Crossville Housing Authority

HOUSING CHOICE VOUCHER TENANT HANDBOOK

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Introduction

This handbook has been prepared as a participation guide in the Crossville Housing Authority Housing Choice Voucher program.

It has been provided to you with accurate information about how the program works. Please take the time to read it carefully; it will help you understand your responsibility, your landlord’s responsibility, and the Rental Assistance Department’s responsibility.

Keep in a Safe Place

After reading the handbook, keep it with your important papers to refer to as needed. If you have any question, contact Cammie Music at 931-484-2990.

Important Numbers

Crossville Housing Authority
Physical Address: 67 Irwin Ave. 484-2990 - phone
Crossville, TN 38555 456-1513 - fax
Mailing Address: PO Box 425
Crossville, TN 38557

Don Alexander - Executive Director
Cammie Music – Rental Assistance Director
Jamie Lee - Housing Choice Voucher Inspector
Brenda Hays - Family Self-Sufficiency Coordinator

Emergency ......................... 911

Poison Control Center ............... 1-800-222-1222

Legal Aid Society............... (931) 528-7436 / 1-800-262-6817 www.las.org

Your landlord ....................... ____________________

Crossville Housing Authority affirms the right of every citizen to obtain fair housing of their choice without being limited by race, color, religion, sex, handicap, familial status, or national origin.
Getting in Touch with You

It will be necessary for the Rental Assistance Department to contact you at different times. Please report any changes in your phone number and/or mailing address immediately.
You will be contacted for an appointment by first class mail or by telephone. We will always notify you well in advance of your appointment. Please make arrangements to attend all appointments on time. Your cooperation is essential and mandatory.

Requests for Accommodation

Persons with disabilities may request a reasonable accommodation in order to fully utilize this housing program. The Rental Assistance Department will make reasonable efforts to be flexible in assisting persons with disabilities to participate in the program successfully. Requests for accommodation will be verified to ensure that the accommodation is reasonable. Examples of reasonable accommodations, but not limited too, are as follows:

- Home visits if your disability prevents you from coming to the office for recertification, etc.
- Accessible format of documents and/or correspondence (enlarged print, etc.)
- If the family includes a person with a disability, the family may request a current listing of accessible units known to the Rental Assistance Department that may be available.
Chapter 2  General Program Information

Explanation of the Housing Choice Voucher Program

The rules and regulations for the Housing Choice Voucher program are determined by the U.S. Department of Housing and Urban Development (HUD) and the Crossville Housing Authority Board of Directors. The Housing Choice Voucher Administrative Plan (policy book) may be viewed by you during regular business hours. A copy is located in the front lobby or you may request a copy to review in the office.

The purpose of the Housing Choice Voucher program is to provide rental assistance to eligible low-income families. The voucher program is designed to help low-income families obtain affordable housing and to provide a greater housing choice.

Payment Standards

The maximum amount the Crossville Housing Authority Housing Choice Voucher Program will pay is an amount equal to or less than the payment standard minus the family’s portion of 30% of their adjusted income.

The payment standard:
- Is established by the Crossville Housing Authority Board of Director each year.
- Is based on the cost of housing and utilities for our area (Fair Market Rents publish by HUD).
- Depends on the family composition and the bedroom size of the unit.

Responsibilities within the Housing Choice Voucher Program

The Housing Choice Voucher housing is a three-way partnership between the Crossville Housing Authority Housing Choice Voucher Department, the family, and the landlord of the unit you lease.

The Crossville Housing Authority Housing Choice Voucher Department’s Job

1. Review all applications to determine whether an applicant is eligible for the program.
2. Explain all the rules of the program to all of the families who qualify.
3. Issue a voucher.
4. Approve the unit, the landlord, and the tenancy.

Crossville Housing Authority | Chapter 2  General Program Information
5. Make housing assistance payments to the owner in a timely manner.
6. To ensure that both family and the unit continue to qualify under the program.

7. To ensure that owners and families comply with the program rules.
8. Provide families and owners with prompt, professional service.

**The Family’s Job**

1. Provide the Rental Assistance Department with complete and accurate information.
2. Find a suitable place to live that is suitable for your family and qualifies for the program.
3. Cooperate and attend all appointments scheduled by the Rental Assistance Department.
4. Report all income and household changes immediately in writing to the Rental Assistance Department.
5. Take responsibility for the care of your rented unit.
6. Comply with the terms of your lease with the landlord.
7. Comply with the Family Responsibilities listed in of your voucher.

**The Landlord’s Job**

1. Screen the families who apply to determine if they will be good tenants. 
   *Note: The Rental Assistance Department can supply the owner with the current and previous addresses and landlord information; and may also provide additional information concerning tenancy and/or drug trafficking.*
2. Comply with fair housing laws, and not discriminate against any family.
3. Maintain the housing unit by making necessary repairs in a timely manner.
4. Comply with the terms of the Housing Assistance Payments Contract with the housing agency.
5. Collect the rent due by the family and otherwise enforce the lease.
6. Notify the Rental Assistance Department of any known violations of the program (unauthorized persons living in the unit, etc.)
7. Provide the Rental Assistance Department copies of any and all violations of the lease and any eviction notices.
8. Notify the Rental Assistance Department if any family or family members move out of their unit.
Relationships
And
Responsibilities

Crossville Housing Authority
Housing Choice Voucher Department

- Accept applications
- Determine eligibility
- Issue vouchers
- Conduct family briefings
- Recertify families
- Enforce rules of the program
- Offer and conduct hearings

- Recruit owners
- Inspect units
- Make payments to landlords
- Reinspect units

Voucher

Family
- Pays Rent
- Complies with lease
- Takes care of unit
- Reports maintenance problems
- Gives proper notice

Landlord
- Screens families
- Maintains unit
- Makes timely repairs
- Enforces lease

HAP Contract
Chapter 3  General Steps to Assistance

After you have been issued a voucher your family responsibility starts as follows:

1. Decide where to live
   a. A family must locate a housing unit that meets the program rules.
   b. A family has 60 days to locate a suitable unit. A 30-day extension can be granted if at the end of the first 60 days you are unable to locate a unit.
   c. What you should consider in your decision to lease a unit:
      ▪ the condition of the unit
      ▪ whether the rent is reasonable
      ▪ the cost of the tenant-paid utilities
      ▪ the location of the unit (employment, school, doctors, etc.)
      ▪ lead-based paint (1978 or older unit)

2. Provide the Rental Assistance Department with a complete Tenancy Approval form (purple sheet).

3. Obtain the utilities in your name, and bring in the receipts to the Rental Assistance Department after the inspection is completed.

4. Provide the Rental Assistance Department with any additional information requested (employment verification, income information, social security cards, and etc.)

5. Come in to sign the Housing Choice Voucher Tenancy Addendum Contract and any other additional paperwork.

6. Provide the Rental Assistance Department with a copy of your landlord lease.

How the Rental Assistance Department Determines Your Unit Size

HUD requires that the Crossville Housing Authority establish bedroom standards. These standards are used to determine the appropriate number of bedrooms for families of different size and different compositions. We take in consideration factors such as the total number of persons in the family, the age and sex of persons, and the relationship of the family members.

The Crossville Housing Authority does not determine who shares a bedroom/sleeping room, but there must be at least two persons
per bedroom on the voucher unless it is a single person in the household.

The Crossville Housing Authority will assign one bedroom for each two family members regardless of sex, age, or relationship. Exceptions will be made for medical reasons and in the case of a live-in aide.

**PHA Policy**
The voucher size is based upon the household composition (the number of persons, their sexes, ages and relationship). The unit size for which the household qualifies is shown on the voucher. The PHA will assign one bedroom for each two persons within the household in the following circumstances:

- Single adult will be allocated one bedroom.
- Adult Persons of the same or opposite sex (with or without familial relationships) will be allocated one bedroom.
- Minors of the opposite genders (with or without familial relationships) will not be allocated separate bedrooms until one has reached the age of ten.
- Live-in aides will be allocated a separate bedroom.
- Pregnant women will be considered a two-person family and allocated a one bedroom.
- A single parent with a child under two years of age will be allocated a one bedroom until the re-exam that occurs when the child is two or older.

