

# HOUSING CHOICE VOUCHER PROGRAM

## LOGAN CITY AND BEAR RIVER REGIONAL HOUSING AUTHORITY

### Information for Housing Applicant

**The Housing Choice Voucher Program ( also known as Section 8) is a monthly rental assistance program.**

-The program does not own any housing. The participant must find their own housing that will work with the program.

-The Housing Choice Voucher Program is **not** an emergency program. There is a waiting list which can vary depending on the applicant's situation.

Please complete the attached Housing Choice Voucher application to apply and be considered to be placed on the waiting list. **When you return the application you must provide and attach the following:**

- The head of household name, date of birth, social security number and phone number.
- A physical address and a US Postal mailing address for head of household.
- List all other household members who will be living with the head when offered assistance.
- All sources of income for every person in the household.
- Proof of your physical address: Driver's license, utility bill, rental contract, or other official correspondence from a third party agency.

When you have completed the application you can submit it to the Housing Office by mail, drop box, (located at each office) or fax. We will time and date your application once it is received.

**\*\*You will then need to call and schedule an appointment to be placed on the waiting list.**

At that meeting we will go over any questions you may have.

**IMPORTANT: As you are on the waiting list you must report all household size, change of address, and income in writing within TEN (10) days of the change.** Thank you for your interest in the program, we look forward to assisting you.

**To schedule an appointment call Gavin Mikesell**, Housing Authority Case Manager for Box Elder County. Gavin is available at the Brigham Office Tuesday's from 8:00 am.-2:00 pm. The phone number is 435-723-1111. Monday, Wednesday, Thursday and F he can be reached at the Logan Office 8:00 am.-5:00 pm - 435-713-1413. His E-mail address is: [gavinm@brag.utah.gov](mailto:gavinm@brag.utah.gov) Fax number is 435-752-6962

Logan's Address is: 170 North Main St. Logan, Ut. 84321

Brigham City's Address is: 35 E 100 S Brigham City, Ut. 84302



# PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

## NAME AND MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

		Office Use Only.							
Received/ Revised	Unit Size	Preference							
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

### Part 1: Head of Household

Social Security Number \_\_\_\_\_

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

Sex  Female  Male

Home Telephone \_\_\_\_\_

Other Telephone \_\_\_\_\_

Other Telephone Type  Work  Other Specify: \_\_\_\_\_

E-mail Address \_\_\_\_\_

I would like to receive correspondence via e-mail.

Do you qualify for a reasonable accommodation due to a disability?  Yes  No

Ethnicity  
(Check One Box)

- Hispanic/Latino  
 Not Hispanic/Latino

OR

Race  
(Check All That Apply)

- White  
 Black/African American  
 American Indian/  
Alaska Native  
 Asian  
 Native Hawaiian/Other  
Pacific Islander

Racial and ethnic data for statistical purposes only.

### Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

# PRELIMINARY APPLICATION

## Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages List Address of Employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

## Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select each item that applies to your current status.

\_\_\_ Yes Is any adult household member 62 years old or older, and/or receiving long-term disability?

\_\_\_ Yes Is any adult household member, working or enrolled in school or an educational program?

\_\_\_\_\_ Enter the number of hours worked each week

\_\_\_\_\_ Enter the number of credits you are currently working towards

\_\_\_ Yes Is any adult household member currently serving, or has served in the US Armed Forces?

## Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_

\_\_\_\_\_ Date

Optional and Supplemental 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.

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

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

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.



The purpose of the FAST questionnaire form is to determine a family's eligibility and position on the waiting list. Each adult, 18 years and older, listed on your application must complete a FAST questionnaire form.

1. My name is \_\_\_\_\_; I am \_\_\_\_\_ years old.
  
2. I am attending a college or university. YES NO  
 If yes, name of school and address \_\_\_\_\_  
 Estimated graduation date \_\_\_\_\_ Number of credit hours taking this semester \_\_\_\_\_
  
3. I am attending an applied technology college or other vocation training. YES NO  
 If yes, name of school and address \_\_\_\_\_  
 Name of program \_\_\_\_\_ Months attended to date \_\_\_\_\_  
 Weekly classroom hours \_\_\_\_\_ Estimated graduation date \_\_\_\_\_
  
4. I am attending classes toward a high school diploma/GED. YES NO  
 If yes, name of school and address \_\_\_\_\_  
 Months participated to date \_\_\_\_\_ Classroom hours per week \_\_\_\_\_  
 Estimated graduation date \_\_\_\_\_
  
5. I am participating in an English as a Second Language program YES NO  
 If yes, name of school and address \_\_\_\_\_  
 Months attended to date \_\_\_\_\_ Classroom hours per week \_\_\_\_\_
  
6. I am employed YES NO  
 Company Name and Address \_\_\_\_\_  
 Years worked with company \_\_\_\_\_ Hours of work per week \_\_\_\_\_ Rate of Pay \_\_\_\_\_
  
7. I am self-employed YES NO  
 Type of business \_\_\_\_\_  
 Hours work per week \_\_\_\_\_ Annual gross income \_\_\_\_\_  
 Planned monthly withdrawals \_\_\_\_\_
  
8. I currently volunteer my time for community service YES NO  
 Organization name and address \_\_\_\_\_  
 Contact person name and phone number \_\_\_\_\_  
 Number of months worked \_\_\_\_\_ Hours work per week \_\_\_\_\_
  
9. I participate in a Drug or Alcohol treatment, after-care-prevention, or support program YES NO  
 Program name and address \_\_\_\_\_  
 Contact person name and phone number \_\_\_\_\_ Hours of participation per week \_\_\_\_\_  
 Months participated to date \_\_\_\_\_ Expected completion date \_\_\_\_\_

I swear that all information above is true, complete and correct. I agree that housing assistance may be denied or terminated if I have withheld or given false statements to the Housing Authority.

