



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



**HURON HOUSING AND REDEVELOPMENT COMMISSION
 255 IOWA AVENUE SE
 HURON, SOUTH DAKOTA 57350
 (605) 352-1520
 BLUEBIRD APARTMENTS**

FOR OFFICE USE ONLY

Date: _____
 Time: _____

The Huron Housing and Redevelopment Commission does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. The Huron Housing and Redevelopment Commission is an equal opportunity provider and employer.

Please provide accurate information.

Complete every item on the application - leave nothing blank. Print N/A if an item does not apply to you.

Head of Household Name _____ Male ____ Female ____

Address _____
 Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: _____ Hispanic/Latino Race: _____ White _____ Black/African American
 (Check One) _____ Not Hispanic/Latino (Check All That Apply) _____ American Indian/Alaska Native
 _____ Asian _____ Native Hawaiian/Other
 Pacific Islander

HOUSEHOLD COMPOSITION:

Names of all Family Members	Relation to Head Of Household	Date of Birth	Social Security Number
	Head		

HOUSEHOLD COMPOSITION CONTINUED:

Do you or a member of your household qualify for a reasonable accommodation due to a disability?

Yes _____ No _____

Accommodation Requested: _____

Do you or any member of your household have a history of substance abuse that has not been abated through rehabilitation?

Yes _____ No _____

Have you or any member of your household been charged with a crime?

Yes _____ No _____

Are you or any member of your household a registered sex offender?

Yes _____ No _____

Did you or anyone in your household file a Federal tax return last year?

Yes _____ No _____

INCOME AND EMPLOYMENT:

List the income for the all members 18 or older, including income received on behalf of household members under 18. Include all income you expect to receive in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home. Income can include:

Alimony, child support, disability benefits, assistance to attend school, food stamps, military pay, periodic gifts, retirement, self employment, social security benefits, SSI, unemployment, wages and salaries, welfare benefits, worker's compensation, lottery winnings in periodic payments, income from assets, etc.

Name of Family Member	Gross Amount Received	How Often Received Weekly Bi-Weekly Monthly	Source of Income or Employer Name	Address

Family members who are disabled, handicapped, or over age 62 may qualify for an income adjustment. Do you or any family member qualify under this provision?

Yes _____ No _____

ASSETS:

Please list assets of all household members. **Each item must be "YES" or "NO"**. Please provide the name and complete address of the financial institution that can verify each asset item.

Cash on Hand: Amount \$ _____

	YES or NO	Amount \$	Name of Institution (Bank)
Checking			
Savings or CD's			
Stocks or Bonds			
Money Market Accounts			
Cash Value of Life Insurance			
Equity in Real Property			
Other			

Have you disposed of any assets (i.e. real estate, certificates of deposit, etc.) within the last two years?
 _____ Yes _____ No

If yes, please explain listing the value of the asset and the amount received. Please indicate how the proceeds from the disposed asset were invested and/or spent. _____

ALLOWANCES:

Medical expenses for elderly, handicapped or disabled persons are allowable deductions to income. Child care expenses related to work or to attend school are also allowable deductions to income. Please list the requested information for costs in the **past 12 months**.

Name of Family Member	Physician, Hospital, Clinic, Drug Store or Child Care Provider	Address	Cost Monthly/Annually

Health Insurance Company: _____

Mailing Address: _____

Premium: \$ _____ How often paid? (Circle One) Monthly/Quarterly/Semi-Annually/Annually

Please attach a statement from the company indicating the annual premium and the frequency of premium payments.

HOUSING INFORMATION:

Does your family lack a regular nighttime residence, live in a shelter, or other non-residential place? _____ Yes _____ No
 Do you currently live or have you previously lived in, public housing, or any other type of federally subsidized housing?
 _____ Yes _____ No

If "Yes", when and where? _____

Do you owe money to any Public Housing Authority or a provider of any type of federal housing assistance?
 _____ Yes _____ No

If "Yes", please list the name and address of the Public Housing Authority or other provider and how much you owe.

Do you owe any utility provider money for unpaid utility bills? _____ Yes _____ No

If "Yes", please list.

Have you or anyone in your household been evicted? _____ Yes _____ No

Does anyone living outside your household pay for or provide money of any of your household bills or living expenses?
 _____ Yes _____ No

What type of dwelling do you currently live in? (Check one)

_____ Rented Home
 _____ Own Home
 _____ Rented Apartment
 _____ Other: _____
 _____ Rented Mobile Home
 _____ Own Mobile Home
 _____ In the Home of Relative or Friend
 Lot Rent \$ _____

Present amount of Monthly Rent: \$ _____

List all landlords within the past 2 years, listing most current landlord first:

Landlord Name	Address	Phone	Dates		
			From		To

IN THE EVENT OF AN EMERGENCY, WHO DO WE NOTIFY?

Emergency Contact Name _____

Address _____
 Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I declare that I have read and understand this application, and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under SDCL 4-9-5, a person is guilty of a felony if in a governmental matter such as this, he/she makes false written statements when the statement is material and he/she does not believe it to be true. I authorize inquiries to be made to verify the statements above.

