



YUBA COUNTY HOUSING AUTHORITY

915 8TH Street, Suite 130
Marysville, CA 95901
530-749-5460 * FAX 530-749-5464

SECTION 8 APPLICATION INSTRUCTIONS READ CAREFULLY

APPLICATIONS are available from the Housing Authority at 915 8th Street, Suite 130 during regular business hours: Monday, Wednesday and Friday 8 a.m. to 5 p.m.—Tuesday and Thursday 10:00 a.m. to 5:00 p.m.

TAKE THE APPLICATION HOME TO BE COMPLETED! Do not try to complete your application in the county building. There will be absolutely NO loitering in or around the building.

READ the application carefully before you start completing the form. Answer all questions that apply to you. Incomplete applications will not be processed. Complete your application legibly in blue or black ink. The Housing Authority will not be responsible if we cannot read your writing.

INCOME REQUIREMENTS: To be eligible for the Section 8 Housing Choice Voucher program you must not exceed the dollar amounts listed below for your family size.

<u>Family Size</u>	<u>Income Limits</u>	<u>Family Size</u>	<u>Income Limits</u>
1	\$12,350 TO \$20,550	5	\$19,050 TO \$31,650
2	\$14,100 TO \$23,450	6	\$20,450 TO \$34,000
3	\$15,850 TO \$26,400	7	\$21,850 TO \$36,350
4	\$17,600 TO \$29,300	8	\$23,250 TO \$38,700

(The income guidelines encompass extremely low and very low-income individuals/families based on annual incomes)

CITIZENSHIP REQUIREMENT: applies to all applicants who apply for housing assistance (citizens and non-citizens) who have eligible immigration status. Each family member, regardless of age, is required to submit U.S. citizenship by birth, naturalization, or signed declaration of eligible immigration status. Other forms are eligible, see the attachment Section 214 Housing Assistance.

COMPLETED APPLICATIONS: Your completed application must be returned, in person, to the same location during regular business hours. A Housing Authority staff member will review your completed application. If your application is complete, you will be placed on the waitlist. If your application is incomplete the staff member will return the application to you with verbal instructions on how to complete the application.

*******Please bring picture identification for all members of the family who are 18 years of age and over, social security cards, birth certificates (for all family members) and verification of all income, in addition to the items listed above to prove your preference.**

CHANGE OF ADDRESS: *If you move, you must come into the office to make a change of address on your application.*

NOTICE: THE YUBA COUNTY HOUSING AUTHORITY SECTION 8 HOUSING CHOICE VOUCHER APPLICATIONS PROCESS IS SUBJECT TO CLOSURE AT ANY TIME. IN THE EVENT THAT THIS AGENCY NO LONGER ACCEPTS APPLICATIONS, AN ADVERTISEMENT WILL BE PLACED IN THE LOCAL NEWSPAPER.

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Yuba County Housing Authority

915 8th Street, Suite 130

Marysville, CA 95901

Phone: 530-749-5460

Fax: 530-749-5464

Office Use Only						
Received/ Revised	Unit Size	Preference				
_____	___	T	P1	P2	P3	P4 P5 P6 P7
_____	___	T	P1	P2	P3	P4 P5 P6 P7
_____	___	T	P1	P2	P3	P4 P5 P6 P7

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

(Please do not Fax Applications)

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Social Security Number _____

Date of Birth _____

Sex Female Male

Home Telephone _____

Other Telephone _____

Other Telephone Type Work Other Specify: _____

Name of Head of Household: _____
(Please Print)

Do you qualify for a reasonable accommodation due to a disability? Yes No

Ethnicity (Check One Box)
 Hispanic/Latino
 Not Hispanic/Latino

Race (Check All That Apply)
 White
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian/Other Pacific Islander

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If income is from Wages List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Accounts	\$ _____	\$ _____
Saving Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____

Part 4: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____
Head of Household

X _____
Co-Head or Spouse

_____ Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, the undersigned, do hereby authorize any agencies, offices, groups, organizations, or business firms to release to the Yuba County Housing Authority, any information or materials which are deemed necessary to complete and verify my application for participation, and/or maintain my continued eligibility under the Section 8 Rental Assistance Program.

