 2- Non-Hispanic/ No Hispano	Marital Status/ Estado Civil S=Single/ Soltero M=Married/ Casado SE=Separate d/ Separado D=Divorced/ Divorciado	Social Security Number/ Número de Seguro Social
1)			SELF/ USTED					
2)								
3)								
4)								
5)								
6)								

7)								
8)								
9)								

Is anyone in the household **PREGNANT?**/ ¿Hay alguien **EMBARAZADA** en su hogar? **Yes/ Sí** **No**

If yes, who is pregnant?/ Si es “sí, ¿quién está embarazada? _____

Due Date/ Fecha para parto: _____

B. SEPARATED/DIVORCED List spouse or ex-spouse information if applicable. <u>IF THIS DOES NOT APPLY WRITE N/A ON LINES 1 THROUGH 2.</u> SEPARADO/DIVORCIADO Anote la información del Ex cónyuge si es aplicable. <u>SI ESTO NO APLICA, ESCRIBA “N/A” EN LÍNEAS 1 Y 2</u>			
Spouse/Ex-spouse Full Name/ Conyuge /Excónyuge nombre completo	Last Known Address/ Última dirección conocida (If unknown, write city and/or state)/ (Si se desconoce, escriba ciudad y / o estado)	Divorced?/ ¿Divorciado?	Year Separated/ Año separados
1)		YES/ SÍ NO	
2)		YES/ SÍ NO	

D. STUDENT STATUS. List all household member(s), who are attending school of any kind. *OFFICIAL SCHOOL TRANSCRIPTS MAY BE REQUIRED. IF THIS DOES NOT APPLY WRITE N/A ON LINES 1 THROUGH 6. / SI ESTO NO APLICA ESTADO DEL ESTUDIANTE Enumere a todos los miembros del hogar que asisten a la escuela de cualquier tipo. * SE PUEDEN REQUERIR TRANSCRIPCIONES OFICIALES DE LA ESCUELA. SI ESTO NO APLICA ESCRIBA “N/A” EN LAS LÍNEAS 1 A 6				
Student Name/ Nombre del Estudiante	Part time or Full time Student?/ ¿Estudiante a tiempo completo o tiempo parcial?	School Name and Address/ Nombre y Dirección de la escuela	Is Financial Aid received? If yes, give amount./ Recibe asistencia financiera? Si es sí, indique la cantidad.	Grade Level/ Nivel de grado
1)				
2)				
3)				
4)				
5)				

SECTION II – HOUSEHOLD INCOME Please answer all questions below. / **SECCIÓN II - INGRESOS DEL HOGAR:** Favor Responda a todas las preguntas a continuación.

DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE / ¿USTED O CUALQUIER MIEMBRO DEL HOGAR RECIBEN :	CIRCLE ONE / CIRCULE UNO
Social Security/SSI/SSDI benefits? / ¿Beneficios del Seguro Social / SSI / SSDI?	YES/ SI NO
A pension, retirement benefits, or an annuity? / ¿Una pensión, beneficios de jubilación o una anualidad?	YES/ SI NO
Any other disability benefits? / ¿Algún otro beneficio por discapacidad?	YES/ SI NO
Work full or part-time? / ¿Trabaja a tiempo completo o parcial?	YES/ SI NO
➤ If “yes,” do you have health insurance premiums deducted from your paychecks? / En caso de “sí”, ¿tiene las primas de seguro médico deducidas de sus cheques de pago?	YES/ SI NO

