

Internship Journal 1: January 24- 31

My first day of internship consisted of a discussion with my supervisor about the differences between the public housing program and the section 8 program, a tour of the building, and prepping some paperwork. My supervisor, _____ also gave me packets during our discussion so that I could take them home and read further about the different programs. The main difference between the two programs is that Ithaca Housing Authority owns the buildings that are used for public housing while people who are interested in section 8 get a voucher to go apartment searching in the community themselves and then a portion of their rent is subsidized at their chosen location. The prep-work that I did involved landlord notices for annual inspections that needed to be sent out. My first day was only a half day because of the snow storm that came through the night before.

On my second day of internship I actually got to help people directly. We did two group pre-screenings with families who were at the top of the waiting list for public housing at 9:00 a.m. and 10:30 a.m. I got to check families in at the door: highlighting their name and finding their folders. Then I sat and listened to _____ presentations on how to fill out paperwork and at the end I helped people fill out paperwork and make copies of documents (birth certificates, social security cards, etc.). I think I learned a lot just by being able to help with paperwork. I also did some filing and post-screening paperwork for the families who showed up. The paperwork involved copying down client information for IPD so that they could complete criminal background checks on each person. _____ said people don't get turned down for minor offenses but that she cannot offer federally subsidized housing to people who are convicted of running a meth lab and she also cannot offer housing to anyone who is a level 2 or 3 sex offender.

Thank
you

Internship Journal 2: February 7-14

_____ told me a secret for when she interviews people; she asks two very important questions. 1) How do people become poor? A: A variety of reasons, there is no one set answer. For example, they may have lost a family member, they may be mentally or physically disabled, taking care of someone who is disabled, gotten a divorce, etc. It is important to know that people don't often become poor because of the stereotype that they are "lazy and don't want to work". ✓

2) How do you keep organized? A: My answer was my planner, to-do lists, sticky notes for when I get distracted, etc. To her this would be a good answer because she can tell I am an organized person. Some people who interview with her will look lost when she asks this which tells her automatically that that person may not be organized. In human services you need to be very organized because you work with a variety of people, agencies, and therefore different ✓ paperwork. On February 7th I learned how to use the mail machine, filled out some paperwork, did some filing (starting to get a feel for where everything is), and asked _____ questions about my Human Services degree – like "what can I do with my degree at Ithaca Housing Authority? She said that I could be a caseworker and also listed off other agencies in Ithaca in which I could work as a caseworker (not that this is the only option). ✓

On February 14th, I worked on a project that took all day because it had many steps to it. The project was to get application packets out to families who are now at the top of the waiting list. The steps went as follows: 1) make copies of application and rental history packets, 2) fold them so that they will fit in correct envelopes, 3) go through new client folders to input information (name and address) onto the personal declaration to be sent with packets, 4) print them and add a copy to the client's folders, 5) stuff one each of application, rental history, and

3/9/17

Internship 2/28- 3/7

On February 28, I helped with two public housing pre-screenings. One was at 9:00 am and one was at 10:30 am. Once again I checked people in at the door, listened while _____ explained each form and then went around and helped people fill out paperwork and make copies of documents such as social security cards and birth certificates. Then afterwards I filled out the back of participant's criminal background forms so they could be sent out to the Ithaca Police Department. My next project of the day was to make copies of participant recertification letters and fold them so that they could be mailed out to participants and landlords. Once a year, participants must go through the recertification process which includes re-filling out paperwork, submitting current income information, and having their apartment inspected.

On Tuesday, March 7, I started with a project _____ had for me which involved checking participant files in Elite for correct entry of information such as date, name, mailing address, DOB, SS#, and preference assigned. Checking this information is important because it ensures that somebody doesn't get looked over because of incorrect information in the database. Next, I deactivated (in Elite) the applicants who failed to show up to the public housing pre-screening on 2/28. I then put the deactivated applicant's files away in the correct filing cabinet. I also reorganized (as per _____ request) the filing cabinets in _____ office because they were in an order that didn't make sense. I also did some filing and finished the day with filling out pass/fail inspection sheets for _____. I use the letters that get sent out to participants to transfer information such as participant name and location of unit onto pass/fail inspection sheets to make it easier for _____ when he actually travels to do these inspections. I then delivered them to _____ office.

3/22/17

Internship 3/16-3/21

I went into internship on Thursday, March 16 during break to get ahead on hours. I started the day with a pile of Public Housing applicant files that needed to be checked for correct information input in Elite. Then I used the list \ printed out for me of applicants she wanted to invite to the upcoming Public Housing Pre-Screening (3/28) to find their folders. Once I found the folders, I prepared them for the upcoming pre-screening by inserting the correct forms and making an attendance sheet. I then prepared a Public Housing Pre-Screening invitation letter in Word (using an already available letter) and put them along with rental history and personal declaration forms into envelopes to mail to the participants. I started a new project as well – organizing archived files into boxes based on year and once they are all organized I will be making a spreadsheet that will show participant names that are in each box. This way in the future when we need to find archived files, they will be easy to locate.

