

Recertification Instructions

Please allow 7-10 business days for Opportunity Home to receive your packet.

Your unit has **FINAL FAILED**. Please inform your landlord of your intention to **MOVE** before submitting this Recertification Packet. All forms must be signed and required documentation must be submitted before the Recertification Packet can be processed.

How to Submit the Recertification Packet

Packets can be submitted via email to moverequest@homesa.org, by fax to 210.477.6206 or by mail to the following address:

ATTN: Opportunity Home San Antonio
820 S. Flores St. | San Antonio, TX 78204

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Things I Need To Send With My Recertification Packet

All household members 18 years of age and older must sign the required recertification documents. Proof of income must be provided and must not be older than 180 days. The following documents are required. If you do not provide all required documents, the recertification process may be delayed. If you have any questions, please call (210) 477-6205.

*****Use this checklist to ensure you submit all documentation required. If an item does not apply to you, please check N/A.*****

Completed	N/A	Document
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Opportunity Home Housing Choice Voucher Application
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Family Obligations & Reasons for Termination form
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Authorization for Release of Information forms
<input type="checkbox"/>	<input type="checkbox"/>	Proof of full-time student status for family members 18 years and older
<input type="checkbox"/>	<input type="checkbox"/>	Court Orders regarding Child custody or guardianships
Family Information		
<input type="checkbox"/>	<input type="checkbox"/>	Picture Identification for all family members 18 years and older
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificates for new members only
<input type="checkbox"/>	<input type="checkbox"/>	Social Security card for new members only
Verification of Income (Examples): Please note food stamps ARE NOT a source of income.		
<input type="checkbox"/>	<input type="checkbox"/>	Employment verification (letter from employer in company letterhead or last 4 consecutive pay stubs)
<input type="checkbox"/>	<input type="checkbox"/>	Income tax records for previous year for self-employed family members
<input type="checkbox"/>	<input type="checkbox"/>	Child support court order or child support printout from Attorney General's Office
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefit award letter
<input type="checkbox"/>	<input type="checkbox"/>	Social Security/SSI award letter
<input type="checkbox"/>	<input type="checkbox"/>	TANF/SNAP award letter
<input type="checkbox"/>	<input type="checkbox"/>	Retirement/disability benefits
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Notarized letter from person providing income (such as general contributions, direct child support, babysitting, etc.), providing amount paid and frequency, and address of such person
Verification of Assets		
<input type="checkbox"/>	<input type="checkbox"/>	Current bank statements for checking and savings accounts
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Certificates of deposit (CDs), stocks, bonds, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Deeds for all real estate owned, tax office
Verification of Expenses: Please DO NOT list the cost of prescription medications on the application.		
<input type="checkbox"/>	<input type="checkbox"/>	Handicap/disability expenses to care for a disabled family member
<input type="checkbox"/>	<input type="checkbox"/>	Child care expenses for children under the age of 12 (SIGNED notarized letter from child care provider to include amount paid, frequency and provider's address)
Elderly/disabled families only:		
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy printout for medical prescriptions not covered by medical insurance for past 12 months
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses not covered by medical insurance and frequency
<input type="checkbox"/>	<input type="checkbox"/>	Cost of medical premiums for health insurance
Forms from your landlord		
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Non-renewal Notice form signed by you and your landlord if you are moving

Reasonable Accommodation

If you are a person with a disability and require a Reasonable Accommodation with respect to your housing assistance, please provide the contact information (i.e., name, address, telephone, and fax) of a physician or medical professional that will be able to verify your reasonable accommodation request. Please note that the continued need for a Reasonable Accommodation may need to be required and verified at the time of each recertification if there is a change in your circumstances.

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Recertification Application

Basic Information

Main Phone		Alternate Phone	
Email Address			
Current Address			
City		State	Zip Code

Household Information

Head of Household	62 Years or Older	Highest Level of Education Completed
Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____ <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: _____ Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: _____ Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: _____ Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: _____ Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No

***Required Documentation:** Is any household member 18 years or older marked above as a full-time student? If yes, you must attach proof of full-time student status. Proof is not required for the Head of Household. Yes (attach proof) No



Family Income Information

- 1 IMPORTANT:** Opportunity Home San Antonio will utilize the U.S. Housing and Urban Development Enterprise Income Verification System (EIV) to verify your household income. Opportunity Home will compare the income information you provide on this application to the information provided to us by EIV. If this process reveals unreported income and / or unreported employment, your assistance may be denied or terminated.

Please list all household income below.

