



**Hudson Ridge Tower**  
401 Seneca Manor Drive  
Rochester NY 14621-1651  
(585) 697-1130  
Fax (585) 697-1131

Dear

In an effort to streamline the re-certification process, we ask that you read all instructions carefully and complete the enclosed forms accordingly. This list will outline the supporting verification documents that will be required for you to bring with you to your interview appointment. Provide all documents that pertain to your situation. These documents are required to complete your recertification.

- Household Information Form (DO NOT LEAVE ANY BLANKS)
- Paystubs (last 3 months)
- Welfare Budget Sheet
- Veterans Benefits
- Retirement Pension Verification
- Social Security Benefits
- SSI Benefits
- NYS SSI Benefits (ALL SSI Receiptients) 1-855-488-0541 or [www.otda.ny.gov/programs/ssp](http://www.otda.ny.gov/programs/ssp)
- School Verification Form(s)
- Child Support Verification
- Verification of Unreimbursed Child Care Expenses
- Last 6 months of Account Statements for Savings/Checking and Direct Express or Prepaid Accounts
- Verification of Stocks.Bonds (or a letter from your bank)
- Out of Pocket Medical Bills for the last 12 months.  
\* Medical expenses not covered by insurance, in excess of 3% of gross income of any elderly or disabled family.  
(Please get a computer print out from your pharmacy and/or physician)
- Verification of payments for Health Insurance
- Other \_\_\_\_\_

Please come to the interview prepared so that you do not have to schedule a second appointment. If you have any questions, please do not hesitate to call the management office for assistance.





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Checklist for File Review at Recertification

Tenant:

Amp/Acct#:

- \_\_\_ Rent Authorization Form
- \_\_\_ Public Housing Lease Amendment
- \_\_\_ Tenant Summary Worksheet (Tenmast)
- \_\_\_ Income Base vs. Fair Market Rent
- \_\_\_ Public Housing Worksheet (RHA)
- \_\_\_ EIV
- \_\_\_ Income Sources
- \_\_\_ Assets
- \_\_\_ Children Forms (Daycare, School, etc)
- \_\_\_ Medical Expenses
- \_\_\_ Household Information Sheet
- \_\_\_ Rent Alternatives
- \_\_\_ Reasonable Accommodation Notice
- \_\_\_ Debts owed to PHA
- \_\_\_ Community Service
- \_\_\_ Lead Based Paint
- \_\_\_ Sex Offender Registry Search
- \_\_\_ HUD 9886
- \_\_\_ Emergency Contact

All forms completed and signed: Housing Specialist \_\_\_\_\_ Date: \_\_\_\_\_



Household Information Sheet

The following information is required to re-certify your eligibility for housing assistance with Rochester Housing Authority. Please print clearly and complete all questions. This form is to be submitted with your required documentation of income and assets

Head of Household		Social Security #	
Co-Head		Social Security #	
Address		Home Telephone #	
Email		Work Telephone	

Household Information

Please list all household members living at the above address

Name	Social Security #	Sex (M/F)	Age	Birth Date	Employed (Y/N)
Head					

Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program (Y/N) \_\_\_\_\_  
**Failure to answer this question, withholding or falsifying this information shall be grounds for termination of your lease.**

For household members who are employed, please provide the following complete information. All income information is subject to verification through HUD's UIV system. Any omissions or misrepresentations are subject to prosecution for fraud.

Household Member Name	Employer Name/Address	Hourly Rate	# Hours per Week
		\$	
		\$	
		\$	
		\$	
		\$	

Income Information

Please indicate if any household member receives any of the following benefits.

	Household Member Name	Amount	Per Month/Week
Public Assistance/Welfare		\$	
Child Support/Alimony		\$	
Social Security/SSI		\$	
Veterans Benefits		\$	
Retirement Pension		\$	
Unemployment Insurance		\$	
Own Business		\$	
Other Income		\$	

I hereby certify that the income information I have provided in this document is true and complete. I understand and acknowledge that any knowing or willful misrepresentations of household income (including submission of falsified supporting documentation) contained in this document could result in civil liability or criminal penalties, including, but not limited to reimbursement to the Federal Government, fine or imprisonment. I fully understand that the information I have provided will be verified through HUD's Upfront Income Verification System as well as other third party documentation. I further understand that if I disagree with information RHA has obtained from UIV or other third party documentation, it is my responsibility to obtain clarification from the party who submitted the information.