The PHA will reference the following chart in determining HQS standard for occupancy standards with the consideration that a living room could be used as a sleeping area:

<table>
<thead>
<tr>
<th>Voucher Size</th>
<th>Persons in Household Maximum</th>
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<tr>
<td>0 Bedroom</td>
<td>1</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>4</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>6</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>8</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>10</td>
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</tbody>
</table>

If the family expands during the contract year and it does not exceed the occupancy maximum, a larger voucher will not be issued until the following re-exam. If the family reduces during the contract year a new voucher will be issued at the following re-exam.
Expiration Date of Vouchers

Your voucher is effective for 60 days. It is important that you do not delay your housing search. You may request a 30-day extension if needed. If your voucher expires before you find suitable housing, you will have to reapply. Keep track of all the units you look at during the search period. A Search for Housing form has been included at the back of this handbook.

Your housing search time is limited.

Start now!

Tips for Locating Suitable Housing

- Use the landlord list provided in the briefing packet you received at the voucher meeting.
- Check the classified ads section of the local newspaper.
- Ask friends and neighbors.
- Drive through neighborhoods where you may want to live and look for yard signs.
- Check bulletin boards in Laundromats and supermarkets.
- Check www.tnhousingsearch.org

Evaluating a unit

- Is the rent reasonable for the type, size and condition of the unit?
- Will the unit pass housing quality standards inspection?
- Is the owner willing to enter into a contract with the housing agency and comply with the program rules?
• What are the costs of the utilities?
• What utilities am I responsible for?
• Do all the windows lock safely?
• Do all the windows have screens?
• Do the entrance doors have secure locks?
• Is there evidence that the unit has not been well maintained?
• Is the heating source adequate for the size of the unit?
• Does the landlord provide pest control?
• Is the unit clean and ready to move in?
• Are the refrigerator and stove in good working order?
• Are there restrictions on pets?
• Are there washer and dryer connections or a laundry area?

Be Prepared and Make a Positive Impression

Make a good first impression; go early for your appointment to look at a unit with a prospective landlord. Be prepared to ask and answer questions. The landlord will be trying to evaluate you as a renter; and at the same time you should be evaluating the unit and the landlord.

Be prepared to furnish information about your rental history. Remember, your current and prior landlord’s name and address will be furnished to your prospective landlord if requested by them.

Be prepared to fill out an application for the landlord to review and approve. Landlords may check rental history, credit history and criminal history. Landlords can deny you a rental unit if you have a previous history of not fulfilling your obligations under the lease or criminal background.

You may want to ask the landlord the following:

• How much is the security deposit for the unit?
• Does the landlord or maintenance live nearby?
• Is there a person to call for repairs or maintenance?
• What are the office hours for management and maintenance problems?
• Have the other tenants lived there a long time?
• Does the owner have a “zero tolerance” policy for drugs and violence by tenants?
• Try to find out from the police department how often they have been called to the premises or immediate area.
Contract and lease signing

If the lease and unit are satisfactory, the Crossville Housing Authority will enter into a contract with the landlord and you will sign a lease agreement with the landlord. All adult family members will be required to sign the Housing Choice Voucher Tenancy Addendum and all other Housing Choice Voucher papers.

When the unit meets housing quality standards, utilities are on in your name, all requested documents are received, and leases are signed, only then will assistance start.

Congratulations!

You are a Housing Choice Voucher participant!
How the Rental Assistance Department Determines your Portion of the Rent

**Annual income**
Annual income is defined as the anticipated total annual income from all sources. Although some types of income are not counted, the family **must** report all sources of income for the household. The Crossville Housing Authority **must** apply HUD rules and decide what needs to be counted in the annual income calculation.

If a family member’s welfare income (Families First, etc.) is sanctioned by the welfare agency for noncompliance with a self-sufficiency program requirement, the Rental Assistance Department is required to include the amount of sanctioned welfare income in the family’s income.

**Examples of Income include, but are not limited to:**
- Employment wages
- Net income of a business
- Social security benefits
- Public assistance
- SSI
- Families First (TANF)
- Unemployment
- Worker’s compensation
- Disability
- Pensions
- Annuities
- Alimony
- Child Support
- Regular contributions/gifts (does someone else pay a bill for you?)
- Pell Grants
- Food stamps

**Determine Adjusted Income**
After determining the total annual income for the household, the Rental Assistance Department will make any necessary adjustments to the annual income in accordance with HUD regulations. The following qualified deductions will be subtracted from the annual income.
1. **Dependents** - A $480 deduction is made for all minors under the age of 18, and for family members, 18 and over, who are full time students, or a person with a disability, other than the head-of-household or spouse.

2. **Elderly/Disability Allowance** - A $400 household deduction is made for families whose head of household, or spouse is 62 or over, or is a person with a disability.

3. **Allowable Medical Expenses** - For an elderly and/or disabled family, medical expenses for all family member that are greater than 3% of the annual income will be deducted.

4. **Allowable Disability Assistance Expenses** - Disability assistance expenses that exceed 3% of the annual income will be deducted if they permit a family member to work.

5. **Allowable Childcare Expenses** - Reasonable childcare expenses, for family members 12 years old and younger, will be deducted if they enable a family member to work, attend school, or seek employment.

### Adjusted Monthly Income

Since there are twelve months in a year, the adjusted monthly income is the annual income minus the allowable deductions divided by 12.

### Total Tenant Payment (TTP)

After calculating the adjusted monthly income, the Rental Assistance determines the total tenant payment (TTP) for the family. This is the amount that the tenant pays toward utilities and rent for the unit.

The total tenant payment will the greater of:

- 30% of the family’s monthly adjusted income; or
- 10% of the family’s gross unadjusted monthly income; or
- The minimum rent of $50.00

### Right to Minimum Rent Hardship Exception

The family has a right to request an exception when the rent is calculated using the minimum rent of $50.00. To request this exception, the family must submit a **WRITTEN** statement of the family hardship that qualifies them for an exception. The
Crossville Housing Authority will request documentation as proof of financial hardship and will review all requests for the exception due to financial hardships.

To qualify for a hardship exception, your family circumstances must fall into one of the following criteria:

1. Lost eligibility or is awaiting on eligibility determination for Federal, State, or local assistance (not due to family failure to participate in self-sufficiency requirements).
2. Family would be evicted as a result of charging the minimum rent
3. Family income has decreased because of changed circumstances, including loss of employment, death in the family or other circumstances as determined by the Crossville Housing Authority (CHA) or HUD.

CHA will immediately suspend payment of the minimum rent beginning the first of the following month. If the CHA determines that there is no hardship covered by the statute, the minimum rent will be charged, including back payment for minimum rent from the time of suspension.

Based on CHA’s determination of the request, one of the following shall result:

1. **Family Qualifies:** If the CHA determines that there is a Qualifying long-term financial hardship, the CHA shall not charge the family the minimum rent. The CHA will reimburse the family for any minimum rent charges are due.
2. **Family Qualifies as a Temporary Hardship:** If the CHA determines that the hardship is temporary, a minimum rent will not be charged for a period of up to 90 days from the date of the family’s request. At the end of the temporary suspension period, the minimum rent will be charged *Retroactively* to the time of suspension (repayment agreements will be offered).
3. **Family Does Not Qualify:** If the CHA determines that the minimum rent is NOT covered by statute, the CHA will charge the minimum rent, including payment for minimum rent from the time of suspension.

If you have any questions regarding this matter, please feel free to contact Cammie Music Rental Assistance Director at 931-484-2990.

**Utility Allowance**

A utility allowance is established each year for the different types of units available to rent. This is an average of the monthly utility bills for an energy conscious household. If all the utilities are included in the rent, there is no utility allowance.

**Utility Reimbursement Payments**
In the Housing Choice Voucher Program, very low-income households may receive a utility reimbursement when the family’s total payment is less than the utility allowance. The payment is paid directly to the utility company.

Any utility bills that are not covered by this reimbursement must be paid by the family. Utilities must be connected at all times. Failure to do so may result in termination of assistance.

**Payment Standard**

The payment standard is the maximum monthly subsidy payment.

The payment standard for a family is the lower of:

- the payment standard amount for the family size; or
- the payment standard amount for the size of the dwelling unit.

**Housing Assistance Payment (HAP)**

The Housing Assistance Payment (HAP) paid to the landlord will be the lower of:

- the payment standard minus the total tenant payment (TTP); or
- the gross rent minus the total tenant payment.

Gross rent includes the rent to the landlord plus any allowance for tenant paid utilities.

