

Eligibility Documents

- ROI
- Screening/Needs Assessment
- Diagnosis
- Income Verification

**PERMISSION TO RELEASE CONFIDENTIAL INFORMATION TO
SECURE NECESSARY SERVICES
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

I authorize personnel of UMC or this local agency HOPE Agency to share my identity, the fact that I have a confirmed diagnosis of HIV or AIDS, and that I seek their services for support. I authorize only those agencies or individuals who are listed below. Unless I have initialed and signed additional release forms for specific purposes, no information which might identify me may be shared by representatives of UMC or this Agency with any other person or organization. I understand that UMC or this Agency will take all necessary precautions to protect my identity. This consent expires 12 months after signed, when revoked, in writing, by the authorized person, or upon exit from the program.

By my signature below, I hereby agree that I shall not hold UMC or this Agency HOPE Agency liable for the performance or quality or degrees of performance of services agreed to by affiliates. I authorize UMC and this Agency HOPE Agency to release my identity, my HIV/AIDS status when necessary, and my need for services and support to the individuals, groups, or agencies listed below.

Name of Authorized Persons*	Applicant's Initials	Date
Agency Name: <u>HOPE Agency</u>	BW	March
Case Manager: <u>Captin America</u>	BW	March
Physician: <u>Dr. J. Doe</u>	BW	March
Clinic: <u>The U at UMC</u>	BW	March

**This includes Clergy, Counselors, other Agencies, Family members, Attorneys, Landlords, or anyone that the client may so choose.*

My signature below, authorizes HOPE Agency (Agency) to release necessary information to the agencies and individuals initialed by me, above. Further, if I am unable to participate in a determination of those services which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

Captain America	Case Manager
Print Name of Designated Individual	Relationship
Hip Hop Ave, Mississippi	242-222-2222
Address	Phone/Fax
Client Signature	Date
Witness Signature	Date

NOTES: _____

**HOUSING APPLICATION & ASSESSMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
HOPWA**

(*Mandatory Information for HUD)

Name Black Widow DOB/Age 40 Client ID# 123456
 Street Address 123 Storybook Rd Phone 601-100-10000
 City Pearl State MS Zip 39208 SSN 999-99-9999

*** RECENT LIVING SITUATION**

* If client came from one of these facilities in the last 30 days, or was on the street or in an emergency shelter prior, consider the person homeless from the streets or shelter as appropriate.

- | | |
|--|--|
| <input type="checkbox"/> homeless from the streets | <input type="checkbox"/> psychiatric/ mental health facility* |
| <input type="checkbox"/> homeless emergency shelter | <input type="checkbox"/> hospital or other medical facility* |
| <input type="checkbox"/> transitional housing | <input type="checkbox"/> living with relatives/friends |
| <input type="checkbox"/> domestic violence shelter | <input type="checkbox"/> participant-owned housing |
| <input type="checkbox"/> jail/prison | <input checked="" type="checkbox"/> rental housing |
| <input type="checkbox"/> substance use treatment facility* | <input type="checkbox"/> foster care or foster care group home |
| <input type="checkbox"/> hotel/motel with out paid assistance | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> permanent housing for formerly homeless (SHP/S+C/SRO MR etc.) | |

*** DEMOGRAPHICS & HOUSEHOLD/ FAMILY COMPOSITION:**

Use one of the following race and ethnicity codes to fill-in chart below:

- | | |
|---|---|
| *Race: W -White | NH/PI -Native Hawaiian/Pacific Islander |
| A -Asian | AI/AN -American Indian/Alaskan Native |
| A/W -Asian/White | AI/AN/W -American Indian/Alaska Native/White |
| <input checked="" type="checkbox"/> B/AA -Black/African American | B/AA/W -Black/African American/White |
| O/MR -Other/Multi-racial | AI/AN/B/AA -American Indian/Alaska Native/Black/African American |

*Ethnicity: **H**-Hispanic or **NH**-Not Hispanic

*Relationship: Husband, Wife, Domestic Partner, Mother, Father, Sibling, Daughter, Son, Grandparent, Grand child, Aunt, Uncle, Cousin, Roommate, Other

Name or ID#	M or F	Age	HIV + Yes or No	Race	Ethnicity	Relationship	\$ Income
Black Widow	F	40	Yes	B	NH	Self	1,017
Will Smith	M	10	No	B	NH	son	0

*TOTAL Gross Monthly Family/Household Income \$ 1,017 (Attach income verification)

* Please Answer YES or NO to the following questions:	YES	NO
1. Do you have a housing plan with any other agency for maintaining or establishing stable on-going stable housing?		X
2. Have you had contact with a case manager/benefit counselor at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?		X
3. Have you had contact with a primary health care provider at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?	X	
4. Do have medical insurance coverage or medical assistance?	X	
5. Are you a Veteran from U.S. military service?		X
6. Are you a survivor of domestic violence		X
7. Are you chronically homeless by HUD's definition? *		X

* A "chronically homeless person" is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

What type of housing is client applying for?

