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Community Development Commission of National City
Section 8 Rental Assistance Division

SOLICITUD DE ASISTENCIA DE VIVIENDA

NOMBRE: _____

FECHA: _____

DIRECCIÓN: _____

TELEFONO: _____

CORREO ELECTRONICO: _____

Dirección de envío (si es diferente) _____

Marque la asistencia de renta por la cual Usted esta aplicando:

- () Seccion 8 Basado en asistencia de renta para inquilinos regulares
() Section 8 Proyecto Basado en asistencia de renta (para persona de la 3ra edad so en Kimball Tower)

Enliste las personas que viviran con Ud. Si llegara a recibir la asistencia del Programa de la Sección 8. Use nombres legales solamente, escriba "N/A" si la información no se aplica o "No Lo Se" si desconoce la respuesta. Favor de escribir en letra de molde. Nota: sis u aplicación es entregada incompleto o incorrecta, esto prolongara el proceso de su aplicación.

NOMBRE LEGAL	RELACION CON EL JEFE FAMILIA	SEXO (M/F)	FECHA DE NACIMIENTO	LUGAR DE NACIMIENTO	NUMERO DE SEGURO SOCIAL	NOMBRE DE ESCUELA O OCUPACION
1.	USTED MISMO					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Hay alguna persona que vive con Usted.¿ Que no este incluida en la lista anterior? Si ____ No ____ Si es si, explique por que esta persona no va estar viviendo con Usted. Si llegara a recibir la asistencia del programa de Seccion 8. _____

ENLISTE TODOS LOS INGRESOS MENSUALES DE LAS PERSONAS DE LA LISTA ANTERIOR:

	Cantidad	¿Quien lo recibe?
Seguro Social	\$ _____	_____
SSI	\$ _____	_____
TAN/Welfare	\$ _____	_____
Empleo (pago sin deducciones	\$ _____	_____
Otro Empleo	\$ _____	_____
Pago de Retiro	\$ _____	_____
Pago por Desempleo	\$ _____	_____
Pagos de Becas Escolares	\$ _____	_____
Pago por Discapacidad	\$ _____	_____
Otro Ingreso	\$ _____	_____

NOTA: La siguiente informacion se requiere para completar con los requisitos de igualdad de oportunidad y para asegurar que no exista ningun tipo de discriminacion. Su respuesta no afectara (en ninguna manera positiva o negativa) a su participacion.

El jefe de familia es: (Marque uno solamente)

- Blanco Negro/Africano Americano Indio Americano/Nativo de Alaska
 Asiatico Nativo Hawaiano/Otra isla del Pacifico

Pertenencia Étnica: Hispano / Latino o No Hispano / No Latino

Ud. Se identifica con las siguientes preferencia(s)? (marquee los que aplican)

- Jefe de familia o conyuge es veterano de E.U.
 Jefe de familia o conyuge vive o trabaja en National City (no incluye Lincoln Acres)
 Jefe de familia o conyuge es de la 3ra edad (62 años o mas)
 Jefe de familia o conyuge es discapacitado
 Familia con niños dependiente(s) _____
 Deslojados por el Gobierno local o por una accion del depot. De la Vivienda de la Cd. De National City.

IMPORTANT: *If you do not speak English, please indicate the language you speak.* _____

AVISO:

Articulo 18, Seccion 1001 del codigo de los Estados Unidos de Norteamerica indica que la persona que sabe y pretende cometer fraude o cualquier tipo de falso testimonio a cualquier departamento o agencia de gobierno de los Estados Unido de Norteamerica es culpable del delito de felonía.

Seccion 214 Del Departamento del Desarrollo de la Comunidad y Vivienda accion del año 1980, Y como anexo al contrato prohíbe HUD de realizar alguna asistencia financiera disponible para personas otras que no sean Ciudadanos de los Estados Unidos, residente legales o alguna categoria que los hagan elegibles aun no teniendo su residencia permanente, el Departamento Urbano de la Vivienda HUD's Section 8 El Programa del pago a asistencia de la vivienda indica que cada aplicante debera proveer la documentacion de su situacion legal de su estado de ciudadanía.

YO/NOSOTROS CERTIFICAMOS QUE LA INFORMACION PROVEIDA EN ESTA APLICACION ES VERDADERA, CORRECTA Y COMPLETA CON EL MEJOR DE MI/NUESTRO CONOCIMIENTO. Y QUE YO/NOSOTROS INFORMAREMOS DE CUALQUIER CAMBIO QUE OCURRA EN NUESTRA FAMILIA. YO/NOSOTROS ENTENDIMOS QUE CUALQUIER FALSA INFORMACION O FALSO TESTAMONIO ES CASTIGADO BAJO LA LEY FEDERAL Y PUEDE SER RAZON PARA NEGAR LA ASISTENCIA DE VIVIENDA.

