

## ANNUAL RECERTIFICATION PACKET

Carefully complete all enclosed forms and **attach required documents**. Review your packet to ensure all questions have been answered. For any questions you answered “**YES**”, you **must** submit backup documentation. Below is a list of acceptable documentation that you **must** submit. All back up documentation cannot be older than 60 days from your annual recertification letter.

**INCOME VERIFICATION:** Report all sources of income for **ALL** household members including, but not limited, to:

*Please note: Mesa Housing Authority may independently verify any information that you provide*

<b>Type of Income</b>	<b>What to send to Mesa Housing Authority</b>
<b>Employment/Job Training</b>	<ul style="list-style-type: none"> <li>The 4 most current and consecutive pay stubs.</li> <li>Payroll print-out.</li> <li>Letter from employer indicating hours worked weekly, and hourly pay.</li> </ul>
<b>Unemployment Benefits</b>	<ul style="list-style-type: none"> <li>Current Award Letter.</li> <li>Print out from Unemployment.</li> </ul>
<b>Cash Assistance (TANF)</b>	Most recent DES benefit letter.
<b>Social Security/SSI</b>	Most recent benefit award letter. 1-800-772-1213/www.ssa.gov
<b>Veterans (V.A.) Benefits</b>	Most recent benefit award letter. 1-800-827-1000
<b>Worker's Compensation</b>	A statement from Labor and Industries, insurance company, law firm, etc., which shows your awarded amount.
<b>Alimony</b>	A copy of the court order or a statement with the amount and frequency received in the last 12-months.
<b>Regular Contributions from Organizations or individuals</b>	Provide a statement from the organization or individual indicating amount received, name, address, and phone number
<b>Child Support</b>	<ul style="list-style-type: none"> <li>Print-out from Child Support Agency for the last 12 months, including dollar amount received.</li> <li>For support not paid through the Office of Support Enforcement, submit a statement from the person providing the support, including monthly amount, address, and phone number.</li> </ul>
<b>Checking/Savings Accounts</b>	All checking/savings accounts including IRAs, Keogh accounts, CDs and retirement/pension accounts.
<b>Income from assets</b>	Includes interest on checking/savings accounts, dividends from CDs, stocks or bonds
<b>Trust</b>	Verification from the trust administrator of the current value of the trust, the type of trust (irrevocable or revocable), and the date & type of any disbursements over the past twelve months.
<b>Self-Employment</b>	Complete a 'Self-Employment Certification' form. In addition, submit a copy of your most recent personal and business tax returns (including all pages).
<b>Student Status/Income</b>	All Adult household members (18+) currently enrolled in school. Verification of full- or part-time student status, tuition expenses, financial aid, scholarships, and /or grant income.



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 200 S Center Street – Building 1  
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**ASSETS:** Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposit (CD), IRAs, bonds, trust funds, stocks, 401k, insurance policies, equity in real property, or other financial investments. **Must provide most current statement for all assets.**

**Expenses:** Eligibility for expenses and what to submit:

<p><b>Medical Expenses</b>  <i>(insurance premiums, medications, etc.)</i></p>	<p><b>If the Head of household, co-head, or spouse are elderly 62 years or older and/or disabled</b>          Complete the enclosed Medical Expense Declaration form. Submit any unreimbursed medical expense(s) that you have paid out-of-pocket in the last 12-months.</p>
<p><b>Child Care</b></p>	<p><b>If you or an adult member of your household is employed or going to school and pay for childcare:</b>          Submit a statement from the Child Care provider for your out-of-pocket portion. We may contact the provider to verify your expenses.</p>
<p><b>Disability Assistance Expenses</b></p>	<p><b>If a member of your household (other than head or spouse) is disabled and you must pay for out-of-pocket expenses that are necessary to allow a family member to work:</b>          Provide verification of the type of expense and payments you have made for the last 12 months.</p>

**ALL FAMILIES – If the terms of the lease have changed, please provide us with a copy of the lease.**



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## ANNUAL RE-CERTIFICATION APPLICATION HOUSING ASSISTANCE PROGRAMS

**PLEASE COMPLETE THIS FORM ENTIRELY, ANSWER ALL QUESTIONS AND ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED TO SIGN**

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

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MESSAGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

**Begin with yourself.** List all persons who will be living in the unit and the relationship of each person to the Head of Household. Include live-in aides. (MUST complete entirely incl. birthdates, social security # & etc.)