Tenant-based Rental Assistance (TBRA) _____ Facility/Community-based housing _____

Short-term Rent, Mortgage, Utility Assistance (STRMU) X

Is TBRA or STRMU for shared housing? Yes _____ No X

HOUSING SUBSIDY

Does Section 8 or part of the Public Housing Authority subsidize your current unit? Yes _____ No X

Have you applied for Section 8 or with the Public Housing Authority? Yes _____ If so, when? _____ No X

Are you willing, if eligible, to apply for Section 8 or Public Housing? Yes X7 No _____

If no, why? _____

TERMS OF CURRENT UNIT

Mortgage/rent amount \$ NA Per Month
Security deposit amount \$ 800
Written Deed/lease Yes No
Years left on mortgage NA Name(s) on mortgage _____
Term of lease/rental agreement 2023-2025 Name(s) on lease Black Widow & Will Smith
Years living at this residence 10

LANDLORD INFORMATION

Landlord/management company name (check payable to): Mr. Storybook
Address: 123 Storybook Ln.
City: Pearl State: MS Zip Code: 39208
Landlord/management company daytime phone: 147-222-2222
If landlord is not a corporation please provide Tax ID or SS# Tax ID# 123456

UTILITIES

What utilities does the applicant pay in addition to rent?
 gas electric heating fuel hot water none other: _____
Who pays utilities in the household? applicant spouse/partner roommate
 other: _____

Are you currently in arrears with your rent, Mortgage, or Utility Payments? Yes No
Which one(s) Rent and Utility Amount(s) Rent \$1,600, Utility \$1,000
For what period(s) Feb-March
Why? Decreased Income

CURRENT HOUSING DESCRIPTION

Number of Bedrooms: 0-studio _____ one _____ two three _____ other _____
Bathrooms: # of baths _____ full _____ partial _____ inside unit _____ outside unit _____
Kitchen: individual shared _____ full _____ partial _____
Other: # rooms _____ other rooms used _____ (if shared housing)

CURRENT HOUSING CONDITION			
	Yes	No	N/A
1. Is your rent or lease payment late? If yes, what is the total amount owed \$ <u>1,600</u> and for what period?	X		
Why are you late? Decreased income			
2. Is your mortgage payment late? If yes, what is the total amount owed \$ _____ and for what period?			X
Why are you late? NA			
3. Are any of your utility bills overdue/past due? If yes, what is the total amount owed \$ <u>1,000</u> and for what period?	X		
Why are you late? Deceased income			
4. Have your utilities been shut-off? If yes, how much is needed to reconnect services \$ _____		X	
5. Have you ever been evicted for non-payment of rent?		x	
6. Are you having problems with water leaks or water damage in your unit?		x	
7. Are you having problems with your heater?		x	
8. Are you having problems with your air conditioner?		x	
9. Are you having problems with your door or window locks?		x	
10. Are you having problems with your plumbing?		x	
11. Are you having problems with your elevator?			x
12. Are you having problems with a gas leak, gas smell in your unit?		x	
13. Do you have any broken windows?		x	
14. Are you having problems with poor lighting outside and/or in the hallways?		x	
15. Are you having problems with your hot water?		x	
16. Are you having problems with smoke detectors not working or missing from your unit?		X	
17. Do you need housing that is wheelchair or handicapped accessible?		x	

By signing below, I am certifying that the information above is true and correct. I acknowledge that it is my responsibility to report any and all changes in the income of my household within **ten** days of the change. I understand that intentionally misrepresenting income or family composition is grounds for denial or termination of housing assistance and that false statements or information are punishable under Law (Federal and State).

Black Widow _____

Date: March 24

Date: _____

Approved Denied for STRMU _____ Housing Assistance Program

Reason: Applicant is behind on her bills and provided supporting documents.

By: Captain America Case Manager/Housing Staff

STATEMENT OF HIV VERIFICATION

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Note: This form may be filled out by a physician, certified health care worker, or HIV testing site Representative.

Applicant's Name: Black Widow

Social Security Number: 789-99-9999

I certify that Black Widow has
tested positive for the Human Immunodeficiency Virus.

Printed Name: M. Smith

Signature: _____

License #: 987654 (if applicable) State Issued: MS

Date: March 2023

Telephone: 242 333-3333

Fax: () _____

Address: Woodrow Wilson Ave

City Jackson State MS Zip 39191

NOTES:

SUGGESTED FORMS OF INCOME VERIFICATION AND DOCUMENTATION OF EXPENSES HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

1. Wages and salaries including base and overtime rates, bonuses and incentive payments	Pay stubs, earnings statement or W-2 form identifying employee and showing amount earned and period of time covered by employment.	Signed and dated form or letter from employer specifying amount to be earned per pay period and length of pay period.	Statement indicating contact with employer by phone or in person specifying amount to be earned per pay period.
2. Tips/gratuities and self-employment	Notarized statement from applicant or form 1040/1040A showing amount earned and employment period.	None.	None.
3. Income maintenance, AFDC, date welfare, Social Security agency,	(1) Copy of check issued by agency. (2) Award letter signed by agency.	Signed and dated verification form completed by agency showing amount and period received.	Statement indicating of contact with amount received, and dates received.
4. Unemployment/Worker's Compensation.	Same as 3A.	Same as 3B.	Same as 3C.

