

Franklin County Section 8 Housing Choice Voucher Rental Assistance Program

This program has a waiting list.

Section 8 Guidelines

- *Must pass Criminal Background Check.
- *Must not owe any other Housing Agency money.
- *Must be in good standing with any other Housing Agency.
- *Must meet income guidelines (see chart below).

Household Size	Franklin County 2024
1	\$24,500
2	\$28,000
3	\$31,500
4	\$35,000
5	\$37,800
6	\$40,600
7	\$43,400
8	\$46,200

Please fill out and return the documents in this packet, **EXCEPT** for Notice of Section 214 Requirements & Notice Regarding VAWA (Violence Against Women’s Act) – PLEASE KEEP THESE.

Also, when you return this application, please return it with the following documents. **WE WILL NOT BE ABLE TO PROCESS THE APPLICATION WITHOUT THESE DOCUMENTS:**

- *Social Security cards for ALL household members.
- *Birth Certificates for ALL household members.
- *Photo IDs for ALL ADULT MEMBERS.
- *Income verification (including, but not limited to: two or more paycheck stubs, proof of Social Security or SSI benefits, proof of Unemployment Benefits, etc.)

Also, please keep your address current with our office – we contact you by mail when your name comes to the top of the list. You **MUST** come into one of our locations (Pope, Yell, Franklin County Offices) to make any changes to your current address or phone number!

Franklin County Section 8 Office Hours

Tuesday-Thursday

9:00 a.m. – 12:00 p.m.; 1:00 p.m. – 4:00 p.m.

Phone Numbers: 479-667-4705

Mailing Address: PO BOX 526, Ozark AR 72949

Physical Address: 300 Airport Rd. #A, Ozark, AR 72949

HCV PROGRAM APPLICATION
APPLICATION FOR TENANT ELIGIBILITY & RECERTIFICATION

OFFICE USE ONLY	
APPLICATION RECEIVED DATE: _____	TIME: _____
BEDROOM SIZE ELIGIBILITY: _____	
REMARKS: _____	

PLEASE FILL OUT THE FOLLOWING INFORMATION:

This application is for **(Circle the county/counties where you would like to be on the waiting list – if recertifying, circle which county you live in):**

POPE COUNTY

YELL COUNTY

FRANKLIN COUNTY

of Family Members: _____ # of Minors: _____ Disability (Y/N): _____

If marked yes for disability, do you require any special accommodations to use our services? Explain:

Minority (Y/N): _____ Veteran (Y/N): _____ Phone #: _____

MAILING ADDRESS: _____, City: _____, State: _____, Zip Code: _____

Previous Rental Assistance(Y/N): _____ If yes, Agency Name: _____
Money owed to agency? (Y/N) _____

Date of Birth	Name	Middle Initial	Family Position	Age	Sex	Social Security Number

Income Source (Job, family, etc.)	Rate	Weekly/Biweekly/Monthly	Annual

Assets & Value (Bank accounts, etc.)	Medical Expenses (Yearly)	Child Care Expenses (Yearly)

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE U.S. OR ANY MATTER IN ITS JURISDICTION.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY		
Unit Information Contract Rent: _____ Utilities: _____ Gross Rent: _____ Deposit: _____	Unit Address _____ _____ _____	Circle One Subsidized Non-Subsidized

Optional and Supplemental 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:											
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason to 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.

**UNIVERSAL HOUSING DEVELOPMENT CORPORATION
POPE/YELL/FRANKLIN
HOUSING CHOICE VOUCHER (HCV) PROGRAM
PO BOX 846
RUSSELLVILLE, AR 72811
PHONE: 479-968-5001**

RELEASE OF CRIMINAL RECORDS AUTHORIZATION

I, hereby authorize Universal Housing Development Corporation (Pope/Yell/Franklin HCV Program), to contact the Sheriff's Department, Police Department and Courthouse records to obtain a criminal background report on me and the adult members who will be living in my household. I also authorize Universal Housing Development Corporation (Pope/Yell/Franklin HCV Program) to electronically check for criminal backgrounds for me and all adult household members on the following sites: PublicData.com, Dru Sjodin National Sex Offender Public Website, and Arkansas Court Connect.

By signing this form, I am authorizing the above named agencies to release the information to Universal Housing Development Corporation (Pope/Yell/Franklin HCV Program).