MEMBER'S FULL NAME	RELATION TO HEAD	BIRTH DATE	Gender	LAST 4- SSN	Ethnicity	DISABLED	
						NO	YES
	<b>HEAD</b>			xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
				xxx-xx-	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		

Race of Head of Household Only: (check one – used for statistical purposes only)

White  
  Black/African American  
  Am. Indian/Native Alaskan  
  Asian  
  Pacific Islander/ Hawaiian

**Please Check Yes or No for each question**

No      Yes

1.    \_\_\_    \_\_\_    Do you plan on moving at the end of your current lease? If so, you must submit a Notice to Vacate, 30 – 60-days prior to move out to the Housing Office and Landlord.
2.    \_\_\_    \_\_\_    Do you speak any language other than English? If yes, explain:

Do you need an interpreter? \_\_\_\_\_

3.    \_\_\_    \_\_\_    Do you have a family member who is absent from the home? If yes, explain:

\_\_\_\_\_



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- No Yes**
4. \_\_\_ \_\_\_ Do you have a full-time, live-in aide to care for a disabled family member?  
 If yes, explain: \_\_\_\_\_
5. \_\_\_ \_\_\_ Has any member of the household had a change in citizenship or immigration status? If yes, explain: \_\_\_\_\_
6. \_\_\_ \_\_\_ Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? If yes, explain: \_\_\_\_\_
7. \_\_\_ \_\_\_ Has **any** member of the household been convicted for drug-related, violent or other criminal activity and/or any arrests for drug-related, violent or other criminal activity in the past 5-years? If yes, explain: \_\_\_\_\_

**UTILITY ACCOUNT INFORMATION**

- No Yes**
8. \_\_\_ \_\_\_ Are you responsible for the electricity bill in your unit? If yes, provide your account #: \_\_\_\_\_ SRP \_\_\_\_\_ City of Mesa \_\_\_\_\_

**INCOME INFORMATION**

**For ALL members of the Household, answer the questions below indicating the dollar amount received and frequency of payment:**

- No Yes**
9. \_\_\_ \_\_\_ Work full-time, part-time, seasonally?  
 1) WHICH FAMILY MEMBER? \_\_\_\_\_  
 Hourly amount: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_ Pay frequency: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_  
 2) WHICH FAMILY MEMBER? \_\_\_\_\_  
 Hourly amount: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_ Pay frequency: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_
10. \_\_\_ \_\_\_ Work for cash only? Which family member?  
 Employer's Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Hourly amount: \_\_\_\_\_  
 Weekly hours: \_\_\_\_\_ Pay frequency \_\_\_\_\_

- |     | <b>No</b> | <b>Yes</b> |  | <b>Dollar Amount</b> | <b>Frequency</b> |
|-----|-----------|------------|--|----------------------|------------------|
| 11. | ___       | ___        | Receive or expect to receive unemployment benefits?  | \$ _____             | _____            |
| 12. | ___       | ___        | Receive or expect to receive adoption or foster subsidy?   | \$ _____             | _____            |
| 13. | ___       | ___        | Receive or expect to receive child support?<br>State & Case #: _____   | \$ _____             | _____            |
| 14. | ___       | ___        | Receive or expect to receive alimony?<br>State & Case #: _____   | \$ _____             | _____            |
| 15. | ___       | ___        | Receive or expect to receive Cash Assistance (TANF)?<br><b>**do not list Food Stamps</b><br>Case Number: _____ | \$ _____             | _____            |