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

**\*OVER\*** Second adult can fill out FAST form on other side of paper

## FAMILIES ACHIEVING SUCCESS TOGETHER (FAST)

The purpose of the FAST questionnaire form is to determine a family's eligibility and position on the waiting list. Each adult, 18 years and older, listed on your application must complete a FAST questionnaire form.

1. My name is \_\_\_\_\_; I am \_\_\_\_\_ years old.
  
2. I am attending a college or university. YES NO  
If yes, name of school and address \_\_\_\_\_  
Estimated graduation date \_\_\_\_\_ Number of credit hours taking this semester \_\_\_\_\_
  
3. I am attending an applied technology college or other vocation training. YES NO  
If yes, name of school and address \_\_\_\_\_  
Name of program \_\_\_\_\_ Months attended to date \_\_\_\_\_  
Weekly classroom hours \_\_\_\_\_ Estimated graduation date \_\_\_\_\_
  
4. I am attending classes toward a high school diploma/GED. YES NO  
If yes, name of school and address \_\_\_\_\_  
Months participated to date \_\_\_\_\_ Classroom hours per week \_\_\_\_\_  
Estimated graduation date \_\_\_\_\_
  
5. I am participating in an **English as a Second Language** program YES NO  
If yes, name of school and address \_\_\_\_\_  
Months attended to date \_\_\_\_\_ Classroom hours per week \_\_\_\_\_
  
6. I am employed YES NO  
Company Name and Address \_\_\_\_\_  
Years worked with company \_\_\_\_\_ Hours of work per week \_\_\_\_\_ Rate of Pay \_\_\_\_\_
  
7. I am self-employed YES NO  
Type of business \_\_\_\_\_  
Hours work per week \_\_\_\_\_ Annual gross income \_\_\_\_\_  
Planned monthly withdrawals \_\_\_\_\_
  
8. I currently volunteer my time for community service YES NO  
Organization name and address \_\_\_\_\_  
Contact person name and phone number \_\_\_\_\_  
Number of months worked \_\_\_\_\_ Hours work per week \_\_\_\_\_
  
9. I participate in a **Drug or Alcohol treatment, after-care-prevention, or support program** YES NO  
Program name and address \_\_\_\_\_  
Contact person name and phone number \_\_\_\_\_ Hours of participation per week \_\_\_\_\_  
Months participated to date \_\_\_\_\_ Expected completion date \_\_\_\_\_

I swear that all information above is true, complete and correct. I agree that housing assistance may be denied or terminated if I have withheld or given false statements to the Housing Authority.

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

**\*OVER\*** Second adult can fill out FAST form on other side of paper

**Bear River Regional Housing Authority  
Section 8 Rental Assistance Program  
Applicant/Recipient Certification Statement**

- Applicant/recipient understands that all address changes, household size changes, and income changes, must be reported to the Housing Authority in writing within ten (10) days from the day the change takes place.

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- Applicant/recipient understands that cooperation with the Housing Authority is important and that all requested documents must be submitted to the Housing Authority within the ten (10) day given period. Failure to do so will be cause for denial/termination of housing assistance.

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- Recipient understands that while receiving housing assistance a thirty (30) day written move-out notice must be provided to the owner and a copy to the Housing Authority. The dwelling unit where the family is currently receiving housing assistance must be their primary place of residence until final date on move-out notice.

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- Applicant/recipient understands that past, present or future participation of illegal drug or violent criminal activity for either them, their household members or guests will be cause for denial/termination of housing assistance.

Please answer the following questions below **truthfully** and **correctly**. Any false information given will be cause for denial/termination of housing assistance.

- Have you or any of your household members been arrested for a drug or alcohol related crime? YES NO  
If yes, when? Disposition:
- Have you or any of your household members been arrested for a sexual offense? YES NO  
If yes, when? Disposition:
- Have you or any of your household members ever been arrested for a crime involving the use of a weapon, crime of violence, or other related incidents? YES NO  
If yes, when? Disposition:
- Have you or any of your household members ever been arrested for any other reason? YES NO  
If yes, when? Disposition:

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I, \_\_\_\_\_, representative of my household, have read the Housing Authority's policies as described above. My household members and I understand our obligations to the Housing Authority and will comply accordingly or our housing assistance may be denied/terminated. Furthermore, I certify that the questions regarding illegal drug or violent criminal activity have been answered truthfully and correctly. Any false or incomplete information I have provided for myself and household members will be cause for denial/termination of housing assistance.

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Signature of Application/Recipient

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Date

# Authorization for the Release of Information

Tenant ID \_\_\_\_\_

HA requesting release of information: \_\_\_\_\_

1/8/2021

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations. This consent form expires 15 months after signed.

Signatures:

_____	_____
Head of Household	Date
_____	_____
Social Security Number (if any) of Head of Household	
_____	_____
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
_____	_____
Other Family Member over age 18	Date

Document ID: \_\_\_\_\_

## Penalties for Misusing this Consent

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.