

<b>PHA 5-Year and Annual Plan</b>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2012</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>MUNICIPALITY OF PATILLAS</u> PHA Code: <u>RQ057</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>    </u> Number of HCV units: <u>    83    </u>												
<b>3.0</b>	<b>Submission Type</b>  <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:.												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.												
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Preferences for Admission: *Involuntary Displacement, (Disaster, Fire, Property disposition) *Victims of Domestic Violence *Elderly or Handicapped Citizens *Terminal Patient *Single Mother *Families or Couples with children in risk to be removed from their home (a-1)Changes to Payment <ul style="list-style-type: none"> <li>• 1BR-\$347</li> <li>• 2BR-\$374</li> <li>• 3BR-\$417</li> <li>• 4BR-\$591</li> <li>• 5BR-\$733</li> </ul> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  (b) Specific Location *Calle Muñoz Rivera #17 Patillas PR, 00723												
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.												
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.												

8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> See Attachment 9.1
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” See Attachments 10.A, B

11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements, See Attachment 11 G (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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## Attachment 9.0

**Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

### **Statement of Housing Needs**

*The data included within this portion of the plan is based upon existing available U.S. Census data, as well as Puerto Rico Housing Planning Board statistical data, and other reliable sources such as the local housing authority, and other similar agencies such as the Commonwealth Department of the Family.*

*Since this same jurisdiction, namely the Municipality of Patillas is not seeking funding on behalf of an eligible metropolitan statistical area under the HOPWA program, the needs described for housing and supportive services does not address the needs of persons with HIV/AIDS and their families throughout the eligible metropolitan statistical area.*

*The Comprehensive Housing Affordability Strategy (CHAS) Data Book issued by the U.S. Department of Housing and Urban Development, indicates that the Municipality of Patillas, has a total of some 7,677 housing units, of which some 6,576 units are occupied.*

*It should be noted, that the housing needs were based upon the number of renter and owner-occupied units with one or more housing problems. The definition of housing units with problems included those that:*

- 1. Occupying units having physical defects or being in deteriorated state.*
- 2. Classified as being overcrowded.*
- 3. Meet the definition of having a cost burden of more than 30 percent.*

*Based upon the latter, housing needs were determined to represent a major problem in terms of identifying housing problems in both renter and owner-occupied households with more than one problem, such as residing within overcrowded, deteriorated and/or dilapidated swelling units, or meeting the definition of housing cost burdens greater than 30 percent of family's income.*

*Of the total 9,982 year-round housing units within the Municipality of Patillas renters on a year-round basis, of which 30% units have some type of housing problem.*

*It is estimated from figures obtained from such sources as the Department of Housing; Social Services; the Family; Planning Board, and our own internal figures based upon demands from the public at large upon local public housing units, and upon our locally administered Tenant-Based Subsidized Housing Program that rental housing demands will require some additional 159 units. This is assuming that the present economic conditions will stabilize at present levels, and that all social programs currently in place, will continue to be funded at present*

levels over the next five years. Should any existing social program be eliminated and/or receive severe cutbacks; the demand for renter households will then skyrocket at unpredictable levels.

It should be noted, that this same increase of 159 additional rental units on the local housing market, will it is estimated, be among the extremely low and low income segment of our local society who are either unable and/or unwilling to relocate to other communities.

There 19.6% households bearing a cost burden in excess of 30% of income, while at the same time some 10.1% suffered from a cost burden above the 50% of income level.

Overcrowded Units

According to the CHAS Data book dated 2000 there were some 128 renters occupied housing units, which were classified as being in an overcrowded condition. Additionally, some 53.1% of large family renter households likewise, represented overcrowded conditions.

In this regard, and based upon the statistical data presented herein and from such reliable sources as the Planning Board, Housing, Social Services, and our own local appraisal based upon pour locally administered Tenant-Based program we have identified the following Renter Households by income Groups and categories:

MUNICIPALITY OF PATILLAS  
RENTER HOUSEHOLD BY INCOME GROUPS:

RENTER HOUSEHOLDS	EXTREMELY LOW INCOME (0-30%)	VERY LOW INCOME (31-50%)	LOW INCOME (51-80%)	MODE-RATE INCOME (81-95%)	TOTAL
Elderly	38	18	57	45	158
Small Families	209	71	94	413	787
Large Families	24	43	68	99	234
Other	104	0	23	79	206
Total	375	132	242	636	1385

Elderly Rental Households

According to the 2,000, CHAS Data book, there was a total of some 158 renter households within the Municipality of Patillas of which 18 were classified as being very low income, 45 households that were classified as being of moderate income and 7 as being above income levels.

Cost Burden

Within this same income category involving elderly households, some 38 were within the 0-30% and 50 households were whiting 31-50% range.

### Small Family Rental Households

The small family rental household category, some 787 households, represented the following numbers:

- 209 units were classified as being of extremely low income;
- 71 units were classified as being of very low income;
- 94 units were classified as being of low income;
- 413 units were classified as being of moderate income.
- 

### Cost Burden

Within this same Small Family renter's household group some 42.8% of the households of the households were classified as being of extremely low-income, 35.0% households of very low income, 21.9% households of low income, and finally, 2.1% represented moderate-income levels.

### Large Family Renter Households

This same comprehensive Housing Affordability Strategy (CHAS) Data book covering Puerto Rico and dated 2000, indicated that there was a total of some 234 large rental household families, of which some 24 were classified as being of extremely low income; 43 were classified as very low income and some 68 large family renter households representing low income families, as well as 99 large family renter households representing moderate income.

### Cost Burden

Within this same large family renter's household income group of some 24 households fall within the 0-30 % group and 43 such households are within the 31-50% range.

### Homeless Persons

From a review of available reliable statistical data available at the present time, the Municipality of Patillas does not possess any homeless person it has no need for shelters or supportive services covering this same segment of its local population.

### Persons with Disability

Utilizing various information available to the Municipality of Patillas including both the U.S. Census (2000), the Puerto Rico Planning Board, and likewise numerous states and local agencies having to deal with disabilities, we likewise have estimated our needs fairly accurately.

According to the Puerto Rico Development Disabilities Planning Board, it is a nationally accepted fact that within the general population, 1.8 percent will have one form or another of a developmental disability. In this respect, Patillas with a 2000 total population of some 20,152, it is estimated that 235 persons are classified as giving a developmental disability.

### Persons With Physical and Development Disabilities

Within Patillas the 235 estimated persons as having been classified as having either a physical or development disabilities are currently residing with other family members, or residing within a rental unit. One of the projects requested within our first year of activities is housing rehabilitation, a part of which, will be devoted not only to remove or correct health or safety hazards, in order to comply with applicable development standards or codes, and/or to improve general living conditions of the resident(s), including improved accessibility by handicapped persons.

*At the present time there are no known day care centers, either private or public for developmental disability within Patillas. These same services are rendered in the adjacent municipality of Guayama..*

*Within Patillas several obstacles prevent the disabled from obtaining adequate housing:*

- Proper accessibility;*
- Centrally located housing convenient to public transportation;*
- The need for additional rent subsidies as those afforded under HUD's tenant-based subsidized housing programs.*

*Estimate of Housing Needs Projected*

*The projected housing needs within Patillas were estimated based on various sourced such as the 2000 Census, Puerto Rico Planning Board, Puerto Rico Department of Housing, and the local Section 8 Office. Housing needs in most communities of which PATILLAS is no different, come about as a result of the following:*

- High housing costs;*
- Housing located in areas subject to landslide, or unstable terrain;*
- Physical deteriorated housing;*
- Inadequate and overcrowded units.*

*The Puerto Rico Planning Board clearly indicated three (3) reasons for which a dwelling unit would be classified as being inadequate housing:*

- 1- High Housing costs;*
- 2- Being overcrowded;*
- 3- Being in a physical deteriorated condition*

*It is in this regard that these general principals required being operational through precise definitions according to the U.S. Census Bureau, such as a unit is considered overcrowded if the household consists of at least three persons and have 1.5 persons or more per room.*

*It should be noted, that household having unusually high housing costs when the following occurs:*

- a. Two or more persons, with the heads of households less than 65 years of age paying more than 25 percent of their income for rent.*
- b. Single person paying more than 35 percent of their income for rent;*
- c. Two or more persons, with the heads of households over the age of 65, which are paying more than 35 percent of their income for rent.*

*Further housing units lacking complete indoor plumbing facilities or deteriorated/dilapidated housing units having all plumbing facilities are regarded as being inadequate. In this regard, estimating the total needs for housing within Patillas was based on the various sourced previously noted, regarding each of the three components of housing need.*

## Barriers to Affordable Housing

Like any other community across this Nation, whether it is in Puerto Rico, or on the U.S. Mainland, the principle barriers to affordable housing within the Municipality of PATILLAS are:

1. The high cost of land development due to general lack of both vacant and available land;
  - i. The high cost of construction, which for the most part includes the construction of a sanitary sewer system, water lines, electrical services, within distant rural communities where vacant lands are currently available.

These combined factors representing the high cost, clearly indicates that better than 80% of the total population of PATILLAS would indeed require some kind of assistance in order to solve their housing problems.

At the present time the only sources of purchasing a home within PATILLAS is by securing a private mortgage through a banking institution or mortgage through a banking institution or mortgage lending institution, which for the most part is not approving mortgage to low or moderate income families. At the present time, it appears that the minimum income required to purchase a home, averages at least \$40,000. This same requisite along with a stable credit and employment recorded are required.

Bearing this in mind, if a family does not qualify to purchase a dwelling unit, then they qualify to rent a housing unit. This is more acute, since (1) there exists a lack of rental properties available, and (2) those units that are available for rent, are so costly ranging from \$400 to \$650 a month, that without some form of a rental subsidy, are indeed beyond the low and moderate income families. This can be verified, since some 194 families are currently awaiting placement on a waiting list, seeking assistance under our own Tenant-based subsidized Housing Assistance Program.

## Statement of Housing Needs

*Housing Needs of Families on the Section 8 Tenant- Based Assistance Waiting List.*

<i>Housing Needs of Families on the Municipality of Patillas Waiting List</i>			
	<i># of families</i>		<i>% of total families</i>
<i>Waiting list total</i>	194		
<i>Extremely low income &lt;=30% AMI</i>	151		78
<i>Very low income (&gt;30% but &lt;=50% AMI)</i>	34		18
<i>Low income (&gt;50% but &lt;80% AMI)</i>	6		3
<i>Families with children</i>	169		87
<i>Elderly families</i>	2		1
<i>Families with Disabilities</i>	2		1
<i>Race/ethnicity</i>	194		100

*The Municipality of PATILLAS purged the waiting list on junio/2009 and there are 194 persons on it.*

**Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

*The Municipality of Patillas intends to continue addressing the needs of the community utilizing the following strategies:*

- *Maximize the number of affordable units available to the PHA within its current resources by maintaining or increasing section 8 lease-up rates establishing payments standards that will enable families to rent throughout the jurisdiction.*
- *Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.*
- *Increase the number of affordable housing units by applying for additional section 8 should they become available.*
- *Seek designation of public housing for families with disabilities.*
- *Conduct activities to affirmatively further fair housing by counseling section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units.*

## Attachment

### 10. A

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The Municipality of Patillas has achieved the following:

Increase the leasing rate to 40%, and has achieved a score of "Trouble" under the HUD's Section Eight Management Assessment Program (SEMAP) certification.

Has been actively promoting freedom of housing choice so as to achieve spatial deconcentration of extremely low-income families within our homogeneous community.

Continue with our established goal of providing improved conditions for extremely low-income families while maintaining their rent payments at an affordable level.

In order to start with the Homeownership Program the Municipality has been promoting it the tenants.

While the Municipality of Patillas is pleased with what has been accomplished so far, Patillas is very much cognizant of the long road ahead so as to meet the needs of its citizens. On an ongoing basis the Municipality of Patillas continues to evaluate the goals and strategies that have been established so that it can better meet the demand of housing.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".

The PHA defines a "substantial deviation" and significant amendment of modifications" as a discretionary change in the plan or policy of the PHA that fundamentally modifies the mission, goals, objectives or plans of the agency and which will require the formal approval of the Board of Commissioners.

An exception to this definition will be made only to the extent that the modification is the result of changes in HUD regulatory requirements; such changes will not be considered a substantial deviation or significant amendment of modification of either the Five Year or Annual Plans.

**HA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning \_\_\_\_\_, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

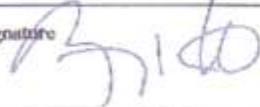
MUNICIPALITY OF PATILLAS  
PHA Name

RQ057  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_

Annual PHA Plan for Fiscal Years 20 11 - 20 12

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official  <b>BENJAMIN CINTRON LEBRON</b>	Title  <b>MAYOR</b>
Signature 	Date  <b>12 de abril de 2011</b>

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

**Civil Rights Certification****Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

MINICIPALITY OF PATILLAS  
 PHA Name

RQ057  
 PHA Number/HA Code

<small>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</small>	
Name of Authorized Official	Title
<b>BENJAMIN CINTRON LEBRON</b>	<b>MAYOR</b>
Signature 	Date
	<b>April, 29 2011</b>

**Municipality of Patillas  
Annual Plan 2011-2012**

RAB Comments and Explanation of PHA Response

The Resident Advisory Board and the entire participant assisting the Public Hearing commented and asked questions regarding the overall Section 8 Program policies and requirements. These had and effective participation and represent the assisted families under the Section 8 Program and in the process of preparation, implementation and evaluation of the Annual Plans.

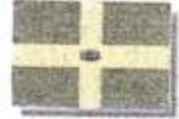
The RAB participated in the revision of the Annual Plan for fiscal year 2011-2012. A notice was prepared and posted in public areas to notify about the availability of the Plans and to extend an invitation to a Public Hearing.

Each participant had the opportunity to revise and submit comments about the Annual Plan because they had already been available for revision and comments by the citizens for a period of 45 days.

Due the fact that all the comments were answered, the Residents Advisory Board endorses both plans.



ESTADO LIBRE ASOCIADO DE PUERTO RICO  
MUNICIPIO DE PATILLAS  
APARTADO 698  
OFICINA DE SECCION 8  
PATILLAS, PUERTO RICO 00723  
TEL. 839-0601



## ANUNCIO PUBLICO

El Municipio de Patillas, ha preparado el borrador del Plan Anual del Programa de Sección 8 para el año fiscal 2011-2012. El Plan y todos los documentos asociados a éste estarán disponibles para ser examinados por los participantes del Programa, organizaciones sin fines de lucro, el público en general y todos aquellos interesados, en las oficinas administrativas del Programa de Sección 8 del Municipio de Patillas durante horas regulares de trabajo, a partir de la fecha de publicación de este aviso.

El Plan Anual del Programa de Sección 8 del Municipio de Patillas contiene las estrategias que seguirá el programa para atender las necesidades de vivienda de familias de ingresos bajos. En el Plan se incluye además, la misión, objetivos y metas que ha establecido el Municipio para la operación de su Programa de Renta Subsidiada.

Las personas interesadas en emitir comentarios sobre el Plan, podrán presentarlos personalmente o por escrito en la Oficina de Sección 8, localizada en:

Dirección Física: Calle Muñoz Rivera #17  
Patillas, PR 00723

Dirección Postal: P.O. Box 698  
Patillas, PR 00723

Además se invita a la ciudadanía en general a participar de la Vista Pública que se llevará a cabo el día **26 de abril de 2011**, a las **10:00 AM**, en el Salón de Gobernadores, Primer Nivel Casa Alcaldía. El propósito de esta vista pública es recoger comentarios adicionales sobre el Plan. El lugar seleccionado para realizar esta vista pública es de fácil acceso a personas con impedimentos físicos. De requerir asistencia especial, debe comunicarse con el Programa de Sección 8, previo al día de la vista al siguiente teléfono (787) 839-0601 ó (787) 839-4120, ext. 248.

Les invita,

Benjamín Cintrón Lebrón  
Alcalde

**MUNICIPIO DE PATILLAS**

**OFICINA DE SECCION 8**

26 DE ABRIL DE 2011

**HOJA DE ASISTENCIA**

**VISTAS PUBLICAS PLAN ANUAL 2011-2012**

**NOMBRE**

1. Iris J. Ortiz

2. Yolanda Luciano Stg.

3. Angel Miller Vazquez

4. Evangelina Rodriguez

5. Ahel Sabes Siguero

6. \_\_\_\_\_

**FIRMA**

1. Iris J. Ortiz

2. Yolanda Luciano Stg.

3. Angel Miller Vazquez

4. Evangelina Rodriguez

5. Ahel Sabes Siguero

6. \_\_\_\_\_

We participated in the revision of the Annual Plan, Fiscal Year 2011 and we agree with it's content.



ESTADO LIBRE ASOCIADO DE PUERTO RICO  
GOBIERNO MUNICIPAL DE PATILLAS  
OFICINA DE SECCION 8  
TEL. 787-839-4120 EXT. 248  
FAX: 787-839-4766

MINUTE

I Ethel Santiago Figueroa, Coordinator of the Section 8 Office certify that, on April 26th this year at 1:00 pm was held the Public Hearing in the Hall of Governors of City Hall. There were present tenants of our program, the secretary and I.

The topics discussed were:

1. Tenants asked for fire extinguishers and smoke detectors for their homes.
2. Requested to be more demanding of homeowners with repairs.
3. Discussed the 2011 Annual Plan.

For the record signed the same day, April 26, 2011

  
Ethel Santiago Figueroa  
Section 8 Coordinator

**Municipality of Patillas  
Section 8 Program  
P O Box 698  
Patillas, PR 00723**

# **ADMINISTRATIVE PLAN 2011-2012**

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# INTRODUCTION

## i. PURPOSE OF THE PLAN [24 CFR 982.54]

The purpose of this Administrative Plan (also referred to as the Plan) is to establish policies for carrying out the programs in a manner consistent with HUD requirements, and in a manner consistent with local goals and objectives outlined in the agency plan. All pre-merger regular tenancy contracts, Housing Voucher contracts, and over fair market rent tenancy contracts have been transitioned to the Housing Choice Voucher Program as of October 1, 2001.

The Municipality of Patillas (hereinafter referred to as the PHA or HA) is responsible for complying with all changes in HUD regulations pertaining to the HUD programs it administers. If such changes conflict with this Plan, **HUD regulations will have precedence**. The PHA Board of Commissioners or other authorized PHA official/s must formally adopt the original Plan, and any changes. The pertinent sections must be included in the agency plan with a copy provided to HUD.

Applicable regulations include:

- 24 CFR Part 5: General Program Requirements
- 24 CFR Part 8: Nondiscrimination
- 24 CFR Part 982: Section 8 Tenant-Based Assistance: Housing Choice Voucher Program
- 24 CFR 984: Self Sufficiency Program
- 24 CFR 985: Management Assessment Program

Local rules incorporated in this Plan are intended to promote local housing objectives consistent with the intent of federal housing legislation.

## ii. RULES AND REGULATIONS [24 CFR 982.52]

This Plan defines the PHA's local policies for operation of the housing programs in the context of federal laws and regulations. **All Section 8 issues not addressed in this document are governed by: the federal regulations, HUD memos, notices, guidelines, or other applicable law.** The policies in this Plan have been designed to ensure compliance with the consolidated annual contributions contract (ACC) and all HUD approved applications for program funding.

## iii. TRANSLATION OF DOCUMENTS

The primary language of the Housing Agency of Patillas is Spanish and the Agency has bilingual staff to assist non-Spanish speaking families and translates documents into other languages upon request. Many standardized HUD documents are available only in English and the HA staff will provide verbal translations as needed.

In determining whether it is feasible to provide translation of documents into other languages, the HA will consider the following factors: Number of applicants and participants in the jurisdiction who do not speak English and speak the other language; and, Availability of bilingual staff to provide translation for non-English speaking families.

## I. SELECTION AND ADMISSION PROCEDURES

The Housing Authority has developed detailed procedures for the administration of Section 8 Housing Choice Voucher Programs (former Section 8 Existing Certificate Program). These procedures provide the framework for directing, managing, supervising and monitoring program activities. They include local procedures and policies for the treatment of applicants and participants as follow:

### 1. Outreach to Families

The overall objective of this activity is to assure that program availability is adequately publicized in order to reach eligible families and owners of rental housing units. Affirmative marketing efforts are a key component, since certain groups are difficult to reach by conventional means, in order to ensure that all eligible candidates have an opportunity to participate in the program.

Each time the Section 8 Office enters into Annual Contributions Contract for new units, it makes known to the public- via publication in the Section 8 Bulletin Board and/or other suitable means- the availability and nature of housing assistance for very low-income families. This notice contains the following information:

- When families may apply for the program (Including datelines, when applicable);
- A brief description of the Section 8 Program, including the possibility of families receiving assistance for the units, which they are currently occupying;
- It states that occupants and applicants of public and/or other housing may apply for the Section 8 Housing Programs if they wish to participate;
- Special outreach for handicapped families.

The following steps are undertaken annually to assure a successful outreach program for attracting families (if necessary):

- Identify resources available for performing outreach functions, including staff, community service and housing counseling agencies, churches, employers, unions, etc.;
- Review methods for taking applications in order to ensure that adequate provisions are made for hardship cases, and review desirability of pooling application resources with other HA services, in order to provide information on a wider range of housing opportunities;
- Plan to implement outreach, aimed at the families least likely to apply, in advance of the date on which formal application-taking procedures are given;
- Alternative means of delivering the outreach message are analyzed, including those listed below:

- a.) Newspaper announcements in widely circulated newspapers and/or other suitable means. It will include posting announcements/notifications in the bulletin boards of the Municipality's City Hall and the U.S. Local Postal Office; and when feasible, by the local media;
- b.) The "Word of Mouth" approach by currently assisted and/or applicant families, encouraging them to inform their friends, relatives and neighbors about the program;
- c.) Supportive outreach assistance provide by other organizations.

## **2. Applying for Admission**

The application process will involve two phases. The first is the "initial" application for assistance, where a pre-application is filled and certified by the family. This first phase results in the family's placement on the waiting list by date and time of the application. The second phase is the "final determination of eligibility". It is when the full application is completed and certified by the family; it takes place when there's availability of vouchers and the list is organized by preferences and the family reaches the top of the waiting list. At this time, the PHA verifies all HUD and PHA eligibility factors in order to determine the family's eligibility for the issuance of a voucher. The PHA must receive information verifying that an applicant is eligible within the period of 60 days before the PHA issues a voucher to the applicant. (§982.201(e))

All persons who wish to apply for any of the Housing Choice Voucher Program's (Section 8) programs must fill an application. Applications will be made accessible upon request from a person with a handicap.

To provide specific reasonable accommodation to persons with handicaps/disabilities, upon request, the information will be mailed to the applicant, mailed to the applicant's contact person, completed by a designee, or any other specified reasonable accommodation.

The application is completed in the applicant's own handwriting, unless the applicant is a handicapped/disabled person who requests assistance or other accommodation. Applicants will be interviewed by the PHA staff to review the information on the full application form.

Verification of handicap/disability as it relates to Section 504, Fair Housing, or ADA reasonable accommodation will be requested at that time, or mailed to the applicant. All applicants are advised that reasonable accommodations are available.

To be eligible for admission, an applicant must be a "family" ("Family" may be a single person or a group of persons – see in this Section and also in Section IV the definition), must be income eligible, must be a citizen or a non-citizen who has eligible immigration status in accordance with 24 CFR parts 5 and 982.201, must meet the additional criteria established below, including

provisions on Social Security Numbers. (See section IV: Occupancy policies; below; or, applicable regulation).

Even if applicant is eligible because of family status, citizenship and income, the PHA is not required to assist such applicant for the grounds stated below. (See sections II - "Denial of Assistance", IV, X, XV and XXI; below; or applicable regulation).

*Limits on Who May Apply*

When the waiting list is open:

Any family asking to be placed on the waiting list for Section 8 rental assistance will be given the opportunity to complete a pre-application.

When the application is submitted to the PHA:

It establishes the family's date and time of application, and preferences for placement order on the waiting list. Also a register number will be assigned.

The PHA will collect the following information necessary for proper selection from the waiting list:

- Applicant name
- Family unit size (number of bedrooms family qualifies for under PHA subsidy standards)
- Date and time of application
- Qualification for any local preference
- Racial or ethnic designation of the head of household
- Gross annual income
- Income classification
- Disabled household
- Other targeted program qualifications and/or commentaries

*Insufficient funding (§ 982.454 Termination of HAP contract)*

The PHA will terminate the HAP contract if the PHA determines, in accordance with HUD requirements, that funding under the consolidated ACC is insufficient to support continued assistance for families in the program.

*Briefing to Families Willing to Participate in the Program*

The PHA briefs the person who is interested in the housing assistance and as deemed necessary, they must be referred to other Local Programs or pertinent agencies.

Any family asking to be placed on the waiting list for Section 8 rental assistance will be given the following information:

- Applying process
- Requirements to qualify (income limits)
- Preferences
- Verification procedures (terms, requirements)
- Terms and process for leasing
- Applicant responsibilities (inform changes, respond on specified datelines and time frames, etc.)
- They are oriented about the deposit and housing maintenance
- Benefits and facilities that can be gathered through out the municipality and its jurisdictional area
- Any other information deemed necessary

### 3. Waiting List

The PHA's initial determination of eligibility for placement on the waiting list will be made in accordance with the information provided by the applicant, which will not be verified until the applicant is selected for issuance of a voucher (as per 24CFR§ 982.201). That is, verification on eligibility requirements will be verified prior to the family being offered Section 8 (including the status of the preference claimed or by which the family qualifies).

Families who have completed applications (after all required documents have been received, evaluated and accepted by the HA), and are in the application pool are considered according to the preference, date and time of the application.

*Family: (24 CFR: §5.403 and §982.4) a single or a group of persons living together, subject to the provisions and eligibility criteria established under the program [Family Composition §982.201 (c)]. Persons related by blood, marriage, or by operation of law.*

*Single person family for the PHA is: a single person with a child or children temporary away (placed in foster care), an elderly person, a disabled person, a displaced family and a remaining member of the original assisted family (which qualifies to continue in the program).*

#### Admission Preferences:

1. Involuntary Displacement, (Disaster, Fire, Property disposition)
2. Victims of Domestic Violence
3. Elderly of Handicapped Citizens
4. Terminal Patients
5. Single Mothers with children in risk to be removed from their home

Participants must be selected from the PHA Waiting List. Eligible applicants are entitled to be placed on the Section 8 Waiting List and receive preference in selection for Vouchers if they meet certain Preferences. The PHA manages and applies preferences as stated on its most recent PHA's 5 year/ Annual Plan or PHA's Annual Plan and as established on 24 CFR 982.207.

For those years where there have been no admission preferences, the applicants must be selected based on the date and time they applied. This also applies, when admission preferences are employed and there are two or more applicants with equal preferences status.

The PHA will give preference to applicants residing on the Municipality of Patillas (§982.207(b)). This residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family; and, will not be based on how long an applicant has resided in the residency preference area. Applicants who are working or who have been notified that they are hired to work in a residency preference area must be treated as residents of the residency preference area. The PHA will treat graduates of, or active participants in, education and training programs in a residency preference area as residents of the residency preference area if the education or training program is designed to prepare individuals for the job market (§982.207(b)(1)(v)).

Once there is availability for vouchers, the PHA publishes the information and notifies those persons on the waiting list. Those in the waiting list are notified by mail and if available, by making phone calls and other Local media. They are also required to update their information, by completing a new application form.

#### Procedures for Removing Applicant Names from the Waiting List

The applicants are removed from the waiting list when one of the followings happens:

1. there is no answer to the mailing notification (or returned mail),
2. with the evidence submitted, the family does not qualify for the assistance,
3. information have been omitted by the family and/or false information was provided by the family,
4. the family notifies (in writing) that they are not willing to participate on the Program, due to a change in their status; or
5. for the grounds stated in parts II, IV, XIII, XV, XVI and XXI of this Plan, or applicable regulation.

The above also applies when the family is notified the issuance of the voucher.

#### *Removal from Waiting List and Purging [24 CFR 982.204(c)]*

The waiting list will be purged periodically to ensure that it is current and accurate. In order to purge the waiting list, a notice will be mailed asking applicants for confirmation of continued interest.

All notices requiring a response, will state that failure to respond within (10) ten calendar days will result in the applicant's name being inactivated on the waiting list.

If the applicant provides information that s/he did not respond to the notice because of a family member's handicap/disability, the PHA will reinstate the applicant at the original date and time of application.

#### Procedures for Closing and Reopening the PHA Waiting List

If there is insufficient funding to admit all eligible applicants to participate in the Section 8 Program, this PHA will suspend at any time, the acceptance or processing of new applications, or the addition of new listings to the waiting list.

When the number of applicants on the waiting list is such that new applicants would have to wait for more than one year for a voucher, the PHA will suspend the taking of applications. This will avoid both unnecessary application processing costs and false hopes to applicant families that assistance would be available to them in the near future. Suspension of application-taking will be publicly announced in the same manner as the public notices for program availability, and once resumed, public notices will be made.

While the waiting list is open, the PHA will accept applications from eligible families, unless there is good cause for not accepting the application, such as denial of assistance because of action or inaction by members of the family for the grounds stated in the Section II, page 18 "Denial or Termination of Assistance" of this Administrative Plan. [24 CFR 982.206(b)(2)].

#### *Closing the Waiting List*

The PHA will stop accepting applications, if the waiting list contains enough applicants to fill anticipated openings for the next 24 months. The waiting list will not be closed if it has a discriminatory effect inconsistent with applicable civil rights laws.

The waiting list open period shall be long enough to achieve a waiting list adequate to cover projected turnover and new allocations over the next 24 months. The PHA will give at least 30 days' notice prior to closing the list.

#### "Initial" Application Procedures [24 CFR 982.204(b)]

The PHA will use a full application form. The information is to be filled out by the applicant. The application will be taken from an applicant who visits the office. All possible reasonable accommodation will be provided to the handicapped/disabled, upon request.

The purpose of the application is to permit the PHA to preliminarily assess family eligibility or ineligibility, and to determine placement on the waiting list. The application will contain at least the following information:

- Register number
- Applicant Name
- Family Unit Size (number of bedrooms the family qualifies for under PHA subsidy)

standards)

- Date and time of application
- Qualification for any local preference
- Racial or ethnic designation of head of household
- Gross annual income
- Income classification
- Handicapped/disabled family members
- Other information, as needed to determine eligibility

Ineligible families will not be placed on the waiting list.

At the initial phase, applications will not require an interview. The information on the application will not be verified until the applicant has been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified.

The PHA must receive information verifying that an applicant is eligible within the period of 60 days before the PHA issues a voucher to the applicant. (§982.201(e))

#### Applicant Status While on Waiting List [CFR 982.204]

Applicants are required to inform the PHA of changes in address. Applicants are also required to respond to requests from the PHA to update information on their application, or to determine their continued interest in assistance.

If, after a review of the application, the family is determined to be eligible, the family will be notified in writing, or will be notified by telephone, or in another manner, upon request, as a reasonable accommodation.

No answer to update the information on the pre-qualification, on reasonable time basis (10 calendars days) will be considered as if the family is not interested to participate in the Program.

## **II. ISSUING OR DENYING VOUCHERS**

Once the family's eligibility has been determined, the family is notified by mail of the determination taken and of the steps to follow.

The PHA will issue a voucher to the family after the family has been briefed on program requirements.

The voucher specifies the unit size for which the family qualifies. This unit size will also be used to determine the amount of assistance the PHA will pay to the owner on behalf of the family. The voucher includes both the date of voucher issuance and date of expiration. It contains a brief description of how the program works and explains the family obligations under the program.

### ***Time of Selection [24 CFR 982.204]***

When funding is available, families will be selected from the waiting list in their determined sequence, regardless of family size, and subject to income targeting requirements. When there is insufficient funding for the family at the top of the list, the PHA will not admit any other applicant until funding is available for the first applicant.

Based on the PHA's turnover and the availability of funding, groups of families will be selected from the waiting list to form a final eligibility "pool". Selection from the eligibility pool will be based on the completion of verification of eligibility.

Ineligible families will be offered an informal review (see section XII on this Plan) on the determination of ineligibility not later than (30) thirty days after the date their application was submitted. During that time frame, the applicants will be notified by writing of their ineligibility and they will have ten (10) calendars days after the receiving of the letter to ask in writing an informal review.

### ***Complete Full Application***

After a family is selected from the waiting list, applicants will be required to:

Update the initial application in his or her own handwriting, unless a handicapped/disabled person requests assistance, as reasonable accommodation. The PHA staff will interview the applicant to clarify and review the information on the full application.