The information needed may include verification or inquiries regarding my identity, household members, employment, income and residency. Organizations which may be contacted are to be included but are not limited to Financial Institutions, past or present Employers, Social Security Administration, Employment Development Department, Utility Companies, Workman’s Compensation, Public and Private Retirement Systems/Agencies, Human Services Departments (Welfare), Family support, and Law Enforcement Agencies.

It is with full understanding and consent that a photocopy of this authorization may be used for the purpose stated above. This release form expires twelve (12) months from date of signature.

Signature (Head of Household)

Date

Printed Name

Social Security Number

Signature (Spouse or Adult Member)

Date

Printed Name

Social Security Number

Signature (Adult Member)

Date

Printed Name

Social Security Number

Signature (Adult Member)

Date

Printed Name

Social Security Number

**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
YUBA COUNTY RESIDENCE REQUIREMENTS**

Once a person qualifies to participate in the Section 8 housing choice voucher program, it is that person's responsibility to locate a dwelling unit within Yuba County that meets the housing quality standards and rent limitations established by HUD.

Participants who are residents of Yuba County at the time of voucher issuance may relocate to another county/state under the Section 8 portability program.

Non-residents of Yuba County at the time of voucher issuance must move in to a Section 8 assisted unit within Yuba County for a period of at least one year before being allowed to relocate to another county/state.

I have read and understand the above Yuba County residence requirements.

Signature of Applicant

Date

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) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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.

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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.

Form HUD- 92006 (05/09)

**The County of Yuba
Community Development & Services Agency
Housing Authority**

915 8th Street, Suite 130, Marysville CA 95901
Telephone (530) 749-5460 * FAX (530) 749-5464

PRELIMINARY CRIMINAL BACKGROUND CHECK

Please Print

Name: _____ Last 4 numbers of Social Security No. _____

Name: _____ Last 4 numbers of Social Security No. _____

Does anyone have any history of violent* criminal activity or drug related arrests or convictions? N / Y
A yes answer will not automatically disqualify you for the Housing Choice Voucher Rental Assistance Program.

**Violent Criminal Activity means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, nontrivial bodily injury or property damage.*

If YES to the question above provide: *(If necessary use back side of paper)*

Location and Date of arrest/conviction: _____

Location and Date of arrest/conviction: _____

Location and Date of arrest/conviction: _____

Has any member of your household ever been convicted of manufacturing methamphetamine? NO / YES
Is any member of your household a registered sex offender? NO / YES

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any department of agency of the US as to matters within its jurisdiction.

I authorize Yuba County Housing Authority to verify information claimed on this questionnaire regarding criminal history.

Signature: _____

Signature: _____

Date: _____

SECTION 8 APPLICANT CHECK LIST

REMINDER: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Please take a moment to review the check list! Are you sure the application is complete?

PREFERENCE:

1. If you are Elderly, Disabled, Veteran or Family w/children you must provide the following:
Birth Certificates SSA/SSI award letter Veterans verifications (DD214)

2. If you live in Yuba County you must provide the following:
 Rent Receipts (1 year) Lease Agreement Utility Bill

3. If you live with relative/friends in Yuba County you must provide 3 proofs of residency.
(Examples: auto insurance bill, auto registration, medical bill, phone bill, blank statement, Passport to Services from Social Services)

4. If you are working or attending school in Yuba County you must provide the following:
 Check Stubs (6 months) Enrollment verification of school/technical program

MAKE SURE YOUR NAME AND ADDRESS ARE PRINTED ON ALL VERIFICATIONS
~ Please refer to pages 15 and 16 for a more detailed explanation of Preference Points ~

You should now have all verifications needed for your preferences.
Now you will need to provide proof of eligibility to participate in the Section 8 Housing Choice Voucher Program.