Asset Information	Please list all bank accounts and current balances. Include checking, savings, Money Markets, CDs, stocks, bonds, mutual funds, life insurance policies, IRAs, etc. Please bring the most current statement(s) with you to your appointment.					
	Bank Name	Account #	Current Balance	Interest Rate	Name on Account	
	Do you or anyone in your household own any real estate property? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide the following)					
	Property Description					
	Estimated Value		\$			
	Other Assets					
		Auto Make	Model	Year	License Plate #	RHA Sticker #
Car 1						
Car 2						
Drivers' License #			Apartment Key #			
Are you disabled or handicapped?? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you age 62 or older? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered YES to either of the questions above you <i>may</i> be eligible for medical deductions. Please provide documented evidence of all out of pocket medical expenses. (Those not covered by insurance).						
Is any other household member disabled or handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are there any household members under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered YES to either of the questions above AND you are working or attending school, the cost of caring for these household members <i>may</i> be deductible. Please provide documented evidence (receipts) of the cost of this care.						
Name and Address of Caregiver						
Are any household members 18 years of age and older attending school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If you answered YES, any earned income for this person <i>may</i> be excluded. Please provide evidence of the full time enrollment with this person's income information.						
Expenses & Deductions	Name of Next of Kin		Relationship			
	Address		Phone			
	Emergency Contact 1		Relationship			
	Address		Phone			
	Emergency Contact 2		Relationship			
	Address		Phone			
	Is oxygen in use in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many pets are in your home?		
	Providing the following information is OPTIONAL					
	Doctor		Phone			
	Hospital		Phone			
Funeral Home		Phone				
Church/Clergy		Phone				
Attorney		Phone				
Emergency Information	<b>I certify that the information provided to the Rochester Housing Authority on household composition, income, family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that all income information is subject to verification utilizing HUD's Earned Income Verification (EIV) system and third party documentation. I understand that giving false information or statements can be grounds for prosecution under federal and state laws. I also understand that giving false statements or information can be grounds for termination of housing/ housing assistance, subject to my right to a fair hearing.</b>					
	Head of Household Signature			Date		
	Co-Head of Household Signature			Date		
Certification						



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**Reasonable Accommodation Notice  
For Those With Disabilities or Handicaps**

The Rochester Housing Authority provides low rent housing to eligible families and individuals. RHA does not discriminate on the basis of race, color, age, religion, sex, national origin, disability, or handicap. In addition, RHA will provide reasonable accommodations to those who have a disability or handicap.

A reasonable accommodation is a modification or change RHA can make, or allow to be made, to our apartments or procedures to assist an otherwise eligible person with a disability or handicap to take advantage of our programs. Examples might include:

- \* Permitting an outside agency to assist a family in complying with the terms of the lease.
- \* Having a sign language interpreter available to a hearing impaired person during an interview.
- \* Installing a strobe-type flashing light smoke detectors in an apartment for a family with hearing impaired person.
- \* Altering an apartment so that it can be accessed by a person with a wheelchair.

To be considered reasonable, accommodations must not cause undue financial and/or administrative burden to RHA or change the fundamental nature of RHA's housing programs.

All persons must still meet the essential obligations of the lease terms, with or without assistance.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the management office at the number above.

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





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**Child Expense Verification**

04/16/2020

Tenant's Name:

In order for the above mentioned resident to qualify for a child care deduction, verification of their childcare expenses is necessary. Our resident has indicated that you and/or your organization is providing childcare for the family children. As part of our recertification process, RHA verifies reported expenses.

Enclosed is a copy of the Release of Information form that the applicant has signed authorizing you to provide this information to us.

Please complete the following information, along with a notary verification, and return it to the address above within the next seven (7) days. Failure to provide this information will mean that the applicant will not be able to obtain an allowance for this expense.

Thank you for your assistance.

<b>Childcare Provider</b>					
<b>Address: (PO Box is not acceptable)</b>					
<b>Relationship:</b>				<b>Phone #</b>	
<b>Child's Name</b>	<b>Age</b>	<b>Hours Per Week</b>	<b>Weeks Per Year</b>	<b>DSS Amount</b>	<b>Parent Paid Fee</b>

I certify that the information provided to RHA regarding childcare services is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law.