**Maximum Rent at Initial Occupancy**

At the time a family leases up, if the gross rent for the unit is greater than the payment standard for the family, the family share may not exceed 40% of the family’s monthly adjusted income that exceeds the payment standard.
Chapter 5 Participating Successfully

Successful participation in the Housing Choice Voucher program requires that the whole family fulfill obligations to the Crossville Housing Authority Housing Choice Voucher Program and any obligations on the landlord lease.

Family Obligations to the Housing Choice Voucher Program

The Housing Choice Voucher program defines “family” as:

*Two or more persons who may or may not be related by blood, marriage, adoption, guardianship or operation of law, but are regularly living together, can verify shared income or resources and will live together in Housing Choice Voucher assisted housing.*

Families who participate in the Housing Choice Voucher Program are required to comply with certain “family obligations”. These regulations are required by HUD and are listed on the voucher, Family Responsibility Form, and Tenancy Addendum. By signing these forms you acknowledge your responsibilities and obligations for participating in the program. The list of family obligations is as follows:

- **Supplying required information**
  The family must supply any information that the Housing Choice Voucher Department determines is necessary for administration of the voucher, and to certify, or recertify the family or any family member. This includes, but is not limited to, evidence of citizenship or eligible immigration status, and income information.

- **Disclosing and Verifying Social Security Numbers**
  The family must disclose and verify social security numbers and must sign and submit the consent form for obtaining information.

- **Provide True and Complete Information**
  Any information provided by the family must be true and complete. Providing false information to obtain service is a violation of the Tennessee code 39-14-104.

- **Comply with Housing Quality Standards (HQS)**
  The family is responsible for meeting certain HQS requirements (housekeeping, maintaining appliances, etc).

- **Allow the Rental Assistance Department to Inspect the Unit**
  The family must allow the Housing Choice Voucher Department to inspect the unit at reasonable times and after reasonable notice (24 hours or more).

- **Violation of the Landlord Lease**
The family may not commit any serious or repeated violation of the lease, and must provide the Housing Choice Voucher Department copies of any landlord notices regarding violations.

- **Family Notice of Move or Lease Termination**
  The family must notify the Rental Assistance Department in writing (30 day notice) before the family moves out of the unit and/or terminates the lease with the landlord.

- **Owner Eviction Notice**
  The family must promptly give the Rental Assistance Department a copy of any owner eviction notice.

- **Use and Occupancy of the Unit**
  The family must use the assisted unit for residence by the family and as the family’s only residence.

- **Approval of Overnight Guests**
  The Rental Assistance Department must approve any overnight guest before they stay more than 14 days over a 12-month period. The family must promptly inform the Housing Choice Voucher Department of the birth, adoption or court-awarded custody of child. The family must request in writing the Housing Choice Voucher Department’s approval of any other family members as an occupant of the unit/address.

- **Family Member Moves**
  The family must promptly notify the Rental Assistance Department if a family member no longer resides in the unit.

- **Foster Children**
  A foster child or live-in aide may reside in the unit with written approval of the Housing Choice Voucher Department.

- **Profit-Making Activities**
  Family members may engage in legal profit-making activities in the unit, in accordance with the landlord lease.

- **Subleasing**
  The family may not sublease or sublet the unit.

- **Assigning or Transferring**
  The family may not assign the lease or transfer the unit.

- **Absence from the Unit**
  The family must supply any information or verification requested by the Rental Assistance Department to verify that the family is living in the unit, or relating to family absences. The family must promptly notify the Rental Assistance Department of any absence over 2 weeks.

- **Interest or Ownership**
  The family must not own or have any interest in the unit.

- **Fraud and Other Program Violations**
  The member of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
• **Crime by Family Members (please review One Strike You’re Out Policy in the back of this handbook)**
   The members of the family and/or guest may not engage in drug-related criminal activity or violent criminal activity.

• **Other Housing Assistance**
   An assisted family, or members of the family, may not receive Housing Choice Voucher assistance while receiving another housing subsidy for the same unit.

• **Alcohol or Substance Abuse (please review One Strike You’re Out Policy in the back of this handbook)**
   The family must not engage in illegal use of a controlled substance or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

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**Family Responsibilities to the Housing Choice Voucher Program**

The following is the Family Responsibility Form signed by all adult family members.

CROSSVILLE HOUSING AUTHORITY
STATEMENT OF FAMILY RESPONSIBILITY

1. Comply with all requirements of the landlord lease.

2. Pay my portion of the rent by the date requested by my landlord. I will not pay any additional rent or extra changes that are not part of the lease. I understand that my landlord may evict me if I do not pay my share of the rent. I also understand that my rental assistance may not be continued if I have failed to pay any portion of the rent.

3. Observe good housekeeping habits. I understand that my landlord may evict me for continued poor housekeeping and my eligibility for continued assistance may be affected.

4. Keep utilities connected at all times. A unit is considered substandard if the utilities are not connected.

5. Notify the landlord immediately of any needed repairs.

6. Notify the local Housing Choice Voucher Manager immediately if the landlord does not make repairs.

7. Notify the landlord and Housing Choice Voucher Manager if I plan to absent for more than two weeks in a row.
8. Notify my landlord and Housing Choice Voucher Manager if anyone moves out or into the unit. Anyone, who stays more than two weeks during a 12-month period, must be reported. Use of the unit address as a visitor's current residence for any purpose that is not explicitly temporary shall be construed as permanent residence. Absence of evidence of any other address will be considered verification that the visitor is a member of the household. This violation is grounds for eviction and/or loss of rental assistance.

9. Cooperate with the Housing Choice Voucher Manager during an Interim or annual recertification by furnishing repaired information and allowing unit inspections. Failure to cooperate is grounds for termination of assistance.

10. Pay for all damages to the unit. I understand that my rental assistance cannot be renewed if I owe damages on a unit or have failed to follow through with a plan of payment. I am also responsible for damages caused by guests.

11. I am responsible for finding my own unit. The Housing Authority is not responsible for finding a unit for me.

12. If I must move during the contract year, I must contact my Housing Choice Voucher Manager before I move. If the Housing Choice Voucher Manager approves a move, I must:
   a. Give my landlord a minimum 30-day or maximum 60-day written notice with a copy to my Housing Choice Voucher Manager.
   b. Submit to the Housing Choice Voucher Manager written release from my landlord saying I do not owe any back rent or other charges, and that there are no damages to the unit;
   c. Wait for the unit to be inspected before I move in.

13. I understand that if I move without prior approval from the Housing Choice Voucher Manager and without following proper procedure for moving, I am responsible for my own rent until all conditions for eligibility are determined.

14. Notify the Housing Choice Voucher Manager immediately (within 10 business days) in writing of any loss of income or assets if I want adjustment in my rental assistance.

15. Notify the Housing Choice Voucher Manager immediately (within 10 business days) in writing of any increases or decrease in medical, childcare, or other allowable expenses.

16. Notify the Housing Choice Voucher Manager in writing immediately (within 10 business days) of increases in income as a result of:
   a. Starting to work or changing employment or change in type or amount of household income.
b. Changes in family composition (such as getting married or having a new baby.

17. I am also responsible for checking smoke detectors to ensure they are working properly. I will also not disconnect or remove batteries from any smoke detector for any reason. I must replace the batteries when needed, and report any problems to my landlord immediately. It is my responsibility to ensure that all smoke detectors are in working order.

The rules have been explained to me, and I understand that failure to comply could cause my family and me to be terminated from the Housing Choice Voucher Program. In addition, I may become ineligible for future rental assistance through Crossville Housing Authority.

I also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department Agency of the U.S. as to any matters within its jurisdiction.

_________________________________   _____________________________
Head of Household              Other Adult Member of Household

__________________________________
CHA Representative

Family Obligations to the Owner

The family obligations to the owner are contained in the lease. Please read it carefully.

Families are obligated to:

- Pay the rent on time
- Take care of the housing unit
- Keep the utilities on that are required to be paid by the family
- Maintain any appliance
- Be responsible for the damages to the unit or premises (beyond normal wear and tear) that are caused by any family member or guest. If the unit does not meet housing quality standards for these reasons and the deficiencies are not corrected by the time period set the Rental Assistance Department, the Housing Choice Voucher Department will discontinue assistance payments to the owner. Also your participation in the Housing Choice Voucher program may be terminated.
If you are not sure of a lease requirement, ask the landlord!

Side Payments

It is illegal for you to make additional payments to the owner to cover a rent amount that is higher than the Housing Choice Voucher approved amount, and it is illegal for the owner to charge such side payments.