Cash, tips, or bonuses? / ¿Efectivo, propinas o bonificaciones?	YES/ SI	NO
Military or reserve pay? / ¿Pago militar o de la Reserva?	YES/ SI	NO
Self-employment income? / ¿Ingresos de negocio propio?	YES/ SI	NO
➤ If “yes,” did you file a federal income tax return in the last 12 months? / En caso de “SI”, ¿presentó una declaración de impuestos federales sobre los ingresos en los últimos 12 meses?	YES/ SI	NO
Unemployment benefits? / ¿Beneficios de desempleo?	YES/ SI	NO
Cash aid, welfare, food stamps, or other public assistance? / ¿Ayuda monetaria, asistencia social, cupones de alimentos u otra asistencia pública?	YES/ SI	NO
➤ If “yes,” in which county? / Si es “SI”, ¿en qué condado?		
Adoption or foster care payments? / ¿Adopción o pagos o de hogar de cuidado de crianza?	YES/ SI	NO
In-home care for another person? / ¿Atención domiciliaria para otra persona?	YES/ SI	NO
Transportation reimbursement? / ¿Reembolso de transporte?	YES/ SI	NO
Have an open child support case with a court that you are ordered to receive payments? / ¿Tiene un caso abierto de sustento de menores con un tribunal que le ordena recibir pagos?	YES/ SI	NO
➤ If “yes,” in which county? / Si es “SI,” ¿en qué condado?		
Child support office payments? / ¿Pagos de la oficina para la manutención de menores?	YES/ SI	NO
Child support/alimony directly from an absent parent/spouse? / ¿Manutención infantil / pensión alimentaria directamente de un padre / cónyuge ausente?	YES/ SI	NO
Clothing, food, formula, diapers, etc. for a child from an absent parent? / ¿Ropa, comida, fórmula, pañales, etc. para un niño de un padre ausente?	YES/ SI	NO
Money or help to pay a bill for you from someone outside of your household? / ¿Dinero o ayuda para pagar una factura de alguien fuera de su hogar?	YES/ SI	NO
Supplies such as groceries, household items, etc. from anyone outside of your household? / ¿Suministros como comestibles, artículos para el hogar, etc. de alguien fuera de su hogar?	YES/ SI	NO
Money from an organization help you pay a bill or expense? / ¿El dinero de una organización lo ayuda a pagar una factura o gasto?	YES/ SI	NO
A large sum of money from any source in the past 12 months? / ¿Una gran suma de dinero de cualquier fuente en los últimos 12 meses?	YES/ SI	NO
Electronic income (such as Uber, Lyft, Uber Eats, Etsy, YouTube, Facebook marketplace, etc.) / ¿Ingresos electrónicos (como Uber, Lyft, Uber Eats, Etsy, YouTube, Facebook marketplace, etc.)?	YES/ SI	NO
If you answered “YES” to any question above, please fill out information below for the household member(s) who receives this income(s). / Si respondió “SI” a alguna de las preguntas anteriores, complete la información a continuación para los miembros del hogar que reciben estos ingresos.		
Name of Household Member/ Nombre del miembro del hogar	Monthly/weekly amount / Cantidad mensual / semanal	Name & address of Agency/Office/Employer / Nombre y dirección de la agencia / oficina / empleador

SECTION III – ASSETS / SECCIÓN III - ACTIVOS

DO YOU OR ANY HOUSEHOLD MEMBER HAVE OR RECEIVE/¿USTED O CUALQUIER MIEMBRO DEL HOGAR TIENE O RECIBE:		CIRCLE ONE/ CIRCULE UNO	
A savings or checking account? / ¿Una cuenta de ahorro o corriente?		YES/ SI	NO
Stocks, bonds, or certificate of deposit (CD)? / ¿Acciones, bonos o certificado de depósito (CD)?		YES/ SI	NO
A retirement, 401K, federal thrift savings plan (TSP), IRA, or Keogh account? / ¿Una cuenta de jubilación, 401K, plan de ahorro de ahorro federal (TSP), IRA o Keogh?		YES/ SI	NO
Life insurance (whole, term, etc.)? / ¿Seguro de vida (entero, plazo, etc.)?		YES/ SI	NO
A money market fund or trust fund? / ¿Un fondo del mercado monetario o un fondo fiduciario?		YES/ SI	NO
Ownership or have an interest in commercial or residential real estate or a mobile home? / ¿Es propietario o tiene interés en bienes raíces comerciales o residenciales o en una casa móvil?		YES/ SI	NO
Have sold any real estate or disposed of any assets for less than fair market value in the last two years? / ¿Ha vendido bienes inmuebles o a enajenado activos por menos del valor justo de mercado en los últimos dos años?		YES/ SI	NO
If "YES", please fill out information below for the household member(s) with that asset(s). / Si es "SI", complete la información a continuación para los miembros del hogar con ese (esos) activo(s)			
Name of Household member / Nombre del miembro del hogar	Amount / Cantidad	Date / Fecha	Type of Asset / Tipo de Activo