On Tuesday, March 21 I once again started the day out by checking applicant files in Elite for correct input of information. I attended an impromptu informal hearing with _____ in (caseworker). I listened to facts presented by both _____ and _____ about why the participant was terminated from Section 8 (failure to provide requested documents) and then listened to the participant's side. She revealed that she has been dealing with a domestic abuse situation but had taken steps to resolve the issue via an order of protection. She then verbally stated that she would now be able to comply with program rules. Due to this and to the fact that she had taken steps to change her situation, _____ decided to reinstate her assistance. After the hearing I read over the 'family obligations' sheet that the participant had

Internship 3/28/17 – 4/4/17

On 3/28 I got to accompany [redacted] on some apartment inspections at Ellis Hollow and someone's house. Some tenants were shy and/or nervous to have us in their apartments, some don't say much, and some are talkative and happy to have us there. At each apartment we had to check the refrigerator seal, water faucets, underneath the sink for leaks, stove burners, underneath the bathroom sink, that the toilet flushes, bathroom fan, all smoke and CO2 detectors, and windows. We also had to make sure there were clear pathways. This was a very interesting experience for me because I got to talk to people and be in their apartments. When we got back to Ithaca Housing Authority I worked on the Section 8 waiting list purge project. More letters came in so I had to go through the process of checking for a return address and then either resending the letter or deactivating the applicant from the waiting list. At 1:30 pm on the same day we held another Public Housing Pre-Screening. Only about 7 families showed up. Viki is working on rescheduling those who did not show up with me. I will be doing individual pre-screening meetings with them.

On 4/4 I worked on the waiting list purge project for most of the day. Many more letters had come in as well as responses. Once I figured out which letters need to be resent, which to deactivate, and which to keep on the list, I filed the folders in the correct filing cabinets. Doreen also found a printer for my office and set it up so I don't have to keep running back and forth when I need to print files.

Internship 4/25/17 – 5/2/17

On Tuesday the 25th I had individual pre-screenings starting at 9:30. I had about five scheduled and only two showed up. The others were no call/no shows. The first one I did went really well even though I was a little nervous. I remembered everything I needed to about the forms and made copies. Then the second pre-screening was good as well although the applicant forgot some of their documents and the other adult in the household was not present. The applicant also had a case worker to help them fill out paperwork but she left the room. After the first pre-screening I met with _____, the administrative director (not sure what her actual title is) about the summer feeding program and I accepted the position. I am very excited to be doing this program over the summer. Between pre-screenings I worked on the waiting list purge project. Responses are still slowly trickling in. I also checked some files in Elite for accuracy.

I did a half day on Thursday the 27th so that I wouldn't have to come in during finals week. Viki took me to see the Northside sites where I will be working. The building I will be working in is very nice (looks like a cute summer camp lodge) and it is right in the center of the development. I met _____ as well who does maintenance at Northside.

Tomorrow is my last day and I will be doing more individual pre-screenings; I think I have about 4 scheduled. I will miss everyone at Ithaca Housing Authority but I am grateful for the time and experience I have gotten this semester.

Mission

The IHA is committed to operating in an efficient, ethical, and professional manner. The IHA will create and maintain partnerships with its clients and appropriate community agencies in order to accomplish this mission.

Contact

Phone: (607) 273-8629

EMail:

Send A Message

We Are Located

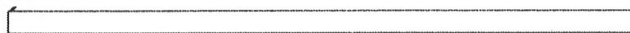


Public Housing

The Public Housing (PH) program is a subsidized housing program which allows qualified participants the opportunity to rent housing units that are owned by Ithaca Housing Authority with assistance from the U.S. Department of Housing and Urban Development (HUD). Ithaca Housing Authority currently owns and maintains 341 Public Housing units throughout the City of Ithaca.

To learn about the impact that Public Housing can have on low income families, please check out this documentary called Our Journey Home made by stillmotion, featuring singer/songwriter Jewel:

54:38



You can learn more about this message and the importance of the Public Housing program on their website rethinkhousing.org.

THE PUBLIC HOUSING PROCESS:

If you are found eligible for Public Housing and offered one of our units, then you must sign a lease and provide a security deposit (equivalent to one month's rent portion that will be assigned) before you move into the unit. Public housing leases are the contractual basis of the legal relationship between the PHA and the tenant and have rules set forth in accordance with HUD regulations.

A copy of IHA's Public Housing lease is provided here.

Pet Policy

All pets must be registered and approved by IHA before they are brought onto the premises. In addition, a pet lease must be signed and a \$100 pet deposit must be provided (for cats and dogs).