The applicant must complete the full application, and provide all requested documentation and information.

### ***Requirement to Attend Interview***

The PHA requests a full application interview to be attended by all adult family members. The purpose of the interview is to discuss the family's circumstances in greater detail, to clarify ~~information that has been provided by the family, and to ensure that the information is true and~~

complete.

The head of the family must sign all appropriate areas of the housing application. It is the applicant's responsibility to reschedule the interview if s/he misses the appointment. If the applicant does not reschedule or misses two scheduled meetings, the PHA will reject the application. The interview will be held in the office, or at the applicant's home, upon request by a handicapped/disabled family, as a reasonable accommodation.

Applicants who fail to appear and want to reschedule a missed appointment must make the request to reschedule not later than five (5) days from the original appointment date. The request must be made to the staff person who scheduled the appointment.

Reasonable accommodation, such as accessible offices, inclusion of an advocate, or a home visit, will be provided to a handicapped/disabled family, upon request. The handicapped/disabled family's Designee will be allowed to participate in the interview process at the family's request.

If an application is denied due to a failure to attend the full application interview, the applicant will be notified in writing and offered an opportunity to request an informal review. (See "Complaints and Appeals" section XII; and Section VI.)

All adult members must sign the HUD Form 9886, Release of Information, the application form, all PHA-required supplemental, the declarations and consents related to citizenship/immigration status, a consent form to release criminal conviction records and to allow PHA to receive and use records in accordance with HUD regulations, as well as, any other documents required by the PHA. Applicants will be required to sign additional release of information forms for information, not covered by the HUD Form 9886.

Failure to complete required forms, or provide requested information, will be cause for denial of the application for failure to provide necessary certifications, releases, and documents, as required by HUD or the PHA.

The PHA will request additional documents or information in writing, if it determines at or after the interview, that they are needed. The family will be given 15 days to supply the information. If the requested information is not supplied by the due date, the PHA will provide the family a notification of denial for assistance. (See "Complaints and Appeals" section XII of this Plan.)

### ***Briefing of Families***

When the family receives a voucher, the following items will be fully explained:

- Family and owner responsibilities under the lease and HAP contracts
- How to find a suitable unit
- Housing Quality Standards

- Procedures for both the family and owner regarding dwelling unit inspections
- Fair Housing Equal Opportunity and Grievance Procedures

A Voucher Holders Packet will be given to the family containing the following:

- {982.301(b)(1)} Voucher terms and related policies (including requirement policies)
- {982.301(b)(2)} Determination of the housing assistance payment (HAP) for family, including:
  - o Payment Standard for the family {982.301(b)(2)(1)}
  - o Information on the total tenant payment (tenant rent) {982.301(b)(2)(2)}
- {982.301(b)(3)} How maximum rent is determined for an assisted unit
- {982.301(b)(4)} Required lease provisions, including:
  - o Lease qualifications
  - o Portability eligibility (24 CFR 982.354 & 982.355)
- {982.301(b)(5)} Tenancy addendum requirements
- {982.301(b)(6)} Request for lease approval (including the form and its explanation)
- {982.301(b)(7)} Information the owner may require or may get to know
- {982.301(b)(8)} Subsidy Standards
- {982.301(b)(9)} HUD brochure on How to select a unit
- {982.301(b)(10)} Fair housing information, including:
  - o Housing Discrimination complaint form
  - o Disability complaints procedures (including information from the State Agency: “Oficina del Procurador de las Personas con Impedimentos” (Office of the Attorney for Disabled Persons) / See sections VI and XII of this Administrative Plan.
- {982.301(b)(11)y(12)} A list of available housing units for lease, including an statement of the availability of the PHA (as per the family request and to the knowledge of the PHA) to:
  - o help the family to find a unit; and to
  - o provided special assistant for families with disabled persons
- {982.301(b)(13)y(14)} Family obligations under the program, including (if apply) obligations of a welfare-to-work family
- {982.301(b)(15)} Informal hearing procedures

- Lead-based paint notices and certificate
- Schedule of utility allowances
- Form HUD-1140 OIG – “Things you must know”
- List of other housing agencies in the area

### ***Verification***

The PHA’s Section 8 Program will verify information related to waiting list preferences, eligibility, admission and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations, full-time student status of family members 18 years of age and older, Social Security Numbers, citizenship/eligible noncitizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

### **REQUIRED CONSENT BY APPLICANTS & PARTICIPANTS**

Each member of the family of an assistance applicant or participant, who is at least 18 years of age, and each family head and spouse, regardless of age, shall sign one or more consent forms. See 24 CFR §5.230.

### **GENERAL RULES**

Age, relationship, U.S. citizenship, and Social Security Numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or -for citizenship- documentation, such as listed in the table below will be required.) Verification of these items will include photocopies (of provided originals) of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

The first method to use for any information verification must be using third party verification. This type of verification includes written documentation (with forms sent directly to and received directly from a source, not passed through the hands of the family). This verification will also be direct contact with the source, in person or by telephone. It will also be a report generated by a request from the PHA’s Section 8 Program or automatically by another government agency, i.e., the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e., name date of contact, amount received, etc.

When third party verification cannot be obtained, the PHA’s Section 8 Program will accept documentation received from the applicant/participant. Hand-carried

documentation will be accepted if the PHA's Section 8 Program has been unable to obtain third party verification in a four-week period of time. Photocopies of the documents provided by the family will be maintained in the file.

When neither third party verification nor hand-carried verification can be obtained, the PHA's Section 8 Program will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.

The PHA will document in the tenant file, the reason why third party verification was not available.

### Social Security

24 CFR §5.216 requires applicants and participants to disclose the complete and accurate social security number (SSN) assigned to the applicant/participant and to each member of the applicant's/participant's household, who is at least six years of age and to provide documentation to verify each SSN.

In the event an applicant or participant or household member, who is at least six years of age, has not been assigned an SSN, the household member (parent or guardian if the member is under the age of 18) must execute a certification that states the household member was not issued a social security number.

### General Items

The chart below outlines the factors that will be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the PHA's Section 8 Program will send a request form to the source along with a release form signed by the applicant/participant via first class mail.

Verification Requirements for Individual Items: <b>General Eligibility Items</b>		
<b>Item to Be Verified</b>	<b>3<sup>rd</sup> party verification</b>	<b>Hard-carried verification</b>
Social Security Number	Letter from Social Security, electronic reports	Social Security card
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc.	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Letter from school	For high school students, any document evidencing enrollment

Verification Requirements for Individual Items: <b>General Eligibility Items</b>		
<b>Item to Be Verified</b>	<b>3<sup>rd</sup> party verification</b>	<b>Hard-carried verification</b>
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Child care costs	Letter from care provider	Bills and receipts
Disability assistance expenses	Letters from suppliers, care givers, etc.	Bills and records of payments
Medical expenses	Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls

### Income

The requirement for third party verification can be found at 24 CFR §960.259(c)(1) and §982.516(a)(2) and states that “The PHA must obtain and document in the family file third party verification of the following factors, or must document in the file why third party verification was not available:

- (i) Reported family annual income;
- (ii) The value of assets;
- (iii) Expenses related to deductions from annual income; and
- (iv) Other factors that affect the determination of adjusted income or income-based rent.”

Third party verification is defined as independent verification of income and/or expenses by contacting the individual income/expense source(s) supplied by the family. The verification documents must be supplied directly to the independent source by the PHA and returned directly to the PHA from the independent source.

The tenant shall not hand carry documents to or from the independent source. The PHA will elect to mail, fax, or e-mail the verification request form to the independent source.

In the event that the independent source does not respond to the PHA's faxed, mailed, or emailed request for information, the PHA will pursue oral third party verification.

The income verification process established for the PHA's Section 8 Program consists of two major tasks:

1. **SIGN CONSENT-** Applicants and participants sign a consent form to request the following: current or previous wages and salaries from employers, wage information and unemployment compensation from the State agency charged with the administration of the State unemployment law, and income information from

the Commissioner of Social Security and the Secretary of the Treasury.

2. VERIFICATION OF INCOME- The PHA will put forth all its efforts to ensure that all available resources are used, including upfront income verification techniques; to obtain verification of tenant reported (unreported or underreported) income.

The PHA's Section 8 Program will use the following verification methods in the order listed below:

- (1) Upfront Verification
- (2) Written Third Party Verification
- (3) Oral Third Party Verification
- (4) Document Review
- (5) Tenant Declaration

The PHA should attempt to use upfront income verification first and whenever possible, since it is the most preferred method by HUD and does not rely on an individual filling out a form, which will result in lower data integrity.

The PHA's staff will use the Upfront Income Verification (UIV) Information gathered, to verify the household income of program participants. This is a key strategy in reducing income and rent errors attributable to unreported income and to increase accuracy and efficiency in determining family eligibility and computing rent calculations.

If upfront verification is not available (PHA does not have access to this type of information or it is too costly to obtain) then the PHA should obtain required written third party verification. Verification forms should be mailed, faxed or e-mailed directly to the independent source.

In the event that the independent source fails to respond to written verification requests, the PHA should then contact the independent source by telephone or an in person visit to obtain the verification. Upon receipt of the information, the PHA should document in the family file, the date and time the information was received along with the name of the person and title that provided the information.

*Below are the levels and the order of verification methods that the PHA's Section 8 Program will use in determining a family's Total Tenant Payment (TTP).*

<b>Upfront (UIV)</b>	<b>Highest (Highly Recommended, highest level of third party verification)</b>
<b>Written 3<sup>rd</sup> Party</b>	<b>High (Mandatory if upfront income verification is not available or if UIV data differs substantially from tenant-reported information)</b>
<b>Oral 3<sup>rd</sup> Party</b>	<b>Medium (Mandatory if written third party verification is not available)</b>

<b>Document Review</b>	<b>Medium-Low (Use on provisional basis)</b>
<b>Tenant Declaration</b>	<b>Low (Use as last resource)</b>

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	<b>(LEVEL 5)</b>	<b>(LEVEL 4)</b>	<b>(LEVEL 3)</b>	<b>(LEVEL 2)</b>	<b>(LEVEL 1)</b>
<b>Wages/Salaries</b>	Use of computer matching agreements with a State Wage Information Collection Agency (SWICA) to obtain wage information electronically, by mail or fax or in person.	The PHA mails, faxes, or e-mails a verification form directly to the independent sources to obtain wage information.	In the event the independent source does not response to the PHA's written request for information, the PHA may contact the independent source by phone or make an in person visit to obtain the requested information.	When neither form of third party verification can be obtained, the PHA may accept original documents such as consecutive pay stubs (HUD recommends the PHA review at least three months of pay stubs, if employed by the same employer for three months or more), W-2 forms, etc. from the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares the family's total annual income from earnings. Note: The PHA must document in the tenant file, the reason third party verification was not available.
	Agreements with private vendor agencies, such as The Work Number or Choice Point to obtain wage and salary information.	The PHA may have tenant sign a Request for Earnings Statement from SSA to confirm past earnings. The PHA mails the form to SSA and the statement will be sent to the address the PHA specifies on the form.			
	Use of HUD systems, when available.				
<p><b>Verification of Employment Income:</b> The PHA should always obtain as much information as possible about the employment, such as start date (new employment), termination data (previous employment), pay frequency, pay, rate, anticipated pay increases in the next twelve months, year-to-date earnings, bonuses, overtime, company name, address and telephone number, name and the position of the person completing the employment verification form.</p> <p><b>Effective Date of employment:</b> The PHA should always confirm start and termination dates of employment.</p>					
<b>Self-Employment</b>	Not Available	The PHA mails or faxes a verification form directly to sources identified by the family to obtain income information.	The PHA may call the source to obtain income information.	The PHA may accept any documents (i.e. tax returns, invoices and letters from customers) provided by the tenant to verify self-employment income. Note: The PHA must document in the tenant file, the reason third party verification was not obtained.	The PHA may accept a notarized statement or affidavit from the tenant that declares the family's total annual income from self-employment. Note: The PHA must document in the tenant file, the reason third party verification was not available.

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
<b>Verification of Self-Employment Income:</b> Typically, it is a challenge for PHAs to obtain third party verification of self-employment income. When third party verification is not available, the PHA should always request a notarized tenant declaration that includes a perjury statement.					
<b>Social Security Benefits</b>	Use of HUD Tenant Assessment System (TASS) to obtain current benefits history and discrepancy reports.	The PHA mails or faxes a verification form directly to the SSA office to obtain social security benefit information. (Not Available in some areas because SSA makes these data available through TASS. SSA encourages PHAs to use TASS.)	The PHA may call SSA, with the tenant on line, to obtain current benefit amount. (Not Available in some areas because SSA makes these data available through TASS. SSA encourages PHAs to use TASS.)	The PHA may accept an original SSA Notice from the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares monthly social security benefits. Note: The PHA must document in the tenant file the reason third party verification was not available.
<b>Welfare Benefits</b>	Use of computer matching agreements with the local Social Services Agency to obtain current benefit amount electronically, by mail or fax or in person.	The PHA mails faxes, or e-mails a verification form directly to the local Social Services Agency to obtain welfare benefit information.	The PHA may call the local Social Services Agency to obtain current benefit amount.	The PHA may review original award notice or printout from the local Social Services Agency provided by the tenant. Note: The PHA must in the tenant file; the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares monthly welfare benefits. Note: The PHA must document in the tenant file, the reason third party verification was not available.
<b>Child Support</b>	Use of agreement with the local Child Support Enforcement Agency to obtain current child support amount and payment status electronically, by mail or fax or in person.	The PHA mails, faxes, or e-mails a verification form directly to the local Child Support Enforcement Agency or child support payer to obtain current child support amount and payment status.	The PHA may call the local Child Support Enforcement Agency or child support payer to obtain current child support amount and payment status.	The PHA may review an original court order, notice or printout from the local Child Support Enforcement Agency provided by the tenant to verify current child support amount and payment status. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares current child support amount and payment status. Note: The PHA must document in the tenant file, the reason third party verification was not available.

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
<b>Unemployment Benefits</b>	Use of computer matching agreements with a State Wage Information Collection Agency to obtain unemployment compensation electronically, by mail or fax or in person. Use of HUD systems, when available.	The PHA mails, faxes, or e-mails a verification form directly to the State Wage Information Collection Agency to obtain unemployment compensation information.	The PHA may call State Wage Information Collection Agency to obtain current benefit amount.	The PHA may review an original benefit notice or unemployment check stub, or printout from the local State Wage Information Collection Agency provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares unemployment benefits. Note: The PHA must document in the tenant file, the reason third party verification was not available.
<b>Pensions</b>	Use of computer matching agreements with a Federal, State or Local Government Agency to obtain pension information, electronically, by mail or fax or in person.	The PHA mails, faxes, or e-mails a verification form directly to the pension provider to obtain pension information	The PHA may call the pension provider to obtain current benefit amount.	The PHA may review an original benefit notice from the pension provider provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares monthly pension amounts. Note: The PHA must document in the tenant file, the reason third party verification was not available.
<b>Assets</b>	Use of cooperative agreements with sources to obtain asset and asset income information electronically, by mail or fax or in person.	The PHA mails, or e-mails a verification form directly to the source to obtain asset and asset income information.	The PHA may call the source to obtain asset and asset income information.	The PHA may review original documents provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares assets and asset income. Note: The PHA must document in the tenant file, the reason third party verification was not available.
<b>Comments</b>	Whenever HUD makes available wage, unemployment, and SSA information, the PHA should use the information as part of the reexamination process. Failure to do so may result in disallowed cost	Note: The independent source completes the form and returns the form directly to the PHA Agency. The tenant should not carry documents to or from the independent source.	The PHA should document in the tenant file, the date and time of the telephone call or in person visit, along with the name and title of the person that verified current income amount.		The PHA should use this verification method as a last resource, when all other verification methods are not possible or have been unsuccessful. Notarized statement should include a perjury penalty statement.

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
	during RIM review.				
<b>Note: The PHA must not pass verification costs along to the participant.</b>					
<b>Note: In cases where the PHA cannot reliably project annual income, the PHA may elect to complete regular interim reexaminations (this policy should be apart of the PHA's written policies).</b>					

Example of the local documentation that the PHA will request, among others, is a certification from the CRIM (Center for Municipal Income and Tax Collection) to be considered for negative ownership for local real estate properties to the tenant declaration for asset verification and, a certification from the P.R. Department of Labor and Human Resources to be considered for job verification.

### ***Denial and Termination of Assistance***

The PHA policies on denial and termination of assistance will be determined as established on this Administrative Plan and as established in the 24 CFR Subpart L Sections 982.551 to 982.553 and in accordance with dispositions on the 24 CFR 5.105.

### **Policy Governing the Voucher Term and Any Extensions of the Voucher Term.**

The voucher issued to the family will be determined by the size of the family. The length for a voucher is for 60 days term. In case a voucher expires, the family will reapply and be added to the waiting list in order of priority, dependent upon funds availability and/or as the process is open (this is, initiate the process as a new request).

The family will obtain the pertinent request form for lease approval. The family will be given ample opportunity to discuss and raise questions with relation to the above mentioned orientation. Personal assistance will be provided to families in an attempt to help them find adequate housing.

The PHA will encourage participation of owners of suitable units located outside areas of low income or minority concentrations. Owners will be oriented in relation to this matter.

### ***Voucher Term Extensions***

The PHA will grant, after the standard 60 days' voucher term, two (2) justified extension of 30 days' period each, to find a suitable unit. The extension's justification must be requested in writing and should provide verifiable evidence.

All requests for extensions should be received prior to the expiration date of the Voucher. Extensions are permissible at the discretion of the HA primarily for the following reasons:

- a) Extenuating circumstances such as hospitalization or a family emergency for an extended period of time, which has affected the family's ability to find a unit within the initial 30-day time period. The HA representative will verify the extenuating circumstances prior to granting an extension.
- b) The family has evidence that they have made a consistent effort to locate a unit and request support services from the HA, throughout the initial 60-day period with regard to their inability to locate a unit.

The family must demonstrate its efforts to find a unit by: the Program, contact owners and real estate companies, search newspapers listing, explore neighborhoods for "For Rent" signs, check with local churches, and other community organizations. With this purpose the family must fill and certify a form (See Appendix I) in which they should record the steps taken to find an affordable unit.

- c) The family has turned in a Request for Lease Approval prior to the expiration of the 30-day time period, but the unit has not passed HQS.
- d) Time Period for extensions: A HA representative will grant one extension not to exceed a total of 30-days. The initial term plus any extensions MAY NOT exceed 120 calendar days for the beginning of the initial term.
- e) Extensions for Disabled persons: the HA representative must grant an extension of up to 120 days for persons who are disabled.

Justified circumstances also include:

- Where there is a reasonable possibility that the family will need additional advice and assistance to find a suitable unit;
- Depending on the level of support services requested by and provided to the family;
- Whether the family has already submitted requests for approval of the tenancy for units that were not approved by the PHA; and
- Whether the family size or other special requirements made finding a unit difficult.

When the voucher term expires, the PHA will require that the family reapply when the PHA begins accepting applications.

***Suspension (or "tolling") of Term***

The PHA **will not grant** the family a suspension of the voucher term if the family has submitted a request for approval of the tenancy during the term of the voucher. [24 CFR 982.4, “Definitions”, and 982.303]

**III. POLICY ON SPECIAL RULES FOR USE OF AVAILABLE FUNDS  
(SPECIAL PURPOSE): ASSISTANCE TARGETED BY HUD  
(See also Section XXIII Special Housing Assistance)**

*General Rules*

The PHA applies for additional funds as they become available. The availability of such funds will be first notified in writing, to those already listed in the waiting list. Also a flyer will be posted in the bulletin board of the Section 8 Office.

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria, unless, as a requirement of the program, eligible families are referred from a social service agency. The PHA will follow the applicable regulation in the administration of the special purpose vouchers (as granted).

*Special Funding: NOFA (Notice of Funding Availability)*

Additional vouchers funding such as Occupancy NOFA, would be selected from the waiting list proceeding, the regular selection procedures and/or those procedures established in the Federal Register.

*Special Population Vouchers*

Vouchers targeted to special population, such as Family Unification, Welfare-to-Work, Mainstream Opportunities- Services to Persons with Disabilities; will be publicly announced and selected from a special waiting list (designated for this type of funding), giving priority to those in the regular waiting list (who will be notified by mail).

*Special Housing Types Funding*

The PHA does not plan to apply for Special Housing Types Funding. If eventually, the PHA decides to apply for such funding; the policies on special rules will be stated as follows:

When HUD awards funding to a PHA program, which is targeted for families living in specified units (such as Housing Demolition, Mainstream Housing - Elderly Designation, etc.), the PHA must use the assistance for the families living in those units. The PHA must admit these families under a Special Admission procedure.

Special Admission is given to families that are not on the waiting list, or without considering the family's position on the waiting list. The PHA must maintain records showing that a family was admitted with HUD-targeted assistance. Special admission families need not to qualify for any preference. They are not counted against the limit of local preference admissions. The PHA must maintain a separate record of these admissions.

## IV. OCCUPANCY POLICIES

The PHA will only admit an eligible family to the program. To be eligible, the applicant must be a “family”, must be income-eligible, and must be a citizen, or a noncitizen that has eligible immigration status; as determined in accordance with 24 CFR Part 5.

### 1. Family Composition and Income Eligibility

The PHA defines family and income eligibility as stated on the 24 CFR Part 982.201. This definition includes “live-in-aide” and single person, among others.

*Family: (24 CFR: §5.403 and §982.4) a single or a group of persons living together, subject to the provisions and eligibility criteria established under the program [Family Composition §982.201 (c)]. Persons related by blood, marriage, or by operation of law.*

*Single person family for the PHA is: a single person with a child or children temporary away (placed in foster care), an elderly person, a disabled person, a displaced family and a remaining member of the original assisted family (which qualifies to continue in the program).*

To consider a person a “live-in-aide”, such person must be essential for the care and aide of the person who serves as a companion. To determine its eminent presence in the dwelling unit, the family must submit appropriate medical certification and any other evidence that the PHA deems necessary. Approval of a live-in aide for reasonable accommodation will be in accordance with CFR 24 Part 8.

Per Title 24 CFR 982.316, the PHA will refuse to approve a particular person as a live-in aide, or will withdraw such approval if:

- The person commits or has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program;
- The person commits or has committed drug-related criminal activity or violent criminal activity; or
- The person currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

### 2. Continuously Assisted Family

As established in the 24 CFR 982.201, an applicant is continuously assisted under the 1937 Housing Act if the family is already receiving assistance under any 1937 Housing Act program when the family is admitted to the voucher program.

It is in this regard that the PHA has established the following policy concerning whether and to

what extent a brief interruption between assistance and admission to the voucher program will be considered to break continuity of assistance:

“Any family currently involved with any federally assisted public housing project has a total of some 183 calendar days or half a year (6 months), between the period they have left a federal housing program and applied for assistance under the Housing Choice Voucher Program, in order to be considered under continuously assisted.”

### **3. Standards for Denying Admission or Terminating Assistance Based on Criminal Activity or Alcohol Abuse in Accordance with Sec. 982.553**

The members of the household will not 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.

*Action or inaction by family.*

The PHA will deny assistance for an applicant or terminate assistance for a participant under the programs because of the family's action or failure to act as described in this section or Sec. 982.553. The provisions of this section do not affect denial or termination of assistance for grounds other than action or failure to act by the family.

*Requirement to deny admission or terminate assistance.*

1. For provisions on denial of admission and termination of assistance for illegal drug use, other criminal activity, and alcohol abuse that would threaten other residents, the PHA applies the rules on the 24 CFR Sec. 982.553.
2. If the family has been engaged in criminal activity or alcohol abuse as described in Sec. 982.553.

Per Sec. 982.553, the PHA must prohibit admission to the program of an applicant for three (3) years from the date of eviction if a household member has been evicted from federally assisted housing for drug-related criminal activity. However, it is the PHA decision to admit the household if the PHA determines:

- (A) That the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the PHA; or
- (B) That the circumstances leading to eviction no longer exist (for example, the criminal household member has died or is imprisoned).
- (C) If the PHA determines (with evidence) that the evicted person clearly did not participate in or know about the drug-related criminal activity and the leading to

eviction not longer exist (as part B, above).

The PHA will prohibit admission if:

- (A) Any household member is currently engaging in illegal use of a drug;
- (B) It is determines that it has reasonable cause to believe that a household member's illegal drug use or a pattern of illegal drug use will threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
- (C) Any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.

**Drug** - means a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).

**Covered person** - means a tenant, any member of the tenant's household, a guest or another person under the tenant's control.

**Guest**- means a person temporarily staying in the unit with the consent of a tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant. The requirements of part 982 apply to a guest as so defined.

**Other person under the tenant's control** - means that the person, although not staying as a guest (as defined in this section) in the unit, is, or was at the time of the activity in question, on the premises because of an invitation from the tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant. Absent evidence to the contrary, a person temporarily and infrequently on the premises solely for legitimate commercial purposes is not *under the tenant's control*.

#### *Mandatory prohibition*

The PHA must prohibit admission to the program if any member of the household is subject to a lifetime registration requirement under a State sex offender registration program. In this screening of applicants, the PHA must perform criminal history background checks necessary to determine whether any household member is subject to a lifetime sex offender registration requirement in the State where the housing is located and in other States where the household members are known to have resided.

#### *Permissive prohibitions*

The PHA will prohibit admission of a household to the program if the PHA determines that any household member is currently engaged in, or has engaged in during a reasonable time before the admission:

- (1) Drug-related criminal activity;

- (2) Violent criminal activity;
- (3) Other criminal activity which will threaten the health, safety, or right to **peaceful** enjoyment of the premises by other residents or persons residing in the immediate vicinity; or
- (4) Other criminal activity which will threaten the health or safety of the owner, property management staff, or persons performing a contract administration function or responsibility on behalf of the PHA (including a PHA employee or a PHA contractor, subcontractor or agent).

If the PHA previously denied admission to an applicant because a member of the household engaged in criminal activity, it is the PHA decision to reconsider the applicant if the PHA has sufficient evidence that the members of the household are not currently engaged in, and have not engaged in, such criminal activity during a reasonable period, as determined by the PHA, before the admission decision.

(1) The PHA would have “sufficient evidence” if the household member submitted a certification that she or he is not currently engaged in and has not engaged in such criminal activity during the specified period and provided supporting information from such sources as a probation officer, a landlord, neighbors, social service agency workers and criminal records, which the PHA verified.

(2) For purposes of this section, a household member is “currently engaged in” criminal activity if the person has engaged in the behavior recently enough to justify a reasonable belief that the behavior is current.

(3) Prohibiting admission of alcohol abusers. The PHA must establish standards that prohibit admission to the program if the PHA determines that it has reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.

*Terminating of assistance for:*

*Drug criminals*

The PHA must establish standards that allow the PHA to terminate assistance for a family under the program if the PHA determines that:

- (A) Any household member is currently engaged in any illegal use of a drug;  
or
- (B) A pattern of illegal use of a drug by any household member interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

The PHA must immediately terminate assistance for a family under the program if the PHA determines that any member of the household has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the

premises of federally assisted housing.

The PHA must establish standards that allow the PHA to terminate assistance under the program for a family if the PHA determines that any family member has violated the family's obligation under Sec. 982.551 not to engage in any drug-related criminal activity.

Drug related criminal activity - is the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance.

#### Other criminals

The PHA must establish standards that allow the PHA to terminate assistance under the program for a family if the PHA determines that any household member has violated the family's obligation under Sec. 982.551 not to engage in violent criminal activity.

Violent criminal activity - includes any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property.

#### Alcohol abusers

The PHA must establish standards that allow termination of assistance for a family if the PHA determines that a household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.

### *Standards*

**Standard for Violation** – The PHA will deny participation in the program to applicants and terminate assistance to participants in cases where there is reasonable cause to believe that a household member is illegally using a drug or if the person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents, including cases where the PHA determines that there is a pattern of illegal use of a drug or a pattern of alcohol abuse. The PHA will consider the use of a controlled substance or alcohol to be a pattern if there is more than one incident during the previous 12 months.

**"Engaged in or engaging in" violent criminal activity** - means any act within the past 3 years by an applicant or participant or household member which involved criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage, which resulted in the arrest and/or conviction of the applicant, participant, or household member.

The existence of the above-referenced behavior by any household member, regardless of the applicant or participant's knowledge of the behavior, shall be grounds for denial or termination of assistance.

#### *Evidence of criminal activity*

The PHA will terminate assistance for criminal activity by a household member as authorized in this section if the PHA determines, based on a preponderance of the evidence, that the household member has engaged in the activity, regardless of whether the household member has been arrested or convicted for such activity.

#### *Required Evidence*

The PHA will pursue fact-finding efforts as needed to obtain evidence for termination of assistance. Pending termination actions will be based on the following rules of evidence:

- *Preponderance of evidence* is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. The intent is not to prove criminal liability, but to establish that the act(s) occurred. Preponderance of evidence will not be determined by the number of witnesses, but by the greater weight of all evidence.
- *Credible evidence* will be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants.

#### *Use of criminal record*

(1) Denial - If a PHA proposes to deny admission for criminal activity as shown by a criminal record, the PHA must provide the subject of the record and the applicant with a copy of the criminal record. The PHA must give the family an opportunity to dispute the accuracy and relevance of that record, in the informal review process in accordance with Sec. 982.554. (See part 5, subpart J for provision concerning access to criminal records.)

(2) Termination of assistance - If a PHA proposes to terminate assistance for criminal activity as shown by a criminal record; the PHA must notify the household of the proposed action to be based on the information and must provide the subject of the record and the tenant with a copy of the criminal record. The PHA must give the family an opportunity to dispute the accuracy and relevance of that record in accordance with Sec. 982.555.

(3) Cost of obtaining criminal record – Tenants will notify the PHA any difficulty in obtaining the criminal record. As feasible, the PHA will not pass along to the tenant the costs of a criminal

records check.

*Family Obligations [24 CFR982.551]*

All obligations of the family are explicitly stated on the Housing Choice Voucher form which serves as the contractual document between the PHA and program participants.

These obligations are discussed in detail with program participants at the mandatory briefing sessions prior to admission to the program. Violation of any of these family obligations will be grounds for termination of assistance.

*Notice of Termination of Assistance*

The PHA will provide a written notice of intent to terminate housing assistance, which will include the following information:

- The family obligation that has been violated;
- The specific action(s) which occurred in violation of the family obligation;
- The effective date of the proposed termination,
- The family's right, if they disagree, to request an Informal Hearing to be held prior to termination of assistance; and,
- The date by which a request for an informal hearing must be received by the PHA.

The PHA will simultaneously provide written notice of the contract termination to the owner so that it will coincide with the Termination of Assistance. The Notice to the owner will not include any details regarding the reason for termination of assistance.

## **V. ENCOURAGING PARTICIPATION BY OWNERS OF SUITABLE UNITS LOCATED OUTSIDE AREAS OF LOW INCOME OR MINORITY CONCENTRATION**

The PHA will publish a notice inviting owners to make dwelling units available for leasing by participating families. This notice is published via memoranda posted in the Municipal Government Reception Bulletin Board and the Section 8 Reception Area and/or other suitable means, as necessary, in order to reach a maximum number of owners and real estate brokers located in all geographical sectors within the jurisdiction of the Housing Administration.

The PHA has an affirmative action marketing program to ensure that opportunities for program participation are adequately publicized in order to reach and/or accomplish the following:

- Families identified by the PHA as the least likely to apply (e.g., handicapped families, very low-income families, large families, homelessness families, women household families, and victims of domestic violence)).
- Families identified in the Housing Assistance Plan.
- Owners of rental properties located outside areas of low-income or minority concentrations.
- Families identified in the Rental Rehabilitations Program
- Provide area- wide housing opportunities to families.

All outreach is done in accordance with the Section 8 Office's approved Equal Opportunity Housing Plan, Administrative Plan, and HUD guidelines for fair housing opportunity logotype, statement and slogan.

The best way to recruit new owners is to operate the housing choice voucher program effectively and treat owners professionally. This includes minimizing the time required to inspect units and to start HAP payments, applying program rules consistently, being timely and predictable in all program processing, maintaining effective and prompt communications with owners (e.g., returning calls quickly, identifying a single point of contact, meeting at least once a year with them), and making payments accurately and on time. The PHA also includes that: Tenants are required to pay the security payment to the landlord at the contract signature meeting.