SECTION IV – VEHICLES / SECCIÓN IV - VEHÍCULOS

	CIRCLE ONE / CIRCULE UNO
Do you or any household member have a vehicle(s) registered to him/her? / ¿Usted o algún miembro de su hogar tiene un vehículo registrado?	YES/ SI NO
Do you or any household member have use of any vehicle(s) that is not registered to him/her? / ¿Usted o algún miembro de su hogar utiliza algún vehículo que no esté registrado para él / ella?	YES/ SI NO

SECTION V – EXPENSES / SECCIÓN V – GASTOS

A. CHILD CARE EXPENSES / GASTOS DE CUIDADO INFANTIL			CIRCLE ONE / CIRCULE UNO
Do you pay childcare for a child 12 and under to go to work or to school? / ¿Paga cuidado de niños para niños de 12 años o menos para ir a trabajar o a la escuela?			YES/ SI NO
Do you pay for care equipment for a household member with a disability for you to go to work? / ¿Paga por el equipo de cuidado para un miembro del hogar con una discapacidad para que pueda ir a trabajar?			YES/ SI NO
Is the childcare expense paid for by an agency or by another person outside of your household? / ¿Los gastos de cuidado de niños son pagados por una agencia u otra persona fuera de su hogar?			YES/ SI NO
If you answer "YES" please fill out information below for the household member(s) with that expense(s). / Si responde "SI", complete la información a continuación para los miembros del hogar con esos gastos.			
Name of child or disabled member / Nombre del niño o miembro discapacitado	Monthly Child care / Cuido de niños mensual	Child care providers name & address / Nombre y dirección de proveedores de cuidado infantil	Name of Agency if paid by an agency / Nombre de la agencia si paga una agencia

B. MEDICAL INFORMATION AND EXPENSES (This section is for Elderly or Disabled Households only.) / INFORMACIÓN Y GASTOS MÉDICOS (Esta sección es solo para hogares de ancianos o discapacitados).		CIRCLE ONE / CIRCULE UNO
Does any household member anticipate having out of pocket medical expenses from a pharmacy in the next 12 months? If yes, see below / ¿Algún miembro del hogar prevé tener gastos médicos de su bolsillo en una farmacia en los próximos 12 meses? Si es SI, vea a continuación:		YES/ SI NO
If "YES" list name and address of pharmacy / Si el nombre de la lista "SI" y la dirección de la farmacia:		
Is any household member making monthly payments on outstanding hospital or doctor bills? / ¿Algún miembro del hogar está haciendo pagos mensuales por facturas pendientes de hospital o médico?		YES/ SI NO
If "YES" list the name of hospital and/or the name and address of the doctor(s) / Si es "SI" anote el nombre del hospital y / o el nombre y la dirección de los médicos:		

C. ACCOMMODATION NEEDS / NECESIDADES DE ALOJAMIENTO		CIRCLE ONE / CIRCULE UNO
Does anyone in your household have a disability ? / ¿Alguien en su hogar tiene una discapacidad?		YES/ SI NO
If "YES" will the household member(s) need any of the following / Si es "SI" los miembros del hogar necesitan alguno de los siguientes: _____unit for a vision impairment / unidad para una discapacidad visual _____unit for a hearing impairment / unidad para una discapacidad auditiv _____additional bedroom / dormitorio adicional _____unit with no stairs, elevator acceptable/unidad sin escaleras, ascensor acceptable _____grab bars in bathroom / barras de apoyo en el baño _____ unit with no stairs, elevator unacceptable / unidad sin escaleras, ascensor inacceptable _____ other / otro: _____ _____No accommodation needed at this time / No se necesita alojamiento en este momento If you need an accommodation, please detail what accommodation your situation requires such as a ramp for a wheel chair, grab bars, special smoke detectors, etc. / Si necesita un alojamiento, detalle qué alojamiento requiere su situación, como una rampa para una silla de ruedas, barras de apoyo, detectores de humo especiales, etc.: _____		
Will you or any household member require a "Live In Aide" to assist you? / ¿Usted o algún miembro de su hogar requerirá un "Asistente conviviente" para ayudarlo?		YES/ SI NO
If "YES" , please provide the name and address of your doctor / Si es "SI", proporcione el nombre y la dirección de su médico:		
If you have a disability, service animals are permitted and are not considered "pets". Will you be registering a companion animal? If "YES" please provide the name, address, and statement from your doctor/counselor verifying the need. / Si tiene una discapacidad, los animales de servicio están permitidos en las viviendas y no se consideran "mascotas". ¿Registrará un animal de compañía? Si es "SI", proporcione el nombre, la dirección y la declaración de su médico / consejero que verifique la necesidad.		YES/ SI NO