IHA permits PH tenants to have no more than 1 pet per household and it must be classified as a "common household pet" as defined as:

Common household pet means a domesticated animal, such as a dog, cat, bird, or fish that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes.

The following animals are not considered common household pets: Reptiles, Rodents, Insects, Arachnids, Wild animals or feral animals, Pot-bellied pigs, or Animals used for commercial breeding.

The following animals are not permitted:

- any animal whose adult weight will exceed 25 pounds
- Dogs of the pit bull, rottweiler, chow, or boxer breeds
- ferrets or other animals whose natural protective mechanisms pose a risk to small children of serious bites or lacerations
- Any animal not permitted under state or local law or code

Assistance Animals:

For an animal to be excluded from the pet policy and be considered an assistance animal, there must be a person with disabilities in the household, and the family must request and the PHA approve a reasonable accommodation in accordance with IHA policies.

- 30% of monthly adjusted income (gross income – applicable deductions)
- 10% of monthly gross income
- Welfare rent (if your household receives public assistance)
- IHA's minimum rent amount of \$50

The HUD assigned formula to calculate PH rent is provided here.

ONGOING PROGRAM REQUIREMENTS

Annual Re-examinations

Once you become a PH tenant, IHA must conduct a reexamination of family income and composition at least annually. This includes gathering and verifying current information about family composition, income, and expenses. Based on this updated information, the family's income and rent must be recalculated.

Annual Inspections

HUD regulations require the PHA to inspect each dwelling unit prior to move-in, at move-out, and annually during occupancy. In addition, the PHA may require additional inspections, in accordance with PHA Policy.

Interim Changes (add/remove household members, add/remove income)

Family circumstances may change throughout the period between annual reexaminations. Once you become a PH tenant, you will be required to report changes with your household composition and income within 10 days. Based on this updated information, the family's income and rent may need to be recalculated.

Community Service

Federal law requires that adult public housing residents provide eight hours of Community Service or engage in eight hours of Economic Self-Sufficiency activity each month. This requirement is a condition of tenancy unless the resident qualifies for an exemption.

Community Service is defined by law as the performance of voluntary work or duties that are a public benefit and that serve to improve the quality of life, enhance resident

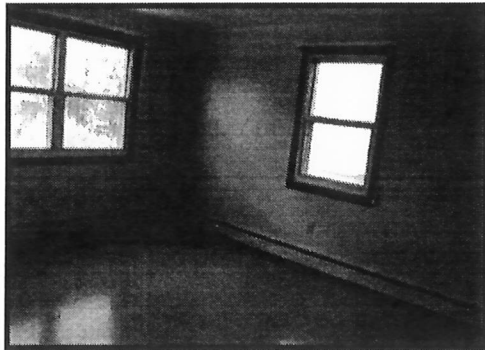
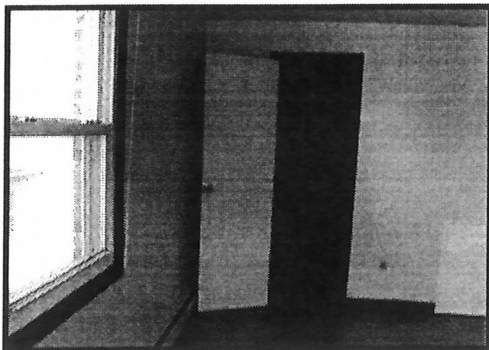
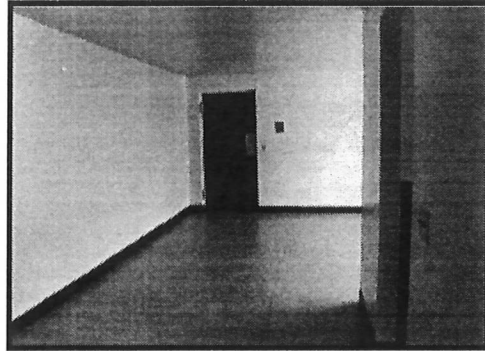
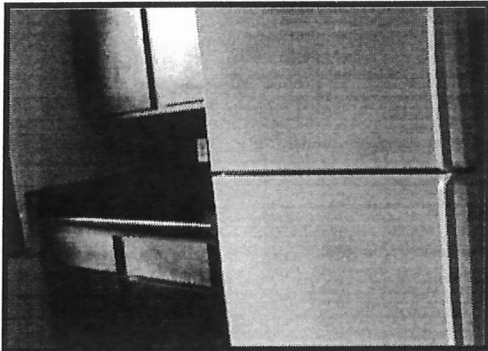


Contact

Have questions or need assistance? You can reach us directly from our Contact page. Click the icon above to be redirected their now.