**VI. ASSISTING A FAMILY THAT CLAIMS THAT ILLEGAL DISCRIMINATION HAS PREVENTED THE FAMILY FROM LEASING A SUITABLE UNIT: Discrimination Complain Procedure and Housing Accessibility Policy for the Disable. (See also Section XII)**

As part of the information packet provide to the applicants, the applicants are given Information on federal, State and local equal opportunity laws, and a copy of the housing discrimination complaint form.

The PHA will assist the families that claim that illegal discrimination has prevented the family from leasing a suitable unit: Ex., single women with many children, according to the Fair Housing Act and Equal Opportunity and Non-Discriminatory Laws.

A family which claims that illegal discrimination because of race, color, religion, sex, national origin, age, familial status or disability prevents the family from finding or leasing a suitable unit with assistance under the program; must fill a housing discrimination complaint in the PHA main administrative office.

Where a family alleges that illegal discrimination is preventing them from finding a suitable unit, the PHA will provide reasonable assistance this matter by directing the aggrieved to the necessary agencies.

**A. EQUAL OPPORTUNITY**

1. Fair Housing

It is the policy of the PHA to comply fully with all Federal, State, and local nondiscrimination laws, including but not limited to Title VI of the Civil Rights Act of 1964, the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the ground of race, color, sex, religion, national origin, familial status, age or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any PHA housing programs.

To further its commitment to full compliance with applicable Civil Rights laws, the PHA will provide Federal/State/local information to applicants for and participants in the Section 8 Housing Program regarding unlawful discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the PHA office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The PHA will assist any family that believes they have suffered illegal discrimination by providing them with copies of the housing discrimination form. The PHA will also assist them in completing the form, if requested, and will provide them with the address of the nearest HUD Office of Fair Housing and Equal Opportunity.

## 2. Housing Accessibility Policy

Sometimes people with disabilities will need a reasonable accommodation in order to take full advantage of the PHA housing programs and related services. When such accommodations are granted they do not confer special treatment or advantage for the person with a disability; rather, they make the program fully accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the PHA will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the PHA will ensure that all applicants/participants are aware of the opportunity to request reasonable accommodations.

The PHA complies with non-discrimination policies established by Title VII of the Civil Rights Act of 1968 (Fair Housing Act) by providing reasonable accommodations to persons with disabilities, whether registrants, applicants, or participants by:

- Making application and registration forms available to organizations that service or represent the aged or persons with disabilities;
- Complying with Federal, State and Local laws regarding accommodations for persons with disabilities and providing adequate office facilities;
- Providing assistance to complete forms and to provide other documents required by program regulations;
- Providing reasonable extensions of time for the completion of program requirements to the extent allowed by HUD regulations;
- Providing extensions of the terms of Vouchers to the extent allowed by program regulations, or, if prohibited by regulations, requesting written approval by HUD for additional extensions to accommodate families containing persons with disabilities;
- Conducting in-home visits for persons who are unable to visit the office due to medical conditions; and
- Soliciting information on the accessibility of owners' units for persons with disabilities, and providing information on amenities the unit will provide for persons with disabilities.

### 3. Complaint Procedures

#### *Introduction*

These procedures establish the handling of complaints filed by applicants and/or participants in the PHA's Section 8 Program. These procedures will guarantee the timely, joint resolution of complaints.

#### *Filing of Complaints*

Complaints shall be filed before the Housing Department or Program Director or a designated representative within the PHA's Office of Housing and Section 8 Program.

The complainant shall file complaints personally. Upon the filing of a complaint, the parts will conduct an informal discussion to attempt to arrive at a fair and reasonable resolution without having to conduct a Hearing. A decision will be made as expeditiously as possible. The Housing Department or Program Director shall prepare a short written report of the informal discussion, which will include this decision. The complainant will be provided copy of this report within five workdays after the decision is made. The written report will specify:

- a. Name of participants
- b. Date in which the complaint was filed
- c. Nature of the complaint
- d. Decision made by the Housing Department or Program Director for resolution of the complaint, and basis for such decision
- e. Procedures through which the complainant will request a Hearing

#### *Procedures for requesting a Hearing before an Official designated by the Mayor*

When the complainant is not satisfied with the decision made by the Housing Department or Program Director, a Hearing will be requested in writing within ten (10) workdays from the date of receipt of the decision.

The Request for Hearing shall include the following:

- a. The complaint
- b. Reasons for the complaint
- c. Action or remedy sought

By not requesting a Hearing within the established time frame, the complainant renounces the right to Hearing and accepts the Housing Department or Program Director's decision as final and binding, unless just cause can be established for requesting a Hearing within the established time frame.

### 4. Disability procedures

### *General*

The PHA's Section 8 Program shall not discriminate against any person because of race, color, sex, religion, civil status, political affiliation, and/or physical or mental disability.

The Program is committed to offer quality and excellence in services, and to provide the necessary tools to help persons with disabilities in specific situations, and will arrange assistance in those cases referred to the Office of Assistance to Persons with Disabilities.

### *Procedures*

- a. Persons requesting assistance will state their business at the Town Hall's Reception Area.
- b. Reception Area personnel will contact the Section 8 Program Coordinator or authorized representative. Accessibility arrangements will be made if necessary.
- c. Persons requesting assistance will present a Health Department identification issued in accordance to Laws 107 and 108 that stipulate an "Express Line" benefit.
- d. Persons requesting assistance will be referred to the Office of Assistance to Persons with Disabilities.
- e. The Office of Assistance to Persons with Disabilities will provide accessible transportation services to those Section 8 Program clients identified as having physical and/or mental disability in accordance with the Americans with Disabilities Act of 1990.

### *Procedures for Complaints of Violations of Rights*

Any person with a disability who believes that service or treatment has not been just, and/or that has been discriminated upon because of race, color, sex, national origin, age, religion, political affiliation, and physical and/or mental disability should:

- a. Submit a written complaint in letter format to the Housing Department (Section 8 Program) explaining the alleged situation, who interviewed the person, and the reasons why he/she understands that discrimination has occurred. The complaint should be mailed to the following address:

MUNICIPIO DE PATILLAS  
OFICINA PROGRAMA SECCION 8  
P O BOX 698  
PATILLAS, PR 00723

or submitted in person to the following address:

OFICINA DE SECCION 8

PROGRAMA DE VIVIENDA  
CALLE MUÑOZ RIVERA #17  
PATILLAS, PUERTO RICO

- b. The Housing or Program Director (Or Coordinator) will verify the complaint and will notify the alleged victim regarding the determination and/or measures to be taken, and will attend to the situation in a term not exceeding 30 days.
- c. If the situation persists, the Mayor and the Legal Division shall be notified for appropriate action.
- d. If the complainant understands that the situation cannot be resolved satisfactorily, he/she will be oriented to contact by telephone or file a written complaint with the following agency:

Oficina del Procurador de las  
Personas con Impedimentos  
OFICINA DEL ESTE

PHYSICAL ADDRESS:

CALLE CRUZ ORTIZ STELLA  
ESQ DUFRESNE  
CENTRO GUBERNAMENTAL HUMACAO  
EDIF. ANTIGUO TRIBUNAL HUMACAO

POSTAL ADDRESS:

45 CALLE CRUZ ORTIZ STELLA  
N STE 2  
HUMACAO PR 00791-3751

Telephone: (787) 850-1993  
Free phone number [EAST] 1 (800) 984-1992 / [CENTRAL  
OFFICE] 1 (800) 981-4125  
Fax: (787) 850-1994  
TDD line: 1 -800-984-1992  
Web Page: [www.oppi.gobierno.pr](http://www.oppi.gobierno.pr)  
E-MAIL: [oppieste@prtc.net](mailto:oppieste@prtc.net)

## **VII. PROVIDING INFORMATION ABOUT A FAMILY TO PROSPECTIVE OWNERS**

The owner is responsible for screening and selection of the family to occupy the owner's unit. At or before PHA approval of the tenancy, the PHA must inform the owner that screening and selection for tenancy is the responsibility of the owner.

The owner is responsible for screening of families on the basis of their tenancy histories. An owner will consider a family's background with respect to such factors as:

- (i) Payment of rent and utility bills;
- (ii) Caring for a unit and premises;
- (iii) Respecting the rights of other residents to the peaceful enjoyment of their housing;
- (iv) Drug-related criminal activity or other criminal activity that is a threat to the health, safety or property of others; and
- (v) Compliance with other essential conditions of tenancy.

### *PHA information about tenant*

It is the PHA policy to provide information to the owner as established in the 24 CFR 982.307. This information includes:

- (i) The family's current and prior address (as shown in the PHA records); and
- (ii) The name and address (if known to the PHA) of the landlord at the family's current and prior address.

Owners' obligations are brief to the owner as stated in the 24 CFR part 982, mostly in section 982.452. This information will be given to both owners and participants.

## VIII. DISAPPROVAL OF OWNERS

A property owner does not have a right to participate in the housing choice voucher program.

The PHA will not to enter into a HAP contract with any owner who refuses or has a history of refusing to evict families, who disturb the peaceful enjoyment of the property, engage in drug-related or violent criminal activity, and threaten the health or safety of other residents, managers, employees of the Housing Department or the owner. This is in accordance with established HUD regulations as set forth in the Quality Housing and Work Responsibility Act of 1998.

The PHA must not approve an assisted tenancy if the PHA has been informed (by HUD or otherwise) that the owner is debarred, suspended, or subject to a limited denial of participation under 24 CFR part 24.

In addition, the PHA must not approve the assisted tenancy when it has been informed by HUD that:

- The federal government has instituted an administrative or judicial action against the owner for a violation of the Fair Housing Act or other federal equal opportunity requirements and such action is pending; or
- A court or administrative agency has determined that the owner violated the Fair Housing Act or other federal equal opportunity requirements.

In its administrative discretion, the PHA will deny approval of an assisted tenancy for any of the following reasons, including but not limited to those aforementioned:

- (1) The owner has violated obligations under a HAP contract under Section 8 of the 1937 Act (42 U.S.C. 1437f);
- (2) The owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
- (3) The owner has engaged in any drug-related criminal activity or any violent criminal activity;
- (4) The owner has a history or practice of non-compliance with the HQS for units leased under the tenant-based programs, or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing program;
- (5) The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household that:
  - (i) Threatens the right to peaceful enjoyment of the premises by other residents;
  - (ii) Threatens the health or safety of other residents, of employees of the PHA, or of owner employees or other persons engaged in management of the housing;
  - (iii) Threatens the health or safety of, or the right to peaceful enjoyment of their residences, by persons residing in the immediate vicinity of the premises; or

- (iv) Is drug-related criminal activity or violent criminal activity; or
- (6) The owner has a history or practice of renting units that fail to meet State or local housing codes; or
- (7) The owner has not paid State or local real estate taxes, fines or assessments.

#### *Leases Between Relatives*

The PHA must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family; unless the PHA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This restriction against PHA approval of a unit only applies at the time a family initially receives tenant-based assistance for occupancy of a particular unit, but does not apply to PHA approval of a new tenancy with continued tenant-based assistance in the same unit.

In cases where the owner and tenant bear the same last name, the PHA will require the family and owner to certify whether they are not related to each other in any way. Failure to disclose relationship will be considered fraud and grounds for termination of tenancy and prohibition of future program participation by the owner.

#### *Conflicts of Interest*

PHAs must also not approve contracts in which any of the following parties have a current interest or will have an interest in the HAP contract for one year thereafter:

- Present or former member or officer of the PHA, except a participant commissioner;
- Employee of the PHA or any contractor, subcontractor or agent of the PHA who formulates policy or influences program decisions;
- Public official, member of a governing body, or state or local legislator who exercises functions or responsibilities related to the programs; or
- Members of U.S. Congress.

The HUD Field Office will waive the conflict of interest requirements, except for members of Congress, for good cause.

It should be clearly noted that nothing contained within 24 CFR 982.306 is intended to give any owner any right to participate in the program. For purposes of this plan the term “owner” includes a principal or other interested parties.

## **IX. SUBSIDY STANDARDS [24 CFR 982.54(d)(9)]**

HUD guidelines require PHAs to establish subsidy standards for the determination of family unit size that provide for a minimum commitment of subsidy while avoiding overcrowding. The standards used for the unit size must be within the minimum unit size requirements of HUD's Housing Quality Standards (HQS). This Section explains the subsidy standards that PHA will use to determine the voucher size (family unit size) for families when they are selected from the waiting list, the PHA's procedures for a family size change, and for family selection of a unit of a different size than the voucher size.

### **1. Determining Family Unit (Voucher) Size [24 CFR 982.402]**

The PHA requires at least one person per bedroom when determining the voucher unit size. The PHA also considers the interests of minor children (under the age of five) or of ill, elderly or disable family members (See sections 2 and 3 below), for unit size. The PHA's subsidy standards for determining voucher size shall be applied in a manner consistent with fair housing guidelines.

All standards in this section relate to the number of bedrooms on the voucher, not the family's actual living arrangements.

The voucher unit size remains the same, as long as the family composition remains the same, regardless of the actual unit rented.

One bedroom will be assigned for the head of household and or spouse or co-head, and one bedroom will be awarded to each two family members. The PHA does not allow that family members of different sex (unless couples) share a room. (For example: Twins same sex can share a room but not if they have different sex.) The PHA allows family members with 5 year of difference in age to share a room. (For example: 10 and 12 year old girls can share a room but not a 10 and 16 year old girls). Exceptions will be made for medical reasons, or for a live-in aide, or as agreed by the family by written notification as allowed by applicable laws.

Bedroom size will also be determined using the following guidelines:

- Children of the same sex (within 5 years of difference) will share a bedroom.
- Children of the opposite sex, both under the age of 6, will share a bedroom.
- Adults (18+) and children will not be required to share a bedroom.
- Foster adults and children will not be required to share a bedroom with family members.
- Live-in aides will get a separate room.

The PHA will reexamine the subsidy standard annually.

Generally, the PHA assigns one bedroom to two people, within the following guidelines:

Foster children will be included in determining unit size, only if they will be in the unit for more than six months.

Live-in attendants will generally be provided a separate bedroom. No additional voucher bedrooms are provided for the attendant's family.

Space will not be provided for a family member, other than a spouse, who will be absent most of the time, such as a member absent due to military service.

A single pregnant woman, with no other family members, is treated as a two-person family.

The family's unit size will be determined without overcrowding or over-housing. (See section 3 below for unit guidelines)

## **2. Exceptions to Subsidy Standards [24 CFR 982.402]**

The PHA will grant exceptions from the subsidy standards, upon request, providing the PHA determines the exceptions are justified by the health or handicap/disability of family members, or other individual circumstances.

The PHA will grant an exception upon request as an accommodation for persons with handicaps/disabilities. Circumstances will dictate a larger size than the subsidy standards permit when persons cannot share a bedroom because of a need, such as a:

A verified medical or health reason; or

An elderly or disabled family that requires a live-in attendant (evidenced).

### *Request for Exceptions to Subsidy Standards*

The family will request a larger size voucher than indicated by the PHA subsidy standards. The request must explain the need or justification for a larger voucher bedroom-size. Documentation verifying the need or justification will be required by the PHA.

The PHA will not issue a larger voucher due to additions of family members, other than by birth, adoption, marriage, or court-awarded custody.

A doctor, other medical professional, such as a nurse, psychiatrist, psychologist, or a social service professional must provide a certification of the need for additional bedrooms.

### *Changes for Applicants*

The voucher size is determined prior to the briefing by comparing the family composition to the PHA subsidy standards. If an applicant requires a change in the voucher size, the above referenced guidelines will apply.

### *Changes for Participants*

The PHA must approve the members of the family residing in the unit. The family must obtain PHA approval of any additional family member prior to that person moving into the assisted unit, unless the addition is by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within 15 days, and the above referenced guidelines will apply.

### *Underhoused and Overhoused Families*

If a unit does not meet HQS space standards because of an increase in family size due to a birth, adoption, or court-awarded custody (unit too small), the PHA will issue a new voucher of the appropriate size, and assist the family in locating a suitable unit. Additions to the household other than through birth, adoption, or court-awarded custody, are not eligible for a larger voucher bedroom size, and these additional members will not be added to the household, if the addition violates HQS due to overcrowding.

### **3. Unit Size Selected [24 CFR 982.402(c)]**

The family will select a different size dwelling unit than that listed on the voucher. There are three criteria to consider:

*Subsidy Limitation:* The payment standard for a family shall be the lower of:

- The PHA payment standard amount for the family unit size; or
- The PHA payment standard amount for the unit size rented by the family.

*Utility Allowance:* The utility allowance used to calculate the gross rent is based on the actual size of the unit the family selects, regardless of the size authorized on the family's voucher.

*Housing Quality Standards:* The standards allow a maximum occupancy of two persons per living/sleeping room as shown in the table below. Sleeping area would include: living room, den, dining room, library, or other rooms used for sleeping.

**HQS GUIDELINES FOR UNIT SIZE SELECTED** (REF: HUD'S Housing Choice Voucher Program Guidebook)

Typical PHA Standards Used to Issue Housing Choice Voucher		Standards Used to Determine Acceptability of Unit Size <i>(HQS Rules)</i>	
Housing Choice Voucher Size	Maximum No. of Persons in Household	Unit Size	Maximum Occupancy Assuming a Living Room Is Used as a Living/Sleeping Area
0-BR	1	0-BR	1
1-BR	2	1-BR	4
2-BR	4	2-BR	6
3-BR	6	3-BR	8
4-BR	8	4-BR	10
5-BR	10	5-BR	12
6-BR	12	6-BR	14

## **X. FAMILY ABSENCE FROM THE DWELLING UNIT [24CFR 982.312]**

The family may be absent from the unit for brief periods. An absence is considered an authorized 15 calendar day's period out of the unit. However, the family will not be absent from the unit for a period of more than 180 consecutive calendar days in any circumstance, or for any reason.

Absence means that no member of the family is residing in the unit.

For the PHA's Section 8 Program, the family will be considered absence and in violation of its lease, when it is not in the unit for more than 15 days consecutive calendar days, without a previous and/or immediate reasonable notification.

Housing assistance payments terminate if the family is absent for longer than the maximum period permitted. The term of the HAP contract and assisted lease also terminate. (The owner must reimburse the PHA for any housing assistance payment for the period after the termination.)

The family must supply any information or certification requested by the PHA to verify that the family is residing in the unit, or relating to family absence from the unit. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit, including any information requested on the purposes of family absences. The family must notify the absence as soon as the situation or need exists; at least 30 days prior to the absence. (In case of emergency, the PHA will be notified immediately.)

It is the responsibility of the head of household to report changes in family composition. The PHA will evaluate absences from the unit using this policy.

Space will not be provided for a family member, other than a spouse, who will be absent most of the time, such as a member absent due to military service.

To verify family occupancy or absence from the dwelling unit, the PHA will:

- Make telephone calls to the family every 90 to 120 days, and/or correspondence directly to the family at the unit, or will choose to make a personal visit to the family of the leased residence.
- Additionally, when deemed necessary, the PHA reserves the right to question the owner and/or neighbors at the leased residence.
- The PHA will review the Energy (AEE COMPANY) and Water/Sewer (AAA COMPANY) Billings.
- What is deemed necessary, considering the PHA affordability and applicable laws.

The PHA will allow the family to be absent from the dwelling unit for no more than 90 days

under the following (first three must verified circumstances):

- Illness or hospitalization (medical history verification requested)
- Illness of a relative who needs care from a family member, in another location (medical history verification requested)
- Any other PHA approved and verified circumstances, e.g., military service (reserves, etc.)
- Vacations for no more than 15 days.

#### *Absence of Any Member*

A member of the household is considered permanently absent if s/he is away from the unit for six consecutive months or more in a twelve-month period, except as otherwise provided in this plan. If a member of the household is subject to a court order that restricts him/her from the home for more than six months, the person will be considered permanently absent.

#### *Absence due to Medical Reasons*

If a family member leaves the household to enter a facility such as a hospital, nursing home, or rehabilitation center, the PHA will require verification from a reliable, qualified source as to the likelihood of his/her return, and the anticipated length of his/her absence. If the verification indicates the family member is permanently confined to a nursing home, h/she will be considered permanently absent. If the verification indicates the family member will return in less than 180 consecutive days, the family member will be considered temporarily absent. If the permanently absent person is the sole member of the household, assistance will be terminated in accordance with the PHA's policy.

#### *Absence Due to Full-time Student Status*

Full time students who attend school away from the home will be treated in the following manner:

A student (other than head of household or spouse) who attends school away from home, but lives with the family during school recesses will, at the family's choice, be considered either temporarily or permanently absent. If the family decides that the member is permanently absent, income of that member will not be included in total household income, the member will not be included on the lease, and the member will not be included for determination of voucher size.

#### *Income of Temporarily Absent Family Members*

The PHA must count all income of family members whom the PHA has approved to reside in the

unit, even if they are temporarily absent.

If the spouse is temporarily absent and in the military, all military pay and allowances (except hazardous duty pay when exposed to hostile fire and any other HUD-defined exceptions to military pay) is counted as income.

*In General*

- ✓ Families must notify the PHA at least 30 days before moving out of the unit.
- ✓ Families must notify the PHA as soon as the situation or need exists; no less than 15 days before leaving the unit if they are going to be absent from the unit for more than 15 consecutive days.
- ✓ If it is determined that the family is absent from the unit, the PHA will continue assistance payments for the period of time estimated that the family will be absent but not more than six months provided that the family gave proper notice to the PHA. If the family did not provide proper notice, the assistance will be terminated at the end of the month following 30 days after notification of absence.
- ✓ In cases where the family has moved out of the unit, the PHA will terminate assistance in accordance with appropriate termination procedures contained in this Plan.

## **XI. HOW TO DETERMINE WHO REMAINS IN THE PROGRAM IF A FAMILY BREAKS UP**

In circumstances of a family break-up, the PHA will make a determination of which family member will retain the voucher, taking into consideration the following factors:

1. To whom the voucher was issued.
2. The interest of minor children or of ill, elderly, or disabled family members.
3. Whether the assistance should remain with the family members remaining in the unit.
4. Whether family members were forced to leave the unit as a result of actual or threatened physical violence by a spouse or other member(s) of the household.

If a court determines the disposition of property between members of the assisted family in a divorce or separation under a settlement of judicial decree, the PHA will be bound by the court's determination of which family members continue to receive assistance in the program.

Because of the number of possible different circumstances in which a determination will have to be made, the PHA will make determinations on a case-by-case basis. However, the PHA preference will be in the interest of the minor children, always taking into consideration (in all cases) the accomplishment of income and program eligibility.

The PHA will issue a determination within 15 business days of the request for a determination. The family member requesting the determination will request an informal hearing in compliance with the informal hearings in Section XII.

In order to add a household member other than through birth or adoption (including a live-in aide) the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security Number if they have one, and must verify their citizenship/eligible immigrant status (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family). The new family member will go through the screening process similar to the process for applicants. The PHA will determine the eligibility of the individual before allowing them to be added to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, the PHA will grant approval to add their name to the lease. At the same time, the family's annual income will be recalculated taking into account the income and circumstances of the new family member. The effective date of the new rent will be in accordance with Section XVI of this Plan, part: Effective Date of Rent Changes Due to Interim or Special Reexaminations.

Families are not required to, but will at any time, request an interim reexamination based on a decrease in income, an increase in allowable expenses, or other changes in family circumstances. Upon such request, the PHA will take timely action to process the interim reexamination and recalculate the family share.

## **XII. COMPLAINTS, INFORMAL REVIEWS FOR APPLICANTS, INFORMAL HEARINGS FOR PARTICIPANTS**

### **1. Complaints**

The PHA will investigate and respond to complaints by participant families, owners, and the general public. The PHA will require that complaints other than HQS violations be put in writing. Anonymous complaints are investigated whenever possible.

### **2. Informal Review for the Applicant**

The PHA will give an applicant for participation in the Section 8 Voucher Program prompt notice of a decision denying assistance to the applicant. The notice will contain a brief statement of the reasons for the PHA decision. The notice will state that the applicant will request an informal review within 10 calendar days of the denial and will describe how to obtain the informal review. The request must be in writing.

#### *When an Informal Review is not Required*

The PHA will not provide the applicant an opportunity for an informal review for any of the following reasons:

1. A determination of the family unit size under the PHA subsidy standards.
2. A PHA determination not to approve an extension or suspension of a voucher term.
3. A PHA determination not to grant approval to lease a unit under the program or to approve a proposed lease.
4. A PHA determination that a unit selected by the applicant is not in compliance with HQS.
5. A PHA determination that the unit is not in accordance with HQS because of family size or composition.
6. General policy issues or class grievances.
7. Discretionary administrative determinations by the PHA.

#### *Informal Review Process*

The PHA will give an applicant an opportunity for an informal review of the PHA decision denying assistance to the applicant. The procedure is as follows:

1. The review will be conducted by any person or persons designated by the other than the person who made or approved the decision under review or a subordinate

of this person.

2. The applicant will be given an opportunity to present written or oral objections to the PHA decision.
3. The PHA will notify the applicant of the PHA decision after the informal review within 10 calendar days. The notification will include a brief statement of the reasons for the final decision.

### *Considering Circumstances*

In deciding whether to terminate assistance because of action or inaction by members of the family, the Housing Authority will consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or guilt of individual family members, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure.

The Housing Authority will impose, as a condition of continued assistance for other family members, a requirement that family members who participated in or were guilty for the action or failure will not reside in the unit. The Housing Authority will permit the other members of a participant family to continue receiving assistance.

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse must have occurred within one year before the date that the Housing Authority provides notice to the family of the Housing Authority determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the PHA will consider evidence of whether the household member:

1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is not longer engaging in the illegal use of a controlled substance or abuse of alcohol;
2. Has otherwise been rehabilitated successfully and is not longer engaging in the illegal use of a controlled substance or abuse of alcohol; or
3. Is participating in a supervised drug or alcohol rehabilitation program and is not longer engaging in the illegal use of a controlled substance or abuse of alcohol.

### *Informal Review Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status (§5.514)*

The applicant family will request that the PHA provide for an informal review after the family has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. The applicant family must make this request within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For applicant families, the Informal Review Process above will be utilized with the exception that the applicant family will have up to 30 days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision to request the review.

### **3. Informal Hearings for Participants**

#### *When a Hearing is Required*

1. The PHA will give a participant family an opportunity for an informal hearing to consider whether the following PHA decisions relating to the individual circumstances of a participant family are in accordance with the law, HUD regulations, and PHA policies:
  - a. A determination of the family's annual or adjusted income, and the use of such income to compute the housing assistance payment.
  - b. A determination of the appropriate utility allowance (if any) for tenant-paid utilities from the PHA utility allowance schedule.
  - c. A determination of the family unit size under the PHA subsidy standards.
  - d. A determination that a Voucher Program family is residing in a unit with a larger number of bedrooms than appropriate for the family unit size under the PHA subsidy standards, or the PHA determination to deny the family's request for an exception from the standards.
  - e. A determination to terminate assistance for a participant family because of the family's action or failure to act.
  - f. A determination to terminate assistance because the participant family has been absent from the assisted unit for longer than the maximum period permitted under the PHA policy and HUD rules.
2. In cases described in paragraphs (d), (e), and (f), Section 3-1(*Informal Hearing for Participants: When a Hearing is required*) above, the PHA will give the opportunity for an informal hearing before the PHA terminates housing assistance payments for the family under an outstanding HAP contract.

#### *When a Hearing is not Required*

The PHA will not provide a participant family an opportunity for an informal hearing for any of the following reasons:

1. Discretionary administrative determinations by the PHA.
2. General policy issues or class grievances.

3. Establishment of the PHA schedule of utility allowances for families in the program.
4. A PHA determination not to approve an extension or suspension of a voucher term.
5. A PHA determination not to approve a unit or lease.
6. A PHA determination that an assisted unit is not in compliance with HQS. (However, the PHA will provide the opportunity for an informal hearing for a decision to terminate assistance for a breach of the HQS caused by the family.)
7. A PHA determination that the unit is not in accordance with HQS because of the family size.
8. A determination by the PHA to exercise or not exercise any right or remedy against the owner under a HAP contract.

#### *Notice to the Family*

1. In the cases described in paragraphs 3-1(a), (b), and (c) of this Section (*Informal Hearing for Participants: When a Hearing is required*), the PHA will notify the family that the family will ask for an explanation of the basis of the PHA's determination, and that if the family does not agree with the determination, the family will request an informal hearing on the decision.
2. In the cases described in paragraphs 3-1(d), (e), and (f) of this Section (*Informal Hearing for Participants: When a Hearing is required*), the PHA will give the family prompt written notice that the family will request a hearing within 10 business days of the notification. The notice will:
  - a. Contain a brief statement of the reasons for the decision; and
  - b. State if the family does not agree with the decision, the family will request an informal hearing on the decision within 15 business days of the notification.

#### *Hearing Procedures*

The PHA and participants will adhere to the following procedures:

1. Discovery
  - a. The family will be given the opportunity to examine before the hearing any PHA documents that are directly relevant to the hearing. The family

will be allowed to copy any such document at the family's expense. If the PHA does not make the document(s) available for examination on request of the family, the PHA will not rely on the document at the hearing.

- b. The PHA will be given the opportunity to examine, at the PHA's offices before the hearing, any family documents that are directly relevant to the hearing. The PHA will be allowed to copy any such document at the PHA's expense. If the family does not make the document(s) available for examination on request of the PHA, the family will not rely on the document(s) at the hearing.

Note: The term document includes records and regulations.

## 2. Representation of the Family

At its own expense, a lawyer or other representative will represent the family.

## 3. Hearing Officer

- a. The hearing will be conducted by any person or persons designated by the PHA, other than a person who made or approved the decision under review or a subordinate of this person.
- b. The person who conducts the hearing will regulate the conduct of the hearing in accordance with the PHA hearing procedures.

## 4. Evidence

The PHA and the family must have the opportunity to present evidence and will question any witnesses. Evidence will be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

## 5. Issuance of Decision

The person who conducts the hearing must issue a written decision within 14 calendar days from the date of the hearing, stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the family shall be based on a preponderance of the evidence presented at the hearing.

## 6. Effect of the Decision

The PHA is not bound by a hearing decision:

- a. Concerning a matter for which the PHA is not required to provide an opportunity for an informal hearing under this Section, or that otherwise exceeds the authority of the person conducting the hearing under the PHA hearing procedures.

- b. Contrary to HUD regulations or requirements, or otherwise contrary to Federal, State, or local law.
- c. If the PHA determines that it is not bound by a hearing decision, the PHA will notify the family within 15 calendar days of the determination, and of the reasons for the determination.

### *Considering Circumstances*

In deciding whether to terminate assistance because of action or inaction by members of the family, the Housing Authority will consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or guilt of individual family members, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure.

The Housing Authority will impose, as a condition of continued assistance for other family members, a requirement that family members who participated in or were guilty for the action or failure will not reside in the unit. The Housing Authority will permit the other members of a participant family to continue receiving assistance.

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse must have occurred within one year before the date that the Housing Authority provides notice to the family of the Housing Authority determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the PHA will consider evidence of whether the household member:

- 1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is not longer engaging in the illegal use of a controlled substance or abuse of alcohol;
- 2. Has otherwise been rehabilitated successfully and is not longer engaging in the illegal use of a controlled substance or abuse of alcohol; or
- 3. Is participating in a supervised drug or alcohol rehabilitation program and is not longer engaging in the illegal use of a controlled substance or abuse of alcohol.

### *Informal Hearing Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status* (§5.514)

The participant family will request that the PHA provide for an informal hearing after the family has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. The participant family must make this request within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant family will have up to 30 days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.

### **XIII. RENT AND HOUSING ASSISTANCE PAYMENT**

#### **General**

After October 1, 1999, the PHA will issue only vouchers to applicants, movers, and families entering the jurisdiction through portability. Certificates currently held were honored until the transition of the merger of the Section 8 Certificate and Voucher programs as outlined in 24 CFR 982.502 was complete (see Section XXII for additional guidance).

#### **Rent Reasonableness** (§982.503, §982.507)

The PHA's Section 8 Program will not approve or grant any initial or revised rent proposed by the owner under the Housing Choice Voucher Program ("tenant-based"), unless the amount proposed has been determined to be reasonable. Rent reasonability must be determined before the initial lease is effective, under the following terms and conditions:

- A. Before the rent proposed by the owner (initial or revised) is approved;
- B. If 60 days prior to the end of the annual lease (previous to the effectiveness of the new rent contract) the published FMR decrease 5% in comparison with the former FMR; and if
- C. The PHA or HUD determines that rent reasonableness must be revised.

