Section 8 HCVP Housing Search Log

I is imperative that you start your housing search as soon as you are issued the voucher. Please use this form to document your housing search activities. Once you are issued a voucher, you will have sixty (60) days in which to locate housing. If you have not located housing within the first thirty (30) days of your search, you will have to attend housing search counseling before HABD will grant an extension.

<table>
<thead>
<tr>
<th>APPLICANT/TENANT NAME:</th>
<th>VOUCHER ISSUE DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>UNIT ADDRESS</td>
</tr>
<tr>
<td>RENT AMOUNT</td>
<td>SECURITY DEPOSIT</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>RESULT/STATUS</td>
<td>CONTACT NAME</td>
</tr>
</tbody>
</table>

| DATE                  | UNIT ADDRESS        |
| RENT AMOUNT           | SECURITY DEPOSIT    |
| $                     | $                   |
| RESULT/STATUS         | CONTACT NAME        |

| DATE                  | UNIT ADDRESS        |
| RENT AMOUNT           | SECURITY DEPOSIT    |
| $                     | $                   |
| RESULT/STATUS         | CONTACT NAME        |

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| DATE                  | UNIT ADDRESS        |
| RENT AMOUNT           | SECURITY DEPOSIT    |
| $                     | $                   |
| RESULT/STATUS         | CONTACT NAME        |
Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

(1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
(2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:

Date Written Request Received by Victim: ____________________________

Name of Victim: ________________________________________________

Names of Other Family Members Listed on the Lease: _______________________

Name of the Perpetrator*: _______________________________________

*Note: The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator’s Relationship to Victim: ________________________________

Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred: ____________________________________________

Location of Incident(s): ____________________________________________

1 form HUD-50066 (07/2014)
Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature  Executed on (Date)  

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.
FAMILY REQUEST FOR PORTABILITY FORM

Portability is the ability of a family to move from one Housing Authority’s jurisdiction to another Housing Authority’s jurisdiction that administers a Section 8 program within the United States or its territories with continued rental assistance. The right to move under portability is not automatic and requires coordination and approval from both the initial Housing Authority and receiving Housing Authority. Therefore, you must understand a move under portability will take a little longer to process than a regular move within the same jurisdiction. In order to port out, you must meet the following criteria:

1. You have been receiving rental assistance through the Housing Authority of the Birmingham District for at least one year.
   ____ Yes  ____ No

2. You have fulfilled your current lease agreement or have written landlord permission to vacate and have given proper written notice to the landlord and the Housing Authority.
   ____ Yes  ____ No

3. The head of your household or spouse had legal residence in the jurisdiction of your current Housing Authority at the time your family placed your name on the waiting list for the Section 8 Housing Choice Voucher Program (applicable only if you are being selected from the waiting list and are a new admission).
   ____ Yes  ____ No

4. Have you submitted an Intent to Vacate Notice to your landlord?
   ____ Yes  ____ No

If you believe you are eligible to move with continued assistance under the portability regulations, and you would like to transfer your rental assistance to another Housing Authority’s jurisdiction, please fill out the information in the area below.

Name of tenant: ____________________________  Tenant SSN: ____________________________

Current Address: ____________________________  (Street, City, State, Zip)

Phone Numbers: Home: ____________________________  Work: ____________________________

Cell: ____________________________  Email: ____________________________
Please list the city, county, and state in which you would like to move and PHA contact information if known.

City: __________________________ PHA Contact Person: __________________________ (if known)

County: _________________________ Contact Phone: _____________________________ (if known)

State: __________________________ Name of PHA: _______________________________ (if known)

Providing the PHA contact information is not a requirement for us to process your information. However, it will help expedite getting the required documents to the appropriate Housing Authority.

Next steps in the portability process:

1. We will contact the Housing Authority that covers the area you would like to move into. We will inform the other Housing Authority that you wish to "port in" to their jurisdiction, and confirm that they are receiving portable vouchers.

2. Next, your request to port out must be approved by your current Housing Authority, and the Housing Authority in the location you wish to move. Our representative will inform you whether or not your request has been granted.

3. If your request has been approved by both Housing Authorities, we will process your portability documentation, and your program documents will be sent to the Housing Authority where you will move.

4. You will need to contact your new Housing Authority to inquire about any additional requirements that they may have.

I, __________________________, have requested that the Housing Authority of the Birmingham District provide me with a Housing Choice Voucher to rent a unit that is located outside of their jurisdiction.

By signing below, I hereby authorize the Housing Authority of the Birmingham District to release information from my tenant file for the purposes of porting to a new location under the Section 8 Housing Choice Voucher Program portability feature.