D. HOUSEHOLD EXPENSES / GASTOS DEL HOGAR

- List the MONTHLY average amount **ALL** household members pay for each of the following. **DO NOT LEAVE ANY SPACES BLANK.** / Indique el monto promedio MENSUAL que TODOS los miembros del hogar pagan por cada uno de los siguientes. **NO DEJE NINGÚN ESPACIO EN BLANCO.**

Rent / Alquiler	\$	Car payment / Pago del auto	\$	Loan payment / Pago de préstamo	\$
Gas	\$	Gasoline for car / Gasolina para el auto	\$	Credit cards / Tarjetas de crédito	\$
Electricity / Electricidad	\$	Car insurance / Seguro de auto	\$	Life insurance / Seguro de vida	\$
Water / Agua	\$	Car maintenance / Mantenimiento del auto	\$	Medical bills / Facturas médicas	\$
Trash & Sewer / Basura y alcantarilla	\$	Public transportation / Transporte público	\$	Medical insurance / Seguro médico	\$
Cable/Internet	\$	Childcare / Cuido de niños	\$	Groceries/Food * / Comestibles / Alimentos *	\$
Home Phone / Teléfono de casa	\$	Cell phone / Teléfono móvil	\$	Other/Personal Spending / Otros / gastos personales	\$

**TOTAL MONTHLY EXPENSES/
TOTAL GASTOS MENSUALES**

\$

**Exclude Food
Stamps/ Excluir
cupones de alimentos*

SECTION VI – SUPPLEMENTAL INFORMATION / SECCIÓN VI – INFORMACIÓN COMPLEMENTARIA

Please answer each question below. If you answer “YES” please fill out information below for that household member(s). / Por favor conteste cada pregunta a continuación. Si responde “SI”, complete la información a continuación para ese miembro de la familia.

	CIRCLE ONE / CIRCULE ONE
1) Is any household member temporarily absent from the home? (Ex: away at school or military service, etc.) / ¿Hay algún miembro del hogar ausente temporalmente del hogar? (Ej: atendiendo de la escuela o Servicio Militar, etc.) Is any household member temporarily absent from the home? (Ex: away at school or military service, etc.)	YES/ SI NO
2) Does any household member have any minor children that do not live in the home? / ¿Algún miembro del hogar tiene hijos menores que no vivan en el hogar?	YES/ SI NO
➤ If yes, please explain / Si es “SI”, favor explique:	
3) Is any household member a veteran? / ¿Algún miembro del hogar es veterano?	YES/ SI NO
➤ If yes, please list the name of the veteran. / Si es SI, por favor escriba el nombre del veterano.	

4) Have you or anyone in your household <u>ever</u> used any name(s) or Social Security number(s) other than the one you currently use? (Maiden Name, Married Name, etc.) / ¿Alguna vez, usted o alguien en su hogar ha usado algún nombre o número de Seguro Social que no sea el que usa actualmente? (Nombre de soltera, nombre de casada, etc.)	YES/ SI NO
➤ If yes, please give name(s) and/or Social Security number(s) / En caso afirmativo, proporcione nombre (s) y / o número (s) de Seguro Social:	
5) Do you currently or have you ever lived in any assisted/subsidized housing? / ¿Actualmente o alguna vez ha recibido o vivido en una vivienda asistida / subsidiada?	YES/ SI NO
➤ If yes, list in detail date(s) and location(s) / En caso afirmativo, enumere en detalle la(s) fecha(s) y ubicación(es):	
6) Does anyone residing outside of your household receive mail at your residence or claim it as their residence on ANY legal document (driver's license, government assistance benefits, school, tax forms, vehicle registration, work, etc.) / Alguien que reside fuera de su hogar recibe correo en su residencia o lo reclama como su residencia en CUALQUIER documento legal (licencia de conducir, beneficios de asistencia gubernamental, escuela, formularios de impuestos, registro de vehículos, trabajo, etc.)?	YES/ SI NO
➤ If yes, list name of person(s) and actual address where they reside / Si es SI, indique el nombre de la (s) persona (s) y la dirección real donde residen.	
7) List all states in which you or any household members have resided / Anote todos los estados en los que usted o cualquier miembro del hogar haya residido:	