#### **Comparability** (§982.507)

To determine rent reasonableness, the PHA will compare the proposed rent of the unit to be leased with other comparable units located within the same vicinity or jurisdiction, and with characteristics similar to the unit to be leased. The PHA will consider location, quality, size, number of rooms, age, facilities/amenities, housing services, maintenance and utilities of the unit to be leased, as well as those of comparable units.

The PHA will keep updated statistical information of units for rent within its jurisdiction. The PHA will also obtain from landlords/owners associations and housing administrative agencies, information regarding the added values that special or additional facilities will provide to a unit.

The PHA will establish an average rent for each type and size in rooms of a unit to be leased. Starting from the rent average, the PHA will increase or decrease the dollar value for each characteristic or facility of any proposed unit.

Owners will be invited to provide information that will help the PHA to keep the data updated and to maintain an inventory of comparable rent units. The owners will revise the determination taken over their unit and will give additional information or make improvements to the unit, which may help the PHA in determine the establishment of a higher value.

The owner shall certify the rental for other units that he posses. By accepting each monthly rental payment for the subsidized unit, the owner certifies that the rental that he receives for the unit is not greater than the rent he received for other comparable units that he possesses within

the same municipal jurisdiction and that are not subsidized.

The inspector should fully complete a form (see Appendix II) and certify the compiled information. This form or questionnaire contains the information of the unit proposed for rent and of three comparable units (which have the same conditions and facilities).

### **Maximum Subsidy**

The Fair Market Rent (FMR) published by HUD or the exception payment standard rent (requested by the PHA and approved by HUD) determines the maximum subsidy for a family.

For the Voucher Program, the minimum payment standard will be 90% of the FMR and the maximum payment standard will be 110% of the FMR without prior approval from HUD, or the exception payment standard approved by HUD.

For a voucher tenancy in an insured or noninsured 236 project, a 515 project of the Rural Development Administration, or a Section 221(d)(3) below market interest rate project the payment standard will not exceed the basic rent charged including the cost of tenant-paid utilities.

For manufactured home space rental, the maximum subsidy under any form of assistance is the Fair Market Rent for the space as outlined in 24 CFR 982.888.

### ***Setting the Payment Standard***

The Statute requires that the payment standard be set by the Housing Authority at between 90 and 110% of the FMR without HUD's prior approval. The PHA will review its determination of the payment standard annually after publication of the FMRs. The PHA will consider vacancy rates and rents in the market area, size and quality of units leased under the program, rents for units leased under the program, success rates of voucher holders in finding units, and the percentage of annual income families are paying for rent under the Voucher Program. If it is determined that success rates will suffer or that families have to rent low quality units or pay over 40% of income for rent, the payment standard will be raised to the level judged necessary to alleviate these hardships.

The PHA will establish a higher payment standard (although still within 110% of the published fair market rent) as a reasonable accommodation for a family that includes people with disabilities. With approval of the HUD Field Office, the payment standard can go to 120%.

Payment standards will not be raised solely to allow the renting of luxury quality units.

If success levels are projected to be extremely high and rents are projected to be at or below 30% of income, the Housing Authority will reduce the payment standard. Payment standards for each bedroom size are evaluated separately so that the payment standard for one bedroom size will increase or decrease while another remains unchanged. The PHA

will consider adjusting payment standards at times other than the annual review when circumstances warrant.

Before increasing any payment standard, the Housing Authority will conduct a financial feasibility test to ensure that in using the higher standard, adequate funds will continue to be available to assist families in the program.

***Selecting the Correct Payment Standard for a Family***

- A. For the voucher tenancy, the payment standard for a family is the lower of:
  - 1. The payment standard for the family unit size; or
  - 2. The payment standard for the unit size rented by the family.
- B. If the unit rented by a family is located in an exception rent area, the Housing Authority will use the appropriate payment standard for the exception rent area.
- C. During the HAP contract term for a unit, the amount of the payment standard for a family is the higher of:
  - 1. The initial payment standard (at the beginning of the lease term) minus any amount by which the initial rent to owner exceeds the current rent to owner; or
  - 2. The payment standard as determined at the most recent regular reexamination of family income and composition effective after the beginning of the HAP contract term.
- D. At the next annual reexamination following a change in family size or composition during the HAP contract term and for any reexamination thereafter, paragraph C above does not apply.
- E. If there is a change in family unit size resulting from a change in family size or composition, the new family unit size will be considered when determining the payment standard at the next annual reexamination.

***Area Exception Rents***

In order to help families find housing outside areas of high poverty or when voucher holders are having trouble finding housing for lease under the program, the Housing Authority will request that HUD approve an exception payment standard rent for certain areas within its jurisdiction. The areas will be of any size, though generally not smaller than a census tract. The Housing Authority will request one such exception payment standard area or many. Exception payment standard rent authority will be requested for all or some unit sizes, or for all or some unit types. The exception payment standard area(s) will not contain more than 50% of the population of the FMR area.

When an exception payment standard rent has been approved and the FMR increases, the exception rent remains unchanged until such time as the Housing Authority requests and HUD approves a higher exception payment standard rent. If the FMR decreases, the exception payment standard rent authority automatically expires.

### Assistance and Rent Formulas

#### A. Total Tenant Payment

The total tenant payment is equal to the highest of:

1. 10% of the family's monthly income
2. 30% of the family's adjusted monthly income
3. The Minimum rent
4. If the family is receiving payments for welfare assistance from a public agency and a part of those payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of those payments which is so designated. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this provision is the amount resulting from one application of the percentage.

Plus any rent above the payment standard.

#### B. Minimum Rent.

The PHA minimum rent will be as stated in the most recent approved 5 yr/Annual PHA Plan or Annual PHA Plan. However, if the family requests a hardship exemption, the PHA will suspend the minimum rent for the family beginning the month following the family's hardship request. The suspension will continue until the Housing Authority can determine whether hardship exists and whether the hardship is of a temporary or long-term nature. During suspension, the family will not be required to pay a minimum rent and the Housing Assistance Payment will be increased accordingly.

1. A **hardship exists** in the following circumstances:
  - a. When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State or local assistance program including a family that includes a member who is a noncitizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996;
  - b. When the family would be evicted because it is unable to pay the

- minimum rent;
    - c. When the income of the family has decreased because of changed circumstances, including loss of employment; and
    - d. When a death has occurred in the family.
  - 2. **No hardship.** If the Housing Authority determines there is not qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent to the Housing Authority for the time of suspension.
  - 3. **Temporary hardship.** If the Housing Authority determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the month following the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a reasonable repayment agreement for any minimum rent back payment paid by the Housing Authority on the family's behalf during the period of suspension.
  - 4. **Long-term hardship.** If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
  - 5. **Appeals.** The family will use the informal hearing procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the informal hearing procedures.
- C. Section 8 Merged Vouchers
  - 1. The payment standard is set by the Housing Authority between 90% and 110% of the FMR or higher or lower with HUD approval.
  - 2. The participant pays the greater of the Total Tenant Payment or the minimum rent, plus the amount by which the gross rent exceeds the payment standard.
  - 3. No participant when initially receiving tenant-based assistance on a unit shall pay more than 40% of their monthly-adjusted income if the gross rent exceeds the applicable payment standard.
- D. Section 8 Preservation Vouchers
  - 1. Payment Standard
    - a. The payment standard is the lower of:
      - i. The payment standard amount for the appropriate family unit size; or

- ii. The payment standard amount for the size of the dwelling unit actually rented by the family.
    - b. If the dwelling unit is located in an exception area, the PHA will use the appropriate payment standard for the exception area.
    - c. During the HAP contract term, the payment standard for the family is the higher of:
      - i. The initial payment standard (at the beginning of the HAP contract term), as determined in accordance with paragraph (1)(a) or (1)(b) of this section, minus any amount by which the initial rent to the owner exceeds the current rent to the owner; or
      - ii. The payment standard as determined in accordance with paragraph (1)(a) or (1)(b) of this section, as determined at the most recent regular reexamination of family income and composition effective after the beginning of the HAP contract term.
    - d. At the next regular reexamination following a change in family composition that causes a change in family unit size during the HAP contract term, and for any examination thereafter during the term:
      - i. Paragraph (c)(i) of this section does not apply; and
      - ii. The new family unit size must be used to determine payment standard.
  - 2. The PHA will pay a monthly housing assistance payment on behalf of the family that equals the lesser of:
    - a. The payment standard minus the total tenant payment; or
    - b. The gross rent minus the total tenant payment.
- E. Manufactured Home Space Rental: Section 8 Vouchers
- 1. The payment standard for a participant renting a manufactured home space is the published FMR for rental of a manufactured home space.
  - 2. The space rent is the sum of the following as determined by the Housing Authority:
    - a. Rent to the owner for the manufactured home space;
    - b. Owner maintenance and management charges for the space; and
    - c. Utility allowance for tenant paid utilities.

3. The participant pays the rent to owner minus the HAP.
4. HAP equals the lesser of:
  - a. The payment standard minus the total tenant payment; or
  - b. The rent paid for rental of the real property on which the manufactured home owned by the family is located.

F. Rent for Families under the Noncitizen Rule

A mixed family will receive full continuation of assistance if all of the following conditions are met:

1. The family was receiving assistance on June 19, 1995;
2. The family was granted continuation of assistance before November 29, 1996;
3. The family's head or spouse has eligible immigration status; and
4. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

If a mixed family qualifies for prorated assistance but decides not to accept it, or if the family has no eligible members, the family will be eligible for temporary deferral of termination of assistance to permit the family additional time for the orderly transition of some or all of its members to locate other affordable housing. Under this provision the family receives full assistance. If assistance is granted under this provision prior to November 29, 1996, it will last not longer than three years. If granted after that date, the maximum period of time for assistance under the provision is 18 months. The PHA will grant each family a period of 6 months to find suitable affordable housing. If the family cannot find suitable affordable housing, the PHA will provide additional search periods up to the maximum time allowable.

Suitable housing means housing that is not substandard and is of appropriate size for the family. Affordable housing means that it can be rented for an amount not exceeding the amount the family pays for rent, plus utilities, plus 25%.

The family's assistance is prorated in the following manner:

1. Find the prorated housing assistance payment (HAP) by dividing the HAP by the total number of family members, and then multiplying the result by the number of eligible family members.
2. Obtain the prorated family share by subtracting the prorated HAP from the gross rent (contract rent plus utility allowance).
3. The prorated tenant rent equals the prorated family share minus the full

utility allowance.

### **Utility Allowance**

The Housing Authority maintains a utility allowance schedule for all tenant-paid utilities (except telephone), for cost of tenant-supplied refrigerators and ranges, and for other tenant-paid housing services (e.g., trash collection (disposal of waste and refuse)).

The utility allowance schedule is determined based on the typical cost of utilities and services paid by energy-conservative households that occupy housing of similar size and type in the same locality. In developing the schedule, the Housing Authority uses normal patterns of consumption for the community as a whole, and current utility rates.

The Housing Authority reviews the utility allowance schedule annually and revises any allowance for a utility category if there has been a change of 10% or more in the utility rate since the last time the utility allowance schedule was revised. The Housing Authority maintains information supporting the annual review of utility allowances and any revisions made in its utility allowance schedule. Participants will review this information at any time by making an appointment with the PHA.

The Housing Authority uses the appropriate utility allowance for the size of dwelling unit actually leased by the family (rather than the family unit size as determined under the Housing Authority subsidy standards).

At each reexamination, the Housing Authority applies the utility allowance from the most current utility allowance schedule.

The Housing Authority will approve a request for a utility allowance that is higher than the applicable amount on the utility allowance schedule if a higher utility allowance is needed as a reasonable accommodation to make the program accessible to and usable by the family member with a disability.

The utility allowance will be subtracted from the family's share to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the owner. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the tenant. Any savings resulting from utility costs below the amount of the allowance belong to the tenant.

### **Distribution of Housing Assistance Payment**

The Housing Authority pays the owner the lesser of the housing assistance payment or the rent to owner. If payments are not made when due, the owner will charge the PHA a late payment, agreed to in the Contract and in accordance with generally accepted practices in the PHA jurisdiction if the following conditions apply:

- A. It is the owner's practice to charge such penalties for assisted and unassisted tenants; and

- B. The owner also charges such penalties against the tenant for late payment of family rent to the owner.

Late charges will not be paid when the reason for the lateness is attributable to factors beyond the control of the PHA.

### **Change of Ownership**

The PHA requires a written request by the owner who executed the HAP contract in order to make changes regarding who is to receive the PHA's rent payment or the address as to where the rent payment should be sent.

In addition, the PHA requires a written request from the new owner to process a change of ownership. The following documents must accompany the written request:

- A. A copy of the written agreement between the new owner and former owner;
- B. Deed of Trust showing the transfer of title; and
- C. Tax Identification Number or Social Security Number.

New owners will be required to execute IRS form W-9. The PHA will withhold the rent payment until the taxpayer identification number is received.

The owner must receive written consent of the PHA prior to assigning a HAP contract to a new owner. The requirements related to owner approvals also apply to changes in ownership.

A change in ownership requires execution of a new lease addendum.

The Housing Assistance Payments Contract will be executed in the format as indicated on the proof of ownership. Ownership by more than one individual will require execution of all parties or appropriate legal documentation such as power of attorney, which designates a single individual to act on behalf of all owners.

Designation of a management agent or other payee will be approved with appropriate legal documentation signed and notarized by all owners of the property.

#### **XIV. INELIGIBLE/ELIGIBLE HOUSING**

The following types of housing cannot be assisted under the Section 8 Tenant-Based Program:

- A. A public housing or Indian housing unit;
- B. A unit receiving project-based assistance under a Section 8 Program;
- C. Nursing homes, board and care homes, or facilities providing continual psychiatric, medical or nursing services;
- D. College or other school dormitories;
- E. Units on the grounds of penal, reformatory, medical, mental, and similar public or private institutions;
- F. A unit occupied by its owner. This restriction does not apply to cooperatives or to assistance on behalf of a manufactured home owner leasing a manufactured home space; and
- G. A unit receiving any duplicative Federal, State, or local housing subsidy. This does not prohibit renting a unit that has a reduced rent because of a tax credit.

The PHA will not approve a lease for any of the following special housing types, except as a reasonable accommodation for a family with disabilities:

- A. Congregate housing
- B. Group homes
- C. Shared housing
- D. Cooperative housing
- E. Single room occupancy housing

The PHA will approve leases for the following housing types:

- A. Single family dwellings
- B. Apartments
- C. Manufactured housing
- D. Manufactured home space rentals
- E. House boats
- F. Lease-purchase agreements. A family leasing a unit with assistance under the program will enter into an agreement with an owner to purchase the unit. So long as the family is receiving such rental assistance, all requirements applicable to families otherwise leasing units under the tenant-based program apply. Any homeownership premium (e.g., increment of value attributable to the value of the lease-purchase right or agreement such as an extra monthly payment to accumulate a downpayment or reduce the purchase price) included in the rent to the owner that would result in a higher subsidy amount than would otherwise be paid by the PHA must be absorbed by the family.

In determining whether the rent to owner for a unit subject to a lease-purchase agreement is a reasonable amount in accordance with 24 CFR 982.503, any homeownership premium paid by the family to the owner must be excluded when the PHA determines rent reasonableness.

*Restriction of Immediate Family Members*

The PHA is prohibited from approving a Housing Assistance Contract for a house in which the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the household to be assisted. However, this provision will be waived as a reasonable accommodation for a family member who is a person with a disability, provided that the assisted household has made reasonable efforts to locate other suitable housing and has been unsuccessful.

In cases where the owner and tenant bear the same last name, the PHA will require the family and owner to certify whether they are not related to each other in any way. Failure to disclose relationship will be considered fraud and grounds for termination of tenancy and prohibition of future program participation by the owner.

## **XV. OWNER OR FAMILY DEBTS TO THE SECTION 8 PROGRAM**

This section describes the PHA's policies for the recovery of monies overpaid to families and owners. In addition, this section outlines the collection methods and guidelines for the handling and collection of different types of debts. The Section 8 Program policy is to communicate program guidelines to owners and families so as to avoid owner and family debts. Before a debt is assessed against a family or owner, the file must contain documentation to support the HA's claim that the debt is owed. The file must further contain written documentation of the method of calculation, in a clear format for review by the owner; the family or other interested parties.

The PHA will make every effort to collect delinquent family or owner debts. The Section 8 Program will use a variety of collection tools to recover debts including, but not limited to:

- Request for lump sum payments
- Small claim or civil court actions
- Payment agreements
- Termination of family program participation
- Reductions in HAP to owner
- Abatements
- Collection agencies
- Referrals to the PHA's Department of Revenue and Recovery

### **PAYMENT AGREEMENT FOR FAMILIES**

A payment agreement or repayment agreement, as used in this Plan, is a document entered into between the PHA and a person who owes a debt to the Section 8 Program. It is similar to a promissory note, but contains more details regarding the nature of the debt, the terms of payment, any special provisions of the agreement, and the remedies available to the PHA upon default of the agreement.

If the PHA offers a payment agreement, it will determine the terms. **The PHA will not offer a payment agreement in all circumstances.** The PHA will not enter into a payment agreement for any of the following reasons:

- If the family already has a Payment Agreement in place; or,
- If the HA determines that the family committed program fraud.

The maximum length of time the PHA will enter into a payment agreement with a family is 36 months and the amount never to exceed \$10,000. Any debt of more than \$10,000 will be submitted to the inspector general office for legal action.

### **DEBTS OWED FOR CLAIMS**

Money owed to the PHA by the family because of overpayments on its behalf will be collected by requiring a lump-sum payment of the entire amount. At its discretion, the PHA will offer a family to enter into a repayment agreement to pay amounts owed to the PHA, and will describe the terms of the agreement. The PHA will maintain full and complete documentation of all debt.

If the PHA decides to allow the family a repayment agreement for money that the family owes to the PHA, the PHA informed to the family must repay in full within the terms established by the Municipal's Collection Office. Then, the case is referred to the Collection Office, where the terms are established and notified to the family.

### *Delinquent Payments*

A payment will be considered to be in arrears (amount overdue) if:

- The payment has not been received by the close of the business day on which the payment was due.
- If the due date is on a weekend or holiday, the due date will be at the close of the next business day.

If the family's payment agreement is in arrears, and the family has not contacted or made arrangements with the Section 8 Program, the PHA will:

- Require the family to pay the balance in full
- Pursue civil collection of the balance due
- Terminate the housing assistance.

If the family requests a move to another unit and has a payment agreement in place and the payment agreement is not in arrears, the family will be required to pay the balance in full prior to the issuance of a voucher.

If the family requests a move to another unit and is in arrears on a payment agreement for the payment of an owner claim, the family will be required to pay the balance in full, or be terminated from the program.

## **DEBTS DUE TO MISREPRESENTATIONS / NON-REPORTING OF INFORMATION**

HUD's definition of program fraud and abuse is a single act; or pattern of actions that:

Constitutes false statement, omission, or concealment of a substantive fact, made with intent to deceive or mislead, and that results in payment of Section 8 program funds in violation of Section 8 program requirements.

### *Family Error/Late Reporting*

Families who owe money to the Section 8 Program due to the family's failure to report increases in income or fail to report any information which will cause an incorrect HAP to be paid to the owner, will be required to repay in accordance with the guidelines in the Payment Agreement section.

### *Program Fraud*

Families who owe money to the HA due to program fraud will be required to repay in accordance with the guidelines in the Payment Agreement of this Section.

If a family owes an amount, which equals or exceeds \$2,500 as a result of program fraud, the case will be referred to the Inspector General. Where appropriate, the HA will refer the case for criminal prosecution.

### **OWNER DEBTS TO THE SECTION 8 PROGRAM**

If the Section 8 Program determines that the owner has retained housing assistance or claim payments the owner is not entitled to, the PHA will reclaim the amounts from future housing assistance or claim payments owed the owner for any units under contract.

If future housing assistance or claim payments are insufficient to reclaim the amounts owed, the HA:

- will require the owner to pay the amount in full within 30 days;
- pursue collections through the local court system; and,
- restrict the owner from future participation.

### **GENERAL GUIDELINESS FOR PAYMENT AGREEMENTS**

Payment agreements will be executed between the PHA's Collection Office and the head of household and/or spouse. Monthly payments will be decreased in cases of family hardship, and if requested with reasonable notice from the family, upon verification of the hardship, and the approval of the program manager.

Additional Monies Owed: If the family already has a payment agreement in place and incurs an additional debt to the Section 8 Program:

The PHA will not enter into more than one payment agreement with the family. The family will be allowed 30 days to pay the second debt in full.

### **WRITING OFF DEBTS**

Debts owed to the Section 8 Program from program participants or owners will be reviewed each year jointly with the Section 8 staff and the Finance staff to determine if such debts are valid and collectible. Debts will be written off if:

- The debtor's whereabouts is unknown and the debt is more than 3 years old;
- The debtor's whereabouts are unknown and the debt is more than 3 years old;
- A determination is made that the debtor is judgment proof;
- The debtor is deceased;

- The debtor is confined to an institution indefinitely or for more than 3 years; or,
- The amount is less than \$300.00 and the debtor cannot be located.

## **XVI. RECERTIFICATION**

(See also Section II: *Issuing or Denying Vouchers* and  
Section IV: *Occupancy Policies*)

### **CHANGES IN LEASE OR RENT**

If the participant and owner agree to any changes in the lease, all changes must be in writing, and the owner must immediately give the PHA a copy of the changes. The lease, including any changes, must be in accordance with this Administrative Plan.

Owners must notify the PHA of any changes in the amount of the rent at least sixty (60) days before the changes go into effect. Any such changes are subject to the PHA determining them to be reasonable. { § 982.519(b)(6) }

Assistance shall not be continued unless the PHA has approved a new tenancy in accordance with program requirements and has executed a new HAP contract with the owner if any of the following changes (§982.309) are made:

- A. Changes in lease requirements governing tenant or owner responsibilities for utilities or appliances;
- B. Changes in lease provisions governing the term of the lease;
- C. If the participant moves to a new unit, even if the unit is in the same building or complex.

PHA approval of the tenancy and execution of a new HAP contract, are not required for changes in the lease other than those specified in A, B, or C above.

### **ANNUAL REEXAMINATION (§982.516)**

At least annually the PHA will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family subsidy is correct based on the family unit size.

The PHA will send a notification letter to the family letting them know that it is time for their annual reexamination and scheduling an appointment. The letter includes forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who will need to make alternate arrangements due to a disability that they will contact staff to request an accommodation of their needs.

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon UIV / 3<sup>rd</sup> party verification process completed, the PHA will determine the family's annual income and will calculate their family share.

As part of the re-examination process, tenants must be up to date with the following payments: Any existing payment plan, Family payment, Utilities payments; clear and formal evidence must be provided. In addition, the security payment to a landlord will be made at the contract signature.

#### *Effective Date of Rent Changes for Annual Reexaminations*

The new family share will generally be effective upon the anniversary date with 30 days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30-day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.

If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

#### *Missed Appointments*

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the PHA taking action to terminate the family's assistance.

#### **INTERIM REEXAMINATIONS (§982.516)**

Program participants are required to report all changes in household composition between annual re-certifications. This includes additions due to birth, adoption and court-awarded custody. Also, if a household member is leaving or has left the family unit and, Family break-up (See Section XI above). The family must obtain HA approval prior for all additions to the household prior to adding that person to the lease agreement.

If any new family member is added, an interim re-certification will be conducted to include any income of the new family member.

If a family reports zero income at the time of the annual re-certification and later obtains an income, an interim re-certification will be conducted. However, if a family has a change in income between annual re-certification, it is not required to be reported and no interim re-certification will be conducted.

Participants will choose to report a decrease in income and other changes, which would reduce

the amount of tenant rent, such as an increase in allowances or deductions. If these changes are reported and it will result in a change in tenant rent, an interim re-certification will be completed.

Changes in rent for interim re-certification will become effective the first of the month following the month in which the change was reported if it is a decrease and the first of the month of the 2<sup>nd</sup> month after which the change occurred if it is an increase.

#### *Special Reexaminations*

If a family's income is too unstable to project for 12 months, including families that temporarily have no income or have a temporary decrease in income, the PHA will schedule special reexaminations every 60 days until the income stabilizes and an annual income can be determined. Also, at briefings, Section 8 participants agree to report, in writing, and provide certification following any change in annual income as soon as the occurrence appears.

#### *Effective Date of Rent Changes Due to Interim or Special Reexaminations*

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increases will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

## **XVII. POLICY ON RESTRICTIONS ON THE NUMBER OF MOVES BY A PARTICIPANT FAMILY [24CFR982.314(C)]**

HUD regulations permit families to move with continued assistance to another unit within the limits of the PHA, or to a unit outside of the PHA jurisdiction under portability procedures. The regulations also allow the PHA the discretion to develop policies to define any limitations or restrictions on moves. This Section describes the procedures for moves within and outside the PHA jurisdiction, and the policies for restrictions and limitations on moves.

### **MOVES WITH CONTINUED ASSISTANCE**

Participating families are allowed to move to another unit after the initial 12 months has expired, if the landlord and the participant have mutually agreed to terminate the lease, or if the Housing Authority has terminated the HAP contract. The Section 8 Program will issue the family a new voucher if the family does not owe the PHA or any other Housing Authority money, has not violated a Family Obligation, has not moved or been issued a voucher within the last 12 months, and if the Section 8 Program has sufficient funding for continued assistance. If the move is necessitated for a reason other than family choice, the 12-month requirement will be waived.

#### ***When A Family May Move***

The Section 8 Program will allow the family to move to a new unit if:

- The Housing Assistance Contract is terminated by the PHA or for the owner's failure to comply with HQS or other terms of the contract;
- The owner has given the family a notice to vacate, or has commenced an action to evict the family through no fault of their own
- A household member is newly diagnosed with a disability, which requires a reasonable accommodation.; or
- The tenant has given notice of lease termination (if the tenant has a right to terminate the lease on notice to the owner).

Prior to issuance of program move documents; the family must present a notice of intent to move form signed by the owner and the family indicating that the family is current with all rent payments, has caused no damages beyond normal wear and tear, and is otherwise in compliance with all terms and conditions of the lease agreement.

#### ***Procedures Regarding Family Moves***

Families considering transferring to a new unit will be scheduled to attend a mover's briefing. All families who are moving, including any families moving into or out of the PHA Section 8 Program jurisdiction, will be required to attend a mover's briefing prior to the PHA entering a

new HAP contract on their behalf.

This briefing is intended to provide the following:

- A refresher on program requirements and the family's responsibilities. Emphasis will be on giving proper notice and meeting all lease requirements such as leaving the unit in good condition;
- Information about finding suitable housing and the advantages of moving to an area that does not have a high concentration of poor families;
- Payment standards, exception payment standard rent areas, and the utility allowance schedule;
- An explanation that the family share of rent will not exceed 40% of the family's monthly adjusted income if the gross rent exceeds the applicable payment standard;
- Portability requirements and opportunities;
- The need to have a reexamination conducted within 120 days prior to the move;
- An explanation and copies of the forms required to initiate and complete the move; and
- All forms and brochures provided to applicants at the initial briefing.

Families are required to give proper written notice of their intent to terminate the lease. In accordance with HUD regulations, no notice requirement will exceed 60 days. During the initial term, families will not end the lease unless they and the owner mutually agree to end the lease. If the family moves from the unit before the initial term of the lease ends without the owner's and the PHA Section 8 Program approval, it will be considered a serious lease violation and subject the family to termination from the program.

The family is required to give the PHA a copy of the notice to terminate the lease at the same time as it gives the notice to the landlord. A family's failure to provide a copy of the lease termination notice to the PHA will be considered a violation of Family Obligations and will cause the family to be terminated from the program.

A family who gives notice to terminate the lease must mail the notice by certified mail or have the landlord or his agent sign a statement stating the date and time received. The family will be required to provide the certified mail receipt and a copy of the lease termination notice to the PHA, or a copy of the lease termination notice and the signed statement stating the date and time the notice was received. If the landlord or his/her agent does not accept the certified mail receipt, the family will be required to provide the receipt and envelope showing that the attempt was made.

Failure to follow the above procedures will subject the family to termination from the program.

**LOCAL POLICY FOR POLICY FOR MOBILITY AND PORTABILITY FOR THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

The PHA has developed the following policy concerning limitation on adjacent PHA's Voucher moves:

This PHA will not accept, or refer, mobility or portability of Vouchers from, or to, any adjacent PHA's, if the PHA does not have sufficient funding for an increase in assistance.

The Vouchers can be administered and serviced by these PHA's Municipalities without having to assign them to, or receive them from, our PHA.

The PHA's Section 8 Program will administer units as a first option, to those units in the Municipality of Patillas, and as a secondary alternative, the PHA will administer units in the borderline of the Municipality of Arroyo. The determination taken to establish this policy is based on the fact that the adjacent PHA's are within commuting distance from our PHA. Also, this will expand the inventory of dwelling units outside the poverty and minority areas.

As the lease is signed, the participant must comply with the 12 period month of the lease, unless there is an evidenced/justifiable reason and the owner approves the move in writing.

## XVIII. PORTABILITY

### *General Policies*

A family whose head or spouse has a domicile (legal residence) in the jurisdiction of the PHA at the time the family first submits its application for participation in the program to the PHA will lease a unit anywhere in the jurisdiction of the PHA or outside the PHA jurisdiction as long as there is another entity operating a tenant-based Section 8 program covering the location of the proposed unit.

Families participating in the Voucher Program will not be allowed to move more than once in any 12-month period and under no circumstances will the PHA allow a participant to improperly break a lease. Under extraordinary circumstances the PHA will consider allowing more than one move in a 12-month period.

Families will only move to a jurisdiction where a Section 8 Program is being administered.

For income targeting purposes, the family will count towards the initial housing authority's goals unless the receiving housing authority absorbs the family. If absorbed, the admission will count towards the receiving housing authority's goals.

If a family has moved out of their assisted unit in violation of the lease, the PHA will not issue a voucher and will terminate assistance.

The portability must be requested in written at least three months prior to the ending of the actual lease or before the initial lease is signed. It will be granted in compliance with applicable laws and the availability of funds.

**As established in the 24 CFR 982.314(e)(1), at any time, the PHA may deny permission to move if the PHA does not have sufficient funding for an increase in assistance.** For instance, the PHA has the authority to deny a family's request to move under the portability procedures to a unit in another jurisdiction that would require the PHA to pay a higher subsidy cost for the same family's assistance if the PHA determines that does not have sufficient funding available under their calendar year budget to accommodate such a move and the receiving PHA will not absorb the family into its own program.

### *Income Eligibility*

- A. A family must be income-eligible in the area where the family first leases a unit with assistance in the Voucher Program.
- B. If a portable family is already a participant in the Initial Housing Authority's Voucher Program, income eligibility is not re-determined.

***Portability: Administration by Receiving Housing Authority***

- A. When a family utilizes portability to move to an area outside the Initial Housing Authority jurisdiction, another Housing Authority (the Receiving Housing Authority) must administer assistance for the family if that Housing Authority has a tenant-based program covering the area where the unit is located.
- B. A Housing Authority with jurisdiction in the area where the family wants to lease a unit must issue the family a voucher. If there is more than one such housing authority, the Initial Housing Authority will choose which housing authority shall become the Receiving Housing Authority.

***Portability Procedures***

Procedures will follow as established in this Administrative Plan, Notice PIH 2005-1 (HA), Notice PIH 2005-18 (HA) and as any other applicable or prevalence law.

- A. When the PHA is the Initial Housing Authority:
  - 1. The PHA will brief the family on the process that must take place to exercise portability. The family will be required to attend an applicant or mover's briefing.
  - 2. The PHA will determine whether the family is income-eligible in the area where the family wants to lease a unit (if applicable).
  - 3. The PHA will advise the family how to contact and request assistance from the Receiving Housing Authority.
  - 4. The PHA will, within ten (10) calendar days, notify the Receiving Housing Authority to expect the family.
  - 5. The PHA will immediately mail to the Receiving Housing Authority the most recent HUD Form 50058 (Family Report) for the family, and related verification information.
- B. When the PHA is the Receiving Housing Authority:
  - 1. When the portable family requests assistance from the PHA, the PHA will within ten (10) calendar days inform the Initial Housing Authority whether it will bill the Initial Housing Authority for assistance on behalf of the portable family, or absorb the family into its own program. When the PHA receives a portable family, the family will be absorbed if funds are available and a voucher will be issued.
  - 2. The PHA will issue a voucher to the family. The term of the PHA's voucher will not expire before the expiration date of any Initial Housing Authority's voucher.

