

02-11/1

OAKLAND HOUSING AUTHORITY



OAKLAND HOUSING
AUTHORITY

1540 Webster St. Oakland, CA 94612

572768
1540 WEBSTER ST

Additional Information Request

September 2, 2020

Janee Palmer
1723 Church St
Oakland, CA 94621

RX Month: 11/1
Client #: T0572768

In order to continue your participation, please provide COPIES of all marked information requested below:

FAILURE TO SUBMIT THE REQUESTED INFORMATION MAY RESULT IN TERMINATION OF YOUR PROGRAM PARTICIPATION

Income Verification:

- ☐ Four (4) most recent & consecutive paycheck stubs for:
- ☐ 1040 with Schedule C or Signed Profit & Loss Statement for:
- ☐ Unemployment / State Disability benefit letter or last two (2) stubs for:
- ☐ Pension / Retirement / Annuity benefit letter or two (2) stubs for:
- ☐ Letter with frequency and amount of Support Payments, and contact information of support provider for:
- ☐ Last twelve (12) months of Child Support payments or proof of not receiving for:
- ☐ Other:

Asset Verification:

- ☐ Checking Account(s) statements for the past three (3) months for:
- ☐ Saving Account(s) statements for the past one (1) month for:
- ☐ Other:

Deduction Verification:

- ☐ Three (3) consecutive childcare receipts or expense verification letter for:
- ☒ Copy of current school transcript for: TAZHNAE (Proof of full time student status – document showing how many units you are currently enrolled in)

Identity Documents:

- ☒ Birth Certificate for: DE'MAREA POWELL
- ☒ Social Security Card for: DE'MAREA POWELL
- ☒ Valid ID Card / Driver's License for: TAZHNAE
- ☒ Declaration of Section 214 (citizenship or immigration) Status form for: DE'MAREA POWELL
- ☐ Verification of Court Awarded Custody / Statement from a Social Service or Child Welfare professional verifying child's residence for:

Complete/Sign the attached forms:

- ☒ Personal Declaration for: TAZHNAE (SIGN PAGE 1); JANE (COMPLETE PAGE 3 re: Full Time student)
- ☒ Income & Asset Statement for: TAZHNAE & JANE
- ☒ Authorization Release for: TAZHNAE
- ☒ Debts Owed (HUD-52675) for: TAZHNAE
- ☒ Participant Obligations for: TAZHNAE
- ☐ Homeless at Admission Status Certification for:
- ☐ Zero Income Declaration for:
- ☐ 4506-T for:

Other:

- ☐ Proof of new address (billing statement, rental agreement, or I. D.) for:
- ☒ Other: INTERIM REQUEST FORM TO ADD HOUSEHOLD MEMBER

You must submit the above information no later than 9/16/2020.

Sincerely,

E. Jip
Housing Assistance Representative
Leased Housing Department
(510) 587-7186



MAIL TO:
1540 Webster St
Oakland, CA 94612



BRING TO:
1540 Webster St
Oakland, CA 94612



E-MAIL TO: LHOccupancy2@oakha.org

LH0311



Income and Asset Statement

The adult named below must complete AND sign this form even if there is no income
(Must be 18 years or older at time of signature)

Name PALMER, JANE Tenant # t0572768 Date of Birth 01-27-1986

DECLARATION OF ACKNOWLEDGEMENT

Penalties for committing fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. The following may occur if you provide information that you know is false or incomplete:

- Termination from the program
- Repayment for overpaid rental assistance you received
- Disqualification from receiving future assistance
- Imprisonment for up to five (5) years
- Fine of up to \$10,000

By signing below I am certifying that I have completed the Income and Asset form and that the information I have given is true and complete.