Our Rentals

Below you can see a few examples of housing we offer. The images are clickable and allow you to cycle through all the different examples.



Description of IHA-Owned Properties

IHA owns and maintains the following 341 public housing properties as listed below:

Titus Towers I consists of 165 single dwelling units for the elderly located at 800 South Plain Street , Ithaca. Titus Towers II consists of 70 single dwelling units for the elderly located at 798 South Plain Street , Ithaca. The Northside Developments are comprised of eleven 2-bedroom, thirty-three 3-bedroom, and twenty-six 4-bedroom units located at 510-530 Madison Street , 107-141 Fifth Street , 503-621 Hancock Street , 202-311 Fourth Street , 216-312 Third Street , and 118-130 Morris Avenue , Ithaca . Overlook Terrace is comprised of four 3-bedroom, and six 2-bedroom apartments located at 410-412 Hector Street , Ithaca . Southview Gardens are comprised of eight 2-bedroom, sixteen 3-bedroom, and two 5-bedroom apartments located at 410-412 Plain Street and Center Street , Ithaca . Click on Images to view all of our properties.

Senior Buildings – Titus Towers

Senior housing includes 223 one bedroom apartments and 12 handicap accessible one bedroom units. A single bedroom unit contains approximately 550 square feet of living space. Floor plans are available upon request or from our downloads page. Although not all buildings are designed the same, they generally feature:

- A centrally located community room with a fully equipped kitchen
- Laundry facilities
- Intercom systems
- Key Fob Security System
- Assigned Parking Spaces
- Storage space
- Tubs and/or showers
- Fire suppression sprinkler systems
- Emergency lighting systems
- Doors with peep holes



HOUSING CHOICE VOUCHER (HCV) SECTION 8 PROGRAM

The Housing Choice Voucher (HCV) Section 8 program is a subsidized housing program which allows qualified participants the opportunity to rent housing units in the private market via federal funds provided to Ithaca Housing Authority by the U.S. Department of Housing and Urban Development (HUD). Ithaca Housing Authority currently administers 992 Housing Choice Vouchers throughout Tompkins County.

Unfortunately, the need for rental assistance in Tompkins County outweighs the funding that is provided to us from HUD, so therefore IHA uses a waiting list to administer program assistance to qualified applicants as it becomes available.



How To Apply

(if any) with a HCV or Public Housing (PH) program, your residency status, and your household's citizenship or legal immigration status. In addition, we will be conducting a criminal background inquiry for all members of the household age 18 and over.

Briefing/Voucher Issuance

If you are found to be eligible for HCV Section 8 assistance, then you will be invited to attend a briefing. At that meeting, you will be advised of the HCV program rules and you will be provided with all of the necessary forms required to apply for assistance with a rental unit. In addition, you will be issued a voucher.

Voucher

The voucher document provides the following information:

- The number of bedrooms you qualify for.
- The dates you can search for housing.
- The list of HCV family obligations while on the program.

Subsidy Standards/Unit Size

IHA will assign the number of bedroom(s) you qualify for based on your family size. The family may select a different size dwelling than what is listed on the HCV voucher, but IHA will apply the payment standard for the smaller of either the bedroom size shown on the voucher or the actual bedroom size of the unit selected by the family. Housing Quality Standards prohibits more than two people per living/sleeping room to avoid overcrowding.

IHA will determine the bedroom size by using the following guidelines:

- Children of the same sex age 12 years of age and older will not be required to share a bedroom.
- Children of the same gender with an age difference exceeding 5 years will be allocated separate bedrooms.
- Children of the opposite sex will not be required to share a bedroom.
- Adults 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 bedroom.
- Unrelated adults of the same gender (non-spouse, non-co-head) will be allocated separate bedrooms.

caseworker will need to determine what the maximum allowable gross rent is for your household in order to make a final determination of affordability.

How to Calculate Rent Portions

The total tenant payment (TTP) represents the minimum amount a family must contribute towards rent and utilities regardless of the unit selected. The TTP is calculated using a statutory formula created by HUD and individual income information. To calculate TTP, annual adjusted income and annual gross income must be converted to monthly adjusted income and monthly adjusted gross income by dividing the annual figured by 12 months.

TTP is the greater of:

- 30% of monthly adjusted income (gross income - applicable deductions)
- 10% of monthly gross income
- Welfare rent (if your household receives public assistance)
- IHA's minimum rent amount of \$50

The maximum subsidy that IHA can pay in the HCV program is the payment standard minus the TTP. The actual Section 8 subsidy can only be calculated after the family has selected a unit and the gross rent (contract rent + utility budget) is known. The Section 8 subsidy is the lower of:

- The payment standard minus the TTP
- The gross rent minus the TTP

Family Portion of Rent

The family share is the family's contribution towards the gross rent. The family share may be the TTP or a higher amount, depending on the unit that the family selects.