Payment Changes

*When a change in your income occurs, report it immediately in writing to the Rental Assistance Department. We have provided an employment verification form in the back of this handbook for your use in reporting employment changes. The Rental Assistance Department may request more information from you.*

When your income changes your payment to the owner and the Housing Choice Voucher payment to the owner may change. Both you and the owner will be given a written notice before any changes go into effect. *If you don’t receive a notice after reporting a change, contact the Rental Assistance Department office immediately.*

Annual Recertification

HUD requires all families to recertify at least annually. You will receive a letter from the Rental Assistance Department advising you when you are required to come into the office for a recertification interview. This letter will contain a recertification application to be completely filled out by the family and signed by all adults in the household. The family must report all income; and provide income verification, asset verification, and any other requested information.

The Rental Assistance Department is required to inspect your housing unit at least annually. You will be notified by mail of the date and time of the inspection. It is your responsibility to make sure that an adult is there to allow the inspector to enter the premises. Again, we are counting on your cooperation so that there will not be any interruptions or cancellation of your housing assistance.

*Working together is the only way recertification can get done!*  
- Be on time and prepared for your recertification appointment  
- Return any recertification papers needed promptly
• Prepare for the inspection
• Make sure someone reliable is home for the inspection

Requirements Between Annual Recertification

• When a family member moves out of your unit, you must report it to the Crossville Housing Authority Rental Assistance Department in **writing immediately (within ten business days)**.
• If you are considering having someone move into your unit, you must notify the Rental Assistance Department first. The Rental Assistance Department must approve all persons living in the unit.
• If there is a change in your household income, you must report it to the Crossville Housing Authority Rental Assistance Department in **writing immediately (within ten business days)**.

  Note: If your family is claiming zero income, you must fill out a zero income statement each month.

Effective Dates

If the family share of the rent is to **increase**:

The increase generally will be effective on the first of the month following 30 days’ notice to the family.

If a family fails to report a change within the required time frames, or fails to provide all required information within the required time frames, the increase will be applied retroactively, to the date it would have been effective had the information been provided on a timely basis. The family will be responsible for any overpaid subsidy and may be offered a repayment agreement in accordance with the CHA policies.

If the family share of the rent is to **decrease**:

The decrease will be effective on the first day of the month following the month in which the change was reported and all required documentation was submitted and received by the 10th business day of the month. In cases where the change cannot be verified until after the date the change would have become effective, the change will be effective the following month. If the family fails to request a decrease in writing and provided the documentation needed in a timely manner the PHA will not make the change retroactive.

**Zero Assistance**

If your family has an increase in income that causes your share of the rent to equal or exceed the amount of the total rent, the housing assistance payment from the Rental Assistance Department to the landlord will be reduce to zero. However, if your family
remains in the unit, the housing assistance contract with the owner will remain in effect for 180 calendar days.

During this 180-day period your family is still considered to be on the program, even though assistance payments are not being made. If you have a reduction of income and become eligible for assistance during this period, the Rental Assistance Department will resume payments to the owner based on the new amount of the family’s income.

**The Most Common Program Violations**

- **Unauthorized Household Members**
  The persons you list on your housing assistance application are the only persons who may reside (more than 14 days over a 12-month period) in your housing unit. If you permit anyone who has not been approved in writing by the Rental Assistance Department to reside in your unit, it is a violation of your family obligations, and it could result in the loss of your housing assistance.
  If you permit someone to use your address it could result in the loss of your housing assistance as well.

- **Under-Reporting Income**
  When you have an increase in income for the household, you must report it immediately (within ten business days) in writing to the Rental Assistance Department. If a family withholds income, it causes the Rental Assistance Department to pay more money to the owner than the law requires. This is also a violation of the family’s obligations. In this case, you will be **required to repay the money** to the Rental Assistance Department. In addition, it could result in the loss of assistance or, in some cases, **criminal penalties**.

- **Not Reporting Changes in Household Members**
  Failure to report changes in the household members could result in repayment of money or loss of assistance.

- **Not Providing Information or Documents**
  When the Rental Assistance Department requests that you furnish additional information or documents, it is because it is a program requirement. If you do not furnish the information or documents requested, your housing assistance can be cancelled.
Chapter 6                              Grievance Procedure

The grievance procedure provides all rights and protections to the families participating on the Rental Assistance Department program under the law and HUD regulations. If you need an explanation regarding the grievance procedure, please seek this from the Rental Assistance Department.

Requesting a Hearing

A participating family may ask for an informal review by a written request, or personally presenting an oral request within five (5) business days after receipt of the notice of termination of assistance. You will receive confirmation of the hearing date, time, and place in writing. When the hearing officer makes their decision, you will receive notification in writing. If you then wish to request a formal hearing, a written request of such must be received by the Crossville Housing Authority Rental Assistance Department within five (5) days from the date of the decision of the informal review.

Hearing Officers

Informal review will be conducted by a member of the Housing Authority staff that is not involved in the termination of assistances.

Formal hearings will be conducted by the hearing officer scheduled for that month. Formal hearing officers are appointed yearly by the Chairman of the CHA Board of Commissioners.

Expeditied Grievance Procedure

An informal review cannot be held if the termination is issued for the following reasons:

• Any criminal activity that threatens the safety, or rights to peaceful enjoyment of the premises by other residents or employees of the Crossville Housing Authority.

• Any drug-related criminal activity within 6 miles of the premises.

In these cases, a formal hearing must be requested. No informal review will be granted.

Procedures Governing the Formal Hearing
The complainant shall be afforded a fair hearing which shall include the following:

- The opportunity to examine before the grievance hearing any landlord documents, including records and regulations that are directly relevant to the hearing. The tenant shall be provided a copy of any such document at the tenant’s expense. If the landlord does not make the document available for examination upon request by the tenant, the landlord may not rely on such document at the grievance hearing.

- The right to be represented by counsel or other person chosen as the tenant’s representative, and to have such person make statements on the tenant’s behalf;

- The right to a private hearing unless the tenant requests a public hearing;

- The right to present evidence and arguments in support of the tenant’s complaint, to controvert evidence relied on by the landlord or project management, and to confront and cross-examine all witnesses upon whose testimony or information the landlord or project management relies; and

- A decision based solely and exclusively upon the facts presented at the hearing.

Accommodation of persons with disabilities

- The Crossville Housing Authority Rental Assistance Department shall provide reasonable accommodation for persons with disabilities to participate in the hearing. Reasonable accommodation may include qualified sign language interpreters, readers, accessible locations, or attendants.

- If the Tenant is visually impaired, any notice to the Tenant which is required by these procedures must be in an accessible format.

*Please refer to the complete copy of the Grievance Procedure in the back of the this handbook*
Chapter 7  Violence Against Women (VAWA)

Crossville Housing Authority
Notice of Occupancy Rights under the Violence Against Women Act

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. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Crossville Housing Authority 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 Crossville Housing Authority 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 Crossville Housing Authority chooses to remove the abuser or perpetrator, Crossville Housing Authority 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, Crossville Housing Authority 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, Crossville Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, Crossville Housing Authority 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, Crossville Housing Authority 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, Crossville Housing Authority 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.

Crossville Housing Authority 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.

Crossville Housing Authority’s emergency transfer plan provides further information on emergency transfers, and Crossville Housing Authority 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**

Crossville Housing Authority 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 Crossville Housing Authority must be in writing, and Crossville Housing Authority 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. Crossville Housing Authority 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 Crossville Housing Authority as documentation. It is your choice which of the following to submit if Crossville Housing Authority 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 Crossville Housing Authority 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 he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that Crossville Housing Authority has agreed to accept.

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

If Crossville Housing Authority 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), Crossville Housing Authority 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, Crossville Housing Authority does not have to provide you with the protections contained in this notice.

**Confidentiality**

Crossville Housing Authority 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.

Crossville Housing Authority must not allow any individual administering assistance or other services on behalf of Crossville Housing Authority (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.

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

- You give written permission to Crossville Housing Authority to release the information on a time limited basis.
- Crossville Housing Authority 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 Crossville Housing Authority or your landlord to release the information.
VAWA does not limit Crossville Housing Authority’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, Crossville Housing Authority 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 Crossville Housing Authority 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 Crossville Housing Authority can demonstrate the above, Crossville Housing Authority 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 the Department of Housing and Urban Development, 235 Cumberland Bend, Suite 200, Nashville, TN 37228.