ELIGIBILITY:

1. Proof of your income. You must be within the income guidelines for your family size.
(See income requirements on the cover sheet of the application)
Verification of all income (all family members 18 or over, including seasonal employment and unemployment benefits)

2. Proof of citizenship or legal residency of the United States (**ORIGINAL DOCUMENTS ONLY**)
 Birth Certificates (all family members - certified)
 Social Security Cards (all family members)
 Photo identification for all family members 18 years or older.
 Alien registration cards or naturalization paperwork (all applicable family members)

You have now verified your preferences and eligibility. These last few items are just reminders!

- Income Verification (Release of Information form signed – included in your application package)
- Is the application signed?
- Is the portability requirement form signed?
- Have you listed all family members of the household?

*Please be sure that originals of all verifications and documents are attached to your application as required.
The Housing Authority will make copies for you.*

YUBA COUNTY HOUSING AUTHORITY
Section 8 – Income Verification Checklist

Income – Provide proof of all income for all household members
(Current verification within the last 30 days)

TYPE OF INCOME

Wages/Salary: Income verification form completed by employer stating 1) employer's name, address and telephone number; 2) average number of hours worked per week (regular/overtime); 3) wage per hour (regular/overtime); 4) tips, commissions or bonuses; and 5) year to date income. If your income is seasonal, provide a copy of your most recent federal tax return with W-2's.

Social Security/SSI/TANF: A printout from the agency showing gross benefit amount. If you are receiving less than the normal amount the verification must indicate reason (overpayment, sanction, child support, etc.)

Worker's Comp/SDI/UIB/Pensions/Veterans Benefits: A printout from the issuing agency.

Self Employment: Most recent federal tax return with Schedule C and applicable 1099's, Income/Expense ledgers and reports, bank statements for business accounts.

Child Support/Alimony: A copy of the Court Order or Ledger/Verification form from Family Support or a notarized statement from the provider.

School Grant: Award letter or verification from Financial Aid.

No Income (adult family members): Printout from Human Services, Social Security and EDD/UIB

ASSETS

Checking/Savings Account(s): Last two (2) months statements

Other assets, including but not limited to stocks, bonds, CDs etc.: Verification from the financial institution.

Interest or lump-sum payments: Verification from the issuing party.

**NOTICE OF SECTION 214 REQUIREMENTS
NOTICE TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING
SECTION 214 HOUSING ASSISTANCE**

The Law. Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible noncitizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final "Noncitizens Rule" entitled, *Restrictions on Assistance to Noncitizens* which was published in the *Federal Register*, on Monday, March 20, 1995 (60 FR 14816-4861).

When The Law Became Effective. The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Authority (HA) was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

What The Law Means To You. The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

Type of Programs This Law Applies To. The Noncitizens Rule applies to the following HUD-assisted housing programs:

- 1) Section 8 Rental Certificate Program
- 2) Section 8 Rental Voucher Program
- 3) Section 8 Moderate Rehabilitation Program
- 4) Public and Indian Housing Programs

What Persons Are Covered By This Law. Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Noncitizens who have eligible immigration status.

What Evidence Will Be Required? Each family member, regardless of age, is required to submit the following evidence:

For Citizens or nationals: A signed declaration of U.S. citizenship, whether by birth or naturalization.

For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995: A signed declaration of eligible immigration status and proof of age.

For All Other Noncitizens. The evidence consists of: 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below on this page; and 3) A signed verification consent form.

For All Other Noncitizens, What Immigration Status is Eligible? Under the Noncitizens Rule, a noncitizen would have eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

Immigrant Status Under §§101(a) (15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the INA, as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

Permanent Residence Under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

Refugee, Asylum, or Conditional Entry Status Under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1158)[*asylum status*]; or as a result of being granted conditional entry under §203(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

Parole Status Under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 withholding deportation under §243(h) of the INA (8 U.S.C.1253(h)) [threat to life or freedom]. ..TX:

Amnesty Under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*] [*amnesty granted under INA 245A*].