The PHA will determine whether to extend the voucher term. The family must submit a request for tenancy approval to the PHA during the term of the PHA's voucher.

3. The PHA will determine the family unit size for the portable family. The family unit size is determined in accordance with the PHA's subsidy standards.
4. The PHA will within ten (10) calendar days notify the Initial Housing Authority if the family has leased an eligible unit under the program, or if the family fails to submit a request for tenancy approval for an eligible unit within the term of the voucher.
5. If the PHA opts to conduct a new reexamination, the PHA will not delay issuing the family a voucher or otherwise delay approval of a unit unless the re-certification is necessary to determine income eligibility.
6. In order to provide tenant-based assistance for portable families, the PHA will perform all Housing Authority program functions, such as reexaminations of family income and composition. At any time, either the Initial Housing Authority or the PHA will make a determination to deny or terminate assistance to the family in accordance with 24 CFR 982.552.
7. The PHA will deny or terminate assistance for family action or inaction in accordance with 24 CFR 982.552 and 24 CFR 982.553.

C. Absorption by the PHA

1. If funding is available under the consolidated ACC for the PHA's Voucher Program when the portable family is received, the PHA will absorb the family into its Voucher Program. After absorption, the family is assisted with funds available under the consolidated ACC for the PHA's Tenant-Based Program.

D. Portability Billing

1. To cover assistance for a portable family, the Receiving Housing Authority will bill the Initial Housing Authority for housing assistance payments and administrative fees. The billing procedure will be as follows:
  - a. As the Initial Housing Authority, the PHA will promptly reimburse the Receiving Housing Authority for the full amount of the housing assistance payments made by the Receiving Housing Authority for the portable family. The amount of the housing assistance payment for a portable family in the Receiving Housing Authority's program is determined in the same manner as for other families in the Receiving Housing Authority's program.

- b. The receiving HA is responsible for billing the initial HA (Municipality of Patillas) for 100% of the Housing Assistance Payment and 80% of the Administrative Fee (at Municipality of Patillas's rate) for each "Portability" Voucher leased as of the first day of the month. The initial HA (Municipality of Patillas) will not issue payment until an invoice is received by the receiving HA within the time limits established by HUD. Late billings will not be processed for payment and the Receiving HA will be so notified. Payment beyond year one will only continue if the initial HA (Municipality of Patillas) receives the HUD-50058 form indicating that an annual re-certification has been completed in accordance with program requirements.

E. When a Portable Family Moves

When a portable family moves out of the tenant-based program of a Receiving Housing Authority that has not absorbed the family, the Housing Authority in the new jurisdiction to which the family moves becomes the Receiving Housing Authority, and the first Receiving Housing Authority is not longer required to provide assistance for the family.

**XIX. CHARGES AGAINST THE SECTION 8 ADMINISTRATIVE  
FEE RESERVE [24CFR982.155]**

Occasionally, it is necessary for the PHA to spend money from its Section 8 Administrative Fee Reserve to meet unseen or extraordinary expenditures or for its other housing related purposes consistent with State law.

Any charge against the Section 8 Administrative Fee Reserve, must first be authorized by the Mayor, who is the Executive Director.

## **XX. INSPECTION POLICIES, HOUSING QUALITY STANDARDS AND DAMAGE CLAIMS**

The PHA will inspect all units to ensure that they meet Housing Quality Standards (HQS). No unit will be initially placed on the Section 8 (Housing Choice Voucher) Program unless the HQS is met. Units will be inspected at least annually, and at other times as needed, to determine if the units meet HQS.

The family must allow the HA to inspect the unit at reasonable times with reasonable notice. Reasonable hours to conduct an inspection are between 8:00 a.m. and 5:00 p.m. The family and owner will be notified of the inspection appointment by first class mail. If the family cannot be at home for the scheduled inspection appointment, the family must call and reschedule the inspection or make arrangements to enable the Housing Authority to enter the unit and complete the inspection.

If the family misses the initial scheduled inspection and fails to reschedule the inspection, the PHA will only schedule one more inspection. In this case (2<sup>nd</sup> appointment) and in emergency and claims inspections, the PHA will also notify the family and owner by telephone.

If the family misses two inspections, the PHA will consider the family to have violated a Family Obligation and their assistance will be terminated.

### ***Types of Inspections***

The following types of inspections will be conducted as required:

- **Annual** - an inspection conducted on a property prior to its re-certification date;
- **Re-inspection** - an inspection of a property which failed its annual inspection;
- **24-Hour Re-inspection** – an inspection on a property which had a failing item considered a 24-hour emergency situation;
- **RTA(Request for Tenancy Approval)/Initial** - inspection on a property which the tenant has selected and is requesting approval of a new unit;
- **Complaint** - inspection on a property which has been requested by the resident or other involved party due to perceived problems with the property;
- **Courtesy** - inspection requested on a property which is not yet a part of the HAP program but is being considered, by the landlord, for participation in the program;
- **Abatement Cure** - inspection on property where abatement has commenced but is still within the thirty-day window prior to termination;
- **Re-instatement inspection** - inspection in which the contract was terminated but a determination has been made to re-instate the contract;
- **QA (Quality Assurance)** – sample re-inspection by a supervisor or other authorized person of units previously inspected;
- **QA Re-inspection** - re-inspection on a failed QA;
- **Vacate Inspection** - a move out inspection conducted because the owner is entitled to a special claim.

In case of **QA Inspection** - The sample will be conducted by using HUD's minimum quality control sample size requirements as follows:

MINIMUM SIZE OF THE PHA'S QUALITY CONTROL SAMPLE:

Universe	Minimum number of files or records to be sampled
50 or less	5
51-600	5 plus 1 for each 50 (or part of 50) over 50
601-2000	16 plus 1 for each 100 (or part of 100) over 600
Over 2000	30 plus 1 for each 200 (or part of 200) over 2000

***Owner and Family Responsibility***

A. Owner Responsibility for HQS

1. The owner must maintain the unit in accordance with HQS.
2. If the owner fails to maintain the dwelling unit in accordance with HQS, the PHA will take prompt and vigorous action to enforce the owner obligations. The PHA's remedies for such breach of the HQS include termination, suspension or reduction of housing assistance payments and termination of the HAP contract.
3. The PHA will not make any housing assistance payments for a dwelling unit that fails to meet the HQS, unless the owner corrects the defect within the period specified by the PHA and the PHA verifies the correction. If a defect is life threatening, the owner must correct the defect within not more than 24 hours. For other defects the owner must correct the defect within not more than 30 calendar days (or any PHA approved extension).
4. The owner is not responsible for a breach of the HQS that is not, caused by the owner, and for which the family is responsible. Furthermore, the PHA will terminate assistance to a family because of the HQS breach caused by the family.

B. Family Responsibility for HQS

1. The family is responsible for a breach of the HQS that is caused by any of the following:
  - a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;

- b. The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
  - c. Any member of the household or a guest damages the dwelling unit or premises (damage beyond ordinary wear and tear).
2. If an HQS breach caused by the family is life threatening, the family must correct the defect within not more than 24 hours. For other family-caused defects, the family must correct the defect within not more than 30 calendar days (or any PHA approved extension).
  3. If the family has caused a breach of the HQS, the PHA will take prompt and vigorous action to enforce the family obligations. The PHA will terminate assistance for the family in accordance with 24 CFR 982.552.

### ***Housing Quality Standards (HQS) 24 CFR 982.401***

This Section states performance and acceptability criteria for these key aspects of the following housing quality standards:

#### **A. Sanitary Facilities**

##### **1. Performance Requirement**

The dwelling unit must include sanitary facilities located in the unit. The sanitary facilities must be in proper operating condition and adequate for personal cleanliness and the disposal of human waste. The sanitary facilities must be usable in privacy.

##### **2. Acceptability Criteria**

- a. The bathroom must be located in a separate private room and have a flush toilet in proper operating condition.
- b. The dwelling unit must have a fixed basin in proper operating condition, with a sink trap and hot and cold running water.
- c. The dwelling unit must have a shower or a tub in proper operating condition with hot and cold running water.
- d. The facilities must utilize an approvable public or private disposal system (including a locally approvable septic system).

#### **B. Food Preparation and Refuse Disposal**

1. Performance Requirements
  - a. The dwelling unit must have suitable space and equipment to store, prepare, and serve foods in a sanitary manner.
  - b. There must be adequate facilities and services for the sanitary disposal of food wastes and refuse, including facilities for temporary storage where necessary (e.g., garbage cans).
2. Acceptability Criteria
  - a. The dwelling unit must have an oven, a stove or range, and a refrigerator of appropriate size for the family. All of the equipment must be in proper operating condition. Either the owner or the family will supply the equipment. A microwave oven will be substituted for a tenant-supplied oven and stove or range. A microwave oven will be substituted for an owner-supplied oven and stove or range if the tenant agrees and microwave ovens are furnished instead of an oven and stove or range to both subsidized and unsubsidized tenants in the building or premises.
  - b. The dwelling unit must have a kitchen sink in proper operating condition, with a sink trap and hot and cold running water. The sink must drain into an approved public or private system.
  - c. The dwelling unit must have space for the storage, preparation, and serving of food.
  - d. There must be facilities and services for the sanitary disposal of food waste and refuse, including temporary storage facilities where necessary (e.g., garbage cans).

C. Space and Security

1. Performance Requirement

The dwelling unit must provide adequate space and security for the family.
2. Acceptability Criteria
  - a. At a minimum, the dwelling unit must have a living room, a kitchen area, and a bathroom.
  - b. The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, will not be required to occupy the

same bedroom or living/sleeping room.

- c. Dwelling unit windows that are accessible from the outside, such as basement, first floor, and fire escape windows, must be lockable (such as window units with sash pins or sash locks, and combination windows with latches). Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.
- d. The exterior doors of the dwelling unit must be lockable. Exterior doors are doors by which someone can enter or exit the dwelling unit.

#### D. Thermal Environment

##### 1. Performance Requirement

The dwelling unit must have and be capable of maintaining a thermal environment healthy for the human body.

##### 2. Acceptability Criteria

- a. There must be a safe system for heating the dwelling unit (and a safe cooling system, where present). The system must be in proper operating condition. The system must be able to provide adequate heat (and cooling, if applicable), either directly or indirectly, to each room, in order to assure a healthy living environment appropriate to the climate.
- b. The dwelling unit must not contain unvented room heaters that burn gas, oil, or kerosene. Electric heaters are acceptable.

#### E. Illumination and Electricity

##### 1. Performance Requirement

Each room must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. The dwelling unit must have sufficient electrical sources so occupants can use essential electrical appliances. The electrical fixtures and wiring must ensure safety from fire.

##### 2. Acceptability Criteria

- a. There must be at least one window in the living room and in each sleeping room.

- b. The kitchen area and the bathroom must have a permanent ceiling or wall light fixture in proper operating condition. The kitchen area must also have at least one electrical outlet in proper operating condition.
- c. The living room and each bedroom must have at least two electrical outlets in proper operating condition. Permanent overhead or wall-mounted light fixtures will count as one of the required electrical outlets.

#### F. Structure and Materials

##### 1. Performance Requirement

The dwelling unit must be structurally sound. The structure must not present any threat to the health and safety of the occupants and must protect the occupants from the environment.

##### 2. Acceptability Criteria

- a. Ceilings, walls, and floors must not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, severe buckling, missing parts, or other serious damage.
- b. The roof must be structurally sound and weather tight.
- c. The exterior wall structure and surface must not have any serious defects such as serious leaning, buckling, sagging, large holes, or defects that will result in air infiltration or vermin infestation.
- d. The condition and equipment of interior and exterior stairs, halls, porches, walkways, etc., must not present a danger of tripping and falling. For example, broken or missing steps or loose boards are unacceptable.
- e. Elevators must be working and safe.

#### G. Interior Air Quality

##### 1. Performance Requirement

The dwelling unit must be free of pollutants in the air at levels that threaten the health of the occupants.

##### 2. Acceptability Criteria

- a. The dwelling unit must be free from dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, and other harmful pollutants.
- b. There must be adequate air circulation in the dwelling unit.
- c. Bathroom areas must have one window that can be opened or other adequate exhaust ventilation.
- d. Any room used for sleeping must have at least one window. If the window is designed to be opened, the window must work.

#### H. Water Supply

##### 1. Performance Requirement

The water supply must be free from contamination.

##### 2. Acceptability Criteria

The dwelling unit must be served by an approvable public or private water supply that is sanitary and free from contamination.

#### I. Lead-based Paint

##### 1. Definitions

- a. Chewable surface: Protruding painted surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age; for example, protruding corners, window sills and frames, doors and frames, and other protruding woodwork.
- b. Component: An element of a residential structure identified by type and location, such as a bedroom wall, an exterior window sill, a baseboard in a living room, a kitchen floor, an interior window sill in a bathroom, a porch floor, stair treads in a common stairwell, or an exterior wall.
- c. Defective paint surface: A surface on which the paint is cracking, scaling, chipping, peeling, or loose.
- d. Elevated blood level (EBL): Excessive absorption of lead. Excessive absorption is a confirmed concentration of lead in whole blood of 20 ug/dl (micrograms of lead per deciliter) for a single test or of 15-19 ug/dl in two consecutive tests 3-4 months apart.

- e. HEPA: A high efficiency particle accumulator as used in lead abatement vacuum cleaners.
- f. Lead-based paint: A paint surface, whether or not defective, identified as having a lead content greater than or equal to 1 milligram per centimeter squared (mg/cm<sup>2</sup>), or 0.5 % by weight or 5000 parts per million (PPM).

## 2. Performance Requirements

- a. The purpose of this paragraph of this Section is to implement Section 302 of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4822, by establishing procedures to eliminate as far as practicable the hazards of lead-based paint poisoning for units assisted under this part. This paragraph is issued under 24 CFR 35.24(b)(4) and supersedes, for all housing to which it applies, the requirements of subpart C of 24 CFR part 35.
- b. The requirements of this paragraph of this Section do not apply to 0-bedroom units, units that are certified by a qualified inspector to be free of lead-based paint, or units designated exclusively for the elderly. The requirements of subpart A of 24 CFR part 35 apply to all units constructed prior to 1978 covered by a HAP contract under part 982.
- c. If a dwelling unit constructed before 1978, is occupied by a family that includes a child under the age of six years, the initial and each periodic inspection (as required under this part) must include a visual inspection for defective paint surfaces. If defective paint surfaces are found, such surfaces must be treated in accordance with paragraph k of this Section.
- d. The Housing Authority will exempt from such treatment defective paint surfaces that are found in a report by a qualified lead-based paint inspector not to be lead-based paint, as defined in paragraph 1(f) of this Section. For purposes of this Section, a qualified lead-based paint inspector is a State or local health or housing agency, a lead-based paint inspector certified or regulated by a State or local health or housing agency, or an organization recognized by HUD.
- e. Treatment of defective paint surfaces required under this Section must be completed within 30 calendar days of Housing Authority notification to the owner. When weather conditions prevent treatment of the defective paint conditions on exterior surfaces

with in the 30-day period, treatment as required by paragraph k of this Section will be delayed for a reasonable time.

- f. The requirements in this paragraph apply to:
  - i. All painted interior surfaces within the unit (including ceilings but excluding furniture);
  - ii. The entrance and hallway providing access to a unit in a multi-unit building; and
  - iii. Exterior surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age (including walls, stairs, decks, porches, railings, windows and doors, but excluding outbuildings such as garages and sheds).
  
- g. In addition to the requirements of paragraph c of this Section, for a dwelling unit constructed before 1978 that is occupied by a family with a child under the age of six years with an identified EBL condition, the initial and each periodic inspection (as required under this part) must include a test for lead-based paint on chewable surfaces. Testing is not required if previous testing of chewable surfaces is negative for lead-based paint or if the chewable surfaces have already been treated.
  
- h. Testing must be conducted by a State or local health or housing agency, an inspector certified or regulated by a State or local health or housing agency, or an organization recognized by HUD. Lead content must be tested by using an X-ray fluorescence analyzer (XRF) or by laboratory analysis of paint samples. Where lead-based paint on chewable surfaces is identified, treatment of the paint surface in accordance with paragraph k of this Section is required, and treatment shall be completed within the time limits in paragraph c of this Section.
  
- i. The requirements in paragraph g of this Section apply to all protruding painted surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age:
  - i. Within the unit;
  - ii. The entrance and hallway providing access to a unit in a multi-unit building; and
  - iii. Exterior surfaces (including walls, stairs, decks, porches, railings, windows and doors, but excluding outbuildings such as garages and sheds).
  
- j. In lieu of the procedures set forth in paragraph g of this Section,

the Housing Authority will, at its discretion, waive the testing requirement and require the owner to treat all interior and exterior chewable surfaces in accordance with the methods set out in paragraph k of this Section.

- k. Treatment of defective paint surfaces and chewable surfaces must consist of covering or removal of the paint in accordance with the following requirements:
- i. A defective paint surface shall be treated if the total area of defective paint on a component is:
    - (1) More than 10 square feet on an exterior wall;
    - (2) More than 2 square feet on an interior or exterior component with a large surface area, excluding exterior walls and including, but not limited to, ceilings, floors, doors, and interior walls;
    - (3) More than 10% of the total surface area on an interior or exterior component with a small surface area, including, but not limited to, windowsills, baseboards and trim.
  - ii. Acceptable methods of treatment are the following: removal by wet scraping, wet sanding, chemical stripping on or off site, replacing painted components, scraping with infra-red or coil type heat gun with temperatures below 1100 degrees, HEPA vacuum sanding, HEPA vacuum needle gun, contained hydroblasting or high pressure wash with HEPA vacuum, and abrasive sandblasting with HEPA vacuum. Surfaces must be covered with durable materials with joint edges sealed and caulked as needed to prevent the escape of lead contaminated dust.
  - iii. Prohibited methods of removal are the following: open flame burning or torching, machine sanding or grinding without a HEPA exhaust, uncontained hydroblasting or high pressure wash, and dry scraping except around electrical outlets or except when treating defective paint spots not more than two square feet in any one interior room or space (hallway, pantry, etc.) or totaling not more than twenty square feet on exterior surfaces.
  - iv. During exterior treatment soil and playground equipment must be protected from contamination.

- v. All treatment procedures must be concluded with a thorough cleaning of all surfaces in the room or area of treatment to remove fine dust particles. Cleanup must be accomplished by wet washing surfaces with a lead solubilizing detergent such as trisodium phosphate or an equivalent solution.
- vi. Waste and debris must be disposed of in accordance with all applicable Federal, State, and local laws.
- l. The owner must take appropriate action to protect residents and their belongings from hazards associated with treatment procedures. Residents must not enter spaces undergoing treatment until cleanup is completed. Personal belongings that are in work areas must be relocated or otherwise protected from contamination.
- m. Prior to execution of the HAP contract, the owner must inform the Housing Authority and the family of any knowledge of the presence of lead-based paint on the surfaces of the residential unit.
- n. The Housing Authority must attempt to obtain annually from local health agencies the names and addresses of children with identified EBLs and must annually match this information with the names and addresses of participants under this part. If a match occurs, the Housing Authority must determine whether local health officials have tested the unit for lead-based paint. If the unit has lead-based paint, the Housing Authority must require the owner to treat the lead-based paint. If the owner does not complete the corrective actions required by this Section, the family must be issued a voucher to move.
- o. The Housing Authority must keep a copy of each inspection report for at least three years. If a dwelling unit requires testing, or if the dwelling unit requires treatment of chewable surfaces based on the testing, the Housing Authority must keep the test results indefinitely and, if applicable, the owner certification and treatment. The records must indicate which chewable surfaces in the dwelling units have been tested and which chewable surfaces were tested or tested and treated in accordance with the standards prescribed in this Section, such chewable surfaces do not have to be tested or treated at any subsequent time.
- p. The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an alternate means of exit in case of fire (such as fire stairs

or egress through windows).

J. Access

1. Performance Requirement

The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an alternate means of exit in case of fire (such as fire stairs or egress through windows).

K. Site and Neighborhood

1. Performance Requirement

The site and neighborhood must be reasonably free from disturbing noises and reverberations and other dangers to the health, safety, and general welfare of the occupants.

2. Acceptability Criteria

The site and neighborhood will not be subject to serious adverse environmental conditions, natural or manmade, such as dangerous walks or steps; instability; flooding, poor drainage, septic tank back-ups or sewage hazards; mudslide; abnormal air pollution, smoke or dust; excessive noise, vibration or vehicular traffic; excessive accumulations of trash; vermin or rodent infestation; or fire hazards.

L. Sanitary Condition

1. Performance Requirement

The dwelling unit and its equipment must be in sanitary condition.

2. Acceptability Criteria

The dwelling unit and its equipment must be free of vermin and rodent infestation.

M. Smoke Detectors

1. Performance Requirements

a. Except as provided in paragraph b below of this Section, each dwelling unit must have at least one battery-operated or hard-wired smoke detector, in proper operating condition, on each level of the

dwelling unit, including basements but excepting crawl spaces and unfinished attics. Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards). If any hearing-impaired person occupies the dwelling unit, smoke detectors must have an alarm system, designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

- b. For units assisted prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors prior to April 24, 1993, in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992 (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e., the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit).

### ***Exceptions to the HQS Acceptability Criteria***

The PHA will utilize the acceptability criteria as outlined above with applicable State and local codes. Additionally, the PHA has received HUD approval to require the following additional criteria:

- A. In each room, there will be at least one exterior window that can be opened and that contains a screen.
- B. Owners will be required to scrape peeling paint and repaint all surfaces cited for peeling paint with 2 coats of non-lead paint. An extension will be granted as a severe weather related item as defined below.
- C. Adequate heat shall be considered to be 68 degrees.
- D. In units where the tenant must pay for utilities, each unit must have separate metering device(s) for measuring utility consumption.
- E. A 1/2" overflow pipe must be present on the hot water heater safety valves and installed down to within 6 inches of the floor.

### ***Time Frames and Corrections of HQS Fail Items***

A. Correcting Initial HQS Fail Items

The PHA will schedule a timely inspection of the unit on the date the owner indicates that the unit will be ready for inspection, or as soon as possible thereafter (within 5 working days) upon receipt of a Request for Tenancy Approval. The owner and participant will be notified in writing of the results of the inspection. If the unit fails HQS again, the owner and the participant will be advised to notify the PHA to reschedule a re-inspection when the repairs have been properly completed.

On an initial inspection, the owner will be given up to 30 days to correct the items noted as failed, depending on the extent of the repairs that are required to be made. No unit will be placed in the program until the unit meets the HQS requirements.

B. HQS Fail Items for Units under Contract

The owner or participant will be given time to correct the failed items cited on the inspection report for a unit already under contract. If the failed items endanger the family's health or safety (using the emergency item) the owner or participant will be given 24 hours to correct the violations. For less serious failures, the owner or participant will be given up to 30 days to correct the failed item(s).

If the owner fails to correct the HQS failed items after proper notification has been given, the PHA will abate payment and terminate the contract in accordance with HUD requirements and as stated in this Plan.

If the participant fails to correct the HQS failed items that are family-caused after proper notification has been given, the PHA will terminate assistance for the family in accordance with HUD regulations and as stated in this Plan.

C. Time Frames for Corrections

1. Emergency repair items must be abated within 24 hours.
2. Repair of refrigerators, range and oven, or a major plumbing fixture supplied by the owner must be abated within 72 hours.
3. Non-emergency items must be completed within 10 days of the initial inspection.
4. For major repairs, the owner will have up to 30 days to complete.

D. Extensions

At the sole discretion of the PHA, extensions of up to 30 days will be granted to permit an owner to complete repairs if the owner has made a good faith effort to initiate repairs. If repairs are not completed within 60 days after the initial inspection date, the PHA will abate the rent and cancel the HAP contract for owner noncompliance. Appropriate extensions will be granted if a severe weather condition exists for such items as exterior painting and outside concrete work for porches, steps, and sidewalks.

### ***Emergency Fail Items***

The following items are to be considered examples of emergency items that need to be abated within 24 hours:

- A. No hot or cold water
- B. No electricity
- C. Inability to maintain adequate heat
- D. Major plumbing leak
- E. Natural gas leak
- F. Broken lock(s) on first floor doors or windows
- G. Broken windows that unduly allow weather elements into the unit
- H. Electrical outlet smoking or sparking
- I. Exposed electrical wires, which could result in shock or fire
- J. Unusable toilet when only one toilet is present in the unit
- K. Security risks such as broken doors or windows that would allow intrusion
- L. Other conditions which pose an immediate threat to health or safety

### ***Abatement and Contract Termination***

Failure for a unit under contract to pass a re-inspection will result in abatement of the Housing Assistance Payment. Abatement means that a daily pro-ration of the Housing Assistance Payment will be deducted from any future payments for each day that the unit is not in compliance with the HQS standards. A notice of abatement will be sent to the owner informing them that abatement will commence effective the first of the month following the date of notification of abatement. The abatement period will not extend beyond 30 days.

If the owner has not made the required repairs during the abatement period, the Housing

Assistance Payments contract will be terminated in accordance with the provisions in the contract. The assisted family will be notified of the termination and will be advised to secure program move documents to commence search for a new housing unit. Once a termination notice has been issued, the HAP contract will not be re-instated even if the landlord proceeds to make repairs.

***Determination Of Responsibility for Repairs [24 CFR 982.404, 982.54(d)(14)]***

The following HQS deficiencies are the responsibility of the family:

- Tenant-paid utilities not in service;
- Failure to provide or maintain family-supplied appliances;
- Documented damage to the unit or premises caused by a household member or guest beyond which is obvious as beyond normal wear and tear;
- Placement of large items of trash or inoperable vehicles anywhere on the assisted unit premises;
- Failure to maintain lawn and surrounding areas if a single-family structure; and,
- Vermin Infestation caused by the tenant.

“Normal wear and tear” is defined as items which can be charged against the tenant security deposit under state law or court practice.

All other HQS violations shall be the responsibility of the owner. If the family is responsible for deficiencies but the owner carries out the repairs, the owner will be encouraged to bill the family for the cost of the repairs and the family's file will be noted.

***Consequences If Family Is Responsible [24 CFR 982.404(b)]***

If emergency or non-emergency violations of HQS are determined to be the responsibility of the family, the HA will require the family to make any repair(s) or corrections within 24 hours for emergency items and 30 days for non-emergency items. If the repair(s) or correction(s) are not made in this time period, the HA will terminate assistance to the family, after providing an opportunity for an informal hearing. The owner's rent will not be abated for items which are the family's responsibility. If the tenant is responsible and corrections are not made, the HAP contract will terminate when assistance is terminated.

**XXI. PHA SCREENING OF APPLICANTS FOR FAMILY BEHAVIOR OR SUITABILITY FOR TENANCY (see also Section II)**

The procedures and documents required for determining family eligibility are as follows:

- Applicants present evidence of all income received by the family including Social Security benefits, Social Services, pensions, child support, scholarships, assets, etc.
- Applicants and participants are required to disclose and verify their Social Security numbers as well as their children's Social Security numbers (children over 6 years of age), and their employer's business identification number (if necessary).
- Certification of employment; signed by the employer.
- Affidavits for seasonal workers or for the self-employed.
- Eviction notice, where applicable.
- Evidence or receipt of most recently paid rent.
- Marriage certificate or divorce decree, where applicable.
- Birth certificates of all the members of the family.
- Good Conduct Certificate from the Police Department.
- Certification of ongoing studies; for all children over 18 years of age.
- Affidavit for common-law couples.
- Income tax return forms.
- Certification of unemployment, for persons who are older than 18 years of age and are not studying.
- Certification of a handicap or a medical disability.
- Property Title of the location currently occupied by the applicant in order to verify that the property is not owned by the applicant.
- Family group photograph.
- These items will be required at the discretion of the agency whenever applicable (provided that it will not impose financial hardship).
- Authorization for release of information for all members of households over 18 years of

age.

The applicant is required to sign a form authorizing program personnel to corroborate the information presented with the respective public agencies and/or other institutions- e.g., the Social Services Department, the Housing Authority, the Social Security Administration, etc.- and to obtain verification of income (EIV and 3<sup>rd</sup> party verification).

Program personnel will also conduct interviews at their current place of residence and have their living conditions documented.

### ***Income eligibility***

1. To be eligible to receive assistance a family shall, at the time the family initially receives assistance under the Section 8 program shall be a family that is:
  - a. An extremely low-income or a very low-income family;
  - b. A low-income family continuously assisted under the 1937 Housing Act;
  - c. A low-income family that meets additional eligibility criteria specified by the Housing Authority;
  - d. A low-income family that is a nonpurchasing tenant in a HOPE 1 or HOPE 2 project or a property subject to a resident homeownership program under 24 CFR 248.173;
  - e. A low-income family or moderate-income family that is displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing;
  - f. A low-income family that qualifies for voucher assistance as a non-purchasing family residing in a HOPE 1 (HOPE for public housing homeownership) or HOPE 2 (HOPE for homeownership of multifamily units) project.
2. Income limits apply only at admission and are not applicable for continued occupancy; however, as income rise the assistance will decrease.
3. The applicable income limit for issuance of a voucher is the highest income limit for the family size for areas within the housing authority's jurisdiction. The applicable income limit for admission to the program is the income limit for the area in which the family is initially assisted in the program. The family will only use the voucher to rent a unit in an area where the family is income eligible at admission to the program.
4. Families who are moving into the PHA's jurisdiction under portability and have the status of applicant rather than of participant at their initial housing authority must meet the income limit for the area where they were initially assisted under the program.
5. Families who are moving into the PHA's jurisdiction under portability and are already program participants at their initial housing authority do not have to meet the income eligibility requirement for the PHA program.

6. Income limit restrictions do not apply to families transferring units within the PHA Section 8 Program.

***Citizenship/Eligible Immigrant status***

To be eligible each member of the family must be a citizen, national, or a noncitizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).

Applicants are entitled to a hearing for denial of placement on the waiting list or denial of assistance if such denial is based on the immigration status criteria described above. Applicants/participants must present adequate documentation that certifies their citizenship or immigration eligibility status. Acceptable documentation include: 214 Certification, Birth Certificate, and U.S. Immigration and Naturalization Service certification.

If there are no family members with citizen or eligible immigration status then the family will be determined ineligible for housing. An ineligible family will be informed in writing of the denial and their right to request an informal hearing.

Section 214 verifications will be accomplished as follows:

- U.S. Citizens or Nationals. Persons claiming status as a U.S. citizen or U.S. national will provide a self-certification in the form prescribed by the agency.
- Eligible Immigrants. Staff will conduct primary verification of eligible immigrant status through the INS automated SAVE (Systematic Verification for Entitlements) system using the instructions provided at HUD Guidebook 7420.10 G (pg. 5-7).

Staff will not delay, deny, or terminate assistance to an applicant or currently assisted household if any one of the following circumstances apply:

- At least one person in the household has submitted appropriate INS documents;
- The documents were submitted to the INS on a timely basis, but the verification process has not been completed;
- The family member in question moves;
- The INS appeals process has not been completed;
- Assistance is pro-rated;
- Deferral of termination of assistance is granted by the agency;
- For a program participant, the informal hearing process is not complete.

Assistance will be denied or terminated when:

- Declaration of citizenship or eligible immigration status is not submitted by the specified deadline or any extension;
- Required documentation is submitted but INS primary and secondary verification does not verify immigration status and family does not pursue INS or HA appeal; or
- Required documentation is submitted but INS primary and secondary verification does not verify immigration status, and INS or HA appeal is pursued but decision(s) are rendered against the family.

### ***Family eligibility for assistance***

1. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.
2. Despite the ineligibility of one or more family members, a mixed family will be eligible for one of three types of assistance (See Section XII for calculating rents under the noncitizen rule and also Section XVI).
3. A family without any eligible members and receiving assistance on June 19, 1995, will be eligible for temporary deferral of termination of assistance.

### ***Social Security Number Documentation***

To be eligible, all family members must disclose and submit documentation (its Social Security card) to the Housing Specialist, to verify their social security numbers (SSNs).

### ***Signing Consent Forms***

1. In order to be eligible each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.
2. The consent form must contain, at a minimum, the following:
  - a. A provision authorizing HUD and the PHA to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy;
  - b. A provision authorizing HUD or the PHA to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;
  - c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's

eligibility or level of benefits; and,

- d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

### ***Suitability for tenancy***

The PHA determines eligibility for participation and will also conduct criminal background checks on all adult household members, including live-in aides. The PHA will deny assistance to a family because of drug-related criminal activity or violent criminal activity by family members. This check will be made through state or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. If the individual has lived outside the local area, the PHA will contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC).