Income Source	Household Member	Amount	Name of Source	Address of Source	Phone	Hours (Avg. Per Week)	Pay Rate (Hourly)
Employment Wages (Weekly)		\$					
		\$					
		\$					
TANF Earnings (Monthly)		\$					
Child Support Income (Monthly)		\$					
Unemployment Benefits (Weekly)		\$					
Social Security Benefits (Monthly)		\$					
Contributions		\$					
Other Income		\$					

Required Documentation: Please attach the required supporting documentation for all household income. Proof of income must not be older than 120 days.

For Employment Wages	Last 4 consecutive pay stubs or letter from employer in company letterhead; If self-employed, income tax records (including Schedule C) for previous year
For TANF Earnings	TANF Award Letter
For Child Support Income	Child support court order or child support printout from Attorney General's Office
For VA / Social Security Benefits	VA Benefits / Social Security / SSI Award Letter
For Unemployment Benefits	Unemployment Benefit Award Letter
For Contributions	Signed Notarized Letter from person providing contributions including frequency and amount
For Other Income	Signed Notarized Letter from person providing income including amount, frequency, and address

Employment Information Certification

By signing below, I am certifying that the employment information above is true and correct for each household member. Please Note: Each household member with employment information must sign below.

Household Member Signature	Date
Household Member Signature	Date
Household Member Signature	Date
Household Member Signature	Date

Household Assets

2 Please include all active accounts with financial institutions for each family household member.

Asset Type	Household Member	Current Balance	Name of Financial Institution	Last 4 of Account Number
Checking Account(s)		\$		
		\$		
		\$		
		\$		
Savings Account(s)		\$		
		\$		
		\$		
CD or IRA		\$		
Stocks/ Bonds/ Collectibles		\$		

3 Do you own any real estate? YES NO

If Yes, please provide the address. You must provide a copy of the title deed(s) at the time you submit this application.

4 Have you sold any real estate in the past two years? YES NO

If Yes, please provide the address. You must provide a copy of the contract(s) of sale at the time you submit this application.

Required Documentation: Please attach the required supporting documentation for all household assets. Proof of income must not be older than 120 days.

Checking and Savings Accounts: **(May Be Required Upon Request)** Current bank statements for checking and savings accounts.

CD/ Stock / Bonds / Etc. Copy of certificates of deposit.

Real Estate Deeds for all real estate owned, tax office

Expenses And Allowances

5 Please complete this section only if you are participating in the MOD-Rehabilitation program. List all expenses paid by each household member. Note: Medical Expenses include, but are not limited to, medical insurance premiums, Medicare deduction, prescriptions, medical supplies, etc.

	Child Care Expense	Medical Expense	Disability Assistance
Amount			
Provider			
Address			
Expense Reimbursed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6 Are any of the above expenses paid on behalf of a household member with a disability so an adult in the family, including the person with a disability, can work? YES NO

If Yes, name which expense(s):

Required Documentation: Please attach the required supporting documentation for all household expenses.

Child Care Expense (For Children Under 12):	SIGNED notarized letter from child care provider to include amount paid, frequency, and provider's address
Medical Care Expense (For Elderly/Disabled Families Only):	Pharmacy printout for medical prescriptions not covered by medical insurance within the past 12 months; medical expenses not covered by medical insurance and frequency; cost of medical premiums for health insurance
Disability Assistance:	Disability/handicap expenses to care for a disabled family member

Optional Contact Person Or Organization

By law, you have the right to optionally provide the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is to identify a person/organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.**

Name of Additional Person or Organization

Address

City	State	Zip Code
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Primary Phone	Cell Phone
----------------------	-------------------

Email Address

Relationship to Applicant

Reason for Contact: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Change in house rules | <input type="checkbox"/> Other: |



Certification

IMPORTANT: According to Title 18, United States Code, Section 1001, it is a federal crime to knowingly or willfully make any materially false, fictitious or fraudulent statement or representation in any matter to a public housing authority.

The following certification must be signed by all household members 18 years or older.

I hereby certify that all the information on this application is true and complete. I understand that by signing this document I authorize the Opportunity Home San Antonio to:

- **Verify all reported information**, which includes comparing all reported information with information retrieved through independent sources. These verifications may include, but are not limited to, the following: Social Security and Supplemental Security Income, state wage information, collection agencies, current and former employers, Temporary Assistance for Needy Families (TANF), child support benefits, child care, financial institutions, veteran’s benefits, worker’s compensation, domestic employment, full-time student status, and pension.
- Obtain all of my **criminal history records**, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. This may include screening my records for state lifetime sex offender registrations, if any, using the *Dru Sjodin National Sex Offender Database* and/or other official federal, state, and local resources.
Obtain all of my **credit history records**, if any, from any credit reporting agency, and to obtain a copy of my credit report.