SIGNATURE Jane Palmer DATE 8-7-2020

DO YOU OWN OR HAVE ANY OF THESE ASSETS? (In or out of the United States)

- | YES | NO | | YES | NO | |
|-----------------------|----------------------------------|-------------------------------------|-----------------------|----------------------------------|--|
| <input type="radio"/> | <input checked="" type="radio"/> | Checking Account(s) | <input type="radio"/> | <input checked="" type="radio"/> | House, Condo, Mobile Home, Real Estate |
| <input type="radio"/> | <input checked="" type="radio"/> | Savings / Money Market Account(s) | <input type="radio"/> | <input checked="" type="radio"/> | Certificate of Deposit (CD) / Treasury Bills / Bonds |
| <input type="radio"/> | <input checked="" type="radio"/> | IRA (Individual Retirement Account) | <input type="radio"/> | <input checked="" type="radio"/> | Whole Life Insurance Policies |
| <input type="radio"/> | <input checked="" type="radio"/> | Trust Fund | <input type="radio"/> | <input checked="" type="radio"/> | Other: _____ |

Bank Name _____	Type of Account _____	Account # _____
Bank Name _____	Type of Account _____	Account # _____
Bank Name _____	Type of Account _____	Account # _____

YES NO

- ☐ ☐ Have you disposed of any asset(s) for less than fair market value in the last 2 years?
- ☐ ☐ Do you have any assets held jointly with another person? (Ex: Checking, Savings, real estate, etc.)

DO YOU RECEIVE INCOME FROM ANY OF THESE SOURCES?

- All income and assets must be reported for determination of continued program eligibility.
- Current verification is required for ALL household members (including minors) who receive income and/or benefits.
- Some income and/or benefits may not be included when your rent portion is calculated.

YES NO

- ☐ ☐ Job / Wages
- ☐ ☐ SSI and/or SSA
- ☐ ☐ SSI for Minor
- ☐ ☐ TANF / CalWORKS
- ☐ ☐ General Assistance

- ☐ ☒ Food Stamps
- ☐ ☒ Cash Gifts / Loans
- ☐ ☒ Lump sum payment

YES NO

- ☐ ☒ Self Employment
- ☒ ☐ Unemployment
- ☐ ☒ Veterans Benefits
- ☐ ☒ Pensions / Retirement
- ☐ ☒ Child Support
- ☐ ☒ Alimony
- ☐ ☒ Adoptive Assistance
- ☐ ☒ Foster Care / Kin Gap

YES NO

- ☐ ☒ Tips or bonuses or commissions
- ☐ ☒ Worker's Comp / Disability
- ☐ ☒ Employment Training Program
- ☐ ☒ Annuities or non-revocable trust
- ☐ ☒ Income from rent or sale of property
- ☐ ☒ Dividends/Payments from investments
- ☐ ☒ Military Pay
- ☐ ☒ Other: _____

Employer(s) Name _____ Phone# _____

Address _____ City _____ Zip _____

Employer(s) Name _____ Phone# _____

Address _____ City _____ Zip _____

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): _____

Phone# _____ Address _____

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): _____

Phone# _____ Address _____



Income and Asset Statement

The adult named below must complete AND sign this form even if there is no income
(Must be 18 years or older at time of signature)

Name BROOKS, TAZHNAE

Tenant # t0572768

Date of Birth 08-25-2002

DECLARATION OF ACKNOWLEDGEMENT

Penalties for committing fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. The following may occur if you provide information that you know is false or incomplete:

- Termination from the program
- Repayment for overpaid rental assistance you received
- Disqualification from receiving future assistance
- Imprisonment for up to five (5) years
- Fine of up to \$10,000

By signing below I am certifying that I have completed the Income and Asset form and that the information I have given is true and complete.

SIGNATURE Laghu Brooks

DATE 8-7-2020

DO YOU OWN OR HAVE ANY OF THESE ASSETS? (In or out of the United States)

YES NO

☒ ☒

Checking Account(s)

YES NO

☐ ☒

House, Condo, Mobile Home, Real Estate

☒ ☒

Savings / Money Market Account(s)

☐ ☒

Certificate of Deposit (CD) / Treasury Bills / Bonds

☐ ☒

IRA (Individual Retirement Account)

☐ ☒

Whole Life Insurance Policies

☐ ☒

Trust Fund

☐ ☒

Other: _____

Bank Name Unify Financial Credit Union Type of Account youth Account # 3598286

Bank Name _____ Type of Account _____ Account # _____

Bank Name _____ Type of Account _____ Account # _____

YES NO

☐ ☐

Have you disposed of any asset(s) for less than fair market value in the last 2 years?

☐ ☐

Do you have any assets held jointly with another person? (Ex: Checking, Savings, real estate, etc.)

DO YOU RECEIVE INCOME FROM ANY OF THESE SOURCES?