You may view a copy of HUD’s final VAWA rule at [www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf](http://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf). Additionally, Crossville Housing Authority must make a copy of HUD’s VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the Rental Assistance Director of the Crossville Housing Authority at (931) 484-2990 or PO Box 425, Crossville, TN 38557. 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 the Avalon Center Crisis Hotline at 1-800-641-3434.

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 the Avalon Center Crisis Hotline at 1-800-641-3434.

Victims of stalking seeking help may contact the Avalon Center Crisis Hotline at 1-800-641-3434.

**Attachment:** Certification form HUD-5382

**HUD Form 5380**
Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 (“VAWA”) protects qualified tenants, participants, and applicants, and family members of tenants, participants, and applicants, who are victims of domestic violence, dating violence, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or management agent presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

(1) A Federal, State, tribal, territorial, or local police or court record; or
(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or management agent. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form, the PHA, owner or management agent cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or management agent concerning the incident(s) of domestic violence, dating violence, or stalking relating to the Victim shall be kept confidential by the PHA, owner or management agent, and such details shall not be entered into any shared database. Employees of the PHA, owner, or management agent are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING:

Date Written Request Received by Victim:

Name of Victim:

Names of Other Family Members Listed on the Lease:

Name of the Perpetrator:

Perpetrator’s Relationship to Victim:

Date(s) the Incident(s) of Domestic Violence, Dating Violence or Stalking Occurred:
Location of Incident(s):

______________________________________________________________________________________
______________________________________________________________________________________

Description of Incident(s) (This description may be used by the PHA, owner or management agent for purposes of evicting the perpetrator. Please be as descriptive as possible):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _______________________________________ Executed on (Date) ___________________________________
For Additional Information

If you have any questions regarding VAWA, please contact Housing Choice Voucher Manager at 931-484-2990.

The National Domestic Violence Hot Line: 1-800-799SAFE (7233) or 1-800-787-3224 (TTY) (included in Exhibits 16-1 and 16-2)

Contact information for local victim advocacy group is Avalon Center 931-484-4642.

Definitions

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines domestic violence to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction

VAWA defines dating violence as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines stalking as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.
Chapter 8  Family Self Sufficiency Program

Family Self-Sufficiency

The Family Self Sufficiency program works with families to help raise their income and standard of living.

The FSS Coordinator, will meet with you to help you set your own goals for education, career and employment. These can include:

- Educational training
- Employment and job-hunting skills
- Money management and credit counseling
- Homeownership education

Those goals are put in writing and made part of a contract, but can be changed if they need to be. For example, you can change your program if you change your career goals. Monthly contact with the FSS coordinator is required; it can be by phone, office or home visit.

The family must report ALL income and situation changes to BOTH the FSS coordinator and the housing program manager.

If you have questions or problems while in the FSS program you can CALL YOUR COORDINATOR! They're job is to help you with roadblocks and problems you are likely to run into while working on improving your family’s future.

Housing Choice Voucher Homeownership (Mortgage Subsidy) Program

In certain cases, Housing Choice Voucher through the Crossville Housing Authority can be used to help a family pay a mortgage on a home purchase.

If a family head of household is not disabled, there is a requirement for 40 hours per week continuous 12-month employment. Also, the program is for first time home buyers.

Purchasing a home is a very big investment and requires good budgeting skills and savings as the family is required to provide some funds to complete the closing. Buying a home can be an excellent way to build wealth for a family to pass on to future generations.

To find out more about this special program, please contact FSS Coordinator at the CHA office.
Chapter 9          EIV System and Housing Choice Voucher forms

What is EIV?
The EIV system is a web-based computer system, which contains employment and income information of individuals (including you) who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD’s EIV system.

What information is in EIV and where does it come from?
HUD obtains information about you from the Social Security Administration (SSA) and the U.S. Department of Health and Human Services (HHS).

Below is a summary of the income information contained in the EIV System, the originator of the data and the source who provides HUD with this data.

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Originator of Information</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>Employer</td>
<td>HHS</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>State Workforce Agency</td>
<td>HHS</td>
</tr>
<tr>
<td>Social Security Benefits:</td>
<td>SSA</td>
<td>SSA</td>
</tr>
</tbody>
</table>

- Social Security (SS)
- Supplemental Security Income (SSI)

Additional Information in EIV

Data collected from your local PHA is also compared to SSA databases to confirm your personal identifiers (Name, DOB, and SSN) as reported by you to your local PHA. This is HUD’s process to confirm your identity and ensure that the SSN, name, and date of birth (DOB) match SSA’s records. EIV displays the results of your identity verification status as Pending, Verified, Failed, or Deceased.

Debts Owed to PHAs & Termination Information.

The following information is collected once your participation in a PIH rental housing program has ended or you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Housing Choice Voucher landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent or other charges); and
2. Whether or not you have entered and/or defaulted on a repayment agreement for the amount that you owe the PHA; and

3. Whether or not you have filed for bankruptcy; and

4. The negative reason for your end of participation in the rental housing program (for example: abandoned unit, fraud, criminal activity, failure to comply with lease or program requirements, etc.).

**Multiple Rental Subsidies.**

Data collected from your local PHA is compared to HUD’s various data systems to determine if you are receiving multiple rental assistance or participating in more than one HUD Rental Assistance Program. If you are receiving multiple rental assistance, EIV will display the addresses of each subsidized unit you are listed as a resident.

**What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by the PHA) before, during, and after your admission to the program, interim and annual reexamination of family income for the following purposes:

1. Verifying your reported income sources and amounts.

2. Confirming your name, DOB, and SSN with SSA.

3. Confirming your participation in only one HUD rental assistance program.

4. Following up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving assistance at another address. EIV will also alerts PHAs if you owe an outstanding debt to any PHA and if you were voluntarily or involuntarily terminated from the Public Housing or Section program. This information is used to determine your eligibility for assistance at the time of application. The information in EIV is also used by HUD, HUD’s Office of Inspector General (OIG), PHAs, and auditors to monitor compliance with HUD rules by your Family and the PHA.

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

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you’re required to sign one or more consent forms. When you sign a form HUD-9886 *(Federal Privacy Act Notice and Authorization for Release of Information)* or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA
your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance.

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

What are my responsibilities?
As a Tenant (participant) of a HUD rental assistance program you and each adult household member must:

1. Disclose your complete and accurate: full name, SSN, and DOB; and

2. Report complete and accurate income information; and

3. Certify that your reported household income and expense information is true to the best of your knowledge.

What are the penalties for providing false information?
Knowingly, providing false, inaccurate or incomplete information is FRAUD. If you commit fraud, you and your family may be subject to the following penalties:

• Eviction

• Termination of assistance

• Repayment of overpaid rental assistance or underpaid tenant rent contribution.

• Fines up to $10,000

• Imprisonment for up to 5 yrs

• Prohibited from receiving any future HUD rental assistance for a period of up to 10yrs

• State and Local government penalties

Protect yourself, follow HUD reporting requirements

When completing applications and reexaminations, you must include all sources of income you or any member of your household receives. Some sources include:

• Income from wages
• Welfare payments
• Unemployment benefits
• Social Security (SS) or Supplemental Security
• Income (SSI) benefits
• Veteran benefits
• Pensions, retirement, etc.
• Income from assets
• Monies received on behalf of a child such as:
  - Child support
  - AFDC payments
  - Social security for children, etc.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source or originator of EIV information may make an error when submitting or reporting information about you. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Employment and wage information** reported in EIV originates from the employer. The employer reports this information to the local State Workforce Agency (SWA), who in turn, reports the information to HHS’ National Directory of New Hires (NDNH) database. If a participant of a HUD rental assistance program disputes this information, he or she should contact the employer directly in writing to dispute the employment and/or wage information and request that the employer correct erroneous information. If employer resolution is not possible, the program participant should contact the local SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the local State Workforce Agency (SWA). If a participant of HUD rental assistance disputes this information, he or she should contact the SWA directly, in writing to dispute the unemployment benefit information, and request that the SWA correct erroneous information.

**SS and SSI benefit information** reported in EIV originates from the SSA. If a participant of a HUD rental assistance program disputes this information, he or she should contact the SSA at (800) 772–1213, or visit your local SSA office. SSA office information is available in the government pages of your local telephone directory or online at [http://www.socialsecurity.gov](http://www.socialsecurity.gov).