The PHA will check with the State sex offender registration program and will ban for life any individual who is registered as a lifetime sex offender.

Additional screening is the responsibility of the owner. Upon the written request of a prospective owner, the PHA will provide any factual information or third party written information they have relevant to a voucher holder's history of, or ability to, comply with material standard lease terms or any history of drug trafficking.

### ***Tenant Screening [24 CFR 982.307]***

The PHA will not screen the applicant household for family behavior or suitability of tenancy. At or before the PHA's approval of the tenancy, the PHA will inform the owner that screening and selection for tenancy is the responsibility of the owner.

The owner is responsible for screening families based on their tenancy histories, including such factors as: [24 CFR 982.307(a)(3)]

- Payment of rent and utility bills;
- Caring for a unit and premises;
- Respecting the rights of other residents to the peaceful enjoyment of their housing;
- Drug-related criminal activity or other criminal activity that is a threat to the health, safety or property of others; and,
- Compliance with other essential conditions of tenancy.

The PHA will advise and assist families if they feel that the screening criteria applied by an owner violate any basic Fair Housing Rights of the family. The PHA will make referrals to the local Fair Housing Agency and/or the appropriate HUD office.

**XXII. MERGER OF THE CERTIFICATE AND VOUCHER (HCV) PROGRAM  
(Key Words Summarizing the HCV Program)**

On October 1, 1999, the Section 8 Certificate and Voucher Program were merged into one Tenant-Based Program called the Section Housing Choice Voucher Program. The new Program has features of the certificate and old voucher programs, plus new requirements. Some regulation changes were effective on that date and other will become effective during the coming years. The merger had to be completed by October 1, 2001. The main changes of the merger, which are described below, were adopted as needed. A summary of the new voucher program follows:

1. **Payment standards.** The subsidy amount is based on a payment standard set by the PHA anywhere among 90% to 110% of FMR. HUD will approve payment standards lower than 90% of FMR and payment standards higher than 110% of FMR. HUD will require PHA payment standard changes because of the incidence of high rent burdens.
2. **Tenant rent.** A family renting a unit below the payment standard pays the highest of 30% of monthly-adjusted income, 10% of monthly income, or the welfare rent. There is no voucher shopping incentive. A family renting a unit above the payment standard pays the highest of 30% of monthly adjusted income, 10% of monthly income, or the welfare rent, plus the amount of rent above the payment standard.
3. **Maximum initial rent burdens.** A family must not pay more than 40% of income for rent when the family first receives the subsidy in a particular unit. (This maximum rent burden requirement is not applicable at reexamination if the family stays in place.)
4. **Income Limits.** Eligibility is limited to:
  - \$ very low-income family
  - \$ low-income family previously assisted under the public housing, Section 23,  
or Section 8 Programs
  - \$ low-income family that is a non-purchasing tenant of certain homeownership programs
  - \$ low-income tenant displaced from certain Section 221 and 236 projects
  - \$ low-income family that meets PHA-specified eligibility criteria
5. **Optional PHA screening of applicants.** Although the screening and selection of tenants will remain a function of the owner, the PHA also will elect to screen applicants in accordance with any HUD requirements.
6. **Optional PHA disapproval of owners.** The PHA will refuse to enter into new Section 8 HAP contracts with owners who refuse (or have a history of refusing) to evict families for drug-related or violent criminal activity, or for activity that

threatens the health, safety or right of peaceful enjoyment of the premises by tenants, PHA employees or owner employees, or the residences by neighbors.

7. **Initial Lease Terms.** The PHA will approve an initial lease term of less than 1 year, if a lease of less than 1 year prevails local practices, and the PHA determines that the shorter term will improve housing opportunities for the family.
8. **Lease form and content.** The lease form must be in the standard form used in the locality by the owner. The lease must contain terms that are consistent with State and local law, and that applies generally to unassisted tenants in the same property. The lease will contain the HUD prescribed lease addendum.
9. **Termination of tenancy.** "Violent criminal activity on or near the premises" is added to the statutory termination of tenancy provisions.
10. **HQS.** Units must pass the federally established HQS or substitute local housing codes or codes adopted by PHA's. Substitute local housing codes or codes adopted by PHA's (1) cannot severely restrict housing choice and (2) must meet or exceed the HQS (unless HUD approves a lower standard that does not adversely affect the health or safety of families, and will significantly increase affordable housing access and expand housing opportunities).
11. **15 day initial HQS inspection deadline.** PHA's with 1250 or fewer tenant-based Section 8 units must conduct initial HQS inspections within 15 days of the owner's inspection request. PHA's with more that 1250 tenant-based Section 8 units must conduct initial HQS inspections within a "reasonable period" of the owner's inspection request. The PHA assessment system for tenant-based assistance (currently the Section 8 Management Assessment Program) must incorporate this PHA performance standard.
12. **PHA penalties for late payment of housing assistance to owners.** The housing assistance payment (HAP) contract will provide for PHA penalties for late payment of the housing assistance payment to the owner. Any late payment penalties must be imposed by the owner in accordance with generally accepted practices in the local housing market. For example, an owner could charge the PHA a late fee if the housing assistance payment is not received by the 5th day of the month if it is local practice that tenants are charged a late fee when the rent has not been paid-in-full by the 5th day of each month. A late payment fee must be paid from the PHA's Administrative Fee unless HUD authorizes payment form another source. No late fee will be charged if HUD determines that the late payment is due to factors beyond the control of the PHA (e.g., late receipt of the Section 8 Funds from Treasury).
13. **HQS inspections and rent reasonableness determinations for PHA-owned units.** The local government or another entity approved by HUD must conduct

HQS inspections and rent reasonableness determinations for PHA-owned units leased by voucher holders. The PHA must pay any expenses with the performance of such inspections and rent determinations.

14. **Subsidy amounts for manufactured homeowners leasing pads.** The subsidy amount for expenses associated with leasing the pads is revised to mirror the subsidy calculation method for families leasing "regular" units.
15. **Project-based vouchers.** Project-based assistance is authorized for up to 15% of the PHA's certificates and vouchers. The prior exception allowing additional project-based assistance and special HAP contract terms for certain State assisted projects is eliminated.

Initial and any annual rent adjustments are subject to a rent reasonableness determination.

16. **Witness relocation funds.** PHA's that receive witness relocation funds must have procedures for notifying potential recipients of funding availability.
17. **Deed restrictions.** Voucher assistance will not be used in any manner that "abrogates any local deed restriction that applies to any housing consisting of 1 to 4 units". The Fair Housing Act explicitly applies.

### **XXIII. SPECIAL HOUSING ASSISTANCE (See also Section III)**

The PHA offers its Section 8 participants the prospect of expanding their housing opportunities through voluntary enrollment in the Family Self-Sufficiency (FSS) Program. To be eligible for these options, which are authorized by the Quality Housing and Work Responsibility Act of 1998, a participant must comply with some special rules as well as the Section 8 requirements.

#### ***FSS Program***

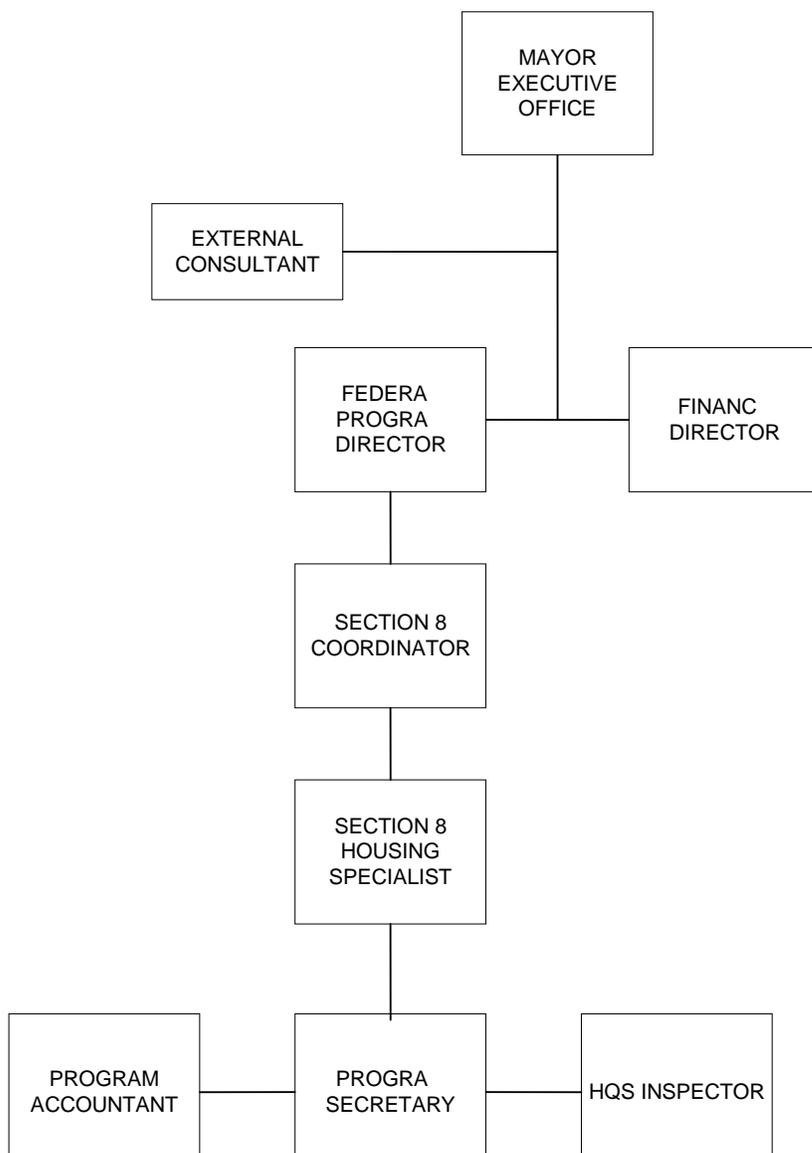
This program was established in accordance with 24 CFR 984 to promote self-sufficiency of assisted families, including the coordination of supportive services (42 U.S.C. 1437u). This program can help interested participants to prepare themselves to acquire their economic independence and their own house. The Family Self-Sufficiency Action Plan will be incorporated as Appendix III of this document.

#### ***Other Special Housing Types or Programs***

Whenever the PHA decides to apply for Special Housing Types or Program Funding; the policies on special rules will be state as HUD regulations, as established on Section III of this Plan, and any other applicable law. Also, as needed, amendments will be made to this Plan. Special Housing Type/Assistance includes the FSS Program and Homeownership Option.

**XXIV. PATILLAS ORGANIZATIONAL STRUCTURE**

The Section 8 Division Staff is responsible for Housing Choice Voucher Program administration. The management organization is as follows:



*Program management organization and staff duties:*

- A. **Section 8 Coordinator:** Responsible for all aspects of the Section 8 Division.
- B. **Section 8 Housing Specialist:** Assists the Section 8 Coordinator. Some of the major duties are: takes applications, handles community relations with concerned agencies and landlords, performs QC inspections, performs certifications and re-certifications of Vouchers holders and prepares various Section 8 reports.
- C. **Housing Clerk:** Coordinates FSS Program.
- D. **Program Accountant:** Responsible of preparing all vouchers for housing assistance payments and some financial reports as request by the Program Coordinator.
- E. **HQS Inspector:** Perform Housing Quality Standards inspections and re-inspections.
- F. **Finance Director:** Authorize Program withdrawals, vouchers for payments and any financial matters related to program management.
- G. **Program Secretary:** Assist Section 8 Coordinator in filling applications for assistance, responsible of keeping Program records and participants files. Assists with the FSS Program.

*Primary Responsibilities of the Section 8 Division with Section 8 Participants*

The primary responsibilities of the Section 8 Division staff with the beneficiaries include:

- A. informing eligible families of the availability of Section 8 assistance;
- B. encouraging owners to make their units available for rental to very low income families;
- C. determining the maximum amount of housing assistance payments that can be used for family-paid utilities;
- D. posting the utility allowance annually;
- E. receiving applications from families and determining their eligibility for assistance;
- F. inspecting Section 8 units to determine they meet or exceed Section 8 Housing Quality Standards;
- G. approving leases;
- H. coordinates FSS Program;

- I.** makes housing assistance payments to owners; and,
- J.** performs annual and periodic re-examinations of income, family composition and redetermination of rent.

**(MODELO)**  
**ORGANIZATIONAL STRUCTURE**

The PHA's Section 8 Office will have the major responsibility and authority in the implementation of the Section 8 Housing Program. This office will work in close coordination with the Budget Office and Federal Programs of the PHA.

The duties and responsibilities of Section 8 Office maybe summarized as follows:

- Overall responsibility for insuring compliance with federal regulations, coordinating the implementation of Tenant Policy, Affirmative Marketing Plan and for directing the day to day activities design to meet program goals and objectives.
- Housing Inspector - is responsible for insuring that housing units meet the Section 8 Housing Quality Standards.
- Section 8 Accountant - maintains accounting books, records and reports in accordance with Municipal and HUD requirements; assures adequate funds for payment of the rental contracts.

The Section 8 Office has the following job descriptions for each Technical and Administrative Staff to perform the work required by the Section 8 Housing Voucher Program.

**1. Section 8 Coordinator**

Administrative Responsibility

Responsible of the administration of the Section 8 Program. Coordinate with fiscal units on financial matters. Supervise the Section 8 Office. Coordinate with the Accountant on financial matters.

Functional Responsibility Regarding the Section 8 Program

Coordinates the overall responsibilities for compliance with the Administrative Plan, coordination with Affirmative Marketing Plan, Tenant Policy, Section 8 Office requirements and pertinent Federal, State and Local Policies. Is responsible for meeting program goals and objectives of the Section 8 Office and the FSS Program.

Overall responsibility for providing program and informational assistance to families and the community related to the Section 8 Housing Program and particularly to financial and other components of the family assistance program. Coordinates the FSS Program.

*Specific Duties*

- Responsible for assuring compliance with HUD regulations in program implementation.
- Supervises the technical and administrative work of the Section 8 Voucher Program
- Coordinates Section 8 Program administration
- Organize, assigns and supervises work performed by program personnel
- Supervises the contract negotiation with owners and tenants
- Evaluates grievances presented by owners and tenants
- Set program goals and prepare staff work plans
- Responsible for direct staff supervision
- Prepare monthly performance reports
- Prepare narrative and statistical reports in accordance with HUD regulations
- Responsible for assuring compliance with HUD regulations in program implementation
- Prepare monthly reports
- Prepare required documents for contract execution
- Meets with owners
- Assists in the implementation and orientation of the program
- Negotiate contracts with unit owners and tenants
- Evaluate grievances presented by unit owners and tenants
- Weekly reports to the Supervisor (Federal Programs Director) concerning progress and problems
- Provides orientation to Section 8 Housing Voucher Program participants on:
  - < Application processing
  - < Family participation
  - < Effective use of voucher
  - < Rent subsidies
  - < Housing inspections
  - < Rights and responsibilities of program participants
  - < Neighborhood selection
  - < Grievance procedure
  - < Other pertinent information
  - < Maintains up-to-date information on other housing assistance programs
  - < Analyzes and reports on cases having difficulties obtaining the rent subsidy
  - < Participates in the annual reexamination of families
  - < Prepare weekly activity reports
- Responsible for initiating and maintaining contact with the client and applicant, eligibility verification and follow-up
- Responsible for maintaining current updated files on available housing units and providing information to clients
- Perform Quality Inspections Report
- Analyze and report on current rent reasonableness
- Prepare case reports and maintain an adequate file of all documents
- Verify family income
- Prepare and manage the form HUD-50058

- 
- Revise and electronically sends the SEMAP certification and the Year End reports, such as form HUD-52681 and 52681-b
- Coordinates the FSS Program
- Assist to seminars and meetings, as required
- Coordinate meets with FSS participants to:
  1. conduct re-examinations
  2. request documents/evidence, necessary to ensure compliance with program eligibility criteria
  3. conduct/coordinates contract signing (by both owner and tenant)
- Conduct briefings/interviews with clients in the Office
- Prepare and maintain adequate file of all documents, with updated data; if necessary, review and request additional information
- Verify family income data and realize any pertinent on-site/field research
- Review inspections

## **2. Section 8 Housing Specialist**

The housing specialist is responsible for ensuring that each family selected to participate in the Section 8 Program enters into a contract which is to be signed by the head of the family.

### Administrative Responsibility

Reports to the Section 8 Coordinator.

### Functional Responsibility

Responsible for initiation and maintenance of contact with clients and applicants, verification of eligibility and follow-ups. Responsible for maintaining current, updated files and providing information to clients. Responsible for establishing the terms and conditions of the lease contract and the consequences for non-compliance.

### *Specific Duties*

- Coordinate meets with participants to:
  1. conduct re-examinations
  2. request documents/evidence, necessary to ensure compliance with program eligibility criteria
  3. conduct/coordinates contract signing (by both owner and tenant)
- Conduct briefings/interviews with clients in the Office
- Prepare and maintain adequate file of all documents, with updated data; if necessary, review and request additional information
- Verify family income data and realize any pertinent on-site/field research
- Review inspections

- Prepare monthly reports to inform the status of each case
- Prepare cases having moving processes
- Perform social work, such as referrals to pertinent agencies or finding services, for those participants that required it and for which the service or referral is deemed necessary
- Maintain record keeping (put documents into file)
- Assist to seminars and meetings, as required
- Use of computer system to search and input pertinent clients data
- Intake of telephone calls
- Perform field/on-site research
- As per request, assist to informal hearings
- Take delivery of complaints
- Send termination letters and the confirmatory termination letters
- Provide individual information to clients concerning available housing and any other related matters
- Download data from HUD (such as reports, policies and notices)
- In charge of UIV/EIV data
- Perform other duties related to Section 8 Program

### **3. Secretary**

#### Administrative Responsibility

Report directly to the Executive Officer. Coordinates with Housing Inspection Staff.

#### Functional Responsibility

Responsible for maintaining files, current and up to date.

#### *Specific Duties*

- Keep files in order
- Type owner, rental contracts, letters, orders, requisitions and reimbursements vouchers for Section 8 Office
- Answer and channel telephone calls
- Perform other duties related to Section 8 Housing Voucher Program and Federal Programs

#### **4. Housing Inspector**

##### Administrative Responsibility

Report to the Executive Officer.

##### Functional Responsibility

Responsible for insuring that all Housing Units under the Program meet Section 8 Housing Quality Standards, and for complying with all other inspection requirements as specified by HUD and/or local Law.

##### *Specific Duties*

- Inspects Housing Units prior to execution of contracts
- Certifies the Housing Units are in compliance with HQS
- Brief tenants on housekeeping rules
- Conduct annual inspections of Housing Units at time of re-examination and/or special inspections
- Analyzes and reports on current rent reasonableness
- Report monthly to the Program Supervisor on results of inspections
- Responsible for maintaining current updated files on available housing units and providing information to clients

#### **5. Accountant (Financial Unit)**

##### Administrative Responsibility

Report to the Executive Officer. Coordinate with the Section 8 Coordinator and the Housing Specialist.

##### Functional Responsibility

Has overall responsibility for insuring that all books, records and reports are maintained in accordance with HUD requirements and generally accepted accounting standards.

##### *Specific Duties*

- Maintains accounting books in accordance with Section 8 Housing Choice Voucher Program
- Informs Program Coordinator of the status of the program's finance
- Prepare requisitions for program funds
- Prepares and submits the necessary reports on program finances / Prepares annually Section 8 application (especially Form HUD 52672 and HUD 52673)

- Maintain records of the rental payment to the owners (HAP register)
- Coordinates with the Technical Staff and Housing Inspection about change in address, income, family composition and other information of the tenant and owner
- Prepare the financial reports at the end of the fiscal year (such as form HUD-52681)
- Prepare the information for the Section 8 data collection report (form 52681-b)
- Perform other duties as required by the Program Coordinator

Office Hours for applications, annual reexamination and other official issues

The Municipality of Patillas Section 8 Program operates from Monday to Friday from 8:00 am to 4:30 pm. To facilitate the provision of services and improve its quality the Municipality has established the following schedule:

- Taking of applications, Reexaminations, and Recertification and presentation of documents – The section 8 program handles everything related to these subject Monday through Wednesday from 8:00 am to 11:00 am and from 1:00 pm until 4:00 pm. It is a Family Obligation to supply information, documentation, and certification as needed for the HA to fulfill its responsibilities. The HA schedules appointments and sets deadlines in order to obtain the required information. The Obligations also require that the family allow the HA to inspect the unit, and appointments are made for this purpose. Two attempts will be made for all reexaminations actions. If the family fails to appear to the second appointment, or to supply information required by a deadline without notifying the HA, a Notice of Termination of Assistance will be sent. The only acceptable reasons for missing appointments of failing to provide information by deadlines are the following:
  - Medical emergency – physician’s statement required
  - Family emergency – must be medical (physician’s statement required) or death related (obituary required)
  - Employment obligations (excuse for missed appointments only) – must provide letter from employer
- Administrative duties – The section 8 program staff will conduct administrative duties during Thursday and Friday. During those days the office will be closed to the public. No documents will be accepted during these days.
- HQS inspections – HQS inspections will be performed from Monday thru Friday. The family must allow the HA to inspect the unit at reasonable times with reasonable notice. Reasonable hours to conduct an inspection are between 8:00 am and 4:00 pm. Notice will be provided to the family and the owner via first class mail a minimum of five (5) days prior to the first attempt for an inspection. The family and/or the owner can be notified by telephone or by a posted notice on the main entrance of the unit of a scheduled re-inspection. Two attempts will be made for all inspection types. If access to the unit cannot be obtained after the second attempt, the unit will be considered in non-compliance with the HQS standards and appropriate action will be taken base on the inspection type. Responsibility for access for annual inspections and any related required

re-inspections is the responsibility of the assisted household and failure to provide access Procedure when Appointments are Missed or Information not Provided.

# **APPENDIXES**

# **APPENDIX I**

*TABLE: “Gestiones de Renta”*

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
MUNICIPIO DE PATILLAS  
OFICINA DE SECCION 8  
PATILLAS, PR 00723  
TEL. (787) 839-0601

FORMULARIO DE RAZONABILIDAD DE RENTA

PROPOSITO:  Solicitud Aumento de Renta  Contrato Inicial

NUMERO DE VALE: _____ Housing Choice Voucher Program (HCV)
NOMBRE DE LA FAMILIA: _____ CANTIDAD DE HABITACIONES _____
PROGRAMA: <input type="checkbox"/> VOUCHER <input type="checkbox"/> FSS <input type="checkbox"/> FUP <input type="checkbox"/> EXISTING <input type="checkbox"/> HOPWA

NOMBRE DEL DUEÑO VIVIENDA: _____ TELEFONO: _____
CANTIDAD DE HABITACIONES EN LA UNIDAD DE VIVIENDA: _____ AÑO CONSTRUCCION: _____
DIRECCION DE LA UNIDAD: _____ _____

FMR para la unidad: \_\_\_\_\_ "Payment Standard" de la Unidad: \_\_\_\_\_

Número de Habitaciones vivienda sometida: \_\_\_\_\_ Número de Baños: \_\_\_\_\_

FACILIDADES ACCESIBLES A LA VIVIENDA

Transportación Pública  Supermercados  Parques Recreativos  Escuelas  
 Farmacias  Estacionamientos  Universidades  Facilidades Médicas  
 Almacenes  Centros Comerciales

Renta básica a contratar: \$ \_\_\_\_\_  
(Incluyendo utilidades no provistas por el arrendador)

agua  luz  estufa  nevera \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Unidad tiene:  aire acondicionado  conexiones de lavadoras y secadoras  
 contenedor de basura  servicio de mantenimiento de áreas comunes

Accesibilidad para discapacitados:  SI  NO

Tipo de Unidad:  multipisos  estudio  casa terrera  "walk-up"  "Town House"

Certificación de Renta máxima recibida en mercado privado: \$ \_\_\_\_\_

**UNIDADES A COMPARAR**

LISTA DE COTEJO	UNIDAD 1	UNIDAD 2	UNIDAD 3
DIRECCION FISICA			
TIPO DE UNIDAD	<input type="checkbox"/> MULTIPISOS <input type="checkbox"/> CASA TERRERA <input type="checkbox"/> WALK UP <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> ESTUDIO	<input type="checkbox"/> MULTIPISOS <input type="checkbox"/> CASA TERRERA <input type="checkbox"/> WALK UP <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> ESTUDIO	<input type="checkbox"/> MULTIPISOS <input type="checkbox"/> CASA TERRERA <input type="checkbox"/> WALK UP <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> ESTUDIO
CANTIDAD DE DORMITORIOS			
RENTA CONTRATADA	\$	\$	\$
UTILIDADES INCLUIDAS	<input type="checkbox"/> AGUA <input type="checkbox"/> LUZ <input type="checkbox"/> ESTUFA <input type="checkbox"/> NEVERA	<input type="checkbox"/> AGUA <input type="checkbox"/> LUZ <input type="checkbox"/> ESTUFA <input type="checkbox"/> NEVERA	<input type="checkbox"/> AGUA <input type="checkbox"/> LUZ <input type="checkbox"/> ESTUFA <input type="checkbox"/> NEVERA
FACILIDADES	<input type="checkbox"/> TRANS. PUBLICA <input type="checkbox"/> ALMACEN <input type="checkbox"/> UNIVERSIDADES <input type="checkbox"/> ESCUELAS <input type="checkbox"/> FARMACIAS <input type="checkbox"/> SUPERMERCADOS <input type="checkbox"/> FACILIDADES MEDICAS <input type="checkbox"/> PARQUES RECREATIVOS <input type="checkbox"/> ESTACIONAMIENTOS	<input type="checkbox"/> TRANS. PUBLICA <input type="checkbox"/> ALMACEN <input type="checkbox"/> UNIVERSIDADES <input type="checkbox"/> ESCUELAS <input type="checkbox"/> FARMACIAS <input type="checkbox"/> SUPERMERCADOS <input type="checkbox"/> FACILIDADES MEDICAS <input type="checkbox"/> PARQUES RECREATIVOS <input type="checkbox"/> ESTACIONAMIENTOS	<input type="checkbox"/> TRANS. PUBLICA <input type="checkbox"/> ALMACEN <input type="checkbox"/> UNIVERSIDADES <input type="checkbox"/> ESCUELAS <input type="checkbox"/> FARMACIAS <input type="checkbox"/> SUPERMERCADOS <input type="checkbox"/> FACILIDADES MEDICAS <input type="checkbox"/> PARQUES RECREATIVOS <input type="checkbox"/> ESTACIONAMIENTOS

**Certifico que se ha establecido la razonabilidad de la renta de acuerdo a los parámetros establecidos en el Plan Administrativo y la Reglamentación Federal (24 CFR).**

Nombre del Inspector(a): \_\_\_\_\_ Aprobado por: \_\_\_\_\_

Fecha de Aprobación: \_\_\_\_\_ Título: \_\_\_\_\_

Renta fue aprobada por el dueño:     SI                     NO

Firma del dueño: \_\_\_\_\_ Fecha: \_\_\_\_\_

## APPENDIX II

*Rent Reasonability Comparable Study Form*



## PROCEDIMIENTO DE OBTENER COMPARABLES

### PASOS:

1. Se dividirá el Municipio en sectores donde las viviendas compartan las mismas características.
2. Se visitarán unidades de vivienda en cada sector para recoger información sobre las unidades.
3. Se recopilará información para al menos 3 unidades por cada tamaño de unidad (Obr, 1br, 2br, 3br, 4br). En caso de unidades más grandes, el análisis de razonabilidad se llevará a cabo al momento de contratar la unidad.
4. Se llenarán al menos (15) formularios de comparables por cada sector (tres correspondiente a cada tamaño de unidad).
5. Se guardarán dichos formularios, para que el inspector los utilice de referencia al momento de completar el formulario HUD-52517. Es responsabilidad del inspector incluir copia de estas comparables al formulario 52517.
6. La identificación de las comparables se deberá llevar a cabo una vez al año.

### Referencia:

Notice 2003-12 (HA)

### Manejo de Formularios:

1. Una vez completado el formulario, el mismo debe ser guardado en una carpeta, en donde se archivarán por año, sector, mes y número de cuartos.
2. Cada vez que el Inspector necesite una de las comparables, deberá fotocopiar el formulario, archivar el original en la carpeta original y con la copia documentará el expediente para el cual se necesitan las comparables. Este paso se debe realizar al momento, no pueden haber formularios originales fuera de la carpeta y del archivo, por ningún motivo.

Certificación: Al firmar el formulario y cada comentario, el Inspector certifica que se siguieron los procedimientos necesarios para recopilar la información aquí descrita y documentar el expediente con las gestiones realizadas por su parte. Certifica además, que no hay ningún interés personal en el caso, solo el de realizar cabalmente sus funciones y cumplir con las leyes de igualdad de derechos y de confidenciabilidad.



### SECTORES DEL PUEBLO DE PATILLAS

PUEBLO	CAMPO	PLAYA
MUNIZ RIVERA	CACAO ALTO	BAJO
MULAS	MAMEY	JACARCA
QUERRADA ANKIBA	APEADERO	GUARDARRAYA
JAGUAL	BARRIO PUEBLO	
EGOCHE	RÍOS	
MASIN	POLLOS	



## INSTRUCCIONES PARA COMPLETAR EL FORMULARIO DE COMPARABLES

### Sector

Escribir el nombre del sector dentro de la jurisdicción del Municipio, en donde las viviendas comparten las mismas características.

### Tamaño de Unidad (# de cuartos dormitorios)

Escribir el tamaño de unidad, para el cual se está recopilando información (0br, 1br, 2br, 3br, 4br).

### Tabla Unidades Comparables

Visitar las unidades comparables y durante la visita ir completando cada una de las partes de la tabla. Seguindo de la tabla se encuentra un índice de términos ha utilizarse para completar la misma. Por ejemplo: si el *Tipo de Unidad* de la unidad comparable 1 es una de tipo Duplex, completar el espacio bajo la columna *Unidad 1*, línea *Tipo de Unidad* con la letra **D**.

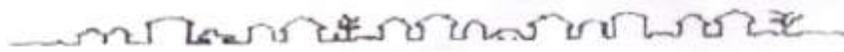
### Observaciones

En esta sección se puede anotar cualquier información pertinente a la unidad ha ser contratada en comparación con las comparables. Además se puede utilizar para anotar cualquier información sobre las comparables, no contemplada en las preguntas del formulario y que sirva para documentar la decisión que se haya de tomar en cuanto a la razonabilidad en renta.

### \*Certificación

Inspector - Una vez completado el formulario deberá escribir su nombre en letra de molde, firmar y escribir la fecha en que realizó y en que certifica el trabajo.

**\*CERTIFICACION DEL INSPECTOR:** Al firmar el formulario y cada comentario, el Inspector certifica que: *Bajo so pena de cargos por incumplimiento de deberes y/o posible acción judicial, certifico que se siguieron los procedimientos necesarios para recopilar la información aquí descrita y documentar el expediente con las gestiones realizadas por mi parte. Certifico además, que no hay ningún interés personal en el caso, solo el de realizar cabalmente mis funciones y cumplir con las leyes de igualdad de derechos y de confiabilidad.*



## **APPENDIX III**

### *FSS Program's Plan*



# PLAN DE TRABAJO

Programa FSS  
(Autosuficiencia Familiar)

PROGRAMA SECCION 8 – RQ057













































































**Family Self-Sufficiency (FSS)  
Program Contract of Participation**  
Section 8, Public Housing and Indian Housing Programs

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

OMB Approval No. 2577-0178  
(exp. 04/30/2007)

This Contract of Participation for the Family Self-Sufficiency (FSS) Program is between \_\_\_\_\_  
\_\_\_\_\_, Housing Agency (HA), and  
\_\_\_\_\_, head of the FSS family.

The FSS family includes everyone in the household, and is referred to in this contract as "family".

**Type of FSS Program.**

The family is a participant in the: (Check only one)

- Section 8 Rental Certificate or Rental Voucher FSS Program  
 Public Housing FSS Program  
 Indian Housing FSS Program

**Purpose of Contract**

The purpose of this contract is to state the rights and responsibilities of the family and the HA, the resources and supportive services to be provided to the family, and the activities to be completed by the family.

**Term of Contract**

This contract will be effective on \_\_\_\_\_

This contract will expire on \_\_\_\_\_

The HA can extend the term of the contract up to 2 years if the family gives the HA a written request for an extension and the HA finds that good cause exists for the extension.