**Warning: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

Childcare Provider's Signature: \_\_\_\_\_

Sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



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Dear

According to our records, you have a household member(s) listed as student(s). In order to complete the reexamination for your household's continued eligibility for Rochester Housing Authority's housing program, and to determine if your household is eligible for a deduction, their school verification is required. This form needs to be completed for each in your household; please make copies of this form for each student.

If you have any question, please call us at the phone number above and we will be happy to help.

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**Tenant Authorization**

I hereby authorize the release of information, as requested below, to the Rochester Housing Authority.

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

---

**Student Verification (to be completed by school)**

Student Name: \_\_\_\_\_

Address on file: \_\_\_\_\_

Student is enrolled: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

- Student is enrolled and regularly attending.
- Student is enrolled but not regularly attending,

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of School Representative: \_\_\_\_\_

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

School: \_\_\_\_\_

Please return to Rochester Housing Authority at the above address.





04/16/2020

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Rochester Gas & Electric Corporation  
Attn: Customer Service Representative  
39 East Avenue  
Rochester, NY 14649

Dear Customer Service Representative:

The Rochester Housing Authority is performing a study of utility allowance rates for public housing units. The above address is included in the study. Please send a two (2) year RG&E resume for the above address to:

Rochester Housing Authority  
Attn: Harold Zink  
675 West Main Street  
Rochester NY 14611

I authorize RG&E to release requested information about my account to Rochester Housing Authority.

\_\_\_\_\_  
Tenant's Name:

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

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.







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**RHA DETERMINATION OF EXEMPTION FOR HUD COMMUNITY SERVICE REQUIREMENT**

Family: \_\_\_\_\_

Adult family member: \_\_\_\_\_

This adult family member meets the requirements for being exempted from the RHA's community service requirement for the following reason:

- 62 years of age or older. *(Documentation of age in file)*
- Is a person with a HUD defined disability and self-certifies below that he or she is unable to comply with the community service requirement. *(Documentation of HUD definition of disability in file)*

**Tenant certification:** I am a person with disabilities and am unable to comply with the community service requirement.

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

- Is the primary caretaker of such an individual in the above category. *(Documentation in file)*
- Is working at least 30 hours per week. *(Employment verification in file)*
- Is participating in a welfare-to-work program. *(Documentation in file)*
- Meets the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program, including a State-administered welfare-to-work program *(Documentation in file)* Is a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program. *(Documentation in file)*
- Is participating in a self-sufficiency activity such as job readiness program, school, etc. *(Documentation in file)*

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RHA Official

\_\_\_\_\_  
Date



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## LEAD-BASED PAINT NOTICE

(In compliance with 24 CFR, Part 35)

Please be advised that many of the RHA properties have been constructed prior to 1978 and may contain lead-based paint.

Lead-based paint is a hazard, especially to young children from 1 to 6 years of age. Lead poisoning is a serious sickness that, if undetected and untreated, can cause permanent brain damage, blindness, muscle weakness, and learning disabilities.

The early symptoms of lead poisoning may not be visible; however, later symptoms may include: a. a decrease or loss of appetite; b. increased irritability; c. slowdown on playful activity; d. occasional vomiting; and e. slowness in development.

The only sure way to detect lead poisoning is to have a simple blood test. You may have your child(ren) tested free of charge at the Monroe County Department of Health. Call 274-6087 for further information.

The following precautions are recommended to avoid lead poisoning:

- a. Do not let your child(ren) chew on painted surfaces or paint chips that have fallen off surfaces.
- b. Do not let your child(ren) chew on printed materials such as newspapers and magazines.
- c. Do not let your child(ren) eat soil (dirt).

If your dwelling unit has any chipped, cracked, loose, or peeling paint, contact your management office immediately. The Rochester Housing Authority will take appropriate actions and advise you accordingly.

(Please give notice to Applicant to take with them).

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.





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Receipt of Lead-Based Paint Notice

I hereby acknowledge receipt and understand the content of the Lead-Based Paint Notice.

Signature

Date

Receipt of Lead-Based Paint Information Booklet

I hereby acknowledge receipt of the booklet Protect Your Family From Lead In Your Home.