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

<p>5. Child Support Payments paying (Counted as income for HOPWA for the custodial parent.) (Not eligible with HOPWA for exclusion on adjusted gross income for non-custodial parent.)</p>	<p>(1) Copy of payment records furnished by court, signed and dated, showing amount received; (2) Copy of divorce decree showing amount of support. (3) Copy of uncashed check.</p>	<p>Written statement from paying parent.</p>	<p>Oral statement from parent.</p>
<p>6. Interest/dividends obtained by with</p>	<p>(1) Passbook showing interest received and period covered. (2) Income tax return. (3) Dividend statement from bond holder or stock company.</p>	<p>Dated and signed verification form completed by savings institution showing amount and period received.</p>	<p>Same as 6A but means of oral contact official at institution. of contact must be</p>
<p>Date specified.</p>	<p>(1) Passbooks/letters completed by bank. (2) Real estate tax assessment or appraisal of real property. (3) Statement signed by applicant specifying assets.</p>	<p>None.</p>	<p>None.</p>
<p>7. Assets</p>	<p>(1) Passbooks/letters completed by bank. (2) Real estate tax assessment or appraisal of real property. (3) Statement signed by applicant specifying assets.</p>	<p>None.</p>	<p>None.</p>

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

8. Child care expenses	<p>(1) Receipts, canceled checks. (2) Itemized list signed by applicant.</p>	<p>Letter received from child care agency, babysitter, or person providing care showing amounts received or expected and period of service.</p>	<p>Same as 8B but with telephone or in-person contact.</p>
9. Medical expenses	<p>(1) Receipts, canceled checks; (2) Records of insurance payment, indication of payroll deduction for medical insurance; (3) Itemized list signed by applicant.</p>	<p>Form letter, dated and signed, from hospital or physician specifying amount due or expected to be due during the next 12 months.</p>	<p>Same as 9B but with telephone or in-person contact.</p>
10. Housing expenses	<p>(1) Receipts, canceled checks. (2) Itemized list signed by applicant.</p>	<p>Letter received from landlord showing amount of rent paid.</p>	<p>Same as 10B but with telephone or in-person contact.</p>

OTHER INFORMATION THAT MAY REQUIRE VERIFICATION

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

<p>1. Dependent children -- Age -- Relationship</p>	<p>-- Income tax returns -- Support payment records -- Marriage certificates -- Social Security records -- Birth certificates -- VA records -- Divorce records</p>	<p>None required.</p>	<p>None required.</p>
<p>2. Disability</p>	<p>(1) Doctor's statement furnished by applicant. (2) Social Security Administration records indicating nature of disability.</p>	<p>State Review Board's or doctor's statement or prepared form specifying nature of disability.</p>	<p>Same as 2B but with telephone or in-person contact.</p>
<p>3. Full-time student status</p>	<p>School identification card or school records specifying period of time attended and indicating full-time status.</p>	<p>Written statement, dated and signed, received from school specifying that applicant is enrolled full-time and the dates attending.</p>	<p>Same as 3B but with telephone or in-person contact.</p>

ZERO INCOME AFFIDAVIT

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

I, _____, have applied for emergency or rental assistance through the HUD Housing Opportunities for Persons with AIDS (HOPWA) program. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____. I applied for _____ (other financial assistance) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the HOPWA program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: _____

Date: _____

Witness: _____

Date: _____

Case Manager/Care Coordinator's Notes:

UI Support Services
Texas Workforce Commission
P. O. Box 2165
Austin, Texas 78768-2165

DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS

Date Mailed: January 2024

Black Widow
Pearl, MS

All dates are shown in month-day-year order.
Social Security Number: 123-45-6789
Employer: Any Employer
Employer Account No: 12-345678-9

Decision

Issue: Overpayment – Earnings Adjustment

Decision: You have been overpaid unemployment benefits. We cannot pay you benefits until you repay this overpayment.

Reason for Decision: We received new information and adjusted the amount of earnings on your payment requests.

Amount of the overpayment established by this decision: \$1,017/ month

Weeks Overpaid (Week Ending Date): See continuation page

Action required of you: Repay the overpayment. If we are paying you benefits, each time you request payment, your benefits will go toward the overpayment until the balance is paid. If you have returned to work, are no longer requesting payment or are not eligible for benefits, please make payment in full by check or money order payable to the Texas Workforce Commission and mail it to:

**TWC REVENUE & TRUST MANAGEMENT
PO BOX 149352
AUSTIN TX 78714-9352**

Please include your social security number on your payment or when writing about your claim.

Law Reference: Section 212.006 of the Texas Unemployment Compensation Act.

Determination of Potential Chargeback for the Employer

If You Disagree With This Decision

If you disagree with this decision, you may appeal. Submit your appeal online, by fax, or by mailing on or before 07-20-20. TWC will use the postmark date or the date we receive the fax or online form to determine whether your appeal is timely. If you appeal by fax, you should keep your fax confirmation as proof of transmission. Please include a copy of this notice with Appeals correspondence. **You must appeal each determination separately.**

Mail the appeal to:

Appeal Tribunal
Texas Workforce Commission
101 E. 15th Street
Austin, TX 78778-0002

Or FAX to (512) 475-1135

You may appeal by submitting
TWC's online appeal for. Go to
www.texasworkforce.org

Case No:	1
Claim ID:	05-03-20
Claim Date:	05-03-20
Hearing impaired clients call 711 for Relay Texas	

Please See Reverse For How To File An Appeal.