Print names and Social Security numbers of the adult household members:

Have you or any other adult members of the household ever used any name(s) or Social Security number(s) other than the one you are currently using (circle one: yes or no)? If yes, please explain below:

Signature (Head of Household): _____

Date: _____

**EXHIBIT 16-1: NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE
AGAINST WOMEN ACT, FORM HUD-5380**

FRANKLIN COUNTY PUBLIC HOUSING AGENCY

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the federal agency that oversees that the housing choice voucher program is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under the housing choice voucher program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the housing choice voucher program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the housing choice voucher program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Removing the Abuser or Perpetrator from the Household

The PHA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the PHA chooses to remove the abuser or perpetrator, the PHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the PHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the PHA must follow federal, state, and local eviction procedures. In order to divide a lease, the PHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, the PHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the PHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

1. You are a victim of domestic violence, dating violence, sexual assault, or stalking.

If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

2. You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

3. You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The PHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The PHA's emergency transfer plan provides further information on emergency transfers, and the PHA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

The PHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the PHA must be in writing, and the PHA must give you at least 14 business days (Saturdays, Sundays, and federal holidays do not count) from the day you receive the request to provide the documentation. The PHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the PHA as documentation. It is your choice which of the following to submit if the PHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by the PHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that they believe that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the PHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the PHA does not have to provide you with the protections contained in this notice.

If the PHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the PHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the PHA does not have to provide you with the protections contained in this notice.

Confidentiality

The PHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The PHA must not allow any individual administering assistance or other services on behalf of the PHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The PHA must not enter your information into any shared database or disclose your information to any other entity or individual. The PHA, however, may disclose the information provided if:

- You give written permission to the PHA to release the information on a time limited basis.
- The PHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the PHA or your landlord to release the information.

VAWA does not limit the PHA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the PHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the PHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1. Would occur within an immediate time frame, and
2. Could result in death or serious bodily harm to other tenants or those who work on the property.

If the PHA can demonstrate the above, the PHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Franklin County Public Housing Agency 479-667-4705 or 479-968-5001** or **HUD Field Office-Little Rock 501-918-5708**.

For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the PHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Franklin County Public Housing Agency 479-667-4705 or 479-968-5001** or **HUD Field Office-Little Rock 501-918-5708**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Franklin County Sheriff's Department 479-667-4127**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Franklin County Sheriff's Department 479-667-4127**

Victims of stalking seeking help may contact **Franklin County Sheriff's Department 479-667-4127**

Attachment: Certification form HUD-5382 [form approved for this program to be included]

**EXHIBIT 16-2: CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION,
FORM HUD-5382**

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286

Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

UNIVERSAL HOUSING DEVELOPMENT CORPORATION

Pope, Yell and Franklin County

HCV Programs

(479) 968-5001; (479) 229-5112; (479) 667-4705

ACKNOWLEDGEMENT OF VAWA NOTICE & CERTIFICATION

I, _____, certify that I have received and reviewed the Notice of Occupancy Rights under the Violence Against Women Act and a copy of the certification for my use of necessary. Please sign and return this form to Pope/Yell/Franklin County HCV Office.

Head of Household

Other Adult 18 or Over

Other Adult 18 or Over

Other Adult 18 or Over

APPENDIX F. MODEL 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.

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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 race, 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].

..TX:

F-2

..TX:

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 1-151, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). Form 1-151 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 the INS toll-free number 1-800-755-0777.

2)Form 1-551, 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

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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 BUD 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;

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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

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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).

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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;

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(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.

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**UNIVERSAL HOUSING DEVELOPMENT CORPORATION
POPE/YELL/FRANKLIN
HOUSING CHOICE VOUCHER (HCV) PROGRAM
PO BOX 846
RUSSELLVILLE, AR 72811
PHONE: 479-968-5001**

NOTICE TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING
SECTION 214 HOUSING ASSISTANCE.

I HAVE RECEIVED "NOTICE OF SECTION 214 REQUIREMENTS".