For a family leasing a unit with a gross rent at or below the payment standard assigned to the family, then the family share will be the same as the TTP. If the family leases a unit with a gross rent above the payment standard for the family, the family share is the TTP plus any amount by which the gross rent exceeds the payment standard.

HCV regulations prohibit a family from paying more than 40% of their adjusted monthly income towards their family contribution at the time of signing an initial lease.

information about family composition, income, and expenses. Based on this updated information, the family's income and rent must be recalculated.

Annual Inspections

HUD requires the PHA to inspect each unit under lease at least annually to confirm that the unit still meets Housing Quality Standards (HQS).

Interim Changes (add/remove household members, add/remove income)

Family circumstances may change throughout the period between annual reexaminations. Once you become a HCV program participant, you will be required to report changes with your household composition and income within 10 days. Based on this updated information, the family's income and rent may need to be recalculated.

Relocations

A family's right to move is generally contingent upon the family's compliance with program requirements. If you would like to transfer from one unit to another with continued HCV assistance, then IHA must verify that you will be leaving your previous owner in good standings with no money owed and with damages which do not exceed normal wear and tear.

Relocation packets may be found [here](#).

Portability

Portability is one of the benefits of the HCV program that enables you to use your Section 8 assistance in other cities or states outside of Tompkins County. Portability was created to allow you the freedom to choose which area of the country best suits the needs of your family.

For additional information about how portability works, please [click here](#).

For a list of Public Housing Authorities (PHAs) nationwide, please [click here](#).

PERSONS WITH DISABILITIES

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact Ithaca Housing Authority at 607-273-8629.



Enrichment Programs

Senior Supportive Services:

The IHA employs a **Case Manager for Elderly/Disabled** whose main purpose is to link Titus residents to supportive services needed to achieve self-sufficiency in an effort to keep them living independently longer with a high quality of life. For example, the Case Manager may arrange for an aide to assist a resident with laundry and light housekeeping or assist with obtaining congregate meals or food stamps. The Case Manager ensures that the services to residents are provided on a regular, ongoing, and satisfactory basis. Many residents take advantage of these free services, and the IHA is pleased to be able to offer these vital services to its residents.

In addition, the IHA contracts with a local nursing service to offer a **Nurse Case Manager Program** for the benefit of its residents. IHA is dedicated to the belief that our elderly residents need and deserve a safe, comfortable and adaptable environment in which to age with dignity and with the highest quality of life possible. Two nurses are onsite during normal business hours to assist residents with their healthcare needs. By establishing a trusting and intensive relationship with residents and their families, and consulting closely with residents' physicians, the Nurse Case Managers provide critical onsite healthcare assistance to residents. Their services include: developing assessments, implementing care plans, educating residents about simple self-care, assuring residents' compliance with physicians' orders, and assuring that physicians and hospitals fully understand residents' needs. This program has been successful in avoiding hospital admissions and readmissions, ER visits, and premature moves to nursing homes while at the same time improving the quality of life for our most vulnerable population. For more information about the NCMP, please **click here**.

Northside After-School Program

Documents required for Public Housing Pre-Screening:

Applicant Name: _____

Today's Date: ____/____/____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Documents Due By: ____/____/____

Failure to provide the above requested documentation by the due date may result in the denial of your Public Housing application. If you have any questions or concerns, please call 607-273-8629.

cc: file

ITHACA HOUSING AUTHORITY

PUBLIC HOUSING PERSONAL DECLARATION FOR APPLICANTS

PLEASE READ THIS IMPORTANT INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM.

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 your property manager.

A person with disabilities or a person who is limited in his/her ability to read, write, speak or understand English can seek assistance with the completion of this form by contacting your property manager.

Ithaca Housing Authority property managers may be reached at 607-273-8629.

- This form must be completed in FULL. Answer ALL questions on the form. Do not leave any questions blank.
- All yes/no questions MUST be checked to indicate whether your response is a "yes" or "no".
- Use full legal name of each person listed on the form as it appears on their social security card.
- ALL adult household members (age 18 and older) must sign and date where indicated.
- Please print all answers.
- The information that you provide on this form must be true and complete. It is a violation of federal and state criminal law to make false statements on this form for housing assistance. Making false statements and/or providing false information to Ithaca Housing Authority are also grounds for termination of housing choice voucher assistance.
- If you do not understand a question, please ask your caseworker for clarification.