#1 Delete

#2 Delete

Beneficiary Member ID	11555	11556
This member is the head of household	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This member is the co-head of household	<input type="checkbox"/>	<input type="checkbox"/>
This member is a child UNDER age 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>
This member is a fulltime student age 18 years and OVER	<input type="checkbox"/>	<input type="checkbox"/>
This member is 62 years of age or older	<input type="checkbox"/>	<input type="checkbox"/>
This member is a person (of any age) with disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Previous

Continue

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: 03/05/2024 *Effective Date:*

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

- HUD 24 CFR Part 5

Beneficiary Information

Beneficiary ID: 1111-446435

Member Information

Member IDs:	HH	CH	DIS	62+	S≥18	<18
11555	X		X			
11556						X

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years

Contact Information

Income Information

Annual gross income (total of all members) = \$ 12,206

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

ADJUSTED INCOME CALCULATION

Completed on 06/25/2024 **Beneficiary ID:** 11111-446435

1. Annual Income (based on the {24 CFR Part 5/IRS 1040} definition):	1. \$14,406.00
2. Number of household members (excluding head or co-head) under 18, disabled, or full-time student:	2. 1
3. Dependent deduction (line 2 multiplied by \$480):	3. \$480.00
4. Child care expenses deduction (reasonable child care expenses for children age 12 and under):	4. \$0.00
5. Disability assistance expenses:	5. \$800.00
6. Three percent of Annual Income:	6. \$432.18
7. Line 5 minus line 6 (if negative, \$0):	7. \$367.82
8. Amount earned by household member enabled to work as a result of disability assistance expenses (<u>11555</u>):	8. \$14,400.00
9. Disability assistance allowance (lesser of lines 7 or 8):	9. \$367.82
10. Total medical expenses (elderly and disabled households only):	10. \$1,800.00
11. Allowable medical expenses (elderly and disabled households only (if negative, \$0)): <ul style="list-style-type: none">• If no disability assistance expenses reported, equal to total medical expenses minus 3% of Annual Income.• If disability assistance expenses reported and line 7 is greater than zero, equal to total medical expenses.• If disability assistance expenses reported but line 7 is zero, equal to total medical expenses minus the difference of 3% of Annual Income minus disability assistance expenses.	11. \$1,800.00
12. Elderly/Disabled household deduction (\$400 per household):	12. \$400.00
13. Sum of deductions (lines 3, 4, 9, 11, and 12):	13. \$3,047.82
14. ADJUSTED INCOME (Annual Income minus sum of deductions):	14. \$11,358.18

COMPLETE SIGNATURES ON SECOND PAGE

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

ADJUSTED INCOME CALCULATION

Completed on 06/25/2024

Beneficiary ID: 11111-446435

HEAD OF HOUSEHOLD		
Signature <i>B. Widaw</i>	[REDACTED]	Date 3/2024

OTHER BENEFICIARY ADULTS*		
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date
Signature	[REDACTED]	Date

* Attach another copy of this page if additional signature lines are required.

PREPARER		
Signature <i>B. Widaw</i>	[REDACTED]	Date 3/2024

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



FY 2023 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income Click for More Detail	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Jackson, MS HUD Metro FMR Area	\$79,900	Very Low (50%) Income Limits (\$) Click for More Detail	28,000	32,000	36,000	39,950	43,150	46,350	49,550	52,750
		Extremely Low Income Limits (\$)* Click for More Detail	16,800	19,720	24,860	30,000	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$) Click for More Detail	44,750	51,150	57,550	63,900	69,050	74,150	79,250	84,350

NOTE: HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Jackson, MS HUD Metro FMR Area**.

The **Jackson, MS HUD Metro FMR Area** contains the following areas: Copiah County, MS; Hinds County, MS; Madison County, MS; and Rankin County, MS.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2023 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2023 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY2022 Median Family Income and Income Limits for Jackson, MS HUD Metro FMR Area](#)

Select another FY 2023 HMFA Income Limit area that is a part of the

Holmes County, MS HUD Metro FMR Area ▼

[Select HMFA Income Limits Area](#)

Select any FY2023 HUD Metropolitan FMR Area's Income Limits:

Jackson, MS HUD Metro FMR Area ▼

[Select HMFA Income Limits Area](#)

Or press below to start over and select a different state:

[Select a new state](#)

UI Support Services
Texas Workforce Commission
P. O. Box 2165
Austin, Texas 78768-2165

DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS
Date Mailed: June 6, 2020

John Doe
123 Any Street
Any City, TX 12345-6789

All dates are shown in month-day-year order.
Social Security Number: 123-45-6789
Employer: Any Employer
Employer Account No: 12-345678-9

Decision

Issue: Overpayment – Earnings Adjustment

Decision: You have been overpaid unemployment benefits. We cannot pay you benefits until you repay this overpayment.

Reason for Decision: We received new information and adjusted the amount of earnings on your payment requests.

Amount of the overpayment established by this decision: \$100.00

Weeks Overpaid (Week Ending Date): See continuation page

Action required of you: Repay the overpayment. If we are paying you benefits, each time you request payment, your benefits will go toward the overpayment until the balance is paid. If you have returned to work, are no longer requesting payment or are not eligible for benefits, please make payment in full by check or money order payable to the Texas Workforce Commission and mail it to:

TWC REVENUE & TRUST MANAGEMENT
PO BOX 149352
AUSTIN TX 78714-9352

Please include your social security number on your payment or when writing about your claim.

Law Reference: Section 212.006 of the Texas Unemployment Compensation Act.