- All income and assets must be reported for determination of continued program eligibility.
- Current verification is required for ALL household members (including minors) who receive income and/or benefits.
- Some income and/or benefits may not be included when your rent portion is calculated.

YES NO

☐ ☒

Job / Wages

YES NO

☐ ☒

Self Employment

YES NO

☐ ☒

Tips or bonuses or commissions

☐ ☒

SSI and/or SSA

☐ ☒

Unemployment

☐ ☒

Worker's Comp / Disability

☐ ☒

SSI for Minor

☐ ☒

Veterans Benefits

☐ ☒

Employment Training Program

☐ ☒

TANF / CalWORKS

☐ ☒

Pensions / Retirement

☐ ☒

Annuities or non-revocable trust

☐ ☒

General Assistance

☐ ☒

Child Support

☐ ☒

Income from rent or sale of property

☐ ☒

Food Stamps

☐ ☒

Alimony

☐ ☒

Dividends/Payments from investments

☐ ☒

Cash Gifts / Loans

☐ ☒

Adoptive Assistance

☐ ☒

Military Pay

☐ ☒

Lump sum payment

☐ ☒

Foster Care / Kin Gap

☐ ☒

Other: _____

Employer(s) Name _____ Phone# _____

Address _____ City _____ Zip _____

Employer(s) Name _____ Phone# _____

Address _____ City _____ Zip _____

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): _____

Phone# _____ Address _____

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): _____

Phone# _____ Address _____



OAKLAND HOUSING
AUTHORITY

PERSONAL DECLARATION

Head of Household PALMER, JANEE

Client # t0572768

Accommodation for Persons with Disabilities:

The Housing Authority will make reasonable efforts to accommodate persons with disabilities. To request special accommodations please contact us at 510-587-2100 at least 3 days prior to your appointment.

Language translation services are available in 151 languages at all offices at no cost

Los servicios de traduccion en 151 idiomas estan disponibles en todos las oficinas sin ningun costo.

所有辦公地點都會免費提供 151 種
的外語翻譯服務。

PRIMARY LANGUAGE (Spoken by the Head of Household)

☒ English ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Cambodian ☐ Vietnamese ☐ Other _____

DECLARATION OF ACKNOWLEDGEMENT

Note: If you are completing this form for a person(s) with disabilities or an elderly person(s) or for someone who does not speak, read or understand English, please provide your information here:

Name _____ Phone # _____

Address _____ City, State, Zip _____

- I/we do hereby swear and attest that all of the information reported in this recertification about me and members of my household is true and correct.
- I/we understand that the Housing Authority will research public records and conduct computer matching searches, including the credit bureau to verify the information provided.
- I/we certify that the social security numbers listed are correct and have been assigned by the Social Security Administration. If no social security number has been listed, I/we certify that none has been assigned.
- All household members 18 years old and older must sign this form

I/we understand that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Janee Palmer _____ 08-7-2020
Signature of Head of Household Date

1723 Church Street _____ Oakland ca 94621
Address City, State, Zip

(510) 717-3604 _____ DemareePawell@gmail.com
Home phone # Cell phone # Email Address

Signature of Adult #2 _____ Date _____

Signature of Adult #4 _____ Date _____

Signature of Adult #6 _____ Date _____

Signature of Adult #3 _____ Date _____

Signature of Adult #5 _____ Date _____

Signature of Adult #7 _____ Date _____

Reviewed by: Name & Signature of OHA Representative _____ Date _____



Oakland Housing
Authority

Section 8 Participant Obligations

This form is designed to help you understand your obligations under the Section 8 program. These obligations apply to everyone living in your household. If you do not meet these obligations you could lose your Section 8 assistance.

HOUSEHOLD INCOME

You must:

- ▣ Report in writing full and complete financial information for every household member at all annual and interim re-examinations.
 - ▣ Report all income including, but not limited to, income from jobs, welfare, social security, child support, and all assets such as bank accounts, vehicles, property, etc.
- If you do not report all household income and assets, you could lose your Section 8 Assistance and you may have to repay your subsidy to OHA.*

HOUSEHOLD MEMBERS

You must:

- ▣ Request approval from OHA and the landlord before allowing anyone (including family members, foster children and live-in aides) to live with you.
- ▣ Report birth, adoption or court-awarded custody of a child to OHA in writing within two weeks of the event.
- ▣ Inform OHA in writing if any household member has moved out or will be absent from the unit within two weeks of when they leave.