CONTACT INFORMATION:

Name of Head of Household: _____
Last First MI

Current Address: _____
Street Apt

City State Zip

Mailing Address: _____
(if different than above) Street Apt

City State Zip

Telephone number where you can be reached: _____ (home) _____ (cell)

e-mail address: _____

ANSWER THE FOLLOWING QUESTION ABOUT THE HEAD OF THE HOUSEHOLD:

1. What is your marital status?

- Single Married Divorced Separated Widowed

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

1. Have you or any member of your household ever received subsidized housing assistance?

Yes No

If yes, please explain:

Name	Housing type (ie – Public Housing or Section 8)	Name of Agency (ie – Housing Authority, Apartment complex)	City and State	Date of Subsidy
<i>(example) Jane Doe</i>	<i>Section 8</i>	<i>San Diego Housing Authority</i>	<i>San Diego, CA</i>	<i>Jan 2000 - Oct 2004</i>

2. Do you own a pet?

Yes No

If yes, what type (dog, cat, bird) ? _____ Approximate weight (if dog) _____

3. Is any member of the household claiming the disability preference?

Yes No

If yes, who? _____

4. Have you or any other household member ever used any name(s) or social security number(s) other than the one that you are currently using?

Yes No

If yes, who? _____

Please explain: _____

5. Is there anyone not listed on this form who is temporarily absent from the home?

Yes No

If yes, who and where is he/she? _____

6. Is there anyone living in the home that is age 18 or over and a full-time student?

Yes No

If yes, who? _____

7. Is anyone living in the home expecting a child?

Yes No

If yes, who? _____

8. Ithaca Housing Authority has a policy of doing criminal background inquiries with law enforcement agencies for all adult household members. Have you or anyone in your household ever been arrested for drug related or violent criminal activity?

Yes No

If yes, who? _____

Please explain (include when arrested, where arrested and reason for arrest):

9. Is there anyone living in the home that is subject to a lifetime sex offender registration program?

Yes No

If yes, who? _____ What state? _____

IV. HOUSEHOLD EXPENSES

Childcare Expenses:

- Does any member of the family have expenses for child care for a child age 12 or younger?
 Yes No If no, skip to disability expenses If yes, continue:
- Does that childcare enable an adult in the household to be employed, seek employment or further his/her education?
 Yes No If yes, continue:
- Are you reimbursed for this childcare expense from an outside source (ie – DSS, family member, church)?
 Yes No If yes, by whom? _____ How much? _____

Please provide the following childcare information:

Child's Name	Childcare Provider			Amount Paid (circle one)
	Name	Address	Phone Number	
				\$ week / month
				\$ week / month
				\$ week / month
				\$ week / month

Disability Assistance Expenses:

- Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?
 Yes No If no, skip to medical expenses If yes, continue:

Care Attendant			Amount Paid (circle one)
Name	Address	Phone Number	
			\$ week / month

- Are you paying for any type of equipment for a disabled family member that enables an adult member to work?
 Yes No If yes, what is the equipment? _____ Monthly cost? _____

HOUSEHOLD CERTIFICATION

I do hereby swear and attest that all of the information that I have provided on this form is true and complete. I understand that all changes in household income or composition must be reported to Ithaca Housing Authority in writing within 10 days. I understand that I cannot permit anyone to move into my unit without prior written approval from Ithaca Housing Authority. I also understand that I must notify Ithaca Housing Authority in writing of any changes to the household due to birth, adoption or court-awarded custody.

I understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is crime under federal and state law.

Making false statements or providing false information to Ithaca Housing Authority are grounds for termination of my Public Housing Assistance.

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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington D.C. Metropolitan Area, call 426-3500.)

ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER MUST SIGN BELOW:

Head of Household	Print Name	Date
Spouse / Co-Head	Print Name	Date
Other Adult Member	Print Name	Date
Other Adult Member	Print Name	Date
Other Adult Member	Print Name	Date

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.

RELEASE OF INFORMATION

CONSENT:

I authorize and direct ANY Federal, State, or Local agency, organization, business, or individual to release to ITHACA HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance with the Public Housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include, but are not limited to:

Banks and/or Financial Institutions
Courts and Post Offices
Credit Providers and Credit Bureaus
Law Enforcement Agencies
Medical and Childcare Providers
Past and Present Employers
Previous Landlords (including PHA's)

Retirement Systems
Schools and Colleges
Social Security Administration
State Unemployment Agencies
Unearned Income (including gifts)
Utility Companies
Department of Social Services

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above.
This authorization or a photocopy of the authorization shall be valid as the original.

SIGNATURES:

_____	_____	_____
Head of Household	Print Name	Date

Social Security Number of HOH		
_____	_____	_____
Spouse / Co-Head	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date

This consent form expires 15 months after it is signed.

RENTAL HISTORY

Please be advised that Ithaca Housing Authority is responsible for the screening and selection of families/individuals to occupy the public housing units. This process is important to public housing communities, program integrity, and to ensure that assisted housing is provided to those families/individuals that will adhere to lease obligations.

PLEASE PROVIDE INFORMATION REGARDING YOUR RENTAL HISTORY FOR THE PAST 7 YEARS.