Determination of Potential Chargeback for the Employer

If You Disagree With This Decision

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Austin, TX 78778-0002

Or FAX to (512) 475-1135

You may appeal by submitting
TWC's online appeal for. Go to
www.texasworkforce.org

Case No:	1
Claim ID:	05-03-20
Claim Date:	05-03-20
Hearing impaired clients call 711 for Relay Texas	

Please See Reverse For How To File An Appeal.

STRMU Program Documents

- Participation Agreement
- Verification of Financial Hardship
- STRMU Tracker
- IDs

**SHORT TERM RENT, MORTGAGE AND/OR UTILITY ASSISTANCE
(STRMU)
PARTICIPATION AGREEMENT FORM**



MISSISSIPPI HOME CORPORATION

The MHC Short-term Rental Mortgage and Utility (STRMU) Assistance Program is for persons living with HIV in Mississippi who are at risk of homelessness, but will remain housed with assistance. The program provides for emergency needs **not to exceed 21 weeks out of 52 weeks** of assistance to help currently housed HIV+ low income persons stay housed. The STRMU Program will pay for back rent, back mortgage or back utility payments. All participants are tracked in the Homeless Management Information System. Your participation is an agreement to provide information in this system and you will be required to submit a **Consent to Release of Information** for tracking data to HUD and reporting to local funders.

The assistance is eligible for:

- Rent: back rent and late fees
- Mortgage: mortgage in arrears, late fees, taxes, insurance and other fees if escrowed
- Basic utilities (Water, Sewer, Garbage, Gas and Electricity)

Participant Eligibility:

- Low-income (below 80% area median income (AMI))
- Documented HIV/AIDS status (confidentiality will be maintained)
- Client must be currently housed – homeless individuals are not eligible for STRMU assistance. Assistance is provided to help households maintain their current place of residence.
- Client must be currently named as a tenant under the written lease (if renting), or own the home (named on the Deed of Trust for the address seeking subsidy).
- Client must complete budget and housing stability plan.
- Client must provide evidence of hardship.

Note: STRMU program cannot assist persons in foreclosure proceedings. STRMU assistance for homeowners MUST be requested BEFORE a notice of foreclosure has been filed on address seeking subsidy.

Assistance provided is intended to make household stable – it is intended to **prevent** homelessness, it is NOT an ongoing assistance program, or permanent housing subsidy. All participants are expected to reach stability by the time they exit the program and should have a Housing Stability Plan in place, which indicates what steps will be undertaken to ensure this outcome. A copy of this Housing Stability Plan must be in clients file.

By signing below, I am indicating that I understand the conditions stated in this agreement are regulated by the HOPWA Policies and Procedures manual, and I agree to abide by them.

Head of Household: Black Widow _____ March 2023 _____
Print Name Signature Date

Staff: Captain _____ _____ _____
Print Name Signature Date

STRMU Entry Date _____ STRMU Exit Date _____

Total amount of STRMY received: _____ weeks, _____ months.

Select when completed/obtained	STRMU Participation - Checklist
✓	Completed Housing Assessment & Individual Service Plan
✓	Signed and dated Releases of Information
✓	Obtained and verified documentation of Household need
✓	HIV Verification (signed by certified health practitioner/testing site (only at intake):
✓	Completed Household Composition
✓	Reviewed for & obtain Household income documentation (income inclusions and exclusions)
✓	Completed Total Household Gross Income Eligibility Determination
✓	Reviewed and assessed household budget
✓	Review previous STRMU usage and applicable 21-week time limit (in any 52-week period)
NA	Shared Housing Rent Calculation Worksheet, as applicable
✓	Fair Market Rent (FMR) and Utility Allowance Charts, as applicable
✓	Obtained copy of Lease (indicating household member as an occupant and/or lease holder)
✓	Obtained copies of utility bills – current and past due
NA	Program service responsibilities agreement
✓	Lead-Based Paint Visual Assessment Completed, as applicable
✓	Lead Based Paint Acknowledgement Form Attached, if housing assistance includes children under 6 years old or pregnant women
	Smoke Detector Certification
	Grievances filed, including follow-up and outcomes
	Grievance/Termination Policy Signed and Attached
	Termination Sheet Attached, as applicable
	Other Forms – Provided to the Household
	Grievance and Termination Policy – Signed as received

TRUIST BANK
 214 North Tryon Street
 Charlotte, North Carolina, U.S.

Page 1 of 2
 63/B10/0175/0/42
 121007406949
 07/02/2022



Black Widow
 123 Storybook Lane
 Pearl, MS 39208

TRUIST BANK
 ACCOUNT STATEMENT
 Routing number 055003308

Questions? Please call
 1 - (844-487-8478)

Financial confidence gives you all kinds of confidence.
 Join the movement at trui.com
 Confidence Starts Here.