I agree to inform the Huron Housing Authority Staff immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing.

I certify that the apartment unit applied for will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location.

 Head of Household

 Co - Applicant

 Date

 Date



255 Iowa Ave SE ▲ PO Box 283 ▲ Huron, SD 57350

Phone: 605-352-1520 ▲ Fax: 605-352-6382

hra@santel.net ▲ www.huronhousingauthority.com

This Agency is an equal opportunity
provider and employer.



Rural Development is implementing a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

Beginning on January 1, 2009, Rural Development will start receiving wage and benefit information from the State Department of Labor (SDOL). This information will be shared with the owners and management agents servicing your housing development. This information may then be compared against information provided on your Tenant Certification (Form RD 3560-8). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

Rural Development assumes Tenant Certifications are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

Rural Development will implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. If you require a copy of the grievance procedure it is available in our offices.

You can update or correct your existing Tenant Certification now until _____. Of course, the updated and corrected Tenant Certification may result in changes to the Federal housing benefits your household is entitled to receive. However, initial changes that result in improper subsidies received by you would not be retroactive and subject to recapture if you disclose them during this grace period. Any discrepancies that result in receipt of improper assistance after this grace period ends will be subject to recapture.

If you have any further questions, please contact us.

AUTHORIZATION FOR RELEASE OF INFORMATION
USE FOR ALL PURPOSES

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Huron Housing and Redevelopment Authority (HRA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Program, and/or other housing assistance programs administered by the HRA. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and USDA Rural Development in administering and enforcing program rules and policies.

In addition, I authorize and consent to the exchange of information between the HRA and supportive service agencies from whom I am receiving services, i.e. Community Counseling Services, Huron Area Center for Independence, Department of Social Services, Cornerstones Career Learning Center, Inc., concerning my family's circumstances, and/or other matters relating to my disability and/or medical condition.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquires that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers
Courts and Post Offices	Credit Providers and Credit Bureaus
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support and Alimony Providers	Medical and Child Care Providers
Retirement Systems	Veterans Administration
Welfare Agencies	Banks and other Financial Institutions
	Utility Companies

CONDITIONS

I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HRA and will stay in effect for a period of fifteen (15) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Head of Household	_____ [State(s) of Residency In Past 3 Years]	_____ Date
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_____ Spouse	_____ [State(s) of Residency In Past 3 Years]	_____ Date
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_____ Adult Member Signature	_____ [State(s) of Residency In Past 3 Years]	_____ Date
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**Huron Police Department
Crime Free Multi-Housing Program
Lease Addendum**



In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

1. Resident, any members of the resident’s household or a guest or other person under the resident’s control shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. “Drug- related criminal activity” means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C.802]).

2. Resident, any member of the resident’s household or a guest or other person under the resident’s control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the said premises.

3. Resident or members of the household will not permit the dwelling unit to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, or a guest.

4. Resident, any member of the resident’s household or a guest, or another person under the resident’s control shall not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance or marijuana as defined in SDCL 22-42, at any locations, whether on or near the dwelling unit premises or otherwise.

5. Resident, any member of the resident’s household, or a guest or another person under the resident’s control shall not engage in any illegal activity, including prostitution as defined in SDCL 22-23-1, criminal street gang activity as defined in SDCL 22-10A-1, threatening, intimidating or stalking as prohibited in SDCL 22-19A, assault as prohibited in SDCL 22-18 or the unlawful discharge of firearms, as determined in SDCL 22-14-7, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other tenant or involving imminent or actual serious property damage, as defined in SDCL 22-34.

6. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.** A single violation of any of the provisions of this added addendum shall be deemed a serious violation and a material and irreparable non- compliance. It is understood that a single violation shall be good cause for immediate termination of the lease under SDCL 43-32. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by substantial evidence of the type reasonably relied upon by property managers in the usual and regular course of business.

7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.

8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Owner and Resident.

Resident Signature Date: _____

Resident Signature Date: _____

Property Manager’s Signature Date: _____

Property _____

HURON CRIME FREE MULTI-HOUSING PROGRAM

“Keeping Illegal Activity Out of Rental Property”



Notice of Law Enforcement K-9 Use on Property

Purpose of using the Law Enforcement K-9 on the property is to give Landlords, Managers, Tenants and Law Enforcement another tool to provide a safer and drug free property.

Landlords and Managers have agreed and provided Law Enforcement with written authorization to have random K-9 sniffs of the property. The K-9 sniff does not include the tenants living area. The K-9 sniff will include hallways, exterior of buildings, sheds, parking lots (including exterior of the cars), outside garbage containers and recreational areas owned by the Landlord.

United States Supreme Court has ruled in three specific cases (*) in favor of Law Enforcement using K-9 sniffs.

By signing this document, indicates you have been notified of possible K-9 sniffs.

Tenant Signature

Date

Tenant Signature

Date

Landlord/Manager Signature

Date

*United States vs. Venema, United States vs. Place & United States vs. Roby