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA. If a current or former participant of a HUD rental assistance program disputes this information, he or she should contact the PHA directly in writing to dispute this information and provide any documentation that supports the dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.
**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes more than one person may use your SSN, either on purpose or by accident. SSA does not require you to report a lost or stolen SSN card, and reporting a lost or stolen SSN card to SSA will not prevent the misuse of your SSN. However, a person using your SSN can get other personal information about you and apply for credit in your name. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at 1-800-772-1213); file an identity theft complaint with the Federal Trade Commission (call FTC at 1-877-438-4338, or you may visit their website at: http://www.ftc.gov/bcp/edu/microsites/idtheft/); and you should also monitor your credit reports with the three national credit reporting agencies (Equifax, Transunion, and Experian).

**Where can I obtain more information on EIV and the income verification process?**
Your PHA can provide you with additional information on EIV and the income verification process or you may read more about EIV and the income verification process on HUD’s Public and Indian Housing EIV web pages at:

The below forms are enclosed for you convince and you are encouraged to use them. These forms may be fax, mailed or hand delivered to the Rental Assistance Department at the following information

**Fax** 931-456-1315

**Mailing address**
P.O. Box 425
Crossville, TN 38557

**Physical address**
67 Irwin Ave.
Crossville, TN 38555

**Forms**

Fraud & Program Abuse Report Form
Notice of Intent to withdraw
Notification of family Member move-out
Search for Housing
Reasonable Accommodation
Notice of Portability
Employment Verification
EIV (Enterprise Income Verification)
One Strike You’re Out Policy
Grievance Procedure
Fraud and Program Abuse Reporting Form

**Instructions:** HUD and the Crossville Housing Authority are seriously concerned about fraud and abuse in the various housing assistance programs. Please complete the form if you become aware of any violations of the program rules by any person. You may furnish your name, but you are not required to.

*I would like to bring the following information to the attention of the Crossville Housing Authority Rental Assistance Department:*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How long has this situation been going on?

________________________________________________________________________

Is there anyone other than you who can verify this information? Yes  No

If yes, who? Name, telephone, and if possible address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Your Name (optional) _______________________________________________________

Telephone Number _______________________ Date _____________________

Please mail to:
Crossville Housing Authority
Rental Assistance Department
P.O. Box 425
Crossville, TN 38557
Notice of Intent to Withdraw

This is to inform the Crossville Housing Authority that I wish to withdraw from the Housing Choice Voucher housing choice voucher program.

Head of Household ___________________________________________________________

Current Address ____________________________________________Apt #________
City __________________________ State __________ Zip________________

New Address ____________________________________________Apt #________
City __________________________ State __________ Zip________________

Telephone __________________________

Date to be in effect ________________

Signature ________________________________________________________________

Date ______________________________

Please mail to:  
Crossville Housing Authority 
Rental Assistance Department 
P.O. Box 425 
Crossville, TN 38557
Notification of Family Member Move-Out

Instructions: Please complete this form and submit it to the Crossville Housing Authority Rental Assistance Department immediately in the event that any family member moves out of your housing unit.

Date________________

Head of Household _________________________________________________

Address _________________________________ Apt Number ______________

City ________________________ State ___________ Zip _________________

Telephone ________________________________________________________

Please answer the following questions:

Name of family member who moved

______________________________________________________________

Date that the family member moved out

______________________________________________________________

What is the new address of this person?

______________________________________________________________

What is the new telephone number of this person?

______________________________________________________________

You may have to provide more information and documents before a change can be made to your Housing Choice Voucher rental assistance. Also please notify your landlord of this move out.

Please mail to:
Crossville Housing Authority
Rental Assistance Department
P.O. Box 425
Crossville, TN 38557
Instructions: This form will help you to keep a record of your housing search. Enter the information requested on every unity you look at.

<table>
<thead>
<tr>
<th>Date</th>
<th>Unit Address</th>
<th>Owners Name &amp; Telephone Number</th>
<th>Amount of Rent</th>
<th>Amount of Security Deposit</th>
<th>Utilities*</th>
<th>Utility Allowance</th>
<th>What Happened?</th>
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<tbody>
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<td></td>
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<td>Heating</td>
<td>Cooking</td>
<td>Water Heater</td>
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</table>

* List types: Electric, Natural Gas, Bottled Gas, Other
NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

To: _______________________________________________ Date __________________

Address ________________________________________________________________

If you have a disability and as a result of your disability you need:

A change in the rules or policies to give you an equal opportunity to take part in the assisted housing program.

A change in the way we communicate with you or give you information, or

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 10 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information if you think that will help.

To obtain a copy of the form, or if you need help filling out a Request for a Reasonable Accommodation form, or wish to give us your request in some other way, please contact: Cammie Music, Rental Assistance Director 931-484-2990

Note: All information you provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the program.
Notice of Portability

WHAT IS PORTABILITY?

The ability of a family to move from one PHA’s jurisdiction to another one.

TYPES OF PORTABILITY:

STATUTORY: (Sometimes called Short-distance portability)

Family does not have to live in issuing PHA’s jurisdiction to be eligible.

Family may move anywhere within the state of the initial PHA or from one Metropolitan Statistical Area (MSA) to an adjacent MSA, even if it is across State Boundaries.

PHA cannot limit the number of families that move under this option.

REGULATORY: (Sometimes called Long-distance portability).

Only Voucher families are eligible.

Family MUST live in initial PHA’s jurisdiction and hold a valid Voucher.

Family may move anywhere that statutory portability does not apply.

PHA may limit number of families who move to 15% of units under lease in its voucher program.

EXCEPTIONS:

Receiving PHA does not have to accept a Voucher unless it has a Voucher program.

Receiving PHA with only a Certificate program may:
(1) refer initial PHA to statewide or other multi jurisdictional PHA that Administers a Voucher program.
(2) Administer the voucher and bill the initial PHA
(3) issue a Voucher to the family

TO USE YOUR PORTABILITY OPTION

Contact the Housing Choice Voucher Office if you want to move to any location other than Hawkins or Sullivan Counties. The Staff will assist you in completing REQUEST FOR PORTABILITY and provide you with important information.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND PHA POLICY. I HAVE RECEIVED A COPY OF THIS FORM.

Applicant/ Tenant Signature       Date

Crossville Housing Authority Housing Choice Voucher Tenant Handbook
Page 46
TO:  (Name & Address of employer)  

Date: ____________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

RE: _____________________________________  

________________________________

(Applicant/Tenant Name)  (Social Security Number)

I hereby authorize release of my employment information.

Signature  

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Manager/Management Company  

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: ____________________________  Job Title: ____________________________

Presently Employed:  Yes____ Date First Employed _____________  No_____ Last Date of Employment ______________

Current Wages/Salary: $______________ (Circle) Hourly  Weekly  Biweekly  Semimonthly  Monthly  Annually  Other

Average No. of regular hours per week: ______________  Year to date earnings: $______________ through ______________

Overtime Rate: $______________ per hour. Average number of overtime hours per week: ______________

Shift Differential Rate: $______________ per hour. Average number of shift differential hours per week: ______________

Commissions, Tips, Bonuses: $______________ (Circle) Hourly  Weekly  Biweekly  Semimonthly  Monthly  Annually  Other

List any anticipated change in the employee’s rate of pay within the next 12 months: ______________

Effective date of change: ______________

If the employee’s work is seasonal or sporadic, please indicate the layoff period(s): ______________

Additional remarks: ____________________________________________________________

______________________________  ______________________________  ______________________
Employer’s Signature  Employer’s Printed Name  Date

Employer (Company) name and Address

______________________________  ______________________________  ______________________
Telephone Number  Fax Number  Email Address

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Form S8EVF
Upfront Income Verification System (UIV)

for the Housing Choice Voucher

Once an applicant becomes a resident or participant in a Public Housing and Housing Choice Voucher program administered by CHA, the housing authority will be able to access income information electronically from a variety of sources through the Department Of Housing and Urban Development. In order to comply with the regulations established by HUD, the following policies shall be administered.

HUD regulations require CHA to establish a system of checks and balances to ensure that documents obtained via UIV are not mishandled. Therefore, the following shall apply:

Passwords and systems for passwords will be put in place as to adhere to HUD’s policy on UIV Security.