SIGNATURES

DATE

_____	_____
Head of Household	
_____	_____
Co-Head/Spouse	
_____	_____
Household Member 18 years or older	
_____	_____
Household Member 18 years or older	
_____	_____
Household Member 18 years or older	
_____	_____
Household Member 18 years or older	
_____	_____
Household Member 18 years or older	



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Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Family Obligations and Reasons For Termination

Initials	The family must find an Opportunity Home-approved unit prior to the Housing Choice Voucher expiration date. Any requests for an extension of the voucher term must be submitted to Opportunity Home in writing before the voucher expiration date. If Opportunity Home extends the voucher term, the family must use the voucher to lease a unit before the extension expiration date stated on the voucher.
Initials	The family must supply any information that Opportunity Home or the U.S. Department of Housing and Urban Development (HUD) determines necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status.
Initials	The family must disclose and verify Social Security numbers and must submit consent forms for obtaining information.
Initials	The family must supply any information requested by Opportunity Home or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
Initials	The family must attend all reexamination appointments scheduled by Opportunity Home. The family may reschedule an appointment for good cause, or if it is needed as a reasonable accommodation for a person with disabilities. <i>Good cause</i> is defined as an unavoidable conflict, which seriously affects the health, safety or welfare of the family. Requests to reschedule appointments must be made orally or in writing. The family must complete and return the Recertification Packet and all required documentation by the due date indicated on the notice of recertification.
Initials	Families participating in the Homeownership Program, Family Self-Sufficiency (FSS) Program, or that report zero income must inform Opportunity Home in writing of any increases in income within 10 business days of the change. Unreported income may constitute misrepresentation by the family. All other increases do not need to be reported to Opportunity Home.
Initials	The composition of the assisted family residing in the unit must be approved by Opportunity Home. The family must notify Opportunity Home in writing of the birth, adoption, or court-awarded custody of a child within 10 business days .
Initials	The family must request Opportunity Home approval to add any other family member as an occupant of the unit. No other person except members of the family may live in the unit except for Opportunity Home-approved foster children or live-in aids.
Initials	The address of the assisted unit may not be used by anyone other than those persons listed on the lease. Use of the address for receipt of mail, or any other reason, by another person may be considered evidence that the individual is residing in the unit without authorization and will be grounds for termination.
Initials	The family must notify Opportunity Home in writing within 10 business days if any family member no longer lives in the unit.
Initials	The family must supply any information requested by Opportunity Home to verify that the family is living in the unit or information related to family absence from the unit.
Initials	If any family member will be absent from the unit for a period greater than 45 consecutive days, the family must notify Opportunity Home in writing within 10 days of the member leaving the unit.
Initials	The family must notify Opportunity Home and the owner before moving out of the unit or terminating the lease. The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice to Opportunity Home at the same time the owner is notified.
Initials	Any information supplied by the family must be true and complete.
Initials	The family is responsible for any Housing Quality Standards (HQS) deficiencies caused by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest. Damages beyond normal wear and tear will be considered to be damages that could be assessed against the security deposit.
Initials	The family must pay utility bills and provide and maintain any appliances that the owner is not required to

	provide under the lease. [Form HUD-52646, Voucher]
Initials	The family must allow Opportunity Home to inspect the unit at reasonable times and after reasonable notice.
Initials	The family must not commit any serious or repeated violation of the lease. Serious and repeated lease violations include, but are not limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity.
Initials	The family must provide Opportunity Home a copy of any eviction notice within 10 business days of the date on the notice from the landlord or the date on the court judgment. If the family appeals an eviction judgment, the family must provide a copy of an appeal bond or other court-issued documentation, indicating that an appeal has been filed within 10 business days of the date the appeal was filed.
Initials	The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
Initials	The family must not sublease the unit, assign the lease, or transfer the unit. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
Initials	The family must not own or have any interest in the unit.
Initials	Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
Initials	If the lease states that utilities will be provided by the landlord, the family must not be the account holder for the landlord-provided utilities or maintain the utilities under any family member's name. This is considered fraud.
Initials	Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
Initials	Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
Initials	An assisted family or member of the family must not receive Housing Choice Voucher Program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
Initials	A family must not receive Housing Choice Voucher Program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless Opportunity Home has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]
Initials	The family must repay all debts owed to Opportunity Home. If the family enters a repayment agreement with Opportunity Home, the family must abide by the terms of the repayment agreement.

