

Housing Authority of the Uintah Basin

Myton Office:
125 East Main Street
P.O. Box 56
Myton, Utah 84052
435.722.3952

Vernal Office:
992 West Main Street
Vernal, Utah 84078
435.781.4156



APPLICATION INSTRUCTIONS PLEASE READ CAREFULLY

1. Fill out Application – complete and sign ALL forms.
2. Attach the following documents for ALL household members:
 - a. Birth Certificate – Original State Issued (Photocopies will NOT be accepted)
 - b. Social Security Card – Original (Photocopies will NOT be accepted)
 - c. State Issued Photo ID – for all adult household members.
 - d. Proof of Income and Assets – See enclosure #1
3. If you are claiming a preference, you must provide written verification that you qualify for one of the preferences as specified – See enclosure #2
4. You MUST have an appointment to submit your application – out of area applicants may mail application and required documents, all originals will be returned.

Failure to include stated documents with your application will result in your application being denied.

Please contact the housing authority if you are at least 62 years of age or anyone in your family has disabilities that require a reasonable accommodation.

FOR OFFICE USE ONLY

Applicant: _____ Date of Submission: _____

Date and Time of Approval: _____

Approved by: _____

Date: _____

Head of Household: _____

Current Address: _____

City/State: _____ Zip: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone: _____

Number of Children: _____ Number of Adults: _____

Family Information

Full Name	Relationship to Head	Date of Birth	Sex	Social Security #	Full-time Student
1.	Head	/ /	M F		Yes No
2.		/ /	M F		Yes No
3.		/ /	M F		Yes No
4.		/ /	M F		Yes No
5.		/ /	M F		Yes No
6.		/ /	M F		Yes No

FOR ALL APPLICANTS: Your origin has no bearing upon your eligibility. It is requested by HUD for statistical purposes only.

- Racial Status: Caucasian/White
 African American
 Asian American
 Native American
 Hispanic/Latinx
 Other: _____

INCOME INFORMATION

APPLICANT NAME: _____

(Please indicate each source of income or asset that any member of your household receives or anticipates receiving in the next 12 months)

Item No.	Description of income	Will receive within the next 12 months?	Gross Monthly amount	Employer?
HEAD				
1	Employment	Yes No		
2	Self Employed	Yes No		
3	Not Working	Yes No		
SPOUSE				
4	Employment	Yes No		
5	Self Employed	Yes No		
6	Not Working	Yes No		
ANY/ALL HOUSEHOLD MEMBER				Receiving Member?
7	Military Pay	Yes No		
8	Unemployment benefits	Yes No		
9	Social Security	Yes No		
10	V.A. Benefits	Yes No		
11	TANIF (AFDC)	Yes No		
12	Disability or Workers Comp	Yes No		
13	Recurring Gifts	Yes No		
14	Payments from Trust/Retirement	Yes No		
15	Income from temp. Absent	Yes No		
16	Single, Divorced, or Separated with children, and receiving child support/Alimony	Yes No		
17	Educational grants/loans	Yes No		
18	Other income not listed	Yes No		
19	Housing Assistance from Housing Authority	Yes No		
Total Monthly			\$	

ASSET INFORMATION

(Include **all** assets for **all** members of the household, including children)

Item No.	Description of Asset	Currently Hold	Asset Value	Holding Member
20	Cash on Hand	Yes No		
21	Checking Account	Yes No		
22	Savings account	Yes No		
23	Certificate of Deposit (CD)	Yes No		
24	Trust Account	Yes No		
25	Treasury Bills or Money Market	Yes No		
26	Stocks or Bonds	Yes No		
27	Retirement Plan: IRA	Yes No		
28	Retirement Plan: Pension	Yes No		
29	Retirement Plan: 401K	Yes No		
30	Retirement Plan: Keough	Yes No		
31	Retirement Plan: other	Yes No		
32	Life Insurance (Whole not Term)	Yes No		
33	Real Estate Currently owned	Yes No		
34	Rental Property Income	Yes No		
35	Assets Disposed of in Last 2 years	Yes No		
36	Personal Property Held for Investment	Yes No		
37	Other Assets not listed	Yes No		
Total Assets:			\$	

Head of Household Must Initial Each Statement:

_____ Is the applicant, or any member of the applicant's household a registered sex offender or subject to sex offender registration or lifetime registration in any state? Yes | No

_____ I understand that I am required to provide a written statement if my mailing address or telephone number changes.

_____ I understand that I am required to report any changes in household composition or income immediately to the Housing Authority.