User ID’s will be assigned to the Director, Assistant Director, FSS Coordinator, Public Housing Manager, Housing Choice Voucher Coordinator, Housing Choice Voucher Inspector and two (2) Occupancy Specialists. These persons will be designated as “primary users” for UIV.

All users will be required to sign user agreements to comply with the regulations. Those agreements will be renewed each year at the end of the housing authority’s fiscal year.

During re-certification, CHA will notify residents and participants that we have the ability to verify their income information electronically and that it is imperative that they fully disclose all sources of income to the housing authority on the Personal Declaration Form and/or re-certification forms. Clients shall be informed that by signing the personal declaration and/or re-certification forms they are stating that the information provided is accurate and complete and that failure to accurately report their information is cause for denial of assistance, lease termination or cancellation of assistance.

Any discrepancy of the client’s reported annual income shall be cause to begin an investigation. Any action that needs to be completed to correct the discrepancy and include the amount in the client’s rent calculation will begin immediately. CHA will charge thirty percent (30%) of the total unreported income to the resident. On a monthly basis the occupancy specialist will print a threshold report on UIV and follow through to clear up any discrepancies there may be.

**CFR 5.234** Upon receiving income information from a SWICA the PHA shall compare the information with the information about a family’s income that was; provided by the resident/participant or from his/her employer. When the income information reveals an employer or other income source that was not disclosed by the resident/participant, or when the income differs substantially from the information received from the

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Page 48
resident/participant or from his or her employer the PHA shall request the undisclosed employer or other income source to furnish any information necessary to establish a resident/participants’ eligibility for or level of assistance. The PHA may verify the income information directly with a resident/participant. The PHA shall not be required to pursue these verification procedures when the sums of money at issue are too small to raise an inference of fraud or justify the expense of independent verification and the procedures related to termination, denial, suspension, or reduction of assistance. The PHA shall promptly notify a resident/participant in writing of any adverse findings made on the basis of the information verified. The resident/participant may contest the findings in the same manner as applies to other information and findings relating to eligibility factors under the applicable program. Persons who violate the provisions of respect to the use and disclosure of income information may be subject to civil or criminal penalties under 42 U.S.C. 3544(c)(3), 26 U.S.C. 7213(a), or 18 U.S.C. 1905. The family must promptly furnish to the responsible entity any letter or other notice by HUD to a member of the family that provides information concerning the amount or verification of family income. The CHA must verify the accuracy of the income information received from the family and change the amount of the total tenant payment or Housing Choice Voucher housing assistance payment or terminate assistance, as appropriate, based on such information.

Once the housing authority receives information that indicates that there is a discrepancy, staff will notify the client of the discrepancy in writing and establish a date and time for client to meet with staff and discuss the discrepancy. At the time of the meeting, clients will be provided with all the information the housing authority has available and given an opportunity to explain the discrepancy to CHA staff. Clients will be required to sign all forms necessary for the housing authority to begin third party verification of income to validate whether or not the discrepancy is unfounded or fraudulent in nature. The housing authority reserves the right to request third-party information for a period of up to four (4) years prior to the date of the discovery.

Clients will have fifteen (15) days from the date of the meeting to provide information that would resolve the discrepancy. If the resident/participant fails to provide information to effectively dispute the discrepancy within the timeframe allotted, the housing authority will take appropriate actions as set forth in the program the client is receiving assistance under.

If clients present the information as requested and the discrepancy is determined to be unfounded and easily resolved, housing authority staff will document the reason for the discrepancy and place it in the client’s file. The client will be provided a copy of the discrepancy resolution form, which will be signed by both the housing authority staff and the client. The original document will be placed in the client’s file.

If the discrepancy is determined to be fraudulent or founded, the housing authority will determine the sum of the amount owed and notify the client in writing. Clients will be given an opportunity to sign a repayment agreement in accordance with the schedule incorporated in this document. If the amount of the discrepancy is less than $3,000, CHA will allow the resident/participant to sign a repayment agreement. No repayment agreements will be longer than 12 months. The notice will advise the client of their right to due process and the
timeframes in which their appeal must be received. If the resident does not respond to the correspondence in the required timeframe, the original decision of the housing authority will stand and termination of lease or assistance will be issued.

The Tennessee Theft of Services (T.C.A. 39-14-104) statute grades theft at the following levels: a Class A misdemeanor if the value of the property or services obtained is $499 or less; a Class E Felony $500 - $1000; a Class D Felony $1000 or more but less than $10,000; a Class C Felony $10,000 - $60,000; and a Class B Felony $60,000 or more. In the case of a current tenant if a discrepancy is fraudulent and is more than $1,000 CHA will prosecute when the amount is not repaid. In the case of a former tenant the HA will follow the recommendation of the district attorney.

In the case of discrepancies that are not resolved in Public Housing, the resident’s lease will be terminated. In the case of discrepancies that are not resolved in the Housing Choice Voucher Program, the assistance will be terminated.

In all cases, clients will be afforded due process as permissible in the regulations that govern the program they are receiving housing assistance under.
“One Strike and You’re Out Policy”

I. Purpose

It is the policy of the Housing Authority of Crossville that all residents shall enjoy decent, safe, and sanitary living conditions.

II. Authority

Drug-related criminal activity, other criminal activity and alcohol abuse in Public Housing/Assisted housing communities increase resident fear and decreases unit marketability. Therefore, the Housing Authority of Crossville will not tolerate such behavior from its applicants or residents.

III. Definitions

Drug-related criminal activity is the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use a controlled substance.

IV. Procedures for Applicants

The Housing Authority of Crossville shall screen out and deny admission to any applicant where by either the applicant or authorized occupants proposed by applicants:

a. has a recent history of criminal activity involving crimes to persons and/or other criminal acts that affect the health, safety, or right to peaceful enjoyment of the premises by other residents;

b. was evicted from assisted housing within three years of the projected date of admission because of drug-related criminal activity. This requirement may be waived if;

1. the person demonstrates successful completion of rehabilitation program approved by the Housing Authority; or
2. the circumstances leading to the eviction no longer exist. For example, the individual involved in drugs is no longer in the household because the person is incarcerated;

c. the Housing Authority has determined to be illegally using a controlled substance;

d. the Housing Authority has determined to be abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents;

e. the Housing Authority has determined that there is reasonable cause to believe the applicant’s pattern of illegal use of a controlled substance or pattern of abuse of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
The Crossville Housing Authority may waive policies prohibiting admission in these circumstances if the applicant demonstrates to the Housing Authority’s satisfaction that the applicant is no longer engaging in illegal use of a controlled substance or abuse of alcohol and:

1. the applicant has successfully completed a supervised drug or alcohol rehabilitation program; or
2. the applicant has otherwise been rehabilitated successfully.

V. Procedures for Residents

The Housing Authority of Crossville shall terminate the tenancy/rental assistance of any resident who:

a. the Housing Authority has determined is illegally using a controlled substance;

b. the Housing Authority has determined that the resident’s abuse of alcohol interferes with the health, safety, or right to peace enjoyment of the premises by other residents;

c. the Housing Authority has determined to be engaging in drug-related criminal activity on or off the premises;

d. engages in any criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises by other residents.

VI. Procedures for Housing Authority

a. The Housing Authority shall track crime related problems at its developments and report any incidents of crime to the local police authorities to improve law enforcement and crime prevention;

   1. the Housing Authority will forward to the local police authorities any resident complaints received concerning crime related problems; and
   2. the Housing Authority will review the police reports and newspaper articles concerning crime related problems with our residents and bring the problems to the attention of the proper local police personnel.

b. The Housing Authority of Crossville shall document that it is meeting its goals under the implementation plan for any drug prevention or crime reduction program funded by the Department of Housing & Urban Development and being administered by the Housing Authority.
I. **RIGHT TO A HEARING**

Upon filing of a written request or personally presenting an oral request, as provided in these procedures, a participant shall be entitled to an informal review or a formal hearing before a hearing officer, whichever applies.

II. **DEFINITIONS**

For the purpose of this Grievance Procedure, the following definitions are applicable:

A) “Grievance” shall mean any dispute which a participant may have with respect to Housing Choice Voucher Department action or failure to act in accordance with the individual participant lease (tenancy addendum or Housing Assistance Contract (HAP)), regulations or family responsibilities which adversely affect the individual participant rights, duties, welfare of status.