Firma (Jefe de Familia)

Firma (de la otra persona adulta)

Fecha: _____

Fecha: _____

Información de contacto opcional y complementaria para solicitantes de asistencia de vivienda del HUD

COMPLEMENTO PARA SOLICITUD DE VIVIENDA CON ASISTENCIA FEDERAL

Este formulario será proporcionado a cada solicitante de vivienda con asistencia federal

Instrucciones: Persona u organización de contacto opcional: Tiene derecho por ley de incluir, como parte de su solicitud de vivienda, el nombre, la dirección, el número de teléfono y otra información relevante de un familiar, amigo u organización social, médica, de defensa o de otra índole. Esta información de contacto se recopila con el objeto de identificar a una persona u organización que puede ayudar a resolver cualquier problema que podría surgir durante su alquiler o que puede ayudar a proporcionar cualquier servicio o atención especial que usted pudiera requerir. **Podrá actualizar, quitar o cambiar la información que proporcionó en este formulario en cualquier momento.** No se le exigirá que brinde la información de este contacto, pero si escoge hacerlo, incluya la información relevante en este formulario.

Nombre del solicitante:	
Dirección postal:	
N.º de teléfono:	N.º de teléfono celular:
Nombre de la persona u organización de contacto adicional:	
Dirección:	
N.º de teléfono:	N.º de teléfono celular:
Dirección de correo electrónico (si corresponde):	
Relación con el solicitante:	
Motivo del contacto: (Marcar todo lo que corresponda)	
<input type="checkbox"/> Emergencia	<input type="checkbox"/> Ayuda con el proceso de recertificación
<input type="checkbox"/> No es posible comunicarse con usted	<input type="checkbox"/> Cambio en los términos del arrendamiento
<input type="checkbox"/> Rescisión de la asistencia de alquiler	<input type="checkbox"/> Cambio en las reglas de la casa
<input type="checkbox"/> Desalojo de la unidad	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> Pago atrasado de la renta	
Compromiso del propietario o de la autoridad de la vivienda: Si es aprobado para la vivienda, esta información será conservada como parte de su archivo de locatario. Si surgen problemas durante su alquiler o si requiere de algún servicio o atención especial, es posible que nos comuniquemos con la persona u organización que incluyó para que lo ayude a resolver los problemas o le proporcione algún servicio o atención especial.	
Declaración de confidencialidad: La información proporcionada en este formulario es confidencial y no será divulgada a nadie salvo según lo permitido por el solicitante o la ley vigente.	
Notificación legal: La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Ley Pública 102-550, aprobada el 28 de octubre de 1992) exige que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información relacionada con una persona u organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acuerda cumplir con los requisitos de igualdad de oportunidades y no discriminación de 24 CFR sección 5.105, que incluye las prohibiciones sobre discriminación en la admisión o participación en programas de viviendas con asistencia federal debido a la raza, el color de la piel, la religión, el origen nacional, el sexo, la discapacidad y el estado familiar según la Ley de Vivienda Justa, y la prohibición sobre discriminación debido a la edad según la Ley contra la Discriminación por la Edad de 1975.	

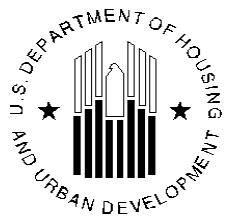
Marque esta casilla si escoge no proporcionar la información de contacto.

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Se eliminó el cuadro de la firma

Los requisitos de recopilación de información contenidos en este formulario fueron enviados a la Oficina de Administración y Presupuesto (*Office of Management and Budget*, OMB) según la Ley de Reducción del Papeleo de 1995 (Título 44, secciones 3501-3520 del Código de los EE. UU.). Se calcula que la carga de declaración pública es de 15 minutos por respuesta e incluye el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y conservar los datos necesarios, y completar y revisar la recopilación de la información. La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Título 42, sección 13604 del Código de los EE. UU.) impuso al HUD la obligación de solicitar a los proveedores de viviendas que participan en programas de viviendas con asistencia del HUD que proporcionen a todas las personas o familias que soliciten la ocupación de una vivienda con asistencia del HUD la opción de incluir en la solicitud el nombre, la dirección, el número de teléfono y demás información relevante de un familiar, amigo o una persona relacionada con una organización social, médica, de defensa o similar. El objeto de proporcionar tal información es facilitar el contacto por parte del proveedor de viviendas con la persona u organización identificada por el locatario para que ayude a brindar todo servicio o atención especial al locatario y ayudarlo a resolver cualquier problema de alquiler que surge durante el alquiler por parte de dicho locatario. Esta información de solicitud complementaria será conservada por el proveedor de vivienda y en carácter de confidencial. Proporcionar la información es básico para las operaciones del Programa de Vivienda con Asistencia del HUD y es un acto voluntario. Respaldar los requisitos reglamentarios y los controles de administración y del programa para prevenir el fraude, el derroche y la mala administración. De conformidad con la Ley de Reducción del Papeleo, una agencia no podrá conducir ni patrocinar, y no se le solicitará a una persona que responda a una recopilación de información, salvo que en la recopilación de información aparezca un número de control de OMB válido en la actualidad.

Declaración de privacidad: La Ley Pública 102-550 autoriza al Departamento de Vivienda y Desarrollo Urbano de los EE. UU. (HUD) a que recopile toda la información (salvo el número de seguro social [SSN]), la cual será usada por el HUD para proteger los datos de desembolso de acciones fraudulentas.



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.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:

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

Signature

Date

Printed Name



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Signature

Date

Printed Name