Signature

Date

Lead Paint Waiver

Please sign A, B or C

- 1. There is no one in the household at this time age 5 or under.

Signature

Date

- 2. No one in the household, age five and younger, has a current diagnosis of lead poisoning. Should medical testing reveal a lead problem of 20 or over, or 15 to 19 in two consecutive tests within four months, I will notify the Rochester Housing Authority to assist in taking corrective action.

Signature

Date

- 3. The following members of the household age 5 or younger have a current diagnosis of lead poisoning:

Table with 2 columns: Child's Name, EBL Level (documentation required). Includes three rows of blank lines for data entry.

Signature

Date

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**Environmental Intervention Blood Lead Level (EIBLL)  
AUTHORIZATION FOR RELEASE OF INFORMATION**

Beginning January 10, 2002, HUD adopted lead-based paint regulations that effect children under the age of six. In an effort to comply with these regulations, Rochester Housing Authority (RHA) must submit to the Monroe County Department of Public Health a list of names and addresses of assisted units with children under the age of six and/or child occupied units. *A child occupied unit is defined as a unit in which a child (under the age of 6 years old) is present two or more times a week for three or more hours.*

The unit listed below has been identified as a unit in which the household composition has at least one child under six year of age and/or was identified as a child occupied unit. By signing this release, you are giving the Monroe County Department of Public Health permission to release information concerning elevated blood lead levels related to a child or children in this Rochester Housing Authority assisted unit. If the child or children have not been tested, you may contact the Monroe County Department of Public Health at 274-6087 for further information.

I consent to allow Monroe County Department of Public Health to release to the Rochester Housing Authority any information concerning Enviromental Intervention Blood Lead Level(s) related to this unit.

(Please clearly print all information except your signature.)

Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Child under six: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(First Name Last Name)

Name of Child under six: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Child under six: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

RHA Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.





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**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**  
**Target Housing Rentals and Leases**  
(In compliance with 24 CFR, Part 35)

**Lead Warning Statement:** Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

**Lessor's Disclosure (initial)**

\_\_\_\_\_ (a) Presence of lead-based paint or lead-based paint hazards (check one below):

- [ ] Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).        RHA has tested for the presence of lead based paint in all required RHA owned housing units. Test results and the remediation of lead based paint vary from unit to unit. You have the right to review any documents with respect to lead based paint activities in relation to your unit. Please request this information from your management staff. \_\_\_\_\_
- [ ] Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

\_\_\_\_\_ (b) Records and reports available to the lessor (check one below):

- [ ] Lessor has provided the lessee with the opportunity to review all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. You have the right to review any documents with respect to lead based paint activities in relation to your unit. Please request this information from your management staff. \_\_\_\_\_
- [ ] Lessor has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

- \_\_\_\_\_ (c) Lessee has received copies of all information listed above.
- \_\_\_\_\_ (d) Lessee has received the pamphlet, Protect Your Family From Lead in Your Home.

**Agent's Acknowledgment (initial)**

\_\_\_\_\_ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Rochester Housing Authority  
675 West Main Street  
Rochester, NY 14611

4/16/2020

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

Rochester Housing Authority  
675 West Main St  
Rochester NY 14611

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**



**Hudson Ridge Tower**  
401 Seneca Manor  
Rochester NY 14621  
(585) 697-1130  
Fax (585) 697-1131

04/16/2020

**RESIDENT CERTIFICATION OF INFORMATION ACCURACY AND  
DISCLOSURE OF RENT ALTERNATIVES**

1. I/we certify that the information provided to the Rochester Housing Authority (RHA) regarding household composition, income, assets, expenses, allowances, and deductions is accurate and complete to the best of my knowledge and belief. After verification by RHA, the information will be submitted to the Department of Housing and Urban Development (HUD) on HUD Form 50058 (Resident Data Summary). (See Authorization for the Release of Information/Privacy Act Notice - HUD Form 9886 - for more information about its use.)

2. I understand that giving false statements or information is punishable under Federal law and is grounds for termination of housing assistance and residency. I also understand that RHA is required by HUD to verify all information provided by the household. RHA may also (by random selection or referral) submit a file to the Internal Audit Department for re-verification of the household information provided.