Account Summary	Account Type	Account Number	Statement Period
	TRUIST CHECKING	121007406949	06/05/2022 - 07/02/2022

Description	Amount	Description	Amount
Beginning Balance	\$5.00	Average Balance	\$95.93
Deposits/Credits	\$450.31	Average Collected Balance	\$130.55
Checks	\$5.00	Number of Days in Statement Period	25
Withdrawals/Debits	\$773.76		
Ending Balance	\$323.45		

Overdraft Protection	Account Number	Protected By
	1390023270834	Not enrolled

For more information about Truist Bank Overdraft Services, visit www.truist.com

Transaction History					
Date	Check #	Transaction Description Details	Deposits/Credits	Withdrawals/Debits	Current Balance
06/05		Beginning Balance			.00
06/17		Electronic/ACH Credit Paypal Verifybank 4T9ddtkqh69c	.15		
06/17		Electronic/ACH Credit Paypal Verifybank 4T97pwl84869c	.10		
06/20		Electronic/ACH Debit Paypal Verifybank 4T97rqzuqe9c		.31	.00
06/25		Mobile Check Deposit	450.00		450.00
06/25		Deposited Item Returned		450.00	
06/29		Deposited Item Returned Fee		12.50	
07/01		Overdraft Item Fee		36.00	48.50
07/02		Check Card Purchase TR DATE 07/02 Coastalcontacts 604-6691555 Ca		238.95	287.45
07/02		Extended Overdraft Fee		36.00	323.45
07/02		Ending Balance			323.45
Credit and Debit Totals			\$450.31	\$773.76	

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed. For more information, including details related to fees and balances, please sign on to Online Banking.

Overdraft & Returned Item Fees Summary		
	Total for this period	Total for year-to-date
Total Overdraft Fees	\$72.00	\$72.00
Total Returned Item Fees	\$0.00	\$0.00

22222		VOID <input type="checkbox"/>	Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008 1454-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld \$4,700.00	
c Employer's name, address, and ZIP code Big Employaer 123 Easy Street Jackson, Ms 39201			3 Social security wages \$50,000.00		4 Social security tax withheld \$3,100.00	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
Black Widow 123 Storybook Lane Pearl, MS 39208			13 Statutory employee <input type="checkbox"/> Retiree plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MS	55-12345678	\$50,000.00	\$1,535.00	\$50,000.00	\$800.00	

Form **W-2** Wage and Tax Statement

2022

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

MEDICAL BILLING INVOICE

PATIENT INFORMATION

Black Widow
Storybook Rd.
Pearl MS

PERSCRIBING PHYSICIAN'S INFORMATION

Dr. Alanah Gomez
(555) 505-5000
102 Trope Street,
New York, NY 45568

INVOICE NUMBER

12245

DATE

07/01/23

INVOICE DUE DATE

07/30/23

Amount DUE

\$1,745.00

ITEM	DESCRIPTION	AMOUNT
Full Check Up	Full body check up	\$745.00
Ear & Throat Examination	Infection check due to inflammation	\$1,000.00

NOTES

A prescription has been written out for patient,
for an acute throat infection.

SUB TOTAL \$745.00

TAX RATE 9%

TAX \$157.05

TOTAL \$1,902.05



Concordia Hill Hospital
www.concordiahill.com

For more information or any issues or concerns,
email us at invoices@concordiahill.com

Hospital Discharge Form

Sender/Caller Information: Patient Hospital Provider
Name: Tamara Stewart Phone: () Fax: ()
Does the patient have other insurance? No Yes: _____
Today's Date: 3 / 1 / 24 Time: _____

Patient Information:
Patient: Widow Blade
Last First
HealthPartners Member ID #: _____ Date of Birth: 2 / 14 / 1980 Male Female

Admission Information:
Admission Date: 7 / 1 / 23
Discharge Date: 7 / 3 / 23
Disposition: Home Expired Nursing Home Transfer Other Hospital Transfer
Admission Source:
 ER/ED Direct Scheduled Direct Transferred From: _____
Admission Type, Bed, Unit (mark all that applies): Other _____
 Med/Surg ICU/CCU Mental Health Long Term Acute Care
 Pediatric Swing Bed CH Detox Inpatient Acute Rehab
 Maternity Delivery/DOB: ___/___/___ Nursery: Normal Level II Level III NICU
 Twins Triplets
Baby: Boy Girl Name: Last _____ First _____ Hospital MRN: _____
Baby: Boy Girl Name: Last _____ First _____ Hospital MRN: _____
Baby: Boy Girl Name: Last _____ First _____ Hospital MRN: _____
ICD-10 Diagnosis Code: _____
ICD-10 Procedure Code (Inpatient): _____

Provider Information:
Facility: UML Phone: ()
Street: 124 Woodrow Wilson Dr. UR Dept: ()
City: Jackson State: MS Zip: 39204
Facility Tax ID: _____ Provider Contact Name: _____
Attending Physician: Jah Jones David
Last First
Phone: () Fax: ()
Street: _____
City: Jackson State: MS Zip: _____
Physician Federal Tax ID: _____ or NPI #: _____

Example Tracking Sheet for STRMU

Monthly Period Paid by STRMU	Allowable FMR or Rent Cap	Amount of STRMU Rent Payment & Time Attributed	Allowable Utility Amount or Cap	Amount of STRMU Utility Payment & Time Attributed	Total # of Actual Days of Assistance	Total # of Rounded Weeks Used (1, 2, 3, 4)
January	61,110	\$ 800	NA	\$1,000	31	5
February	\$1,170	† 800	NA	\$0	29	3 4
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL		0		0	0	9 0



S.H.I.E.L.D.

S.H.I.E.L.D.