What INS Documents Are Acceptable? The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

- 1) Form I-151, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). Form I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - a)"Admitted as Refugee Pursuant to Section 207";
 - b)"Section 208" or "Asylum";
 - c)"Section 243(h)" or "Deportation stayed by Attorney General";
 - d)"Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 5) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or

- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

Note: Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The HA may not retain the original document(s). HAs must immediately make copies from the original document(s) and return the original documents to the family member.

When Must Evidence Of Eligible Immigration Status Be Submitted? Evidence of eligible immigration status must be submitted at the times specified below, subject to any extension granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

Applicants. For applicants, the HA must ensure that evidence of eligible immigration status is submitted not later than the date the HA anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

Families already receiving assistance on June 19, 1995. For a family already receiving the benefit of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

New occupants of assisted units. For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

Changing participation in a HUD program. Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Noncitizens Rule unless the family already has submitted the evidence to the HA for a covered program.

One-time evidence requirement for continuous occupancy. For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

What Happens If One Or More Family Members Does Not Qualify?

Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. "Family" as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of ineligible immigration status of a family member if:

- 1) The primary and secondary verification of any immigration documents that were timely submitted has not been completed;
- 2) The family member for whom required evidence has not been submitted has moved from the tenant's dwelling unit;
- 3) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant's dwelling unit;
- 4) The INS appeals process has not been concluded;
- 5) For a tenant, the HA informal hearing process has not been concluded;
- 6) Assistance is prorated;
- 7) Assistance for a mixed family is continued; or
- 8) Deferral of termination of assistance is granted.
- 9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the HA informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures for any of the following events:

- 1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted; or
- 2) Evidence of citizenship and eligible immigration status is submitted timely, but INS primary and secondary verification does not verify eligible immigration status of a family member; and
 - a) The family does not pursue INS appeal or HA informal hearing rights; or
 - b) INS appeal and HA informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member.

What Rights of Appeal Are Available? Three distinct forms of appeal process are available to both applicants and tenants:

- 1) Appeal to INS. The following instructions apply to the right of appeal to the INS:
 - a) Submission of request for appeal. When the HA receives notification that INS secondary verification failed to confirm eligible immigration status, the HA shall notify the family of the results of the INS verification. The family shall have 30 days from the date of the HA's notification to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the HA with a copy of the written request for appeal and proof of the mailing. For good cause shown, the HA shall grant the family an extension of the time within which to request an appeal.
 - b) Documentation to be submitted as part of the appeal to INS. The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from INS annotated at the top center in bold print: HUD APPEAL. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the HA.
 - c) Results of INS Appeal.
 - (i) The INS will issue the results of the appeal to the family, with a copy to the HA, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30-day time period, the INS will inform the family and the HA of the reasons for the delay.

Note: The INS response will be indicated in Section B of Form G-845S, Document Verification Request, which is returned to the family and HA. The INS response will be indicated in Section B by a mark in one of the following boxes: 1, 2, 5, 6, 8, 11, 12, 15, or 18.
 - (ii) When the HA receives a copy of the INS response, the HA shall notify the family of its right to request an informal hearing on the HA's ineligibility determination.
 - d) No delay, denial or termination of assistance until completion of INS appeal process; direct appeal to INS. Pending the completion of the INS appeal, assistance may not be delayed, denied or terminated on the basis of immigration status.
- 2) Informal hearing with HA.
 - a) When request for hearing is to be made. After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family may request that the HA provide an informal hearing. This request must be made either within 14 days of the date the

HA mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).

- b) Extension of time to request hearing. The HA shall extend the period of time for requesting a hearing (for a specified period) upon good cause shown.
- c) Informal hearing procedures.

(i) For tenants, the procedures for the hearing before the HA are set forth in 24 CFR Part 966.