_________________________  _________________________
Signature                  Date
Child Support Declaration

PARTICIPANT NAME (Please Print): ________________________________

Absent Parent's Name: _________________________________________

Child(ren) Name: _____________________________________________

Please mark with an "X" and complete the section that applies to you:

_____ Yes, I receive child support from one of the following:

☐ Alabama Department of Human Resources (DHR)
☐ Alabama Disbursements Center (Montgomery)
☐ Any other state agency
☐ Voluntarily from the absent parent

You must submit documentation to support receipt of child support. Documentation can be in the form of a printout (either online or from the agency) or a notarized statement.

***If you receive child support voluntarily from the absent parent, please enter the amount you receive $______________ per ___________ and return this form notarized.

________________________________________
Signature

Subscribed and sworn before me this ______ day of ____________________, 20____.

________________________________________
Notary Public

My Commission Expires: __________________________

_____ No, I do not receive any child support benefits from any source.

I declare under penalty of perjury that the foregoing is true and correct. (28 U.S.C. 1746). I understand that (under 24 CFR 982.551 (k)) any false information given constitutes fraud and can result in termination from the Section 8 program.

Signature of Adult ___________________________ Date __________________
HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

RESIDENCE AFFIDAVIT

I, ____________________________, do certify that ____________________________ no longer resides with me in the unit located at ________________________________.

He/she now resides at ________________________________. I understand that if ____________________________ returns to reside with me, I must report this to the Assisted Housing/Section 8 Office immediately.

_________________________________________________________
Applicant or Tenant

_________________________________________________________
Date

Subscribed and sworn before me this ______ day of ____________________, 20____.

_________________________________________________________
Notary Public

My Commission Expires: ____________________________
Authorization for Release of Information

Complete this form for each family member 18 years or older

I, ___________________________ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Housing Authority of the Birmingham District any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program and/or Low Income Housing Programs. The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed and residency. These organizations are to include, but not limited to: financial institutions; past or present employer; educational institutions; Social Security Administration; welfare and food stamps agencies; Veterans Administration; court clerks; utility companies; Workmen’s Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

I understand that the Department of Housing and Urban Development (HUD) and/or the Housing Authority of the Birmingham District may conduct computer matching programs in order to verify the information supplied on my application or Recertification. It is understood and agreed that this authorization of the information obtained with its use may be given to and used by HUD and/or HABD in the administration and enforcement of program rules and regulations and that HUD and/or HABD may in the course of its duties obtain such information from other Federal, State or local agencies, including State Employment Agencies; Department of Defense; Office of Personnel Management; Social Security Administration; and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Address ______________________ City __________ State ________ Zip ________

Social Security Number __________ Date of Birth __________ Telephone __________

Signature ______________________ Date __________________
HEARING REQUEST NOTICE

DATE: ______________________

TO: ______________________

FROM: ____________________

ADDRESS: __________________

TELEPHONE: ________________

SSN: ______________________

I, _________________________, hereby request a hearing due to the fact that I was terminated from the Section 8 Program. My issues are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Sincerely,

________________________________________________________________________

Signature

McCoy Building, 1301 25th Avenue North, Birmingham, Alabama 35204
Telephone (205) 521-7460
Housing Authority of the Birmingham District
Department of Leased Housing and Section 8

Customer Service Request

Customer Information

- Tenant
- Applicant
- Landlord
- Other (General Customer)

Date:  
Your Name:  
Date of Birth:  
Address:  
Telephone #:  
Email:  

Counselor Name:  

Service Request Information

<table>
<thead>
<tr>
<th>Type of Action Request</th>
<th>Request Is Regarding Status of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment</td>
<td>Submitted Information</td>
</tr>
<tr>
<td>Call</td>
<td>RFTA Packet (new admission)</td>
</tr>
<tr>
<td>Email</td>
<td>Move Request</td>
</tr>
<tr>
<td>Service (i.e. stop payment, etc.)</td>
<td>Waiting List Application</td>
</tr>
<tr>
<td>Information (i.e. address change, etc.)</td>
<td>Annual Recertification</td>
</tr>
<tr>
<td>Complaint</td>
<td>Interim/Income Change</td>
</tr>
<tr>
<td>Other (specify below)</td>
<td>Inspection</td>
</tr>
<tr>
<td></td>
<td>HAP/UAP Payment</td>
</tr>
<tr>
<td></td>
<td>Other (specify below)</td>
</tr>
</tbody>
</table>

Please Describe Nature of Request

I need someone to contact me regarding (please be as clear, concise and detailed as possible. Use the back of this form if additional space is needed. Please attach any additional necessary documentation with this form concerning this matter):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
HQS Move-in Inspection Checklist for Landlords

Each unit rented to a Section 8 Voucher holder must pass a Housing Quality Standards (HQS) inspection. The checklist below is a tool for owners to prepare their unit for an HQS inspection. This checklist highlights some of the COMMON violations found during unit inspections. The items on this checklist must be working or completed prior to the HQS inspection.