**Resources and Supportive Services**

During the term of the contract, the HA will try to provide the resources and services listed in the individual training and services plans. If the resources and services are not available, the HA will try to substitute other resources and services. However, the HA has no liability to the family if the resources and services are not provided.

**FSS Escrow Account**

The HA will establish an FSS escrow account for the family. A portion of the increases in the family's rent because of increases in earned income will be credited to the FSS escrow account in accordance with HUD requirements.

Listed below are the family's annual income, earned income, and family rent when the family begins the FSS program. These amounts will be used to determine the amount credited to the family's FSS escrow account because of future increases in earned income.

Annual Income \$ \_\_\_\_\_  
Earned Income \$ \_\_\_\_\_

Family Rent (Total Tenant Payment or, for rental vouchers, 30% of monthly Adjusted Income) \$ \_\_\_\_\_

The HA will invest the FSS escrow account funds in HUD-approved investments.

The HA will give the family a report on the amount in the family's

FSS escrow account at least once a year.

If the family is participating in the Section 8 program and moves outside the HA's jurisdiction under Section 8 portability procedures, the HA may transfer the balance of the family's FSS escrow account to another HA.

**Withdrawal of Funds from FSS Escrow Account**

The HA may permit the family to withdraw funds from the FSS escrow account before completion of the contract if the family has completed specific interim goals, designated by the HA, and needs some of the FSS escrow account funds to complete the contract (example: to pay for school costs).

The HA will pay the head of the family the amount in the family's FSS escrow account, less any amount owed to the HA, when:

- (1) the HA determines that the family has completed this contract, and,
- (2) at the time of contract completion, the head of the family provides written certification to the HA that no member of the family is receiving welfare assistance. Welfare assistance means income assistance from Federal or state welfare programs including AFDC, SSI that is subject to an income eligibility test, Medicaid, food stamps, and general assistance. Welfare assistance does not include transitional Medicaid or child care for JOBS participants or SSI payments to guardians of disabled children.

If the head of the family leaves the assisted unit, the remaining family members may, after consulting the HA, name another family member to receive the FSS escrow account funds.

**Loss of FSS Escrow Account**

The family will not receive the funds in its FSS escrow account if:

- (1) the contract of participation is terminated,
- (2) the contract of participation is declared null and void; or
- (3) the family has not met its family responsibilities within the times specified as stated in this contract.

**Family Responsibilities**

**The head of the family must:**

- o Seek and maintain suitable employment after completion of the job training programs listed in the individual training and services plan. The HA, after consulting with the head of the family, will determine what employment is suitable based on the skills, education, and job training of that individual and available job opportunities in the area.

**The head of the family and those family members who have decided, with HA agreement, to execute an individual training and services plan, must:**

- o Complete the activities within the dates listed in each individual training and services plan.

- o Provide the HA and HUD with information about the family's participation in the FSS program in order to help the HA and HUD evaluate the FSS program. This could include information regarding employment, job interviews, training, educational attendance, and other FSS services and activities.

**All family members must:**

- o Comply with the terms of the lease.
- o If receiving welfare assistance, become independent of welfare assistance and remain independent of welfare assistance for at least 12 consecutive months before the contract expires.
- o If participating in the Section 8 program, live in the jurisdiction of the HA that enrolled the family in the FSS program at least 12 months from the effective date of this contract and comply with the family obligations under the Section 8 rental certificate or rental voucher program.

**Corrective Actions for Failure to meet Family Responsibilities**

If any member of the family does not meet his or her responsibilities under this contract, the family will not receive the money in its FSS escrow account and the HA may:

- (1) stop supportive services for the family.
- (2) terminate the family's participation in the FSS program, and
- (3) if the family is participating in the rental certificate or rental voucher program, terminate the Section 8 assistance, when allowed by HUD requirements.

**HA Responsibilities**

- o Attempt to obtain commitments from public and private sources for supportive services for families.
- o Establish an FSS escrow account for the family, invest the escrow account funds, and give the family a report on the amount in the FSS escrow account at least once a year.
- o Determine which, if any, interim goals must be completed before any FSS escrow funds may be paid to the family; and pay a portion of the FSS escrow account to the family if the HA determines that the family has met these specific interim goals and needs the funds from the FSS escrow account to complete the contract.
- o Determine if the family has completed this contract.
- o Pay the family the amount in its FSS escrow account, if the family has completed the contract and the head of the family has provided written certification that no member of the family is receiving welfare assistance.

**Completion of the Contract of Participation**

Completion of the contract occurs when the HA determines that:

- (1) the family has fulfilled all of its responsibilities under the contract; or
- (2) 30 percent of the family's monthly adjusted income equals or is greater than the Fair Market Rent amount for the unit size for which the family qualifies.

**Termination of the Contract of Participation**

The HA may terminate this contract if:

- (1) the family and the HA agree to terminate the contract;
- (2) the HA determines that the family has not fulfilled its responsibilities under this contract;
- (3) the family withdraws from the FSS program;
- (4) an act occurs that is inconsistent with the purpose of the FSS program; or
- (5) the HA is permitted in accordance with HUD requirements.

The HA may declare this contract null and void if the resources and services necessary to complete the contract are not available.

The HA must give a notice of termination or nullification to the head of the family. The notice must state the reasons for the HA decision to terminate or nullify the contract.

If the contract is terminated or declared null and void, the family has no right to receive funds from the family's FSS escrow account. The HA must close the family's FSS escrow account and may use the funds for purposes in accordance with HUD requirements.

If the family is participating in the Section 8 program, the HA will terminate the contract if the family moves outside the HA's jurisdiction under Section 8 portability procedures and enters the FSS program of another HA.

If the family is participating in the Section 8 program, this contract is automatically terminated if the family's section 8 assistance is terminated in accordance with HUD requirements.

**Conflict with the Public or Indian Housing Lease**

If part of this contract conflicts with the public or Indian housing lease, the lease will prevail.

**Compliance with HUD Regulations and Requirements**

The contract of participation must be interpreted and administered in accordance with HUD regulations and requirements. Terms and figures, such as the income and rent amount on page 1, are subject to correction by the HA for compliance with HUD regulations and requirements. The HA must notify the family in writing of any adjustments made to the contract.

**Signatures:**

**Family**

\_\_\_\_\_  
(Signature of head of family)

\_\_\_\_\_  
(Date Signed)

**Housing Agency**

\_\_\_\_\_  
(Name of HA)

\_\_\_\_\_  
(Signature of HA Official)

\_\_\_\_\_  
(Official Title)

\_\_\_\_\_  
(Date Signed)

Each Housing Agency (HA) must enter into a contract of participation with each eligible family that opts to participate in the FSS program. Each HA must consult with local officials to develop an action plan containing descriptions of the size, characteristics, and needs of the population to be served by its proposed FSS program; the services and activities it will provide; how the program will be implemented; the public and private resources through which services and activities will be provided; a time-table for implementation; and other data necessary for HUD to ensure coordinated implementation of program services and activities.

Public reporting burden for this collection of information is estimated to average 1.0 hours 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.

Response to this collection of information is mandatory by law (Section 23 (c) & (g) of the U.S. Housing Act of 1937, as added by Section 554 of the Cranston-Gonzalez National Affordable Housing Act (PL 101-625) for participation in the FSS program.

The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## HA Instructions for Executing the FSS Contract of Participation

### Parties to the Contract/Signatures

The head of the participating family must be the adult member of the family who is the head of the household for income eligibility and rent purposes.

### Term of Contract

The effective date is the first day of the month following the date the contract was signed by the family and the HA's representative.

The expiration date is five years from the effective date of the contract. If the HA decides to extend the term of the contract, the original expiration date listed on page one of the contract must be crossed out and the new expiration date added.

If a family moves under Section 8 portability procedures and is going to participate in the receiving HA's FSS program, the effective date of the contract between the family and the receiving HA is the first day of the month following the date the contract was signed by the family and the HA's representative. The expiration date of the contract between the receiving HA and the family **must** be the same as the expiration date of the contract between the initial HA and the family.

### FSS Escrow Account

The income and rent numbers to be inserted on page one may be taken from the amounts on the last reexamination or interim determination before the family's initial participation in the FSS program, unless more than 120 days will pass between the effective date of the reexamination and the effective date of the contract of participation. If it has been more than 120 days, the HA must conduct a new reexamination or interim redetermination.

If a family moves under Section 8 portability procedures and is going to participate in the receiving HA's FSS program, the receiving HA must use the amounts listed for annual income, earned income, and family rent on page one of the contract between the initial HA and the family.

### Changes to the Contract

This contract of participation can only be changed to modify the contract term, the head of the family, or the individual training and services plans.

Any change of the head of the family under the contract must be included as an attachment to the contract. The attachment must contain the name of the new designated head of the family, the signatures of the new head of the family and an HA representative, and the date signed.

Any change/s to an individual training and services plan must be included as a revision to the individual training and services plan (attachment) to which the change applies. The revision must include the item changed, signatures of the participant and an HA representative, and the date signed.

For extensions to the contract term, see the "Term of Contract" section.

If, twelve months after the effective date of the contract, a family in the Section 8 FSS program moves outside of the HA's jurisdiction under Section 8 portability procedures, an HA may take one of the following actions:

- (1) The initial HA may permit the family to continue to participate in its

FSS program, if the family demonstrates to the initial HA's satisfaction that it can meet the family responsibilities of the contract in the new location. In this case, the existing contract remains in effect with no change. The initial HA must transfer the family's FSS escrow account balance when the family is absorbed by the receiving HA.

- (2) The receiving HA may permit the family to participate in its FSS program. If so, the initial HA must terminate its contract with the family. The initial HA must also transfer the family's FSS escrow account balance when the family is absorbed by the receiving HA. The receiving HA will execute a new contract with the family.

- (3) In cases where the family cannot fulfill its family obligations in the new location, and the receiving HA does not permit the family to participate in its FSS program, the contract between the initial HA and the family shall terminate and the family will lose the funds in its FSS escrow account.

### Individual Training and Services Plans

The contract must include an individual training and services plan for the head of the family. Other family members age eighteen and older may choose to execute an individual training and services plan if agreed to by the HA.

The resources and supportive services to be provided to each family member must be listed in the individual training and services plans which are attachments to the contract of participation.

Page one of each participant's individual training and services plan includes space for the final goal and the first interim goal needed to achieve the final goal. The additional pages provide a format for recording each interim goal and specific information related to its achievement. The first page of each participant's plan must be signed by the participant and an HA representative.

Interim goals must be specified along with the activities and services needed to achieve them. For example, a single mother with two children who has an interim goal of completing her secondary education might require several different activities and services to achieve that goal. These could include transportation, tutoring, and child care.

All completion dates included in the individual training and services plan/s must be on or before the contract of participation expires.

One of the interim goals for families receiving welfare assistance is to become independent of welfare assistance for at least twelve consecutive months before the end of the contract. Any family that is receiving welfare assistance **must** have this included as an interim goal in the head of the family's individual training and services plan.

The final goal listed on the individual training and services plan of the head of the family **must** include getting and maintaining suitable employment specific to that individual's skills, education, job training, and the available job opportunities in the area.

### Incentives

If the HA has chosen to offer other incentives in connection with the FSS program, these incentives may be included in the individual training and services plans or as an attachment to this contract.

**Family Self-Sufficiency Program  
Individual Training and Services Plan**

Attachment \_\_\_\_\_

Name of Participant _____	Social Security Number _____
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**Final Goal**

\_\_\_\_\_

Interim Goal Number \_\_\_\_\_

Date Accomplished \_\_\_\_\_

Activities/Services	Responsible Parties	Date/s
---------------------	---------------------	--------

Comments

\_\_\_\_\_

**Signatures:**

<b>Family</b>	<b>Housing Agency</b>
_____ (Participant)	_____ (Signature of HA Representative)
_____ (Date Signed)	_____ (Date Signed)

**Family Self-Sufficiency Program  
Individual Training and Services Plan**

Attachment \_\_\_\_\_

Name of Participant _____	Social Security Number _____
---------------------------	------------------------------

Interim Goal Number \_\_\_\_\_

Date Accomplished \_\_\_\_\_

Activities/Services	Responsible Parties	Date/s
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Comments \_\_\_\_\_



# ANEJO 5

(Herramientas /Seguimiento a Casos)

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- **FORMA HUD-50058 (en inglés)**
  - Incluye todas las partes a ser completadas para transmitir los casos de FSS, según lo requiere la reglamentación federal. Además, contiene instrucciones.

LAS PARTES HA SER COMPLETADAS SON:

- **Partes 1 a la 9** (INFORMACION GENERAL)
- **Parte 12** (INFORMACION DEL PROGRAMA DE VOUCHERS)
- **Parte 17** (INFORMACION DEL PROGRAMA FSS)

- **Forma HUD-52652**
- **Forma HUD-52652: traducción al español**
- **Modelo forma 52652 -en español – completada**
- **Modelo forma para registrar.certificar: Gestiones de Empleo**

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

**Family Report**

Form HUD-50058, Family Report, applies to Public Housing, Housing Choice Voucher, and Section 8 Moderate Rehabilitation programs.

Additional instructions are contained in the Form HUD-50058 Instruction Booklet. Copies of the Instruction Booklet can be found on the PIC Web Site at <http://www.hud.gov/offices/pih/systems/pic/50058/pubs/>

Previous editions are obsolete

form HUD-50058 (6/2004)

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Public reporting burden for this collection of information is estimated to average 30 minutes per response in the first year and 15 minutes per response in subsequent years. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.

Send the Form HUD-50058 data to the electronic address provided by HUD. Questions? Contact the PIC Help Hotline at 1-800-368-6827 or go to the PIC Web Site at: <http://www.hud.gov/pih/systems/pic/index.cfm>.

Each affected agency must submit information to assist HUD in managing and monitoring HUD assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. This collection is authorized 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).

**Sensitive Information:** The information on these forms is sensitive and is protected by the Privacy Act. Keep the forms locked and confidential.

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**Acronyms**

FMR = Fair Market Rent	PIC = Public and Indian Housing Information Center
FSS = Family Self-Sufficiency program	SRO = Single Room Occupancy
HAP = Housing Assistance Payment	SSA = Social Security Administration
HOPE = Homeownership and Opportunity for People Everywhere	SSI = Supplemental Security Income
HQS = Housing Quality Standards	SSN = Social Security Number
HUD = U. S. Department of Housing and Urban Development	TANF = Temporary Assistance for Needy Families
ISA = Individual Savings Account	TIN = Taxpayer Identification Number
OMB = U. S. Office of Management and Budget	TTP = Total Tenant Payment
PHA = Public Housing Agency	WtW = Welfare to Work
PHRA = Public Housing Reform Act	

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**Major Definitions (refer to the Form HUD-50058 Instruction Booklet for a more detailed definition of each field on the Form):**

**Disabilities:** A person with disabilities has one or more of the following: (a) a disability as defined in Section 223 of the Social Security Act, (b) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions, or (c) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act. Note: Include persons who have the acquired immune deficiency syndrome (AIDS) or any condition that arises from the etiologic agent for AIDS.

**Effective Date of Action:** Date the reported action becomes effective. The effective date cannot be earlier than the date of admission to the program.

**Head of household:** The one adult member of the household, designated by the family or by PHA policy as the head of household, who is wholly or partly responsible for the rent payment.

**Mixed Family:** A family that contains some members that are eligible for assistance and some members that are ineligible for assistance. This family may be subject to prorated rent under the Noncitizens Rule.

**Portability:** Renting a dwelling unit with Housing Choice Voucher assistance outside the jurisdiction of the initial PHA.

**Form Conventions:**

1. All fields that require the entry of a date must include the 4-digit year. Enter the date in a standard format (i. e., "mm/dd/yyyy", "mm/yyyy"). Enter the year in its entirety.
2. "r" means "or" unless otherwise noted.
3. Monetary figures: enter only whole dollar amounts. Do not show cents, commas, or dollar signs.
4. Rounding: round each monetary amount up when a number is 0.50 or above, down when a number is 0.49 or below.
5. Calculation column is a scratch area where PHAs may perform manual calculations.
6. Leave blank any line(s) or item(s) that do not apply unless this Form instructs otherwise.



<b>Page Heading</b>	
Note:	The fields in the page heading are provided for the convenience of PHA that maintain paper records of the Form HUD-50058.
Head of household name:	On every page, enter the head of household's last name (line 3b), first name (line 3c) and middle initial (line 3d). Use this field to identify the head of household if the pages of the Form separate.
Social Security Number	On every page, enter the head of household's Social Security Number (line 3n). Use this field to identify the head of household if the pages of the Form separate.
Date modified (mm/dd/yyyy)	On every page, enter the date the PHA representative fills out the Form or modified any Form page.
<b>1: Agency</b>	
Line 1a	Name of the Public Housing Agency (PHA) that completes the family's Form HUD-50058.
Line 1b	Five-character code composed of the 2-letter postal state code and 3-digit PHA number. The state code indicates the location of the reporting PHA and the number identifies each PHA within a particular state.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 1c:	Using the codes provided, indicate the housing assistance program in which the family participates.
Line 1d:	Public Housing only. The project number is composed of the 2-letter project state code, 3-digit PHA number, 3-digit development number, and 3-digit suffix (if applicable).
Line 1e:	Public Housing only. Six-character code to capture the tenant's building number.
Line 1f:	Public Housing only. Three-character code to capture the building's entrance number.
Line 1g:	Public Housing only. Ten-character code to capture the PHA designated tenant unit number.
<b>2: Action</b>	
Line 2a:	Use the codes provided at the bottom of the page to report the family's type of action.
Note:	When a family that receives flat rent requires a reexamination, use Annual Reexamination (2a= 2).
Line 2b:	Date the reported action becomes effective.
Note:	The effective date cannot be earlier than the date of admission to the program (line 2h).
Line 2c:	Allows PHAs to correct fields previously transmitted in error.
Note:	Use a correction for a minor change to a previously submitted record.
Line 2d:	Indicate the primary reason for the correction record.
Line 2h:	Date the PHA initially admitted the family into the program reported in line 1c.
Line 2i:	The projected effective date of the family's next reexamination.
Line 2j:	Public Housing flat rent only. Projected effective date of the next flat rent annual update.
Line 2k:	Indicate if the family currently participates or participated in the Family Self-Sufficiency program in the past year.
Line 2m:	Vouchers only. Indicate if the family receives an Enhanced Voucher or a Welfare to Work Voucher.
Line 2n:	Indicate if the family participates in a special program.
Note:	See Form HUD-50058 Instruction Booklet for a listing of special programs and their abbreviations.
Line 2q-2u:	PHAs may use these lines for any information they wish to collect.
Note:	HUD encourages PHAs to use lines 2q through 2u for local initiatives.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

### 3. Household

3a. Head of Household Member number 01	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation H	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)		
3a. Member number 02	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)		
3a. Member number 03	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)		
3a. Member number 04	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)		
3a. Member number 05	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)		
3a. Member number 06	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)		
3a. Member number 07	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5.		3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)		

3t. Total number in household	3t.
3u. Family subsidy status under Noncitizens Rule	3u.
3v. Eligibility effective date (mm/dd/yyyy) if qualified for continuation of full assistance (3u=C)	3v.
3w. If new head of household, former head of household's SSN	3w.

<b>3h. Relation codes:</b> H = head S = spouse K = co-head F = foster child/foster Adult Y = other youth under 18 E = full-time student 18+ L = live-in aide A = other adult  <b>3i. Citizenship codes:</b> EC = eligible citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification	<b>3k. Race codes:</b> 1 = White 2 = Black/African American 3 = American Indian/Alaska Native 4 = Asian 5 = Native Hawaiian/Other Pacific Islander  <b>3m. Ethnicity codes:</b> 1 = Hispanic or Latino 2 = not Hispanic or Latino	<b>3q. Community service or self-sufficiency codes:</b> 1 = yes 2 = no 3 = pending 4 = exempt 5 = n/a  <b>3u. Family subsidy status codes:</b> C = qualified for continuation of full assistance E = eligible for full assistance F = eligible for full assistance pending verification of status P = prorated assistance
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<b>3.</b>	<b>Household</b>
Note:	Complete for each household member.
Note:	The first family member (member number 01) must be the head of household.
Note:	The household includes everyone who lives in the unit. Household members are used to determine unit size. The family includes all household members except live-in aides and foster children and foster adults. Family members are used to calculate subsidies and payments.
Line 3a:	The member number identifies the individual listed on that line of the Form.
Line 3b:	The last name of each household member. Include name suffixes, such as Jr., and separate with a comma. Do not include name prefixes, such as Ms. or Mr.
Line 3c:	The first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	The middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	The date of birth for each household member.
Line 3f:	The age in years of each household member on the effective date of action (line 2b).
Line 3g:	Indicate the gender of each household member (M= Male, F= Female).
Line 3h:	Select the code at bottom of the page that best categorizes the relation or role of each household member.
Line 3i:	Select the code at the bottom of page that indicates each household member's United States citizenship status.
Line 3j:	Indicate whether or not the household member has a disability.
Line 3k:	Select the code or codes at the bottom of the page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Select the code at bottom of page and check the box next to the code the family says best indicates each household member's ethnicity.
Line 3n:	Enter the 9-digit Social Security Number (SSN) issued to each household member by the Social Security Administration (SSA).
Note:	If a head of household does not have a SSN, see the Form HUD-50058 Instruction Booklet.
Line 3p:	Enter the Alien Registration Number or A-number issued to each noncitizen household member, if applicable.
Note:	The A-number contains seven, eight or nine numerical digits preceded by the letter A, e. g., A72 735 827. If the A-number has seven digits, enter two zeros before the numbers. If the A-number has eight digits, enter one zero before the numbers. If the A-number has nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Select the code at the bottom of the page to indicate whether the family member met his or her community service or self-sufficiency requirement under PHRA.
Note:	The law requires an average of eight hours of community service per month during the year.
Note:	Use 'S' if the community service requirement is not in effect for your particular PHA.
Line 3t:	The total number of people in the household.
Note:	Count all persons. Include foster children or adults, live-in aides, and other unrelated individuals (who reside with the family as part of the household). Also include persons who are members of the household but temporarily absent from the home.
Line 3u:	Select the code on the bottom of the page that indicates the housing assistance eligibility for family members based on the Noncitizens Rule. The Noncitizens Rule allows PHAs to provide financial assistance to U. S. citizens, nationals, and non-U. S. citizens with eligible immigration status.
Note:	If the family's status under the Noncitizens Rule is prorated assistance (3u= P), the family should fill out the applicable prorated rent calculation when determining rent burden.
Line 3v:	Date the family originally qualified for the continuation of full assistance (3u= C).
Line 3w:	If the designated head of household changed due to discontinued occupancy or other cause such as death, marriage, or remarriage and there are family members who remain in the household, enter the former head of household's Social Security Number (SSN).

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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#### 4. Background at Admission

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? (Y or N)	4c.
4d. Does family qualify for admission over the very low-income limit? (vouchers only) (Y or N)	4d.
4e. Continuously assisted under the 1937 Housing Act? (Y or N)	4e.
4f. Is there a HUD approved income targeting disregard? (Y or N)	4f.

#### 5. Unit to be Occupied on Effective Date of Action

5a. Unit address	
Number and street	Apt.
City	State ZIP code (+4)
5b. Is mailing address same as unit address? (Y or N) (if yes, skip to 5d)	5b.
5c. Family's mailing address	
Number and street	Apt.
City	State ZIP code (+4)
5d. Number of bedrooms in unit	5d.
5e. Has the PHA identified this unit as an accessible unit? (Public Housing only) (Y or N)	5e.
5f. Has the family requested accessibility features? (Public Housing only) (Y or N) (if no, skip to next section)	5f.
5g. Has the family received requested accessibility features? (Public Housing only)	
[ ] a. Yes, fully [ ] b. Yes, partially [ ] c. No, not at all [ ] d. Action pending (can be checked in combination with b. or c.)	
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership and Project-based Vouchers)	5h.
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership and Project-based Vouchers)	5i.
5j. Year (yyyy) unit was built (Section 8 only)	5j.
5k. Structure type (check only one) (Section 8 only)	
[ ] Single family detached	[ ] Semi-detached
[ ] Low-rise	[ ] High rise with elevator
[ ] Rowhouse/townhouse	[ ] Manufactured home

<b>4:</b>	<b>Background at Admission</b>
Line 4a:	Date the PHA placed the family on the waiting list for the program under which they currently receive housing assistance.
Note:	This date must not be later than effective date of action (line 2b).
Line 4b:	The 5-digit ZIP code (+ 4, if applicable) where the family lived before admission to an assistance program.
Line 4c:	Indicate whether or not the family was homeless at the time the PHA admitted the family to a housing assistance program.
Line 4d:	Vouchers only. Indicate whether or not the family qualified for program admission even though their income exceeds the very low-income limit (50% of the area's median income).
Line 4e:	Indicate whether or not the family is continuously assisted under or currently enrolled in any 1937 Housing Act program at the time of admission.
Line 4f:	Welfare to Work families only. Indicate if the family is disregarded for income targeting under a HUD approved disregard of a portion of welfare to work families.
<b>5:</b>	<b>Unit to be Occupied on Effective Date of Action</b>
Line 5a:	The complete address of the housing unit that the household occupies on the effective date of action (line 2b).
Line 5b:	Indicate whether the mailing address is different from the unit address.
Line 5c:	The complete address where the family receives mail, if other than the unit address provided in line 5a.
Note:	Leave this field blank if the mailing address is the same as the unit address.
Line 5d:	Total number of bedrooms in the unit that the household will occupy on the effective date of action (line 2b).
Line 5e:	Public Housing only. Indicate whether or not the unit that the family occupies on the effective date of action (line 2b) is a PHA designated handicapped accessible unit.
Line 5f:	Public Housing only. Indicate whether or not the family requested disability amenities or accessibility features.
Line 5g:	Public Housing only. Indicate the status of the family's request for disability amenities and/or accessibility features (line 5f) on the effective date of action (line 2b).
Line 5h:	Section 8 only, except Homeownership and Project-based Vouchers. The last date the unit passed a full housing quality standards (HQS) inspection.
Line 5i:	Section 8 only, except Homeownership and Project-based Vouchers. The last date a PHA inspector performed a full annual housing quality standards (HQS) inspection of the unit that the household occupies.
Note:	This date may be different from the date unit last passed HQS inspection (line 5h) if the unit failed the last HQS inspection.
Line 5j:	Section 8 only. The year that the unit was built.
Note:	This date is found on the request for tenancy approval form.
Line 5k:	Section 8 only. The building structure type.
Note:	See the Instruction Booklet for descriptions of each housing type.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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**6. Assets**

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

**7. Income**

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

<b>7b. Income Codes</b> <b>Wages:</b> B = own business F = federal wage HA = PHA wage M = military pay W = other wage	<b>Welfare:</b> G = general assistance IW = annual imputed welfare income T = TANF assistance  <b>SS/SSI/Pensions:</b> P = pension S = SSI SS = Social Security	<b>Other Income Sources:</b> C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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<b>6:</b>	<b>Assets</b>
Note:	Use a separate line for each family member and asset type.
Line 6a:	The name of each family member in the household that has assets and their Member number (line(s) 3a) that corresponds to the asset information reported.
Line 6b:	List any asset that has a dollar value or provides a source of income to the person listed in column 6a.
Note:	See the Form HUD-50058 Instruction Booklet for an explanation of allowable assets.
Line 6c:	Use this column to perform asset calculations.
Line 6d:	Estimated, known or calculated dollar value of the asset listed.
Line 6e:	Total amount of income the family member expects to receive in the next 12-month period from the asset listed.
Line 6f:	Total of the values listed in column 6d.
Line 6g:	Total of the values listed in column 6e.
Line 6h:	Enter the passbook rate as a decimal.
Note:	The HUD field office determines the Passbook rate of interest for the project locality based on the average interest rate received on a Passbook Savings Account at several banks in the local area.
Line 6i:	Imputed income from assets based on the total dollar value of the asset listed and the Passbook rate of interest.
Note:	If the total cash value of assets is \$5,000 or less, enter 0.
Line 6j:	Total amount of household income derived from assets.
<b>7:</b>	<b>Income</b>
Note:	If the family members do not have any income from sources other than assets and do not expect any other income in the next 12-month period, leave 7a through 7g blank. Fill in total annual income (line 7i), which would be the total of the asset income.
Line 7a:	The name of each family member in the household that has income and their Member number (line(s) 3a) that corresponds to the income information reported.
Line 7b:	Use one or two letter code at bottom of page that represents the type of income for a family member.
Note:	See the Form HUD-50058 Instruction Booklet for a detailed description of each income code.
Line 7c:	Use this column to perform income calculations.
Line 7d:	Yearly income amount the family member receives from the income source(s) listed.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income source.
Line 7e:	Income excluded from annual income calculations.
Note:	Includes income disallowance and individual savings accounts (ISA) for Public Housing.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income exclusion.
Line 7f:	The family's total income minus any exclusions. Take dollars per year (line 7d) minus income exclusions (line 7e).
Line 7g:	The total of the dollar amounts listed in column 7f.
Line 7h:	Reserved for future HUD use.
Line 7i:	The family's total annual income. Add the final asset income (line 6j) and the total income after income exclusions (line 7g).

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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### 8. Expected Income Per Year

8a. Total annual income: copy from 7i		\$	8a.
<b>Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8g)</b>			
8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$
8e. Total permissible deductions (sum of column 8d)			\$ 8e.
<b>If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q</b>			
8f. Medical/disability threshold: 8a X 0.03			\$ 8f.
8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)			\$ 8g.
8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount			\$ 8h.
		If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$ 8h.
		If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$ 8h.
8i. Earnings in 7d made possible by disability assistance expense			\$ 8i.
8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)			\$ 8j.
8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)			\$ 8k.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)			\$ 8m.
8n. Medical/disability assistance allowance:		If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$ 8n.
		If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$ 8n.
8p. Elderly/disability allowance (default = \$400)			\$ 8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			\$ 8q.
8r. Allowance per dependent (default = \$480)			\$ 8r.
8s. Dependent allowance: 8q X 8r			\$ 8s.
8t. Total annual unreimbursed childcare costs			\$ 8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t			\$ 8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)			\$ 8y.

<b>8:</b>	<b>Expected Income Per Year</b>
Line 8a:	The family's total annual family income. Copy from 7i.
Line 8b:	Public Housing only. The name of each family member in the household, and their individual Member number as provided in line(s) 3a that corresponds to the income information reported.
Line 8c:	Public Housing only. The type of permissible deduction as determined by the PHA.
Line 8d:	Public Housing only. The amount of the permissible deduction.
Line 8e:	Public Housing only. The total of the dollar amounts (permissible deductions) listed in column 8d.
Note:	If the head of household and spouse or co-head are under age 62, and there are no family members with a disability, skip to line 8q. Otherwise, enter all medical expense information for the entire family in lines 8f through 8n.
Line 8f:	Amount of unreimbursed medical and disability expenses that the family must pay before the PHA can deduct an allowance for such expenses from their income. Multiply 0.03 by total annual income (line 8a).
Line 8g:	The family's total annual unreimbursed disability expenses.
Line 8h:	The amount the PHA may potentially deduct for the family's disability expenses. Subtract the medical/disability threshold (line 8f) from the total unreimbursed disability assistance expenses (line 8g).
Note:	If the maximum disability allowance is negative and head/spouse/co-head is under 62 and not disabled, enter 0.
Note:	If the maximum disability allowance is negative and head/spouse/co-head is elderly or disabled, copy the total unreimbursed disability assistance expenses (line 8g).
Line 8i:	Of a family's dollars per year listed in line 7d, determine the earned amount made possible by the unreimbursed disability expenses the family incurs.
Line 8j:	The total disability assistance expense amount the family may deduct. Lower of the maximum disability allowance (line 8h) or the earnings made possible by disability assistance expense (line 8i).
Note:	If the total unreimbursed disability assistance expense (line 8g) is less than the medical/disability threshold (line 8f), and head/spouse/co-head is elderly or disabled, copy the maximum disability allowance (line 8h).
Line 8k:	The total annual amount of the family's medical expenses that another source does not reimburse (e. g., co-payments for medical insurance).
Note:	If the head/spouse/co-head is under 62 and not disabled, enter 0.
Line 8m:	The amount of the family's total disability assistance (line 8j) and medical expenses (line 8k).
Note:	If no disability expenses, copy the total unreimbursed medical expenses (line 8k).
Line 8n:	The amount of the family's allowance for medical expenses and disability assistance expenses.
Note:	If the family does not have any disability assistance expenses or if the total unreimbursed disability assistance expenses (line 8g) is less than the medical/disability threshold (line 8f), enter the total disability assistance and medical expenses (line 8m) minus the medical/disability threshold (line 8f). If the difference is negative, put zero.
Note:	If disability assistance expense and the total unreimbursed disability assistance expense (line 8g) are greater than or equal to the medical/disability threshold (line 8f), copy the total disability assistance and medical expenses (line 8m).
Line 8p:	The family's standard allowance amount if the head of household or spouse or co-head is elderly (age 62 or over), or disabled. The current allowance is \$400.
Line 8q:	The total number of dependents who live in the household and are under 18 years of age, or have a disability, or are full-time students of any age.
Line 8r:	Standard allowance amount for each dependent in the household.
Note:	The current allowance per dependent is \$480.
Line 8s:	The amount of the family's dependent allowance. Multiply the number of dependents (line 8q) in the household by the standard allowance per dependent amount (line 8r).
Line 8t:	The household's total yearly unreimbursed childcare expenses.
Note:	This is the estimated amount a family expects to pay for childcare during the annual income period.
Line 8x:	The total amount of all of the family's allowances. Enter the sum of lines 8e, 8n, 8p, 8s, and 8t.
Line 8y:	The family's adjusted annual income. Subtract total allowances (line 8x) from total annual income (line 8a).
Note:	If 8x is larger, put 0.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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**9. Total Tenant Payment (TTP)**

9a. Total monthly income: 8a ÷ 12	\$	9a.
9c. TTP if based on annual income: 9a X 0.10	\$	9c.
9d. Adjusted monthly income: 8y ÷ 12	\$	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100	\$	9f.
9g. Welfare rent per month (if none, put 0)	\$	9g.
9h. Minimum rent (if waived, put 0)	\$	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k. Most recent TTP	\$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	\$	9m.