“Grievance” does not include any dispute a participant may have with Housing Choice Voucher Department concerning a termination of tenancy or eviction that involves the following:

**Formal Hearings Only:**
- An activity that may threaten the health, safety, or right to peaceful enjoyment of the Landlord’s premises by other participants/tenants or employees of the Landlord, or
- Any criminal activity or drug-related criminal activity on or off such premises.

**Informal Interview or Formal Hearing:**
- Discretionary administrative determinations by the PHA.
- General policy issues or class grievances.
- Establishment of the PHA schedule of utility allowances for families in the program.
- A PHA determination not to approve an extension or suspension of a voucher term.
- A PHA determination not to approve a unit or tenancy.
- A PHA determination that a unit selected by the applicant is not in compliance with HQS.
- A PHA determination that the unit is not in accordance with HQS because of family size.
- A PHA determination to exercise or not to exercise any right or remedy against an owner under a HAP contract.
B) “Complainant” shall mean any participant whose grievance is presented to the Landlord or to the CHA Management office in accordance with section III and Section IV.

C) “Elements of due process” shall mean an eviction action or a termination of tenancy in a State or local court in which the following procedural safeguards are required:

1. Adequate notice to the participant of the grounds for terminating the assistance;
2. Right of the participant to be represented by counsel;
3. Opportunity for the participant to refute the evidence presented by the Housing Choice Voucher Department including the right to confront and cross-examine witnesses and to present any affirmative legal or equitable defense which the participant may have; a decision on the merits.

D) “Hearing officer” shall mean a person selected in accordance with section IV of these procedures to hear grievances and render a decision with respect thereto.

E) “Participant” shall mean the adult person (or persons) (other than a live-in aide):

1. Who resides in the premises, and who executed the lease with the Housing Choice Voucher Department as lessee of the premises, or, if no such person now resides in the premises,
2. Who resides in the premises, and who is the remaining head of household of the participant family residing in the premises.

F) “Resident Organization” includes a resident management corporation.

G) “Scheduling of hearings”. Upon the participant compliance with this Section a hearing shall be promptly scheduled by the hearing officer for a time and place reasonably convenient to both the participant and the Housing Choice Voucher Department. A written notification specifying the date, time, place and the procedures governing the hearing shall be delivered to the participant and the appropriate Landlord official.

The participant may request to reschedule a hearing for good cause, or if it is needed as a reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family. Requests to reschedule a hearing must be made in person, orally or in writing at least 24 hours prior to the hearing date. At its discretion, the PHA may request documentation of the “good cause” prior to rescheduling the hearing.

If the participant does not appear at the scheduled time, and was unable to reschedule the hearing in advance due to the nature of the conflict, the participant must contact the PHA within 24 hours of the scheduled hearing date, excluding weekends and holidays.
PHA will reschedule the hearing only if the family can show good cause for the failure to appear, or if it is needed as a reasonable accommodation for a person with disabilities.

H) “Promptly” (as used in Section III, and IV. (D) Shall mean within five business days from the date of mailing of the adverse action or grievable complaint.

III. PROCEDURES PRIOR TO A GRIEVANCE HEARING

The participant will be allowed to copy documents related to the hearing at a cost of $.25 per page. The participant must request discovery of PHA documents no later than 12:00 p.m. on the business day prior to the scheduled hearing date.

The PHA must be given an opportunity to examine, at the PHA offices before the hearing, any family documents that are directly relevant to the hearing. Whenever a participant requests an informal review or formal hearing, the PHA will automatically mail a letter to the participant requesting a copy of all documents that the participant intends to present or utilize at the hearing. The participant must make the documents available no later than 12:00 pm on the business day prior to the scheduled hearing date.

IV. PROCEDURES TO OBTAIN A FORMAL GRIEVANCE HEARING

A) Request for hearing. The participant shall submit a written request or personally present an oral request for a hearing to the Crossville Housing Authority Housing Choice Voucher Department within five (5) business days from the date of mailing of the summary of the informal review pursuant to Section III. The written or the personally presented oral request shall specify:
   (1) The reasons for the grievance; and
   (2) The action or relief sought.

B) Selection of Hearing officer.
   For an informal review: The informal review will be conducted by a person other than the one who made or approved the decision under review, or a subordinate of this person.

   For a formal hearing: Formal hearing officers will be appointed by the Chairman of the Board of Commissioners on an annual basis.

C) Failure to request a hearing. If the participant does not request a hearing in accordance with this Section, then the Housing Choice Voucher Department disposition of the grievance under Section III shall become final, provided, that failure to request a hearing
shall not constitute a waiver by the participants of the right thereafter to contest the Housing Choice Voucher Department action in disposing of the complaint in an appropriate judicial proceeding.

D) Hearing prerequisite. All grievances shall be promptly presented in writing or personally presented orally, pursuant to the informal procedure prescribed in Section III as a condition precedent to a hearing under this section. Provided, that if the participant shall show good cause why there was failure to proceed in accordance with Section III to the hearing officer, the provisions of this Subsection may be waived by the hearing officer.

V. PROCEDURES GOVERNING THE HEARING

A) The participant shall be afforded a fair hearing, which shall include:
   (1) The opportunity for the participant or the Housing Choice Voucher Department to examine before the grievance hearing any documents, including records and regulations that are directly relevant to the hearing. The Housing Choice Voucher Department and the participant shall be provided a copy of any such document at the requesting party's expense. If the Housing Choice Voucher Department or participant does not make the document available for examination upon request of either party, the Housing Choice Voucher Department or participant may not rely on such document at the grievance hearing.
   (2) The right to be represented by counsel or other person chosen as the participant's representative, and to have such person make statements on the participant's behalf;
   (3) The right to a private hearing unless the participant requests a public hearing;
   (4) The right to present evidence and arguments in support of the participant's complaint, to controvert evidence relied on by the Housing Choice Voucher Department, and to confront and cross-examine all witnesses upon whose testimony or information the Landlord or project manager relies; and
   (5) A decision based solely and exclusively upon the facts presented at the hearing and/or requested documents by the hearing officer at the time of the hearing.

B) Accommodation of persons with disabilities.
   (1) The Housing Choice Voucher Department shall provide reasonable accommodation for persons with disabilities to participate in the hearing. Reasonable accommodation may include qualified sign language interpreters, readers, accessible locations, or attendants.
   (2) If the participant is visually impaired, any notice to the participant which is required by these procedures must be in an accessible format.
   (3) At the hearing, the complainant must first make a showing of an entitlement to the relief sought and thereafter the HA must sustain the burden of justifying the HA action or failure to act against which the complaint is directed.

VI. DECISION OF THE HEARING OFFICER
A) The hearing officer shall prepare a written decision, together with the reasons therefore, within a reasonable time after the hearing. A copy of the decision shall be sent to the participant and the Housing Choice Voucher Department. The Housing Choice Voucher Department shall retain a copy of the decision in the Participant’s folder.

B) The decision of the hearing officer shall be binding on the Housing Choice Voucher Department which shall take all actions, or refrain from any actions, necessary to carry out the decision unless the following applies: [PHA Notice of Final Decision in the code of federal regulations 982.555(f) /CFR 982.555(f)]

   (1) The PHA is not bound by the decision of the hearing officer for matters in which the PHA is not required to provide an opportunity for a hearing; or by decisions that exceed the authority of the hearing officer; or by decisions that conflict with or contradict HUD regulations, requirements, or are otherwise contrary to Federal, State or local laws.

   (2) If the PHA determines it is not bound by the hearing officer’s decision in accordance with HUD regulations, the PHA must promptly notify the family of the determination and the reason for the determination.

C) A decision by the hearing officer or Board of Commissioners in favor of the Housing Choice Voucher Department or which denies the relief requested by the participant in whole or in part shall not constitute a waiver of, nor affect in any manner whatsoever, any rights the participant may have to a trial de novo or judicial proceedings, which may thereafter be brought in the matter.

I HAVE RECEIVED A COPY OF THIS GRIEVANCE PROCEDURE AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE PROCEDURE.

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<th>Participant</th>
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This must be signed by Head of Household and any adult members and given to Housing Authority along with your request for a Grievance Hearing and Formal Grievance Hearing.

*This form and the request for the grievance must be submitted to the Housing Choice Voucher Department. Failure to submit to the Housing Choice Voucher Department in person or in writing is failure on the participants and does not constitute any waiver the time limitation to request a grievance.
Crossville Housing Authority affirms the right of every citizen to obtain fair housing of their choice without being limited by race, color, religion, sex, handicap, familial status, or national origin.

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