(ii) For applicants, the procedures for the informal hearing before the HA are as follows:

- (A) Hearing before an impartial individual. The applicant shall be provided a hearing before any person(s) designated by the HA (including an officer or employee of the HA), other than a person who made or approved the decision under review, and other than a person who is a subordinate of the person who made or approved the decision;
- (B) Examination of evidence. The applicant shall be provided the opportunity to examine and copy, at the applicant's expense and at a reasonable time in advance of the hearing, any documents in the possession of the HA pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;
- (C) Presentation of evidence and arguments in support of eligible immigration status. The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings;
- (D) Controverting evidence of the project owner. The applicant shall be provided the opportunity to controvert evidence relied upon by the HA and to confront and cross-examine all witnesses on whose testimony or information the HA relies;
- (E) Representation. The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such person make statements on the applicant's behalf;
- (F) Interpretive services. The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or HA, as may be agreed upon by both parties;
- (G) Hearing to be recorded. The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the HA); and
- (H) Hearing decision. The HA shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the HA informal hearing. The decision shall state the basis for the decision.

3) Judicial relief. A decision against a family member under the INS appeal process or the HA's informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.

SELECTING APPLICANT FAMILIES FROM THE WAITING LIST, INCLUDING THE SYSTEM OF ADMISSION PREFERENCES THAT THE YUBA COUNTY HOUSING AUTHORITY USES

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

YCHA Policy

YCHA will select families from the waiting list as follows:

1. Families who are displaced due to government action will be selected first from the waiting list.
2. Families of federally declared disasters who are Section 8 voucher holders or public housing residents in another jurisdiction will be selected second from the waiting list.
3. Families that have been terminated from YCHA's HCV program due to insufficient funding will be selected third from the waiting list.

After families identified above are selected from the waiting list, YCHA will select families based on the total number of points families receive when the following preferences are applied. Families with the highest number of points will be selected first. Among families with equal points, families with the earliest date and time of application will be selected first. A family can earn no more than a maximum of 3 points.

One (1) point will be given to a family that is:

- An Elderly Family (head of household, spouse, or co-head is 62 years of age or older); or,
- A family that contains a disabled family member; or,
- A family whose head of household is a U.S. Veteran (unless they received a dishonorable discharge); or,
- A family whose head of household is a surviving spouse of a Veteran; or
- A family with children.

One (1) point will be given to families who qualify for the Residency Preference.

In order to qualify for the residency preference, the head of household, spouse, or co-head must:

- Hold legal residence within YCHA's jurisdiction; or
- Work within YCHA's jurisdiction; or
- Have been hired to work within YCHA's jurisdiction.

One (1) point will be given to families who qualify for the Working Preference.

In order to qualify for the working preference, the head of household, spouse, or co-head must meet one of the following criteria:

1. Be currently working, and have worked a minimum of 20 hours a week for the last three months.
2. Be currently enrolled as a full-time student in school or in a qualified training program.
3. Be currently working and have worked a minimum of 16 hours a week for the last three months AND be currently enrolled at least part-time in school or in a qualified training program.
 - The YCHA defines *training program* as “a learning process with goals and objectives, generally having a variety of components, and taking place in a series of sessions over a period to time. It is designed to lead to a higher level of proficiency, and it enhances the individual’s ability to obtain employment. It may have performance standards to measure proficiency. Training may include, but is not limited to: (1) classroom training in a specific occupational skill, (2) on-the-job training with wages subsidized by the program, or (3) basic education” [expired Notice PIH 98-2, p. 3].
4. Be a family where the head of household is either elderly or disabled (if there is no spouse or co-head).
5. Be a family where the head of household and the spouse/cohead is either elderly or disabled (if there is a spouse or co-head).
 - Example 1: Head of household is elderly and the spouse is elderly. The family would receive benefit of the working preference.
 - Example 2: The head of household is disabled. The spouse is neither elderly nor disabled. This family would not receive benefit of the working preference. In order to receive such preference, the spouse would need to meet the working or school requirements as outlined above.
6. Be a family where the head of household or spouse is a U.S. Veteran (Unless they received a dishonorable discharge).