3. I certify that the Housing Specialist/Manager reviewed my options pertaining to rent amounts, and it was explained that the rent amount will be one of the following:

1. The higher of:
  - 10% of total family monthly income; OR
  - 30% of total adjusted family monthly income.
2. The monthly minimum rent amount of \$50,
3. The monthly fair market rent amount for the above address as is published.

\_\_\_\_\_  
Head of Household signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household signature

\_\_\_\_\_  
Date





**Hudson Ridge Tower**  
401 Seneca Manor Drive  
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## COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY

### A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute an average of eight (8) hours per month of community service (volunteer work) or participate in an average of eight (8) hours of training, counseling, classes or other activities that help an individual toward self-sufficiency and economic independence. This is a requirement of the public housing lease.

### B. Definitions

**Community Service** - volunteer work which includes, but is not limited to:

- Work at a local institution, including but not limited to: school, childcare center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
- Work with a nonprofit organization such as: Parks and Recreation, United Way, Red Cross, Volunteers of America, Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H Program, PAL, Garden Center, community clean-up programs, beautification programs, other counseling, aid, youth or senior organizations
- Work at the housing authority to help with litter control
- Work at the housing authority to help with children's programs
- Work at the housing authority to help with senior programs
- Helping neighborhood groups with special projects
- Working through a resident organization to help other residents with problems
- Serving as an officer in a resident organization
- Serving on the Resident Advisory Board
- Caring for children of other residents so they may volunteer

**NOTE:** Political activity is excluded.

**Self-Sufficiency Activities** - activities that include, but are not limited to:

- Job readiness programs
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Apprenticeships
- Budgeting and credit counseling
- Any kind of class that helps a person toward economic independence
- Student status at any school, college or vocation school

**Exempt Adult** - an adult member of the family who meets any of the following criteria:

- Is 62 years of age or older
- Is blind or a person with disabilities (as defined under section 216[i][1] or 1614 of the Social Security Act), and who certifies that because of this disability he or she is unable to comply with the service provisions, or is the primary caretaker of such an individual
- Is working at least 30 hours per week
- Meets the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program including a State-administered welfare-to-work program
- Is a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program

**C. Requirements of the Program**

1. The average eight (8) hours per month may be either volunteer work or self-sufficiency program activity, or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The housing authority will make the determination of whether to allow or disallow a deviation from the schedule based on a family's written request.
3. Family obligation:
  - At lease execution, all adult members (18 or older) of a public housing resident family must:
    - Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the community service requirement will result in a nonrenewal of their lease; and
    - Declare if they are exempt. If exempt, they must complete the Exemption Form and provide documentation of the exemption.
  - Upon written notice from the RHA, non-exempt family members must present complete documentation of activities performed during the applicable lease term. This documentation will include places for signatures of supervisors, instructors, or counselors, certifying to the number of hours contributed.
  - If a family member is found to be noncompliant at the end of the 12-month lease term, he or she, and the head of household, will be required to sign an agreement with the housing authority to make up the deficient hours over the next twelve (12) month period, as a condition of continued occupancy.
4. Change in exempt status:
  - If, during the twelve (12) month lease period, a non-exempt person becomes exempt, it is his or her responsibility to report this to the RHA and provide documentation of exempt status.
  - If, during the twelve (12) month lease period, an exempt person becomes non-exempt, it is his or her responsibility to report this to the RHA. Upon receipt of this information, the RHA will provide the person with the appropriate documentation form(s) and a list of agencies in the community that provide volunteer and/or training opportunities.