Signature (Head of Household): _____

Date: _____



Housing Counseling Client Intake Form

Last Name: _____ First Name: _____ MI _____

Gender: Male Female Other/Non-Conforming

(Physical) Address _____ City _____ State _____ Zip _____

(Mailing) Address _____ City _____ State _____ Zip _____

Telephone # _____ Email: _____

Date of Birth: _____ Foreign Born: Yes No

English Proficient: Yes No: If no, what language are you proficient in? _____

Race (may choose multiple):

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/other Pacific Islander
- White
- Choose not to respond

Hispanic: Yes No Choose not to respond

Ethnicity: Mexican Puerto Rican

Marital Status:

Single (never married) Married Divorced Widowed

Household Type:

Single Adult Female Single Parent Male Single Parent
 Married with Dependents Married without Dependents

Two or More Unrelated Adults:
Other Adult(s) Name(s) _____

Other (Specify) _____

Number of Minors in Household _____ Total Household Size (Including Applicant) _____

Housing Arrangement:

- Renter
- Does not pay rent
- Homeless
- Homeowner with mortgage
- Homeowner with no mortgage
- Other (Specify) _____

(Continue to page 2)

Do you or your household receive rental assistance? Yes No

Have you owned a residence before? Yes No

Are you a first-generation homebuyer? Yes No Unknown

Disabled: Yes No

Disabled Dependent: Yes No

Military Veteran: Yes No

Active Military: Yes No

Education Level: College Graduate School High School/GED
 Junior College Junior Highschool Primary
 Vocational None Other

Individual Monthly Income: \$ _____
(and/or)

Individual Annual Income: \$ _____

Household Monthly Income: \$ _____
(and/or)

Household Annual Income: \$ _____

How may we help? (May select multiple)

- | | |
|--|--|
| <input type="checkbox"/> Housing/Financial Education | <input type="checkbox"/> Home Purchase |
| <input type="checkbox"/> Mortgage Default/Delinquency | <input type="checkbox"/> Rental Counseling/Assistance |
| <input type="checkbox"/> Seeking Shelter/Homeless Services | <input type="checkbox"/> Homeowner Services (i.e., maintenance/repair) |
| <input type="checkbox"/> Disaster Preparedness/Recovery | <input type="checkbox"/> Other (specify): _____ |

How did you hear about us?

- Agency Lender Mailer Walk-in
 Word-of-Mouth Other (specify): _____

Preferred method(s) of contact: mail phone text email

In order to best serve you, please complete this packet in full and return to UHDC along with 1.) proof of household income and 2.) your photo ID.

Client Signature

Date

OFFICE USE ONLY

Date Received _____ UHDC Counselor _____

Entered in Database | Date _____ Initials _____

Action Taken:

____ Referred to _____ (Program or Agency)

____ Scheduled Counseling

____ Scheduled for Workshop (Pre-purchase/Mortgage Ready/Post Purchase/FFP)



NOTE: This form (front and back) to be completed and signed by any adult household partner/spouse/co-applicant/co-singer.

Housing Counseling Co-Client Intake Form

Relationship to client:

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Mother | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Father | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Brother | <input type="checkbox"/> Employer |
| | <input type="checkbox"/> Sister | <input type="checkbox"/> Other (please explain): _____ |

Last Name: _____ First Name: _____ MI _____

Gender: Male Female Other/Non-Conforming

 (Physical) Address City State Zip

 (Mailing) Address City State Zip

Telephone # _____ Email: _____

Date of Birth: _____ Foreign Born: Yes No

English Proficient: Yes No: If no, what language are you proficient in? _____

Race (may choose multiple):

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Choose not to respond |

Hispanic: Yes No Choose not to respond

Ethnicity: Mexican Puerto Rican

Marital Status:

Single (never married) Married Divorced Widowed

Household Type:

Single Adult Female Single Parent Male Single Parent
 Married with Dependents Married without Dependents

Two or More Unrelated Adults:
 Other Adult(s) Name(s) _____

Other (Specify) _____

Number of Minors in Household _____ Total Household Size (Including Applicant) _____

Housing Arrangement:

- | | |
|--|--|
| <input type="checkbox"/> Renter | <input type="checkbox"/> Homeowner with mortgage |
| <input type="checkbox"/> Does not pay rent | <input type="checkbox"/> Homeowner with <u>no</u> mortgage |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other (Specify) _____ |

(Continue to page 2)

Do you or your household receive rental assistance? Yes No

Have you owned a residence before? Yes No

Are you a first-generation homebuyer? Yes No Unknown

Disabled: Yes No

Disabled Dependent: Yes No

Military Veteran: Yes No

Active Military: Yes No

Education Level: College Graduate School High School/GED
 Junior College Junior Highschool Primary
 Vocational None Other