APPLICANT NAME: _____

DATE: ____/____/____

CURRENT RENTAL HISTORY

CURRENT ADDRESS: _____

DATES YOU HAVE LIVED AT THIS ADDRESS: FROM: _____ TO: CURRENT

CURRENT LANDLORD NAME: _____

LANDLORD ADDRESS: _____

REASON YOU WANT TO MOVE: _____

PREVIOUS RENTAL HISTORY

PREVIOUS ADDRESS: _____

DATES YOU HAVE LIVED AT THIS ADDRESS: FROM: _____ TO _____

PREVIOUS LANDLORD NAME: _____

LANDLORD ADDRESS: _____

REASON YOU MOVED: _____

**ITHACA HOUSING AUTHORITY
800 SOUTH PLAIN STREET
ITHACA, NY 14850**

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR CRIMINAL INQUIRY FROM NYSPI**

I, _____ (print full name), hereby authorize the Ithaca Police Department, the Tompkins County Sheriff's Department, the New York State Police, the Federal Bureau of Investigation, and any and all other law enforcement agencies to release and supply to the Ithaca Housing Authority any and all information of any kind of any criminal activity concerning me which they may have.

I hereby release the Ithaca Police Department, the Tompkins County Sheriff's Department, the New York State Police, the Federal Bureau of Investigation, and any and all other law enforcement agencies, and the Ithaca Housing Authority, and each of the employees of these organizations from any liability, claims or causes of action I may have, whatsoever, arising from the release of such information to the Ithaca Housing Authority or the use of such information by the Ithaca Housing Authority.

I have read this authorization for release of this information and I understand the terms and provisions contained herein, and I do sign below, voluntarily of my own free will.

Signature

Date

Date of birth

Social security number

Address

Phone

Sex: Male ___ Female ___

Race: _____

ACKNOWLEDGEMENT- IN STATE

STATE OF NEW YORK)
) ss.:
COUNTY OF TOMPKINS)

On the _____ day of _____ in the year 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Attachment D

DECLARATION OF CITIZENSHIP

COMPLETE ONLY ONE OF THE FOLLOWING:

I, _____, (print name) am certifying that I am in fact, a citizen of the United States of America.

Signature

I, _____, am certifying that I have eligible immigration status. I offer the following evidence to support this certification: _____

Signature

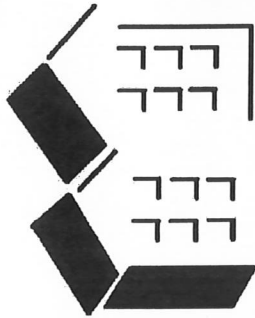
I, _____, am providing authorization to the Ithaca Housing Authority to obtain verification from the U.S. Immigration regarding my eligible immigration status.

Signature

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.



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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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.

Ithaca Housing Authority

Lead-Based Paint Poisoning Notification

TO: Prospective Tenants of Housing Constructed Before 1978

Our buildings were constructed before 1978. There is a possibility that they contain lead-based paint.

Please read the following information concerning lead paint poisoning

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children.

Children may eat paint chips or chew on painted railings, windowsills, or other items without parents seeing them. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there is loose paint or dust particles containing lead, they may get particles on their hands, put their hands in their mouths and ingest a dangerous amount of lead.

Has your child been especially cranky or irritable? Is he/she eating normally? Does your child have stomach aches and vomiting? Does he/she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning, although many times there are no symptoms at all. Lead poisoning can eventually cause mental retardation, blindness and even death.

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid program for those who are eligible.

Inform other family members and babysitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him/her from eating paint that may contain lead.

Look at your walls, ceilings, doorframes, and windowsills – are there places where the paint is peeling, flaking or chipping? If so, there are some things you can do immediately to protect your child. They are: (1) Cover all furniture and appliances. (2) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork and ceilings. (3) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trashcan. Do not burn them. (4) Do not leave chips on the floor. Damp mop floors in and around the work area to remove all dust and paint particles. Keeping the floor clean of paint chips, dust and dirt is easy and very important. (5) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

AS A RENTER

You should notify the Management Office or the landlord immediately if your unit has flaking, chipping or peeling paint, water leaks from faulty plumbing, or defective roofs. You should cooperate with the Management Office or Landlord's efforts to repair any deficiencies and keep your unit in good shape. When lead-based paint is removed by scraping or sanding, a hazardous dust is created which can enter the body by breathing or swallowing the dust. The use of heat or paint removers could create a vapor of fumes, which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children and pregnant women on the premises.

Remember that you, as a parent, play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem make a big difference.