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- | No  | Yes |     | Dollar Amount  | Frequency             |
|-----|-----|-----|--|-----------------------|
| 16. | ___ | ___ | Receive or expect to receive Social Security or SSI or <u>Federal Disability Benefits</u> ?  | \$ _____              |
| 17. | ___ | ___ | Receive or expect to receive payments from a pension, annuity, or trust fund?<br>Name of Provider or Institution: _____                          | \$ _____              |
| 18. | ___ | ___ | Now receive any Military pay?  | \$ _____              |
| 19. | ___ | ___ | Are you an owner or co-owner in any Business or real estate? If yes, explain: _____  | \$ _____              |
| 20. | ___ | ___ | Does any person or agencies outside the household help pay for phone or utility bills, buy groceries for you, etc.? Who: _____<br>Address: _____ | \$ _____              |
| 21. | ___ | ___ | Receive income from the rent or sale or <u>any property</u> ?  | \$ _____              |
|     |     |     | <b>From Whom?</b>  | <b>Monthly Amount</b> |
| 22. | ___ | ___ | Does any member of the household receive any income/money/contribution not listed above?   | _____ \$ _____        |
|     |     |     | <b>Dollar Amount</b>   | <b>Frequency</b>      |
| 23. | ___ | ___ | Does any member of the household receive or expect to receive tribal income? Who? _____  |                       |
| 24. | ___ | ___ | Is any member of the household, over 18 years old, a full-time student?  |                       |

Name of Student	Name of School	Full time / Part time	Financial aid rec'd (grants, scholarships)

**ASSETS** List ALL checking/savings accounts for all household members (ex: IRAs, Keogh accounts, and CDs)

25.  No  Yes Does any member of your household have a Bank Account?

MEMBER NAME	BANK NAME	TYPE OF ACCOUNT	ACCT NUMBER	*BALANCE
				\$
				\$
				\$

\*\*Initial to certify that the current balance(s) listed above is true and accurate:

26.  No  Yes Receive income from assets including interest on checking/savings accounts, dividends, from certificates of deposit, stocks, or bonds?
27.  No  Yes Does any member of the household have any of the following?  
 Money Market Account       Trusts       IRA/KEOGH  
 Company Retirement Accounts       Stock, Bonds or Annuities       Other  
 If other, please explain: \_\_\_\_\_  
**If yes to any, you must provide most recent statements**



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**No Yes**  
 28.   Have you or any member of the household received any lump sum payments within the past 12 months, such as an Inheritance, Lottery Winnings, Insurance Settlements, etc.?  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

29.   **CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN MARKET VALUE**  
 Have you disposed of (sold or given away) any assets for less than fair market value in the past 2 years? If **YES**, list the item(s) and the value of any assets disposed of for less than fair market value during the past 2 years.  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPENSES**

**No Yes**  
 30.   Do you have expenses for childcare of a child aged 12 years or younger?  
 Provider's Full Name: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Out of Pocket Amount You Pay: \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly

31.   Do you pay a care attendant or for any equipment for any household member(s) with disabilities that allow that person or someone else in the household to work?  
 Attendant's Full Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 What is the cost for the attendant and/or equipment to you? \$ \_\_\_\_\_ per month

**List Contact Names, Addresses, and Phone Numbers of two (2) persons (not living with you).**

	<b>CONTACT A</b>	<b>CONTACT B</b>
Name:	_____	_____
Address:	_____	_____
City/State/Zip	_____	_____
Telephone:	_____	_____



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APPLICANT CERTIFICATION

By signing below, I/we certify that the information given to the City of Mesa Housing Authority (MHA) Housing Choice Voucher Program (HCV) of household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We also, give the MHA, permission to obtain or gather information pertaining to my household in order to continue assistance under the HCV program. I/We understand by giving my permission the MHA will obtain information necessary to complete my/our re-certification; verify previous or current employment; Internal Revenue Services, Veteran’s Administration, Bureau of Worker’s compensation or any other agency the MHA may use to verify income.

I hereby further authorize and request any and all agencies having information and/or records pertaining to the undersigned, to furnish full and complete information to any duly authorized representatives of MHA, who presents this authorization. I authorize any Law Enforcement Agency, Probation Office, Municipal court, Juvenile court, Doctors, Hospitals, Landlords-past and present, and Social Service Clearinghouse, with knowledge of my background, to freely furnish their reports, evaluations, and/or opinions to MHA for examination and reproduction.

I/We understand that all changes in household income, assets and/or composition must be reported to the housing agency office in writing within ten days of the occurrence. I/We understand that failure to provide true and complete information to the City of Mesa Housing Authority may result in the termination of my/our housing assistance.