**D. Authority Obligation**

1. To the greatest extent possible and practicable, the RHA will:
  - Provide names and contacts at agencies that can provide opportunities for residents, including residents with disabilities, to fulfill their community service obligations.
  - Provide in-house opportunities for volunteer work or self-sufficiency activities.
2. The RHA will provide the family with a copy of this policy, and all applicable exemption verification forms and community service documentation forms, at lease-up, lease renewal, when a family member becomes subject to the community service requirement during the lease term, and at any time upon the family's request.
3. Although exempt family members will be required to submit documentation to support their exemption, the RHA will verify the exemption status in accordance with its verification policies. The RHA will make the final determination as to whether or not a family member is exempt from the community service requirement. Residents may use the RHA's grievance procedure if they disagree with the RHA's determination.
4. Noncompliance of family member:
  - At least thirty(30) days prior to the end of the 12-month lease term, the RHA will begin reviewing the exempt or non-exempt status and compliance of family members;
  - If, at the end of the initial 12-month lease term under which a family member is subject to the community service requirement, the RHA finds the family member to be noncompliant, the RHA will not renew the lease unless:
    - The head of household and any other noncompliant resident enter into a written agreement with the RHA, to make up the deficient hours over the next twelve (12) month period; or
    - The family provides written documentation satisfactory to the RHA that the noncompliant family member no longer resides in the unit.
  - If, at the end of the next 12-month lease term, the family member is still not compliant, a 30-day notice to terminate the lease will be issued and the entire family will have to vacate, unless the family provides written documentation satisfactory to the RHA that the noncompliant family member no longer resides in the unit;
  - The family may use the RHA's grievance procedure to dispute the lease termination.

All adult family members must sign and date below, certifying that they have read and received a copy of this Community Service and Self-Sufficiency Policy.

_____	_____
	Date
Resident	_____
	Date
Resident	_____
	Date
Resident	_____
	Date

# EMERGENCY CONTACT INFORMATION

Tenant Name: \_\_\_\_\_

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

Name of Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Providing the following information is strictly voluntary:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Church/Clergy: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

**In the event of an emergency and/or if I am incapacitated or deceased, I designate and appoint**

\_\_\_\_\_, Relationship: \_\_\_\_\_

Print Name of Individual

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

to dispose of my belongings at the above address in which I reside.

The individual designated above will be authorized to deal with any other individuals who may make a claim to my possessions. The designated person named above does \_\_\_ does not \_\_\_ currently have keys to my apartment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Witness signature

Date

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If initialed and dated below, no change of this information is necessary at this time.

\_\_\_ No Change to above information Date: \_\_\_\_\_ HOH Initials: \_\_\_\_\_

\_\_\_ No Change to above information Date: \_\_\_\_\_ HOH Initials: \_\_\_\_\_

\_\_\_ No Change to above information Date: \_\_\_\_\_ HOH Initials: \_\_\_\_\_

\_\_\_ No Change to above information Date: \_\_\_\_\_ HOH Initials: \_\_\_\_\_

\_\_\_ No Change to above information Date: \_\_\_\_\_ HOH Initials: \_\_\_\_\_



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### Looking for work? - What is Section 3 and how do I sign up?

Section 3 of the Housing and Urban Development Act of 1968 recognizes that HUD funding typically results in projects/activities that may generate new employment, training, and contracting opportunities. When these opportunities are created, Section 3 requires that preference is provided to low- and very low-income residents of the local community (regardless of race and gender), and the businesses that substantially employ them. Section 3 is not an entitlement; it is an opportunity for employment, training and contracting opportunities.

### Definitions

**Section 3 Resident:** A public housing resident or an individual who resides in the metropolitan area or non-metropolitan county in which the Section 3 covered assistance is expended and who is considered to be a low- (80% of AMI) to very low-income (50% of AMI) person. Persons must be certified as Section 3 Residents to count toward the goals listed above. **Refer to the chart on the back of this page to see if you qualify as a Section 3 resident.**

### Section 3 Goals

For all public housing authorities, to the greatest extent feasible, shall strive to attain the following Section 3 goals:

- Thirty percent (30%) of the aggregate number of housing authority or related contractor new hires shall be Section 3 Residents;
- Ten percent (10%) of all covered construction contracts shall be awarded to Section 3 Business Concerns.
- Three percent (3%) of all covered non-construction contracts shall be awarded to Section 3 Business Concerns.

All efforts taken to meet these goals must be documented accordingly.

### What does Section 3 mean to me?

RHA's Section 3 Coordinator is looking for Section 3 residents (all Section 8 and Public Housing residents qualify) who are interested in work or training opportunities. Opportunities may come in the form of job openings at the Rochester Housing Authority, or through one of its contractors and could be full or part time. Section 3 does not guarantee training or employment. Each applicant must fulfill individual job requirements and qualifications.