REQUIRED DOCUMENTATION

You must:

- ▣ Ensure that all information provided to OHA is true and complete.
- ▣ Provide any information OHA requests regarding household income and assets.
- ▣ Sign and submit consent forms allowing OHA to obtain income, asset and social security information.
- ▣ Disclose and verify the Social Security numbers of all household members upon request.
- ▣ Provide evidence of citizenship or immigration status.
- ▣ Provide any additional information necessary to administer the Section 8 Program.

OWNERSHIP OF THE UNIT

You must not:

- ▣ Own or have an ownership interest in the unit.
- ▣ Rent from a relative who is the parent, stepparent, child, stepchild, grandparent, grandchild, sister, sister-in-law, brother, brother-in-law, spouse or domestic partner of you or anyone in your household (unless OHA approves it as a reasonable accommodation for someone with a disability).

HOUSING QUALITY STANDARDS (HQS)

You must:

- ▣ Allow OHA to inspect your unit at reasonable times and after reasonable notice.
- ▣ Maintain the unit in good condition. This includes paying for any utilities that are your responsibility and supplying and maintaining any appliances you agreed to provide.
- ▣ Repair any damage caused by you, any household members or your guests in a timely manner.

RENTAL AGREEMENT

You must:

- ▣ Use your unit primarily as a residence.
- ▣ Get approval from OHA and the property owner before operating a business out of your unit.

You must not:

- ▣ Commit any serious or repeated violations of your lease agreement, such as not paying your portion of rent on time every month.
- ▣ Pay the landlord more than your portion of the rent.
- ▣ Sublet or rent part of your unit or your entire unit to someone else.
- ▣ Have more than one residence.

MOVING & EVICTIONS

You must:

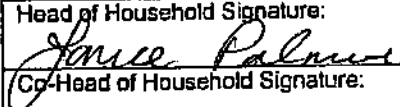
- ▣ Give the landlord written notice if you want to move out according to the lease (usually 30 days notice after the initial lease term) or sign an OHA Mutual Agreement form before moving out.
- ▣ Give OHA a copy of the notice you give the owner (or the Mutual Agreement) on the same day.
- ▣ Give OHA a copy of any eviction notice you receive within 5 days.

FRAUD & CRIMINAL ACTIVITY

You or any member of your household must not:

- ▣ Commit fraud, bribery or any other corrupt or criminal act in connection with Section 8.
- ▣ Engage in violent or drug-related criminal activity, or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by persons living near you.
- ▣ Engage in, or threaten, abusive or violent behavior toward OHA staff.
- ▣ Receive more than one form of housing assistance for the same unit or different units at the same time.

This form is a summary of OHA's Administrative plan and the Code of Federal Regulations for the Section 8 Program.

Head of Household Signature: 	Date 08-9-20	Other Adult:	Date
Co-Head of Household Signature:	Date	Other Adult:	Date

If you have questions or if you don't understand something on this form, please ask your Representative for help.



Sources of Information to be Obtained:

- State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Other Sources of Information, Verifications and Inquiries that may be requested include, but are not limited to:

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

Groups or Individuals That May Be Asked

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

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.

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 Oakland Housing Authority. I understand I have a right to review my file and correct any information I can prove is incorrect.

Consent: I consent to allow HUD or the Oakland Housing Authority 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 OHA cannot use the income information received under this consent form 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. I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Oakland Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain continued assistance under the housing assistance programs administered by the Oakland Housing Authority. 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) in administering and enforcing program rules and policies.

I also consent for the Oakland Housing Authority to release information from my file about any rental history to HUD collection agencies. This includes records on my payment history, and any violations of my lease or Oakland Housing Authority policies. The authorization to release information requested by this consent form expires 42 months after the date the consent form is signed.

SIGNATURES

Janee Palmer
Head of Household (Print Name)

Janee Palmer
Signature Head of Household

8-7-20
Date

Spouse/Cohead (Print Name)

Signature Spouse/Cohead

Date

Adult Member (Print Name)

Signature Adult Member

Date

Adult Member (Print Name)

Signature Adult Member

Date

Adult Member (Print Name)

Signature Adult Member

Date