ROMANOFF
Natasha
THE SPECIALIST

LEVEL 07 CLEARANCE
SEX F
HAIR RED
EYES GRN
HEIGHT 5'03"

ISSUED BY FIELD OFFICE
WASHINGTON, D.C.
LOSS OF THIS CARD MUST BE REPORTED IMMEDIATELY

ISSUE DATE
2010AUG05

7568954

RE-ENTRY

ISSUE DATE

Cards & Badges

NYC IDENTIFICATION CARD

ID NUMBER

10240128102155XXX
XXXXXXXXXXXXXX

NAME

Sample

Widow, Black

ADDRESS/ZIP

10228 Cakhinix Boulevard XXXX
New York NY 10007

DATE OF BIRTH

03/16/1988

EYE COLOR

Brown

HEIGHT

5' 9"

GENDER

F

EXPIRATION

04/04/2019



STRMU Housing Documents

- Inspection checklist (NSPIRE)
- Lead Screening
- Lease/mortgage
(verification of occupancy/ownership)
- W9
- FMR/Rent Standard
- Lead -based paint disclosure
- VAWA

HOPWA HQS Habitability Standards

All housing assisted under 24CFR574.300(b)(3),(4),(5), and (8), including the HOPWA Rental Assistance Program, must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements. Mark each statement as A for approved or D for deficient. Property must meet all standards in order to be approved.

- A i. Structure and materials: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
- A ii. Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
- A iii. Space and Security: Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- A iv. Interior air quality: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
- A v. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals.
- A vi. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.
- A vii. Illumination and electricity: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
- A viii. Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- A ix. Sanitary Conditions: The housing and any equipment must be maintained in sanitary condition.
- A x. Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six residing in the HOPWA-assisted property has an Elevated Blood Level, paint surfaces must be tested for lead-based paint. If lead is found present, the surface must be abated in accordance with 24 CFR Part 35.
Note the following to assist in determining if unit can be approved or is deficient: Date built/rehabbed 2001; Children under 6 present 0; Pregnant woman 0; LBP brochure provided to household and signature of receipt on file yes.
- A xi. Smoke detectors: The HOPWA program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.
- Carbon Monoxide

(Source: U.S. Department of Housing and Urban Development: 24 CFR Part 574, B574.310 (b), B882.404(c)(3); and CPD-94-05.)

CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

X The property meets all of the above standards _____ The property does not meet all of the above standards.

_____ The property is Rent Reasonable _____ The property is not Rent Reasonable

Therefore, I make the following determination: X The property is approved. _____ The property is not approved.

Case Name Blade widow

Street Address Starybush Rd

A22 Pearl MS
 Apartment # City State Zip

Evaluator's Signature: T. Stewart Date: 3/2/24

Please Print Name: Tamara Stewart CBO Exec. Dir. Initial TS

Lead Screening Worksheet

About this Tool

The *HPRP Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. HPRP staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file. Please see the *HPRP Lead-Based Paint Requirements Summary* for additional information.

INSTRUCTIONS

To prevent lead-poisoning in young children, HPRP grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

BASIC INFORMATION

Name of Participant *Black Widow*
Address *skrybent* Unit Number *A22*
City *Pied* State *MS* Zip
HPRP Program Staff *Tamara Stewart*

PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

Yes

No

2. Will a child under the age of six be living in the unit occupied by the household receiving HPRP assistance?

Yes

No

PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?
 Yes
 No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?
 Yes
 No
3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?
 Yes
 No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving HPRP assistance for a security deposit or arrears)?
 Yes (Obtain documentation for the case file.)
 No
5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).
 Yes
 No

Please describe the exemption and provide appropriate documentation of the exemption.

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing HPRP financial assistance to the unit as outlined in the following training on HUD's website at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?

Yes

No

2. Were any problems with paint surfaces identified in the unit during the visual assessment?

Yes

No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?

• 20 square feet on exterior surfaces Yes No

• 2 square feet in any one interior room or space Yes No

• 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim Yes No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the HPRP program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?

Yes

No

2. Have all identified problems with the paint surfaces been repaired?

Yes

No

3. Were all identified problems with paint surfaces repaired using safe work practices?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Was a clearance exam conducted by an independent, certified lead professional?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

5. Did the unit pass the clearance exam?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.

ATTACHMENT 1: LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE

I, (print name), certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at (property address and unit number) on (date of assessment).
- No problems with paint surfaces were identified in the unit or in the building's common areas.

A. Steved
 (Signature)
3/4/24
 (Date)

Client Name: Black Widow
 Case Number: _____

Storybook Properties

1. **Parties:** The parties to this Agreement are: John Storybook, hereinafter called **Landlord** and Jane Smith, hereinafter called **Tenant**. I

2. **Properties:** Landlord hereby lets the following property to Tenant for the terms of this Agreement: a) the real property known as: Storybook Unit #A22 and b) the following furniture and appliances on said property: All appliances

3. **Term:** The term of this Agreement shall be for 1 year beginning on 1/1/2024 and ending on 12/31/2024.

4. **Rent:** The total rent for said property shall be \$ 9,600, to be paid monthly in amounts of \$ 800 due and payable on the First day of each month.

5. **Utilities:** Landlord agrees to furnish the following services and/or utilities:

electricity heat gas water other: _____

trash removal [garbage bags in City of Pearl]

*(*NOTE: If Tenant pays for utilities separately, Landlord shall provide separate meters for each unit and Landlord may be required to provide storm windows and doors.)*

6. **Security Deposit:** Tenant shall deposit with the Landlord \$ 800 to be held as security deposit. This deposit will be returned in full, including any interest acquired, when this lease expires if, after inspection by the Landlord, the premises are in good condition (normal wear and tear excepted*) and tenant owes no back rent.