B. CONTACTS/ CONTACTOS Please list information below for two relatives or friends who generally know how to contact you. / Indique a continuación la información de dos familiares o amigos que generalmente saben cómo contactarlo.			
Name / Nombre		Name / Nombre	
Relationship / Relación		Relationship / Relación	
Phone Number / Número teléfono		Phone Number / Número teléfono	
Address / Dirección		Address / Dirección	
City/State/Zip / Ciudad/Estado/Zip		City/State/Zip / Ciudad/Estado/Zip	

_____ I hereby authorize Raise Up to leave a message /
 Por la presente autorizo a Raise Up a dejar un mensaje

_____ I hereby authorize Raise Up to leave a message /
 Por la presente autorizo a Raise Up a dejar un mensaje

_____ I hereby authorize Raise Up to discuss my application process with/ Por la presente autorizo a Raise Up a discutir mi proceso de solicitud con _____

SECTION VII – CERTIFICATION OF THE FAMILY/ SECCIÓN VII - CERTIFICACIÓN DE LA FAMILIA

I/We hereby certify that I/we understand my/our responsibilities to Raise Up 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. I/We hereby swear and attest under penalty of perjury that all of the information contained in this document is true and correct. / Por la presente, certifico que yo / nosotros entendemos mis / nuestras responsabilidades ante la Raise Up y yo / nosotros también reconocemos y entendemos que mi / nuestra asistencia de vivienda puede ser terminada y / o enfrentar un enjuiciamiento penal si yo / nosotros los violamos. Yo / Nosotros juramos y atestiguamos bajo pena de perjurio que toda la información contenida en este documento es verdadera y correcta.

I understand that ALL changes in the income of ANY member of the household MUST be reported to Raise Up within 10 days of occurrence. Also Raise Up 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. / Entiendo que TODOS los cambios en los ingresos de CUALQUIER miembro del hogar DEBEN ser reportados a la Autoridad de Raise Up dentro de los 10 días posteriores a la ocurrencia. Además, la Autoridad de Vivienda Raise Up debe aprobar CUALQUIER miembro adicional del hogar antes de mudarse. El jefe del hogar debe solicitar por escrito agregar o eliminar a cualquier miembro.

WARNING Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8). / **ADVERTENCIA** El Título 18, Sección 1001 del Código de los Estados Unidos establece que una persona es culpable de un delito grave por hacer declaraciones falsas o fraudulentas a sabiendas y de buena gana a cualquier departamento del Gobierno de los Estados Unidos. HUD y cualquier propietario (o cualquier empleado de HUD o el propietario) pueden estar sujetos a sanciones por divulgaciones no autorizadas o usos indebidos de la información recopilada en base al formulario de consentimiento. El uso de la información recopilada en base a este formulario de verificación está restringido a los fines citados anteriormente. Cualquier persona que a sabiendas o voluntariamente solicite, obtenga o divulgue cualquier información bajo pretensiones falsas sobre un solicitante o participante puede estar sujeta a un delito menor y una multa de no más de \$5,000. Cualquier solicitante o participante afectado por la divulgación negligente de información puede entablar una acción civil por daños y buscar otra reparación, según corresponda, contra el funcionario o empleado de HUD o el propietario responsable de la divulgación no autorizada o uso indebido. Las disposiciones sobre sanciones por mal uso del número de seguro social están contenidas en la Ley del Seguro Social en 208 (a) (6), (7) y (8). La violación de estas disposiciones se cita como violaciones de 42 U.S.C. Sección 408 (a) (6), (7) y (8).

Signature of Head of Household Firma del Jefe de Hogar	Date Fecha	Signature of Spouse Firma del/la Conyugue	Date Fecha
Signature of Other Adult in the Household Firma de otro adulto en el hogar	Date Fecha	Signature of Other Adult in the Household Firma de otro adulto en el hogar	Date Fecha

******If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family**** / ***** Si tiene alguien fuera de su hogar que lo ayude a completar este formulario, proporcione su nombre y su relación con su familia *******

Name / Nombre	Relationship to Family / Relación con la Familia	Date / Fecha
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Raise Up Signature	Date
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