<b>9:</b>	<b>Total Tenant Payment (TTP)</b>
Line 9a:	Divide total annual income (line 8a) by 12 to get total monthly income.
Line 9c:	Multiply total monthly income (line 9a) by 0.10 to get total tenant payment (TTP) based on annual income.
Line 9d:	Divide adjusted annual income (line 8y) by 12 to get adjusted monthly income.
Line 9e:	Percentage of adjusted monthly income used to determine total tenant payment (TTP).
Note:	Use 30% for Section 8.
Line 9f:	Multiply the adjusted monthly income (line 9d) by percentage of adjusted monthly income (line 9e) and divide by 100 to get total tenant payment (TTP) based on adjusted monthly income.
Line 9g:	The amount the welfare assistance agency specifically designates for shelter and utilities if the family receives welfare assistance. The welfare assistance agency may adjust this amount in accordance with the actual cost of shelter and utilities.
Note:	If no welfare rent, put 0.
Line 9h:	Enter the PHA established monthly minimum rent amount. The PHA may require the tenant to pay a minimum rent amount up to \$50.
Note:	If the PHA waived this payment because of financial hardship, enter 0.
Line 9i:	Enhanced Vouchers only. Enter the monthly rent that the family was paying on the date of the 'eligibility event' for the project.
Line 9j:	The total tenant payment (TTP). The highest amount listed in the lines 9c, 9f, 9g, 9h, or 9i.
Line 9k:	The most recent total tenant payment (TTP) amount for the family.
Note:	This amount is only available if the family previously lived in subsidized housing.
Line 9m:	Indicate if the family qualifies for a minimum rent hardship exemption.
Note:	Under PHRA, a family does not have to pay the PHA established minimum rent if they qualify for a financial hardship exemption.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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### 12. Housing Choice Vouchers: Tenant Based Vouchers

12a.	Number of bedrooms on Voucher		12a.
12b.	Is family now moving to this unit? (Y or N)		12b.
12c.	Does the family qualify as a Hard to House family? (Y or N)		12c.
12d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)		12d.
12e.	Cost billed per month (put 0 if absorbed)	\$	12e.
12f.	PHA code billed		12f.
12g.	Housing type: <input type="checkbox"/> Group Home (prorate gross rent) <input type="checkbox"/> Own manufactured home, lease space <input type="checkbox"/> SRO: 1 room occupied by 1 person		
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	\$	12j.
12k.	Rent to owner	\$	12k.
12m.	Utility allowance, if any	\$	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	\$	12p.
12q.	Lower of 12j or 12p	\$	12q.
12r.	TTP: copy from 9j	\$	12r.
12s.	Total HAP: 12q minus 12r	\$	12s.

#### Rent Calculation (if prorated rent, skip to 12ab)

12t.	Total family share: 12p minus 12s	\$	12t.
12u.	HAP to owner: lower of 12k or 12s	\$	12u.
12v.	Tenant rent to owner: 12k minus 12u	\$	12v.
12w.	Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	\$	12w.

#### Prorated Rent Calculation

12ab.	Normal total HAP: copy from 12s, but do not exceed 12p	\$	12ab.	
12ac.	Total number eligible		12ac.	
12ad.	Total number in family		12ad.	
12ae.	Proration percentage: 12ac ÷ 12ad	\$	12ae.	
12af.	Prorated total HAP: 12ab X 12ae	\$	12af.	
12ag.	Mixed family total family contribution: 12p minus 12af	\$	12ag.	
12ah.	Utility allowance: copy from 12m	\$	12ah.	
12ai.	Mixed family tenant rent to owner: 12ag minus 12ah	\$	12ai.	
		If positive or 0, put tenant rent	\$	12ai.
		If negative, credit tenant	\$	12ai.
12aj.	Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k	\$	12aj.	

<b>12:</b>	<b>Housing Choice Vouchers: Tenant Based Vouchers</b>
Note:	Complete if the family participates in the Tenant-based Voucher program (1c= VO) and type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), Portability Move-in (2a= 4), or Other Change of Unit (2a= 7)
Line 12a:	Unit size (number of bedrooms) listed on the family's Voucher.
Line 12b:	Indicate if the family is now moving into the unit.
Line 12c:	Indicate whether or not the family qualifies as Hard to House. A family qualifies as Hard to House if there are three or more minors or if there is a disabled family member and the family is moving to a different unit.
Line 12d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 12e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 12f:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 12g:	Check the housing type that applies to the family's housing unit.
Line 12h:	The unit owner's legal name.
Line 12i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 12j:	Enter maximum monthly assistance payment for a family assisted in the Voucher program.
Line 12k:	Total monthly rent payable to the unit owner under the lease for the contract unit.
Line 12m:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 12p:	Gross rent of unit or space rent. Add rent to owner (line 12k) to the utility allowance (line 12m).
Line 12q:	Lower of Voucher payment standard for family (line 12j) or gross rent of unit (line 12p).
Line 12r:	Total tenant payment (TTP). Copy from 9j.
Line 12s:	Total housing assistance payment (HAP), which is composed of the lower of the payment standard for the family or gross rent (line 12q) minus total tenant payment (TTP) (line 12r).
Line 12t:	Amount the family contributes toward rent and utilities. Subtract total housing assistance payment (HAP) (line 12s) from gross rent of unit (line 12p).
Line 12u:	The amount of the housing assistance payment (HAP) to the unit owner. The lower of the rent to owner (line 12k) or total HAP (line 12s).
Line 12v:	Rent amount the family pays to the owner after deducting the housing assistance payment (HAP) to owner (line 12u) from the rent to owner (line 12k).
Line 12w:	The utility reimbursement to the family from the PHA. Subtract housing assistance payment (HAP) to owner (line 12u) from total HAP (line 12s), but do not exceed the utility allowance (line 12m).
Line 12ab:	The amount of the normal total housing assistance payment (HAP).
Line 12ac:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 12ad:	Total number of family members in household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 12ae:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 12ac) by total number in the family (12ad).
Line 12af:	Multiply total normal housing assistance payment (HAP) (line 12ab) by the proration percentage (line 12ae).
Line 12ag:	The mixed family total family contribution based on the proration calculation. Take the gross rent of unit (line 12p) minus prorated total housing assistance payment (HAP) (line 12af).
Line 12ah:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 12ai:	The rent amount the family pays to the owner after subtracting the utility allowance (line 12ah) from the mixed family total family contribution (line 12ag); or the total credit amount the family receives to pay for utilities.
Line 12aj:	The total prorated amount of the housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent to owner (line 12ai) from the rent to owner (line 12k).
Note:	If the mixed family tenant rent to owner (line 12ai) is negative, enter the rent to owner (line 12k).

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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**17. Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher Addendum**

17a. Participate in special programs? (check all that apply) <input type="checkbox"/> FSS <input type="checkbox"/> Welfare to Work Voucher	
17b. FSS report category: (check no more than one) <input type="checkbox"/> Enrollment <input type="checkbox"/> Progress <input type="checkbox"/> Exit	
17c. FSS effective date (mm/dd/yyyy) of action	17c.
17d. PHA code of PHA administering FSS contract	17d.
17e. WtW report category: (check no more than one) <input type="checkbox"/> Enrollment <input type="checkbox"/> Progress <input type="checkbox"/> Exit	
17f. WtW effective date (mm/dd/yyyy) of action	17f.
17g. (1) PHA code of PHA that issued the WtW Voucher	17g(1).
(2) PHA code of PHA counting the family as enrolled in its WtW Voucher program (if different from 17g(1))	17g(2).
17h. General information	
(1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time addendum completed. <input type="checkbox"/> Full-time (32 hours per week or more) <input type="checkbox"/> Part-time <input type="checkbox"/> Not employed	
(2) Date (mm/dd/yyyy) current employment began	17h(2).
(3) Benefits in current employment: (check all that apply) <input type="checkbox"/> Health <input type="checkbox"/> Retirement account <input type="checkbox"/> Other	
(4) Years of school completed by the head of household. Enter the highest grade of education or years of formal schooling the head of household completed at the time Addendum is submitted. (0-25)	17h(4).
(5) Assistance received by the family: (check all that apply) <input type="checkbox"/> TANF Income Assistance <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid/Children's Health Insurance Program <input type="checkbox"/> Earned Income Tax Credit	
(6) Number of children receiving childcare services	17h(6).

17i. Family services table (optional for WtW Voucher)

	(1) Need (Y or N)	(2) Need Met During Participation in Program (Y or N)	(3) Service Provider
Education/Training			
GED			
High school			
Post secondary			
Vocational/Job training			
Job search/job placement			
Job retention			
Transportation			
Health services			
Alcohol and other drug abuse prevention services			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

17i (3) Service provider codes:  
P = PHA                      D = DOL grantee                      PR = For profit entity                      E = Employer  
T = TANF agency                      V = Voluntary organization                      N = Nonprofit agency                      C = Community college

<b>17:</b>	<b>Family Self-Sufficiency (FSS) Welfare to Work (WtW) Voucher Addendum</b>
Note:	Complete this section if the family participates in the Family Self-Sufficiency or Welfare to Work Programs.
Line 17a:	Identify if the family participates in a Family Self-Sufficiency (FSS) program, a Welfare to Work (WtW) Voucher program, or both.
Line 17b:	Check one category to indicate the purpose of the FSS Addendum.
Line 17c:	The effective date of the FSS action.
Line 17d:	The PHA code associated with the PHA that provides the FSS services.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 17e:	Check one category to indicate the purpose of the WtW Addendum.
Line 17f:	The effective date of the WtW action.
Line 17g(1):	The PHA code associated with the PHA that issued the WtW Voucher. For unknown issuing PHAs, enter own PHA code.
Line 17g(2):	The PHA code of the PHA counting the family as enrolled.
Note:	Only complete if this PHA code differs from 17g(1).
Line 17h(1):	Indicate the head of household's current employment status.
Line 17h(2):	The date the head of household began his/her current job.
Line 17h(3):	Indicate the head of household's current employment benefits. Check all that apply.
Line 17h(4):	Enter the highest grade or the full years of formal schooling that the head of household completed (0-25).
Note:	Years of schooling begin with first grade (do not count kindergarten or pre-school).
Line 17h(5):	Indicate whether or not the family receives additional assistance, such as food stamps, Medicaid, TANF assistance, or the earned income tax credit.
Line 17h(6):	The number of children in the household who receive childcare services.
Line 17i(1):	Indicate whether or not the PHA identified individual training and service needs of the family members.
Line 17i(2):	If the PHA identified certain needs for family members, indicate whether or not these needs were met during participation in the FSS program.
Line 17i(3):	Using the codes provided at bottom of page, indicate the type of service provider that meets the participant's need.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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**Family Self-Sufficiency Program (if not in FSS program, skip to 17n)**

17j. FSS Contract Information		
(1) Initial start date (mm/yyyy) of contract of participation (FSS enrollment report only)		17j(1)
(2) Initial end date (mm/yyyy) of contract of participation (FSS enrollment report only)		17j(2)
(3) Contract date extended to (mm/yyyy) (if applicable)		17j(3)
(4) Number of family members with Individual Training and Services Plan		17j(4)
(5) Did the family receive selection preference because of a FSS related service program participation? (FSS enrollment report only) (Y or N)		17j(5)
17k. FSS account information		
(1) Current FSS account monthly credit		17k(1)
(2) Current FSS account balance		17k(2)
(3) FSS account amount disbursed to the family (cumulative as of end of reporting period)		17k(3)
17m. FSS exit information (FSS Exit Report only)		
(1) Did family complete contract of participation? (Y or N)		17m(1)
(2) If (1) is Yes, did family move to homeownership? (Y or N)		17m(2)
(3) If (1) is No, primary reason for exit:		
<input type="checkbox"/> Left voluntarily	<input type="checkbox"/> Portability move-out	<input type="checkbox"/> Contract expired but family did not fulfill obligations
<input type="checkbox"/> Asked to leave program	<input type="checkbox"/> Left because essential service was unavailable	

**Welfare to Work Voucher Program**

17n. WWV program information		
(1) Date (mm/dd/yyyy) Voucher issued (WWV enrollment report only)		17n(1)
(2) Date (mm/dd/yyyy) of request for lease approval (RFLA) for a unit leased		17n(2)
17q. Welfare to Work exit information (WWV exit report only)		
(1) Is the family moving to homeownership? (Y or N)		17q(1)
(2) Primary reason for leaving the WWV Voucher program:		
<input type="checkbox"/> Portability move-out		
<input type="checkbox"/> Family no longer needs subsidy		
<input type="checkbox"/> Subsidy terminated for Housing Choice Voucher program violation, other than WWV obligations		
<input type="checkbox"/> Subsidy terminated for violation of WWV obligations		
<input type="checkbox"/> Family voluntarily withdrew from Housing Choice Voucher program		
<input type="checkbox"/> Other		

<b>17:</b>	<b>Family Self-Sufficiency (FSS)/ Welfare to Work (WTW) Voucher Addendum (continued)</b>
Line 17j(1):	FSS enrollment report only. The effective date of the family's FSS contract of participation; the date the family <i>initially</i> enrolled in the FSS program.
Line 17j(2):	FSS enrollment report only. The expiration date of the family's FSS contract of participation; the date the family is <i>initially</i> expected to exit the FSS program. The contract term is for a period of 5 years.
Line 17j(3):	If applicable, the date to which the PHA has extended the family's FSS contract of participation.
Line 17j(4):	The number of family members in the household who have current Individual Training and Services Plans under the FSS contract of participation.
Line 17j(5):	For new FSS enrollment, indicate whether or not the family received an FSS selection preference due to participation in a related service program.
Line 17k(1):	The current dollar amount credited to the family's FSS account due to increases in earned income by the family.
Line 17k(2):	The current dollar amount of the family's FSS account based on the most recent report of account funds and activity.
Line 17k(3):	Total dollar cumulative amount, if any, of all FSS escrow disbursements ever made to the family.
Line 17m(1):	Indicate if the family fulfilled all of its obligations under the contract during the contract term, or when 30% of the family's monthly adjusted income equals or exceeds the existing housing fair market rent (FMR) for the unit size for which the family qualifies.
Line 17m(2):	Indicate if the family completed the contract and is moving to homeownership.
Line 17m(3):	Indicate why the family is not moving to homeownership.
Line 17n(1):	The date the PHA issued the Welfare to Work Voucher.
Line 17n(2):	The date the family submitted a request for lease approval (RFLA) to the PHA.
Line 17q(1):	Indicate whether or not the family withdrew from the WTW program to buy a home.
Line 17q(2):	Identify the reasons why the family is leaving the WTW program.

**Family Self-Sufficiency Program  
FSS Escrow Account Credit Worksheet**

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

OMB Approval No. 2577-0178  
(exp. 04/30/2007)

Escrow credit must be determined at each reexamination and interim determination occurring after the effective date of the FSS Contract of Participation while the family is participating in the FSS program.

Head of the FSS family	Date
1. Current Annual Income (Enter amount from line 7i of form HUD-50058.)	1.
2. Applicable Lower-Income Limit (Enter the current lower-income limit for the jurisdiction in which the FSS family is living.)	2.
3. Current Adjusted Income (Enter amount on line 8y of form HUD-50058.) <b>If line 3 is greater than line 2, this family does not qualify for an FSS credit.</b>	3.
4. Earned income included in line 1 (Add up the income items coded B, M, F, HA, and W in column 7f of form HUD-50058.)	4.
5. Earned income included in Annual Income on effective date of the FSS Contract of Participation. (Enter amount from contract of participation.)	5.
6. Increase in earned income since the effective date of the FSS Contract of Participation. (Subtract line 5 from line 4. If negative, enter 0.)	6.
7. Current Annual Income less increase in earned income since the effective date of the FSS Contract of Participation. (Subtract line 6 from line 1.)	7.
8. Thirty percent of current monthly Adjusted Income (Line 3 divided by 40. The calculated amount should equal the amount on line 9f of form HUD-50058.)	8.
9. Current Adjusted Income less increase in earned income since the effective date of the FSS Contract of Participation. (Subtract line 6 from line 3.)	9.
10. 30% of current monthly Adjusted Income less increase in earned income since the effective date of the FSS Contract of Participation. (Line 9 divided by 40)	10.
11. 10% of current monthly Annual Income less increase in earned income since the effective date of the FSS Contract of Participation. (Line 7 divided by 120)	11.
12. If applicable, welfare rent (enter amount on line 9g of form HUD-50058) or public housing ceiling rent (enter amount on line 10c of form HUD-50058)	12.
13. TTP based on current Annual Income less increase in earned income since effective date of the FSS Contract of Participation. (If rental vouchers, enter the amount on line 10, otherwise, enter the greater of line 10, 11, or 12.)	13.
14. Difference between 30% of current monthly Adjusted Income and TTP adjusted for increases in earned income. (Subtract line 13 from line 8. Enter 0 if negative.)	14.
15. Current TTP (Enter the amount on line 9j of form HUD-50058 or, in the case of rental vouchers, enter the amount on line 8 of this form.)	15.
16. TTP on effective date of the FSS Contract of Participation or, in the case of rental vouchers, 30% of monthly Adjusted Income on effective date of the FSS Contract of Participation. (Enter amount from contract of participation.)	16.
17. Difference between current TTP and TTP on effective date of the FSS Contract of Participation. (Subtract line 16 from line 15. Enter 0 if negative.)	17.
18. Enter the lesser of line 14 or line 17.	18.
19. Applicable Very Low-Income Limit (Enter the current very low-income limit for the jurisdiction in which the FSS family is living.)	19.
20. Amount by which Adjusted Income exceeds the Very Low-Income Limit (Subtract line 19 from line 3.)	20.
21. 30% of the amount by which Adjusted Income exceeds the Very Low-Income Limit (Line 20 divided by 40)	21.
22. Escrow credit (Subtract line 21 from line 18.)	22.

This HUD form is optional and is used here to illustrate the process. PHAs may develop their own FSS Worksheet.

Previous Editions are Obsolete

form HUD-52652 (4/04)  
reF, Handbook 7620.8

Each Housing Agency (HA) must enter into a contract of participation with each eligible family that opts to participate in the FSS program. Each HA must consult with local officials to develop an action plan containing descriptions of the size, characteristics, and needs of the population to be served by its proposed FSS program; the services and activities it will provide; how the program will be implemented; the public and private resources through which services and activities will be provided; a time-table for implementation; and other data necessary for HUD to ensure coordinated implementation of program services and activities.

Public reporting burden for this collection of information is estimated to average 1.0 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0178), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600.

Do not send this form to the above address.

Response to this collection of information is mandatory by law (Section 23 (c) & (g) of the U.S. Housing Act of 1937, as added by Section 554 of the Cranston-Gonzalez National Affordable Housing Act (PL 101-625) for participation in the FSS program.

The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

#### **Instructions for Completing the FSS Escrow Account Credit Worksheet**

1. An escrow credit must be determined at each reexamination and interim determination occurring after the effective date of the FSS contract of participation while the family is participating in the FSS program.
2. The amount of the escrow credit can be calculated using Form HUD-52652, or another document which incorporates the procedures in Form HUD-52652.
3. The amount of the escrow credit will vary depending on the income level of each FSS family and is based on increases of **earned** income since the effective date of the contract of participation. If the family's adjusted income exceeds the lower-income limit in the jurisdiction in which the FSS family is living (the amount on line 3 is greater than the amount on line 2), the family does not qualify for an escrow credit. In such cases, line 4 - line 22 of Form HUD-52652 will not be completed.

Previous Editions are Obsolete

Form HUD-52652 (4/01)  
ref. Handbook 7420.8

**Programa de Autosuficiencia Familiar**

Hoja de Trabajo del Crédito de la Cuenta de Reserva de FSS

El crédito de reserva deberá ser determinado en cada reexaminación y determinación interina que se lleve a cabo después de la fecha efectiva del contrato de participación de FSS mientras la familia esté participando en el programa de Autosuficiencia Familiar.

Jefe de la familia FSS: \_\_\_\_\_

Fecha: \_\_\_\_\_

1. Ingreso anual actual (Entre la cantidad de la línea 7i de la forma HUD-50058)	1.S
2. Limite de Ingreso Bajo Aplicable (Entre el límite de de ingreso bajo actual para la jurisdicción donde vive la familia FSS)	2.
3. Ingreso actual ajustado (Entre la cantidad en la línea 8y de la forma HUD-50058) Si la cantidad en la línea 3 es mayor a la línea 2, esta familia no cualifica para crédito de FSS.	3.
4. Ingreso devengado incluido en la línea 1 (Añada el ingreso codificado como B, M, F, HA y W, de la columna 7f de la forma HUD-50058)	4.
5. Ingreso devengado incluido en el Ingreso Anual en la fecha efectiva del contrato de participación de FSS (Entre la cantidad estipulada en el contrato de participación)	5.
6. Aumentos en el ingreso devengado desde la fecha efectiva del contrato de participación de FSS (Reste la cantidad de la línea 5 de la 4. Si es negativo, entre 0)	6.
7. Ingreso Anual Actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación del FSS. (Reste la cantidad de la línea 6 de la línea 1)	7.
8. El treinta (30%) porciento del Ingreso Ajustado mensual actual (Cantidad de la línea 3 dividida entre 40. La cantidad calculada deberá igualar la cantidad en la línea 9f de la forma HUD-50058)	8.
9. Ingreso Ajustado Actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación del FSS (Reste la cantidad de la línea 6 de la 3)	9.
10. El treinta (30%) porciento de Ingreso Ajustado mensual actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación del FSS (La cantidad de la línea 9 dividida entre 40)	10.
11. El diez (10%) porciento de Ingreso Anual mensual actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación de FSS (La cantidad en la línea 7 dividida entre 120)	11.
12. Si aplica, renta de ("welfare") bienestar social (entre la cantidad en la línea 9g de la forma HUD-50058) o la renta máxima ("ceiling") de vivienda pública (entre la cantidad en la línea 10e de la forma HUD-50058)	12.
13. El TTP, basado en el Ingreso Anual actual menos el aumento en ingresos devengados desde la fecha e efectividad del contrato de participación de FSS (Si tiene vales de alquiler "rental vouchers", entre la cantidad que aparece en la línea 10. De lo contrario, entre la cantidad mayor de las líneas 10, 11, y 12.)	13.
14. La diferencia entre el 30% del actual Ingreso Ajustado mensual y el TTP ajustado debido a aumentos en ingresos devengados (Reste la cantidad en la línea 13 de la 8, si le da negativo, entre 0)	14.
15. TTP actual (entre la cantidad de la línea 9j de la forma HUD-50058, o en el caso de "rental vouchers", entre la cantidad en la línea 8 de esta forma)	15.
16. El TTP de la fecha de efectividad del contrato de FSS o en el caso de "rental vouchers", el 30% del Ingreso Ajustado mensual en la fecha de efectividad del contrato de participación de FSS. (Entre la cantidad del contrato de participación)	16.
17. La diferencia entre el TTP actual y el TTP en la fecha de efectividad del contrato de participación del FSS. (Reste la cantidad en línea 16 de la 15. Entre 0 si la cantidad es negativa)	17.
18. Entre la cantidad menor de las líneas 14 o 17	18.
19. Limite de ingreso muy bajo aplicable (Entre el ingreso muy bajo actual en la jurisdicción donde reside la familia de FSS)	19.
20. La cantidad por la cual el Ingreso Ajustado excede el Limite de Ingresos Muy Bajos (Reste la línea 19 de la 3)	20.
21. El 30% de la cantidad por la cual el Ingreso Ajustado se excede del limite de Ingresos Muy Bajos (Cantidad de la línea 20 dividida entre 40)	21.
22. Crédito de reserva –"Escrow Credit"- (Reste la cantidad en la línea 21 de la 18)	22.S

Traducción de la forma HUD-50057  
que vence el 04/30/2007

**Programa de Autosuficiencia Familiar**

**EJEMPLO**

Hoja de Trabajo del Crédito de la Cuenta de Reserva de FSS

El crédito de reserva deberá ser determinado en cada reexaminación y determinación interina que se lleve a cabo después de la fecha efectiva del contrato de participación de FSS mientras la familia esté participando en el programa de Autosuficiencia Familiar.

Jefe de la familia FSS: Maria la del Barrio

Fecha: Junio 31, 2004

1. Ingreso anual actual (Entre la cantidad de la línea 7i de la forma HUD-50058)	1. \$ 13,000
2. Limite de Ingreso Bajo Aplicable (Entre el límite de de ingreso bajo actual para la jurisdicción donde vive la familia FSS)	2. 25,000
3. Ingreso actual ajustado (Entre la cantidad en la línea 8y, de la forma HUD-50058) Si la cantidad en la línea 3 es mayor a la línea 2, esta familia no cualifica para crédito de FSS.	3. 11,540
4. Ingreso devengado incluido en la línea 1 (Añada el ingreso codificado como B, M, F, HA y W, de la columna 7i de la forma HUD-50058)	4. 13,000
5. Ingreso devengado incluido en el Ingreso Anual en la fecha efectiva del contrato de participación de FSS (Entre la cantidad estipulada en el contrato de participación)	5. 0
6. Aumentos en el ingreso devengado desde la fecha efectiva del contrato de participación de FSS (Reste la cantidad de la línea 5 de la 4. Si es negativo, entre 0)	6. 13,000
7. Ingreso Anual Actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación del FSS. (Reste la cantidad de la línea 6 de la línea 1)	7. 0
8. El treinta (30%) porciento del Ingreso Ajustado mensual actual (Cantidad de la línea 3 dividida entre 40. La cantidad calculada deberá igualar la cantidad en la línea 9f de la forma HUD-50058)	8. 289
9. Ingreso Ajustado Actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación del FSS (Reste la cantidad de la línea 6 de la 3)	9. 0
10. El treinta (30%) porciento de Ingreso Ajustado mensual actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación del FSS (La cantidad de la línea 9 divide entre 40)	10. 0
11. El diez (10%) porciento de Ingreso Anual mensual actual menos el aumento en ingreso devengado desde la fecha de efectividad del contrato de participación de FSS (La cantidad en la línea 7 dividida entre 120)	11. 0
12. Si aplica, renta de ("welfare") bienestar social (entre la cantidad en la línea 9g de la forma HUD-50058) o la renta máxima ("ceiling") de vivienda pública (entre la cantidad en la línea 10c de la forma HUD-50058)	12. N/A
13. El TTP, basado en el Ingreso Anual actual menos el aumento en ingresos devengados desde la fecha e efectividad del contrato de participación de FSS (Si tiene vales de alquiler -"rental vouchers"- , entre la cantidad que aparece en la línea 10. De lo contrario, entre la cantidad mayor de las líneas 10, 11, y 12.)	13. 0
14. La diferencia entre el 30% del actual Ingreso Ajustado mensual y el TTP ajustado debido a aumentos en ingresos devengados (Reste la cantidad en la línea 13 de la 8, si se da negativo, entre 0)	14. 289
15. TTP actual (entre la cantidad de la línea 9j de la forma HUD-50058, o en el caso de "rental vouchers", entre la cantidad en la línea 8 de esta forma)	15. 289
16. El TTP de la fecha de efectividad del contrato de FSS o en el caso de "rental vouchers", el 30% del Ingreso Ajustado mensual en la fecha de efectividad del contrato de participación de FSS. (Entre la cantidad del contrato de participación)	16. 105
17. La diferencia entre el TTP actual y el TTP en la fecha de efectividad del contrato de participación del FSS. (Reste la cantidad en línea 16 de la 15. Entre 0 si la cantidad es negativa)	17. 184
18. Entre la cantidad menor de las líneas 14 o 17	18. 184
19. Limite de ingreso muy bajo aplicable (Entre el ingreso muy bajo actual en la jurisdicción donde reside la familia de FSS)	19. 18,000
20. La cantidad por la cual el Ingreso Ajustado excede el Limite de Ingresos Muy Bajos (Reste la línea 19 de la 1)	20. 0
21. El 30% de la cantidad por la cual el Ingreso Ajustado se excede del limite de Ingresos Muy Bajos (Cantidad de la línea 20 dividida entre 40)	21. 0
22. Crédito de reserva -"Eserow Credit"- (Reste la cantidad en la línea 21 de la 18)	22. \$ 184

Traducción de la forma HUD-53652 que viene en 04/03/2001





## ANEJO 6

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- Plan Individual de Adiestramiento y Servicios
  - EJEMPLO

**Programa de Autosuficiencia Familiar  
Plan Individual de Adiestramiento y Servicios**

Nombre del participante \_\_\_\_\_ Número de Seguro Social \_\_\_\_\_

**Meta final**

Meta Interina Número \_\_\_\_\_

Fecha en que se logró \_\_\_\_\_

Actividades/servicios	Partes responsables
Fecha(s)	

Meta Interina Número \_\_\_\_\_

Fecha en que se logró \_\_\_\_\_

Actividades/servicios	Partes responsables
Fecha(s)	

Meta Interina Número \_\_\_\_\_

Fecha en que se logró \_\_\_\_\_

Actividades/servicios	Partes responsables
Fecha(s)	

Meta Interina Número \_\_\_\_\_

Fecha en que se logró \_\_\_\_\_

**Programa de Autosuficiencia Familiar      EJEMPLO**  
**Plan Individual de Adiestramiento y Servicios**

Nombre del participante Juan del Pueblo	Número de Seguro Social 599-00-0000
--	--

**Meta final**

Mantener un trabajo a tiempo completo y encaminarme a obtener mejor oportunidades salariales

Meta Interina Número   1  

Obtener diploma de Grado de Equivalencia

Fecha en que se logró \_\_\_\_\_

Actividades/servicios Fecha(s)	Partes responsables
-----------------------------------	---------------------

Tomar el examen de admisión  
 Empezar clases  
 Mantener asistencia  
 Completar el programa y tener prueba de haberlo completado  
 Contactar un representante de FSS mensualmente

Meta Interina Número   2  

Obtener certificación en construcción

Fecha en que se logró \_\_\_\_\_

Actividades/servicios Fecha(s)	Partes responsables
-----------------------------------	---------------------

Tomar el examen de colocación  
 Empezar clases  
 Mantener asistencia  
 Completar el programa y traer prueba de ello

Meta Interina Número   3  

Obtener un trabajo a tiempo completo

Fecha en que se logró \_\_\_\_\_

Actividades/servicios Fecha(s)	Partes responsables
-----------------------------------	---------------------

Asistir a reclutamiento de trabajo  
 Asistir a ferias de empleo  
 Buscar en los periódicos  
 Entregar resume  
 Obtener empleo y reportar ingresos a un especialista de vivienda

Meta Interina Número   4  

Lograr independencia de asistencia de Ingresos de Pan y Trabajo y Pasos (TANF)

Fecha en que se logró \_\_\_\_\_

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