Signature

Date

Ithaca Housing Authority

800 S. Plain Street
Ithaca, New York 14850
Tel: 607-273-8629, Fax: 607-273-1151

Release of Rental Information

RELEASE OF INFORMATION BY APPLICANT

I grant the Ithaca Housing Authority permission to make inquiries regarding my rental information. Applicant does not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

RELEASE: I hereby authorize the release of the requested information.

Signature

Date

FOR OFFICE USE ONLY

Landlord Verification

To: _____

Date: _____

Address: _____

SUBJECT:

Applicant Name: _____ Date(s) of Tenancy: _____

Current Address: _____ Rental Property: _____

The person(s) named above has applied for a rental unit at our facility. He/She has authorized us to request the information relating to residency in your dwelling.

Please answer all the questions listed below and return this statement to us as soon as possible. All replies will be kept confidential except upon the request of the Applicant.

Your assistance and prompt response is appreciated.

Colleen S. or Lori L. / Assistant Property Managers

INFORMATION BEING REQUESTED

1	Are you a relative or friend of the applicant?	<input type="radio"/> Yes	<input type="radio"/> No
2	Are you the current landlord? <input type="radio"/> Previous landlord? <input type="radio"/> or Other? <input type="radio"/>		
3	Dates of Applicant's tenancy. From _____ to _____		
4	Amount of monthly rent: \$ _____ Were utilities included in the rent?	<input type="radio"/> Yes	<input type="radio"/> No
5	Does (did) Applicant pay rent on time?	<input type="radio"/> Yes	<input type="radio"/> No
	Does (did) Applicant have a cosigner, guarantor, or roommate?	<input type="radio"/> Yes	<input type="radio"/> No
6	Has (had) he/she ever been late? <input type="radio"/> Yes <input type="radio"/> No. If yes, how late? _____ How often? _____		

ITHACA HOUSING AUTHORITY'S
PUBLIC HOUSING COMMUNITY SERVICE POLICY

Federal law requires that adult public housing residents provide eight hours of Community Service or engage in eight hours of Economic Self-Sufficiency activity each month. This requirement is a condition of tenancy unless the resident qualifies for an exemption.

Community Service is defined by law as the performance of voluntary work or duties that are a public benefit and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community Service is not employment and may not include political activities.

Economic Self-Sufficiency is defined as any program that is designed to encourage, assist, train or facilitate the economic independence of its participants and their families.

(24 CFR 960.601(b), PIH-Notice 2009-48

EXEMPT INDIVIDUAL

Engaged in Work Activities (20 hours/week minimum)
Age 62 or Older
Blind or Disabled (as defined under section 216(i)(I) or 1614 of the Social Security Act
Is the Primary Caretaker of Blind or Disabled Household Member
Participating in a Welfare-to-Work (TANF or SNAP) Program

**ELIGIBLE COMMUNITY SERVICE / ECONOMIC SELF-SUFFICIENTY
ACTIVITIES INCLUDE (but are not limited to):**

Volunteering at a school such as: before/after school program or child care center	Volunteering at: nursing home, homeless shelter, feeding program, food bank, clothing distribution center
Volunteering at a nonprofit organization such as: Boy Scouts, Girl Scouts, 4-H Clubs, Police Assistance League, Big Brother/Big Brother Program	Volunteering for community clean-up programs, beautification programs, garden centers, performing arts centers, cultural awareness programs
Care for the children of other Public Housing Residents so they may volunteer	Volunteering at IHA to improve the grounds or provide gardens or work on resident advisory boards
Participation in job readiness trainings or programs	English Proficiency or Literacy Classes
GED or Adult Education Classes	Budgeting Classes or Credit Counseling
Substance Abuse or Mental Health Counseling	Apprenticeships
Any Class to help towards obtaining economic self-sufficiency	Full-time Student Status at any school, college, or vocational school

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

ITHACA HOUSING AUTHORITY

PUBLIC HOUSING & SECTION 8

MY INTERNSHIP EXPERIENCE

- **Supervisor:** [REDACTED], Director of Public Housing and Section 8 at Ithaca Housing Authority located at Titus Towers
- **Hours:** Tuesdays from 8:00 am to 4:30 pm
- **Goals:**
 - 1) learn section 8 rules and stipulations
 - 2) Learn how section 8 & public housing work together
 - 3) Gain working knowledge of steps and procedures necessary to secure PH
 - 4) Gain understanding of client needs

SECURING PUBLIC HOUSING

- **First Step: come in for a group or individual pre-screening**
 - This is where we collect documents such as social security cards, birth certificates, etc.
 - We then make copies of these documents for the applicant's file
 - Must get signature of all adults (18+) on forms

PH CONTINUED...

- **Forms include:**
 - criminal background authorization
 - declaration of citizenship
 - EIV form
 - debts owed
 - lead-based paint poisoning notification
 - applicant/tenant certification
 - release of rental history
 - community service
 - 92006