_____ I understand that any income changes or additions of other individuals to the application may disqualify my application for Housing Assistance.

_____ I understand that false statements or false documents are punishable under federal law.

_____ I acknowledge that if any information is purposely withheld or falsely stated, rental assistance will be terminated.

_____ I hereby state that all the information listed above is true correct and complete to the best of my knowledge.

Has the Head of Household or ANY household member ever received rental assistance, public housing, or any other subsidized housing? Yes | No

If yes, where, and when? _____

ALL adult household members must sign and date the application.

Signature Date

Signature Date

Signature Date

Signature Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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125 East Main Street
P.O. Box 56
Myton, Utah 84052
435.722.3952



CRIMAINAL HISTORY BACKGROUND

ALL adult household members must complete this form – make as many copies of this form as necessary for each adult household member to complete.

I, _____ certify that I have lived in the following areas since the age of 18:

City	County	State
City	County	State
City	County	State
City	County	State
City	County	State

I certify under penalty of perjury, that the above is true correct and complete.

Signature

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023,

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit :

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e . unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals 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 your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow 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 rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

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 are 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. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a 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 disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

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 of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. 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 (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/dhcr/pract/priv/index.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature _____

Date _____

REQUIREMENTS TO BE PLACED ON THE WAITING LIST

1. INCOME:

The household must be at or below the flowing income limits for calendar year. Income is based on gross household income (before any deductions) for all members of the household from all sources of income, and from income for any assets (checking accounts, savings accounts, real estate property, etc.) For income limits, please contact the office.

2. CITIZENSHIP:

At least one member of the household must be a citizen of the United States or have eligible immigration status. The qualifying household member can be a minor/child.

REQUIREMENTS WHEN ASSISTANCE IS OFFERED

1. INCOME:

The household must be at or below the flowing income limits for calendar year. Income is based on gross household income (before and deductions) for all members of the household from all sources of income for any assets (checking accounts, savings accounts, real estate property, etc.)

2. CRIMINAL BACKGROUND:

All adult household members must pass a criminal history background. Criminal activity for drugs, violent acts, sex crimes and abuse of alcohol within the past five years may disqualify the applicant or household member from participation in the program. Criminal activity for the manufacture or production of methamphetamine will be denied program participation. Registered sex offenders will be denied program participation.

3. PAST HOUSING ASSISTANCE:

All household members will be screened for past housing assistance through any public housing authority or public housing unit. If a household member is listed in the HUD computer system with a debt to a public housing authority or public housing agency or is listed for termination from the program for violation of the rules, regulations, or assisted lease agreement the household member may be denied participation.

ENCLOSURE #1
ACCEPTABLE FORMS OF INCOME DOCUMENTATION

Employment Wages, Salaries, Commissions, Tips, Bonuses:

3 months of paycheck stubs

OR

A signed statement from your employer verifying:

- a. Your hourly wage and the number of hours you work per week.
- b. Your weekly commission.
- c. Your monthly salary.
- d. The amount in tips you receive.
- e. The amount of any bonuses you receive.

Self-Employment:

A copy of your quarterly Federal Tax filing (Schedule C)

OR

A copy of the previous year's Federal Income Tax filing.

OR

A copy of your Self Employment Earnings Log

Social Security:

A letter from the U.S. Department of Social Security stating gross amount received. This letter must be dated within the last 120 days of application date.

Pensions and Retirement:

A letter from your Pension/Retirement/Annuity/Insurance/401K/IRA Plan stating the gross amount received. This letter must be dated within the last 120 days of application date.

Unemployment and Disability Compensation:

Written verification from Utah State Department of Workforce Services indicating the amount of Unemployment/Disability you receive and the maximum amount you are eligible to receive.

Worker's Compensation:

A letter from your employer or the Utah Labor Commission indicating the amount of compensation you receive and the maximum amount you are eligible to receive.

Child Support and Alimony:

A copy of your divorce papers or child support court order

OR

A written verification from the Office of Recovery Services stating the amount of child support you have received in the past 6-months.