By signing below, I acknowledge that I have been informed of the Section 8 certification process, my obligations as a participant in the Section 8 program, and the reasons Opportunity Home may terminate my housing assistance. I understand that failure to abide by the HUD regulations and Opportunity Home policies listed above will result in termination of my family's housing assistance.

Printed Name of Head of Household

Last 4 of SSN

Signature of Head of Household

Date

Disclosure Consent Form

WHY?

Opportunity Home San Antonio collects your personal information to administer housing assistance programs. Federal and Local law gives you the right to limit some but not all sharing of your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depends on the purpose for the collection and sharing. Information can be directory or non-directory. Directory information is personally identifiable information that would not generally be considered harmful or an invasion of privacy if shared.

Directory Information

- Resident Name(s)
- Address Information (local, permanent, and email)
- Telephone number (local and permanent)
- Date and place of birth
- Housing Program, and Dates of housing assistance.

Non-directory information

- Also referred to as “Sensitive Personally Identifiable Information” that when lost, compromised or shared without authorization could substantially harm an individual.
- Social Security Number
- Driver’s License Number
- Medical record including disability status
- Financial account numbers such as credit or debit card numbers
- Case Management Data such as case manager notes and social services referred and received
- Employment information such as income and source of income

WHEN?

Opportunity Home collects information from you during the application process, the admissions process, reexaminations, and as part of other non-housing administered programs including but not limited to the Family Self-Sufficiency Program, Jobs-Plus Program, Resident Opportunities and Self-Sufficiency Program, and the Education Investment Foundation’s REACH Award and Scholarships Program. Opportunity Home may share your information at any point in time while you are actively receiving housing assistance and after you have stopped receiving housing assistance.

HOW?

Opportunity Home needs to collect and share information to administer housing assistance programs. In the section below, we list the reasons Opportunity Home can share your personal information; the reasons Opportunity Home chooses to share; and whether you can limit this sharing.

Reasons We May Share Your Personal Information	What Is Shared?	Can You Limit This Sharing?
ADMINISTRATIVE Opportunity Home may collect and/or share resident information to third-parties for the purposes of eligibility, enrollment, and recertification for housing assistance provided. Information may be used to conduct data matching inquiries to identify program integrity issues (e.g., fraud) and improve payment accuracy. The Agency may also use information for auditing purposes, trend analysis, and internal research to improve the Agency’s business practices – including the development, revision, and implementation of agency policies and programs. The Agency may aggregate resident information to generate internal and external reports.	Directory & Non-Directory Information	No

<p>RESEARCH Opportunity Home may share resident information for the purposes of research and evaluation. If the Agency shares non-directory personally identifiable information it will be used for matching records only, the resident information will be destroyed once the matching has occurred, and the resident information cannot be linked back to the final research results made available to the public</p>	<p>Directory & Non-Directory Information</p>	<p>No</p>
<p>SAFETY AND SECURITY Opportunity Home may share resident information to law enforcement agencies to achieve maximum coordination and cooperation in improving the quality of life of residents by reducing criminal activity. Resident directory information is made available to law enforcement agencies in accordance with laws related to the gathering of criminal intelligence defined as “data that is relevant to the identification of and the criminal activity engaged in by an individual who or organization which is reasonably suspected of involvement in criminal activity” [28 CFR 23.1]. Resident directory information is designated by Opportunity Home to include resident name(s), address information (local, permanent, and email), telephone number (local and permanent), date and place of birth, housing program, and dates of housing assistance.</p>	<p>Directory Information</p>	<p>No</p>
<p>PUBLIC INFORMATION REQUESTS Certain information about residents is considered directory information and will be released to anyone who follows the procedures for requesting the information. Resident directory information may be released to any company, individual, or group that requests it in accordance with the Texas Public Information Act (TPIA). Resident directory information is designated by Opportunity Home to include resident name(s), address information (local and permanent), telephone number (local and permanent), date and place of birth, housing program, and dates of housing assistance. In some cases, de-identified and/or aggregate information that cannot be linked back to the resident may be released.</p>	<p>Directory Information</p>	<p>No</p>
<p>INTERVENTION/OUTREACH THROUGH COMMUNITY PARTNERSHIPS Opportunity Home is currently engaged with a group of community partners through the Eastside Choice and Promise Grants who are working to make sure Eastside families have good schools, safe and long-term housing, good jobs and careers, good health care, and a safe neighborhood. Opportunity Home would like to extend these partnerships to all of its residents. Opportunity Home may use and/or share resident information to community partnerships for the purposes of program oversight and accountability including but not limited to activities that allow for a better understanding of how services are being provided and the degree to which they are effective; the number and populations of clients served and the extent that they are accessing multiple services; and to monitor outcomes of</p>	<p>Directory & Non-Directory Information</p>	<p>Yes, Only Non-Directory Information</p>