☐ The unit must be empty/vacant from previous tenant.
☐ Utilities (water, gas, electric) must be turned on for the completion of the inspection.
☐ No chipping or peeling paint inside or outside the unit.
☐ Stove must be clean and in working order and secured.
☐ Refrigerator must be clean and be in working order with a good door seal.
☐ There must be a permanently installed working heating system.
☐ Hot and cold running water in the kitchen and bathroom(s).
☐ There must be a shower or bathtub that works.
☐ There must be a flush toilet that works, is securely mounted and does not leak.
☐ The bathroom must have either an outside window or an exhaust fan vented to the outside.
☐ There must not be any plumbing leaks.
☐ There must not be any plugged drains (check for slow drains).
☐ All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
☐ All ground floor windows and exterior doors shall open and close as designed and must have working locks. Doubled keyed dead bolts are not permitted.
☐ Each living space must have two means of fire egress (i.e. door & window)
☐ All electrical outlets-switches must have cover plates and be in good working condition.
☐ All ground fault circuit interrupters (GFCIs) must work properly.
☐ There must not be any missing, broken, or cracked windows.
☐ The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
☐ The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six inches to eight inches from the floor or directed outside the unit (no PVC). CPVC is acceptable.
☐ The floor covering cannot be torn or have holes that can cause someone to trip.
☐ If there are stairs and railings, they must be secure.
☐ Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
☐ Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.
☐ There must be working smoke detectors properly mounted on each level of the unit including the basement and walk up attics.
☐ All security bars and windows must have a quick release mechanism.
☐ All sliding glass doors must have a lock or security bar on the door that works.
☐ All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
☐ The unit must be free from roaches or rodents.
☐ There must be stepping stones or walkway to the unit.

This brief listing is for the purposes of information only is not intended as a completed listing. Check HUD and local codes for other requirements.

© APC 2006 For More Information Contact: American Property Consultants, Inc. at (800) 272-7134
REQUEST FOR CRIMINAL HISTORY NCIC CHECK

In accordance with Public Law 104-120, the Agreement between the U.S. Department of Housing and Urban Development of Justice, a copy of which is on file with the Housing Authority and this law enforcement agency, and the agreements between this Housing Authority and the Alabama Criminal Justice Information Center (ACJIC) relating to access to the National Crime Information Center (NCIC) data, the Housing Authority of the Birmingham hereby requests that this law enforcement agency conduct a name test to determine whether or not:

Name __________________________ Race _______ Sex ________

Date of Birth ________ SS# ________ has a criminal history record indexed in the Interstate Identification Index (III). A copy of the consent form signed by the above-named person is attached.

Applicant/Signature

Please submit your background check forms to:
Housing Authority of the Birmingham District
1826 3rd Avenue, South
Birmingham, Alabama 35203

PLEASE DO NOT WRITE BELOW LINE

***Check with your Site manager first, for further instructions.

***Please note: A picture ID is required to process this information.

______ There is no information in the NCIC for the above-named person.

______ There may be a criminal history record of the named person. The Housing Authority of the Birmingham District should refer this person to the state or local law enforcement agency for fingerprinting and further checks with FBI through the Identification Division of the Alabama Department of Public Safety.

Law Enforcement Representative __________________________ Date ___________
Section 8

CERTIFICATION OF THE RECEIPT OF CRIMINAL BACKGROUND INFORMATION

I, the undersigned, at my request have received a criminal background report from Officer J. F. Hall of the Birmingham Police Department.

I clearly understand that I may choose to release this information to the Housing Authority of the Birmingham District, or I may retain this information for my personal records. I am under no obligation to release this information to any agency or organization.

The Birmingham Police Department has also advised me that the information I have received from them will not be released.

Name: ________________________________
(Please print)

Signature ____________________________ Date ________________

FOR UP TO $1,000.00 REWARD

NO NAME REQUIRED
CONTRIBUTION AFFIDAVIT OF INCOME

STATE OF ALABAMA
JEFFERSON COUNTY

This is to state that I, ___________________________ (Contributor’s Name), will contribute $____________________

per ___________________________, ___________________________ (Relationship), ___________________________, (Participant’s Name)
as a free contribution towards his/her support beginning on _____/_____/______ and ending on _____/_____/______.

Contributor’s Date of Birth: _____/_____/______ Social Security #: _______ - _______ - _______

Signature

Address

City, State and Zip Code

Telephone

Subscribed and sworn before me this ______ day of ______________________, 20______.

Notary Public

My Commission Expires: ______________________

Under penalty of perjury, my signature above certifies that the information presented on this document is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the participant termination from the program and punishable for all parties involved under federal and local laws. This form must be completed in its entirety in order for the Housing Authority to process.