OR

A Signed and notarized statement provided by ex-spouse or income source indicating type of support, amount and payment schedule.

TANF (Welfare Financial Assistance – Does not include food stamps):

Written verification from the Utah State Department of Workforce Services or other provider of general assistance.

Tribal Dividends:

3 months of dividends check stubs

OR

A signed statement from the tribe stating the gross amount of monthly dividends you receive.

Tribal Oil and Gas Royalties:

A printout from the tribe for the past year stating the amount of oil and gas royalties you have received.

ECLOSURE #1 – CONT.
ACCEPTABLE FORMS OF ASSET DOCUMENTATION

Checking Account:

Your most recent 6-months of Bank or Credit Union activity stating:

- a. Name of Bank/Credit Union
- b. Account Number
- c. Current Balance

Savings Account:

Your most recent 6-months of Bank or Credit Union activity stating:

- a. Name of Bank/Credit Union
- b. Account Number
- c. Current Balance

Money Market Trust:

Your most recent statement stating:

- a. Account Number
- b. Current Balance
- c. Maturity Date
- d. Penalties for Withdrawal

Trust Account:

Written verification from the trust holder stating the amount of the trust, who is authorized to receive funds from the trust and any penalties for withdrawal.

Certificates of Deposit:

Your most recent statement stating:

- a. Account Number
- b. Current Balance
- c. Maturity Date
- d. Penalties for Withdrawal

Equity (Real Property), Personal Property, Cash Held, Stocks/Bonds etc.:

Contact the Housing Authority to determine what documents must be submitted.

ENCLOSURE #2 PREFERENCES

Preferences determine where you will be placed on the waiting list. If you (Head of Household) can say 'yes' to any of the below items, you can claim that preference and be placed higher on the waiting list than a person who cannot.

1. Local Preference – Myton City and/or Duchesne County

- a. The applicant currently resides in Myton City or Duchesne County: The applicant is not required to have their own residence i.e., can be staying with friends or family that live in the area.
- b. The applicant is working or is hired to work in Myton City or Duchesne County.
- c. The applicant is participating in an education/training program within Duchesne County, designed to prepare the individual for the job market.

VERIFICATION DOCUMENT REQUIRED: MUST BE SUBMITTED WITH APPLICATION

- A signed lease agreement
- A signed and notarized statement with the physical address of the owner of the unit where the applicant is currently residing.
- A signed statement from employer on company letterhead stating that the applicant is employed along with the location of employment.
- Written verification from the school of higher education or training program where the applicant is currently enrolled in a program designed to prepare for the job market.

2. Local Preference – Vernal City and/or Uintah County

- a. The applicant currently resides in Vernal City or Uintah County: The applicant is not required to have their own residence i.e., can be staying with friends or family that live in the area.
- b. The applicant is working or is hired to work in Vernal City or Uintah County.
- c. The applicant is participating in an education/training program within Uintah County, designed to prepare the individual for the job market.

VERIFICATION DOCUMENT REQUIRED: MUST BE SUBMITTED WITH APPLICATION

- A signed lease agreement
- A signed and notarized statement with the physical address of the owner of the unit where the applicant is currently residing.
- A signed statement from employer on company letterhead stating that the applicant is employed along with the location of employment.
- Written verification from the school of higher education or training program where the applicant is currently enrolled in a program designed to prepare for the job market.

3. Domestic Violence (i.e., Dating Violence, Stalking, Sexual Assault): This preference will not be granted if the perpetrator is listed on the application.

Domestic Violence: Threats or physical acts of violence or aggression directed against one or more members of the applicant's family.

Sexual Assault: Any form of nonconsensual sexual activity or contact as prescribed by federal, tribal, or state law, including when the victim lacks capacity to consent.

- a. The applicant has vacated a housing unit because of domestic violence, stalking or sexual assault.
- b. The applicant lives in a housing unit with a person who has engaged in domestic violence within the past 180 days.

VERIFICATION DOCUMENT REQUIRED: CAN BE SUBMITTED ANYTIME

- Written documentation from a law enforcement agency, social services agency, court of competent jurisdiction, physician, or victims of domestic violence counselor or operator of a domestic violence shelter.