<p>participants across domains (e.g., education, employment or health).</p> <p>Community partners with whom release and receipt of information may include, but is not limited to: US Department of Housing and Urban Development, TX Attorney General Office, Local government, US Department of Veterans Affairs, TX Department of Health and Human Services, Urban Strategies, Choice and Promise Neighborhood Initiative partners, US Social Security Administration, Courts, Law Enforcement Agencies, Probation/Parole Officers, City Welfare Departments, TX Department of Housing and Community Affairs, Outreach Workers and Case Managers, and Utility Companies.</p> <p>All Opportunity Home partners covered by this notice have entered into a Memorandum of Understanding with Opportunity Home that describes what information is being shared, how the information is being shared, and why the information is being shared. You can get a full list of all Opportunity Home partners who have a current Memorandum of Understanding with Opportunity Home at www.homesa.org.</p>		
<p>EDUCATION Opportunity Home partners with select school districts in Bexar County on limited education initiatives that are intended to increase student attendance and educational outcomes. Opportunity Home may use and/or share resident information to partner school districts. Opportunity Home may also receive education records from the school district.</p>	<p>Directory & Non-Directory Information</p>	<p>Yes, Only Non-Directory Information</p>

Head Of Household Information

Head of Household

Telephone	Entity ID	
Email		
Street Address		
City	State	Zip Code

Please indicate your current wishes regarding your right to limit the sharing of your personal information. **You can change your choice at any time by calling 210-477-6508.**

INTERVENTION/OUTREACH THROUGH COMMUNITY PARTNERSHIPS:
 Opportunity Home has my permission to release and receive individual level information such as name, date of birth, sex, race/ethnicity, address, what partners my family is working with, how my child is doing in school, and what service needs my family may have.
 YES (Opportunity Home may release and receive information for all members in my household)
 NO (Opportunity Home may not release and receive information for all members in my household)

EDUCATION:
 Opportunity Home has my permission to release Opportunity Home directory information and receive school district directory information, including attendance and educational outcomes from school district partners. I understand that the Family Educational Rights and Privacy Act (FERPA) law gives me control over whether my child's protected education information may be shared by my child's school district.

By indicating your current wishes, you are saying that you do have legal authority to make choices for all of the children in your household. If you do not have legal authority, please indicate NO.

YES (Opportunity Home may release and receive information for all members in my household)

NO (Opportunity Home may not release and receive information for all members in my household)

By signing this consent form, I am saying that:

- I understand that the use of my personal information is strictly confidential, and may be used and/or shared by Opportunity Home for the purposes described above.
- I acknowledge that my directory information may be shared with public requestors and Opportunity Home partner agencies in accordance with federal, state, and local privacy laws.
- I understand that I can opt out of data sharing purposes with which I have the right to limit as indicated above at any time by contacting 210-477-6508.
- I understand that even if I don't give permission to share information for data sharing purposes with which I have the right to limit as indicated above, I can still receive any housing services my family is eligible for.
- I agree with the choices made above and understand that I have the right to revoke consent to share my data for purposes with which I have the right to limit as indicated above at any time and that my information will not be shared unless otherwise mandated by law. Further, by revoking my individual consent, no other family member's information will be shared under Opportunity Home's data sharing initiatives.

This form must be signed by the Head of Household, Spouse/Co-Head if applicable, and any other household members who will turn 18 years of age prior to the next recertification.

Head of Household Signature	Date
Spouse/Co-Head Signature	Date
Other Adult Signature	Date
Other Adult Signature	Date
Other Adult Signature	Date



REACH YOUR GOALS



Start a career, finish school and work toward your financial goals within five years through the **Family Self-Sufficiency Program** — and earn a financial reward at completion.

ELIGIBILITY

Must be 18 years or older

Must be a work-able resident on a Public Housing or Voucher lease

Household must be in good standing with Opportunity Home San Antonio

Must be willing to seek and maintain suitable employment and work toward becoming TANF-free

SERVICES + BENEFITS

- Supportive services and help with related costs
- Savings that grow in an escrow account
- One-on-one case management
- Career coaching
- Financial literacy and credit counseling
- Life skills support
- Education and training resources
- Referrals to community and social services

MORE INFORMATION

HCV 210.477.6037 | **PH** 210.477.6273 or fss@homesa.org