Individual Monthly Income: \$ _____
(and/or)

Individual Annual Income: \$ _____

Household Monthly Income: \$ _____
(and/or)

Household Annual Income: \$ _____

How may we help? (May select multiple)

- | | |
|--|--|
| <input type="checkbox"/> Housing/Financial Education | <input type="checkbox"/> Home Purchase |
| <input type="checkbox"/> Mortgage Default/Delinquency | <input type="checkbox"/> Rental Counseling/Assistance |
| <input type="checkbox"/> Seeking Shelter/Homeless Services | <input type="checkbox"/> Homeowner Services (i.e., maintenance/repair) |
| <input type="checkbox"/> Disaster Preparedness/Recovery | <input type="checkbox"/> Other (specify): _____ |

How did you hear about us?

- Agency Lender Mailer Walk-in
 Word-of-Mouth Other (specify): _____

Preferred method(s) of contact: mail phone text email

In order to best serve you, please complete this packet in full and return to UHDC along with 1.) proof of household income and 2.) your photo ID.

Co-Client Signature

Date

OFFICE USE ONLY

Date Received _____ UHDC Counselor _____

Entered in Database | Date _____ Initials _____

Action Taken:

____ Referred to _____ (Program or Agency)

____ Scheduled Counseling

____ Scheduled for Workshop (Pre-purchase/Mortgage Ready/Post Purchase/FFP)

FINANCIAL & HOUSING AFFORDABILITY ANALYSIS WORKSHEET

Per agency regulations, every housing counseling session requires a financial and housing affordability analysis to help the client achieve their housing goals. The counselor must ensure that their counseling process is appropriate for the circumstances and consistent with HUD requirements. Establishing a budget is a part of conducting the required financial and housing affordability analysis for most types of housing counseling. **Please complete to the best of your ability.**

NAME _____

DATE _____

Income	Amount
Job #1	
Job #2	
Unemployment	
Child Support	
Pension/Retirement	
Disability Income	
Public Assistance (example: SNAP/EBT)	
Other:	
TOTAL INCOME	↓
TOTAL EXPENSES (subtract)	-
LEFT OVER	=

Expenses	Amount
FIXED EXPENSES	
Current Rent	
Car Payment	
Auto Insurance	
Health Insurance	
Student Loans	
Personal Loans	
Other: _____	
VARIBLE EXPENSES	
Heat/ Gas	
Electric	
Cable	
Water	
Internet	
Phone	
Child Care/Child Support	
Credit Card Payment #1	
Credit Card Payment #2	
Credit Card Payment #3	
Gasoline	
Groceries	
Eating out	
Doctor Visits	
Prescriptions	
Laundry/Dry Cleaning	
Barber/Beauty Shop	
Personal Expenses	
Other	
<u>TOTAL EXPENSES</u>	

ASSETS

Checking Acct(s) Total Balance	
Savings Acct(s) Total Balance	
Cash/Other	



Existing Rental Housing Self-Help Housing Counseling
Weatherization Elderly Apartment Complex Land Development
Elderly Apartments Non Elderly Apartments

Phone 479-968-5001 FAX 479-968-5002 P.O. Box 846, Russellville, Arkansas 72811

CREDIT RELEASE FORM

By my signature below I/we authorize Universal Housing Development Corporation to obtain a soft credit report for me/us. This authorization is valid for purposes of verifying information and counseling, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). Credit scores are not impacted by soft credit checks, unlike hard inquiries. (They may or may not be recorded in your credit reports, depending on the credit bureau.) Since soft inquiries are not connected to a specific application for new credit, they're not visible to creditors.

Applicants Name: _____ Co-Applicant Name: _____

Social Security Number: ____-____-____ Co-Applicants SS# ____-____-____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

Current Street Address: _____ Current Street Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Telephone Number: _____ Telephone Number: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

I would like a copy of my report via:

- in-person
- passcode-encrypted email to: _____



Universal Housing Development Corporation
PO Box 846, Russellville, AR 72811 – 479-968-5001
301 East 3rd Street, Russellville, AR 72801

Privacy Policy

Universal Housing Development Corporation (UHDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
Information about your transactions with us, the Department of Housing & Urban Development (HUD), USDA Rural Development, lenders/creditors, etc.; and
Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. *Opt-out option does not apply to the Department of Housing & Urban Development (HUD) and their reviews of files.
If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at 479-968-5001 and do so. It will be noted in your files.
Please indicate at the bottom of this form if you choose to "opt-out" of disclosures of your nonpublic personal information to third parties.