I understand that if I should need further explanation of any or all of the items listed below, it is always available to me in our office and on the City of Mesa website https://www.mesaaz.gov/residents/housing.

- My responsibilities and Family Obligations under the HCV program (listed on my voucher);
The MHA Occupancy Standards;
Literature regarding VAWA;
What You Should Know about EIV/Debts Owed HUD Form;
Is Fraud Worth It;
And all other HUD regulations and MHA policies.

Penalties for Committing Fraud: I/We understand that false statements or information are punishable under Federal law (Section 1001 of Title 18 of the U.S. Code). If this personal declaration form contains false or incomplete information I may be:

- Terminated from further housing assistance
Required to repay all overpaid rental assistance received
Fined up to \$10,000
Imprisoned for up to 10 years in a federal penitentiary
Prohibited from receiving future housing assistance.

SIGNATURES:

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_
Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_
Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_
Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_
Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

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# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

**U.S. Department of Housing  
and Urban Development**

Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; <b>(Cross out space if none)</b> (Full address, name of contact person, and date)	IHA requesting release of information: <b>(Cross out space if none)</b> (Full address, name of contact person, and date)
CITY OF MESA HOUSING AUTHORITY 200 S CENTER STREET – BUILDING 1 PO BOX 1466 MESA, AZ 85211	<del>S</del>

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

In accordance with State and Federal Fair Housing laws, the City of Mesa Housing Authority (MHA) does not discriminate against any person due to disability. Upon request, the MHA provides auxiliary aids and services as well as reasonable accommodations that allow people with disabilities an equal opportunity to participate in and benefit from the MHA housing programs. However, services requested less than 48 hours in advance may not be able to be provided.

A reasonable accommodation is a modification or change to: 1) the owner's or the MHA's policies and procedures; or 2) a property owner's unit that would assist an otherwise eligible family with a member with a disability to fully participate in the Section 8 Housing Choice Voucher Program (HCV). Owners are legally obligated to permit reasonable accommodations.

If you or any member of your family has a disability, you may request a reasonable accommodation at any time during the application process or after admission to the program. If you do not request an accommodation, you are not required to disclose your disability to the MHA or the owner/landlord.

Examples of accommodations you may request from MHA include, but are not limited to:

- Arranging home visits for disable persons unable to come into the Housing office.
- Rescheduling appointments due to disability-related issues.
- Issuing assistance for an additional bedroom to accommodate special needs such as a live-in aide or for bulky medical equipment.
- Extending a voucher term if the participant has difficulty locating a unit due to a disability.
- Allowing a reasonable extension of time so that a person with disabilities can complete program requirements.
- Making an exception to Fair Market Rents or Voucher Payment Standards as allowed under HUD regulations.

A rental unit may be physically modified at the participant's expense. The owner may ask for verification that the requested modifications are necessary for a disabled family member to live in the unit. The owner may also require the renter to restore the premises to its original condition (reasonable wear and tear excepted) when the participant moves out and may collect a deposit to ensure that the restoration can be made.

Examples of accommodations that may be **permitted with owner's prior approval at participant's expense**, include, but are not limited to:

- Installation of grab bars, handrails, or level handles instead of "doorknobs".
- Modifying a unit to be wheelchair accessible. The client may also choose to move to a unit with existing built-in handicap accessible features.
- Allowing a qualified disabled family member to have a Service Animal where a "no pet" policy exists.
- Allowing an outside agency to assist a disabled client to meet the owner's lease agreement.

An applicant or participant family with a disabled member must be able to meet the essential obligations of both the HCV and the lease agreement with the owner. An applicant or participant may meet their obligations independently or with assistance from another person or agency.

**\*\* If you or a family member are a person with a disability and require a reasonable accommodation please contact our office and complete the Reasonable Accommodation Form.**



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## **IMPORTANT - PLEASE READ!**

The attached forms must be completed by those households where the Head of Household OR Spouse are disabled OR 62 years or older.

These forms will be used to verify expenses to all your medical providers. The City of Mesa Housing Authority is not requesting any information other than actual out-of-pocket medical expenses.