### How do I find out more?

To explore job opportunities at Rochester Housing Authority, please go to [www.cityofrochester.gov/jobs](http://www.cityofrochester.gov/jobs)  
<<http://www.cityofrochester.gov/jobs>>

**The Rochester Housing Authority maintains a database of those residents or Section 8 voucher holders who are interested in finding full- or part-time employment. This list will be provided to companies seeking to hire Section 3 individuals in an effort to match job openings with those wishing to be hired. If you have skills or experience in the construction trades or outside the construction trades and want to register in our Section 3 database, please complete the attached information sheet and drop it off at or mail to:**

**RHA Section 3 Coordinator, 675 West Main Street, Rochester, New York 14611**

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.





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Income limits - To see if you qualify as a Section 3 candidate, find the number of people currently in your household in the table below. Once located, the total income generated by all the people in your household, when combined, cannot exceed the dollar amount listed on the right hand side of that line.

# of persons in employee's household (including children)	Total income earned by all household members does not exceed
1	\$ 37,950
2	\$ 43,350
3	\$ 48,750
4	\$ 54,150
5	\$ 58,500
6	\$ 62,850
7	\$ 67,150
8	\$ 71,500

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To find out more, call 585-568-6899 or go to [www.RocSection3.com](http://www.RocSection3.com)

## Section 3 Registration Form

***If you are interested in Section 3 employment opportunities, please complete and return this form.***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

RHA status (Check One)

Section 8 Participant  Public Housing Resident

**Please circle the number which indicates your level of experience in the following areas:**

**0=No experience 1=basic 2=intermediate 3=expert**

Asbestos	0	1	2	3
Drywall	0	1	2	3
Demolition	0	1	2	3
Electrical	0	1	2	3
Landscaping	0	1	2	3
Lead Abatement	0	1	2	3
Carpentry	0	1	2	3
Roofing	0	1	2	3
Plumbing	0	1	2	3
Painter	0	1	2	3
Carpeting	0	1	2	3
HVAC	0	1	2	3

Masonry	0	1	2	3
Asphalt	0	1	2	3
Welder	0	1	2	3
Fencing	0	1	2	3
Siding	0	1	2	3
Construction - General	0	1	2	3
Laborer - General	0	1	2	3
Maintenance - General	0	1	2	3
Heavy Equip Operator	0	1	2	3
Tool Machining	0	1	2	3
Forklift Operator	0	1	2	3

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Other, specify below

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**Please indicate which areas you would like to have training in:**

- Asbestos     Construction-General     Demolition     Drywall  
 Heavy Equip Operator     Electrical     Laborer-General     Landscaping  
 Lead Abatement     Maintenance-General     Carpentry     Masonry  
 Plumbing     Painter     Tool Machining     CDL     Forklift Operator  
 Roofing     Welder     HVAC     Asphalt     Carpeting     Fencing     Siding  
 Other, specify below

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**Please circle the number which indicates your level of experience in the following areas:**

0=No experience 1=basic 2=intermediate 3=expert

Microsoft Word	0	1	2	3
Excel	0	1	2	3
Outlook	0	1	2	3
Data Entry	0	1	2	3
Fax Machine	0	1	2	3

Copier	0	1	2	3
Multiline Phone	0	1	2	3
Filing	0	1	2	3
Customer Service	0	1	2	3
Interpersonal Skills	0	1	2	3

How many words per minute are you able to type? \_\_\_\_\_

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To find out more, call 585-568-6899 or go to [www.RocSection3.com](http://www.RocSection3.com)

Do you speak any additional languages?  Yes  No

If yes, please indicate language(s) \_\_\_\_\_

**Please indicate which areas you would like to have training in:**

Microsoft Office -  Word  Excel  Outlook  Access  PowerPoint

Effective communication skills  Interpersonal skills  Diversity training

Other, specify below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any other training you are interested in below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list your certification(s) and/or training(s):**

Certification/date issued: \_\_\_\_\_

Agency issued by: \_\_\_\_\_

Certification/date issued: \_\_\_\_\_

Agency issued by: \_\_\_\_\_

Certification/date issued: \_\_\_\_\_

Agency issued by: \_\_\_\_\_

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**Other Trainings:**

Name

Date

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Have you held a job within the last 10 years? If 'Yes' please describe (Title, Employer, length of employment, basic duties)

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I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from receiving Section 3 related benefits. I understand that by registering with RHA's Section 3 program my information may be given out to prospective employers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.