Release of your information to third parties

So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, or would aid us in counseling you.

We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process) or as a requirement of grant awards which make our services possible.

Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

I have received a copy of and read the Privacy Policy of UHDC. I understand that by signing my name, I state that I have reviewed the policy in its entirety and understand the terms set forth in this policy.

Client Signature

Date

Co-Client Signature

Date

Please check this box if you wish to "opt out" of disclosures of your nonpublic personal information to third parties other than for reporting and monitoring of grants and funding.



UNIVERSAL HOUSING DEVELOPMENT CORPORATION

301 East 3rd Street, P.O. Box 846, Russellville, AR 72811-0846 Tel.: 479-968-5001, Fax: 479-968-5002



Website: www.uhdhousing.org

Disclosure to Client for HUD Housing Counseling Services

Services Offered:

Our agency provides the following HUD one-on-one housing counseling services: homeless assistance; rental topics; pre-purchase/homebuying; non-delinquency post-purchase; home maintenance and financial management for homeowners; and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops: financial literacy; predatory lending, loan scam, or other fraud prevention; fair housing; homelessness prevention; rental; pre-purchase/homebuyer education; non-delinquency post-purchase; and resolving or preventing delinquency.

Relationships with Industry Partners:

Our agency has financial or exclusive relationships, or both, with specific industry partners, including HUD, Neighborworks America, Federal Home Loan Bank, or U.S. Department of Agriculture Rural Housing Service.

No Client Obligation:

There is no obligation to receive, purchase, or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

Financial Analysis:

Every housing counseling session requires a financial and housing affordability analysis of the client's financial situation. This includes but is not limited to:

1. The establishment of a household budget customized to a client's current situation including any adjustments the client should make to achieve their housing goals;
2. A review of the client's income, expenses, spending history, assets and use of credit; and
3. The financial analysis and budget should include as much full and accurate information

I have read and received a copy of this disclosure.

Client Signature

Date

Co-Client Signature

Date

Franklin County Section 8
320 N. 2nd Street
Ozark, AR 72949
Tel.: 479-667-4705
Fax: 479-667-4705

Yell County Section 8
507 N. 4th St. Suite E
P. O. Box 438
Dardanelle, AR 72834
Tel.: 479-229-5112
Fax: 479-229-5112

Pope County Section 8
301 E. 3rd Street
P. O. Box 846
Russellville, AR 72811-0864
Tel.: 479-968-5001
Fax: 479-968-5002

Southlawn Apts.
1701 S. Detroit #51
Russellville, AR 72801
Tel.: 479-968-4902
Fax: 479-890-4385

Paris Rural Rental Apts.
1125 S. 3rd Street
P. O. Box 489
Paris, AR 72855
Tel.: 479-963-6166
Fax: 479-963-6166





UNIVERSAL HOUSING DEVELOPMENT CORPORATION

301 East 3rd Street, P.O. Box 846, Russellville, AR 72811-0846 Tel.: 479-968-5001, Fax: 479-968-5002



Website: www.uhdhousing.org

Disclosure to Client for HUD Housing Counseling Services

Services Offered:

Our agency provides the following HUD one-on-one housing counseling services:

homeless assistance; rental topics; pre-purchase/homebuying; non-delinquency post-purchase; home maintenance and financial management for homeowners; and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops:

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3. The financial analysis and budget should include as much full and accurate information

Franklin County Section 8
320 N. 2nd Street
Ozark, AR 72949
Tel.: 479-667-4705
Fax: 479-667-4705

Yell County Section 8
507 N. 4th St. Suite E
P. O. Box 438
Dardanelle, AR 72834
Tel.: 479-229-5112
Fax: 479-229-5112

Pope County Section 8
301 E. 3rd Street
P. O. Box 846
Russellville, AR 72811-0864
Tel.: 479-968-5001
Fax: 479-968-5002

Southlawn Apts.
1701 S. Detroit #51
Russellville, AR 72801
Tel.: 479-968-4902
Fax: 479-890-4385

Paris Rural Rental Apts.
1125 S. 3rd Street
P. O. Box 489
Paris, AR 72855
Tel.: 479-963-6166
Fax: 479-963-6166