### **DIRECTIONS:**

#### **Form #1 - Medical Information Authorization Form**

Complete FORM and Sign

If there is more than one adult in the household who qualifies, you **MUST** request a second Medical Information Authorization Form.

#### **Form #2 - Medical Expenses Questionnaire**

List ONLY those medical providers you are currently making **REGULAR** payments to or **ANTICIPATE** making payments to during the next 12 months.

List ONLY those pharmacies that you visit on a **REGULAR** basis to obtain your **PRESCRIPTION** medications or you **ANTICIPATE** visiting during the next 12 months.

Do NOT list any medical provider or pharmacy that you **ARE NOT** currently seeing or making regular payments to or anticipate making payments to during the next 12 months.

Thank you for your cooperation,

*Mesa Housing Authority Staff*



mesaaz.gov

MS-9870
200 S Center Street – Building 1
P.O. Box 1466
Mesa, AZ 85211-1466
Office (480) 644-3536
Fax (480) 644-2923
Lobby Hours: Monday-Thursday 7:00 a.m.-5:30 p.m., closed Friday

If you are Disabled OR 62 years or older - Please Complete this form.

AUTHORIZATION FOR USE / DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

From: MESA HOUSING Authority, 200 S CENTER ST, BUILDING 1, PO BOX 1466, MESA, AZ 85211

The household member above has applied for or is receiving federal rental assistance. HUD requires that we verify information that is used in determining the household member's eligibility and rent.

We would appreciate your cooperation in answering the question on this form and returning it in the enclosed self-addressed envelope, or fax it to 480-644-2923. The household member has consented to the release of the information, as shown below.

HOUSEHOLD MEMBER RELEASE

I have the right to revoke this Authorization, in writing to the Provider listed above, at any time. The revocation is only effective after it is received and logged by the above-named Provider. Any use or disclosure made prior to a revocation is not included as part of the revocation.

The information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by the HIPAA privacy regulations. I may obtain a copy of the Notice of Privacy Practices from the Provider listed above.

My Authorization, or refusal to provide additional Authorization(s), does not affect my ability to obtain treatment from the provider listed above.

I certify that I am the patient identified above, or that I am a legal guardian, agent, representative, or executor of the patient, and will hold the above-mentioned provider and its affiliates and subsidiaries harmless from liability for their compliance with the provisions of this Authorization.

By my signature hereon, I authorize the above-named provider to release my protected health information as identified to the Mesa Housing Authority Division. This consent form expires 15 months after signed.

Patient's Signature: \_\_\_\_\_

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



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## MEDICAL EXPENSE QUESTIONNAIRE

**Are you or your Spouse Elderly (62 yrs or more) or Disabled?**     Yes     No  
**If yes, continue. If no, STOP and sign below.**

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

**HEAD OF HOUSEHOLD:** \_\_\_\_\_ **SOC SEC #:** \_\_\_\_\_

Do you pay an Annual Deductible for Medicare?     No     Yes \$ \_\_\_\_\_ / per year.

If you drive, do you have out of pocket mileage expense? Explain \_\_\_\_\_

MEDICAL-DENTAL INSURANCE COMPANIES	ACCOUNT NUMBER	MONTHLY PREMIUM
		\$
		\$
		\$

### DOCTORS-HOSPITALS-DENTISTS-EYE DOCTORS-HEALTH CARE PROVIDERS

List doctors, hospitals, dentists, and health care providers that you have **out-of-pocket expenses** for and ANTICIPATE seeing for the next 12 months. **Do not list those you no longer visit**, unless you are making regular payments on an outstanding debt/bill.

NAME	COPAY PER VISIT	ADDRESS & Contact information
	\$	
	\$	
	\$	
	\$	
	\$	

### PHARMACIES (Only those Pharmacies you are CURRENTLY using on a REGULAR basis.)

NAME	CO-PAY	ADDRESS
	\$	
	\$	
	\$	
	\$	

By signing below, I/we certify that the above information is true and complete to the best of my knowledge.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_



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## Family Obligations

### A. The family **must**:

1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the PHA to certify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request PHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
11. Give the PHA a copy of any owner eviction notice.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

### B. Any information the family supplies must be true and complete.

### C. The family (including each family member) must **not**:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.