*(*NOTE: OCC encourages a Damage Checklist to be completed and pictures taken prior to occupancy to avoid disagreements regarding the condition of the apartment when tenant first moves in.)*

7. Tenant shall not lease or sublease nor assign the premises without the written consent of the Landlord (but consent of the landlord shall not be unreasonably withheld).

8. Landlord may enter premises at reasonable times for the purposes of inspection, maintenance or repair, and to show the premises to buyers or prospective tenants. In all instances, except those of emergency or abandonment, the Landlord shall give 24-hour notice prior to such an entry.

9. Tenant agrees to occupy the premises and shall keep same in good condition, reasonable wear and tear excepted, and shall not make any alterations, including changing or adding locks, without the written consent of the Landlord. Tenant further agrees to notify Landlord immediately if any repairs are necessary.

10. Landlord agrees to regularly maintain the building and grounds in a clean, orderly, and safe manner, including removal of ice and snow. Landlord further agrees upon notice by Tenant to complete, within a reasonable time, all necessary repairs including those of appliances and utilities, which are furnished with the premises.

11. Tenant agrees not to use the premises in such a manner as to disturb the peace and quiet of other tenants in the building and the immediate neighbors. Tenant further agrees not to maintain public nuisance and not to conduct business or commercial activities on the premises.

12. Tenant shall, upon termination of this Agreement, vacate and return the premises in the same condition that it was received, less reasonable wear and tear, and other damages beyond the control of the Tenant.

13. If building is sold, this lease is binding on all parties who lawfully succeed the current Landlord and Tenant. Further, the Landlord will give the security deposit the Tenant paid to the buyer who shall be responsible for its return when the lease expires.

14. Any waiver or modification of the condition of this Agreement shall be in writing and signed by both Landlord and Tenant.

15. Any holding over after the termination of this Lease shall be construed as creating a month-to-month tenancy.

16. Additional Terms (i.e., list of repairs to be made prior to or during tenancy, etc.): _____

We, the undersigned, agree to this Lease:

Landlord
(Print): Black Widow Signature(s) Black Widow Tenant
(Print): Will Smith (son) Signature(s) _____ Tenant

17. (Print): John Storybook Signature(s) J. Storybook (Landlord)

Date: 1/11/24

MORTGAGE NOTE (1999)

This form was prepared by the Committee on Real Property Law of the Association of the Bar of the City of New York. To view an introductory note regarding this form, visit the Real Estate Law page at www.abcny.org.

MORTGAGE NOTE

\$ 1,500.00

Pearl, Mississippi
Date: 1/1/2024

FOR VALUE RECEIVED, the undersigned promises to pay to the order of

(“Payee”) at The Blue Bank, or at such other place as the holder of this Note shall designate by written notice to the undersigned, the sum of \$1,500 Dollars, in lawful money of the United States, with interest thereon from and including the date of this Note, but not including the date this Note is paid, calculated in the manner hereinafter set forth:

Principal and interest shall be payable in lawful money of the United States in equal monthly installments of \$1,500 each commencing on the first day of each succeeding calendar month thereafter, each such installment to be applied first to interest at the rate of 6% per annum and the balance on account of principal, until the principal and interest are fully paid; provided, however, that if not sooner paid, the unpaid principal sum together with the interest accrued and unpaid thereon computed at the rate aforesaid shall be due and payable on _____ (the “Maturity Date”).

This Note is secured by a mortgage (the “Mortgage”) of even date herewith given by the undersigned to the Payee covering certain premises located in Rankin County, as more particularly described therein, and intended to be recorded in said County.

The entire principal indebtedness with accrued interest shall become immediately due and payable at the option of the holder of this Note in the event of any default hereunder or under the Mortgage.

This Note may be prepaid in whole or in part without notice or penalty or other charge, but with interest to the date of prepayment.

In the event any monthly payment is not received by the end of fifteen calendar days after it is due, a late charge in the amount of \$2.00

for each dollar so overdue shall become immediately due to the holder of this Note as liquidated damages for the failure to make prompt payments.

In the event this Note is not paid when due, the undersigned promises to pay, in addition to the unpaid principal sum, together with all accrued interest, all costs of collection including reasonable attorney's fees.

In addition to any late payment charge which may be due under this Note, if the indebtedness evidenced by this Note is declared immediately due and payable, or if the amount due hereunder is not paid in full on the Maturity Date, the undersigned shall thereafter pay interest on the outstanding principal balance from the date of such declaration or the Maturity Date, as the case may be, until the date this Note is paid in full at a rate per annum equal to 5% plus the rate set forth above, provided, however, that such interest rate shall in no event exceed the maximum interest rate which the undersigned may by law pay.

The undersigned hereby waives presentment and demand for payment, notice of dishonor, protest and notice of protest of this Note.

If more than one person or entity is executing this Note, the obligations and liabilities of each party under this Note shall be joint and several.

B. Wilson
a. B. Wilson

By: Blue Bank
Name: _____
Title: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



FY 2024 FAIR MARKET RENT DOCUMENTATION SYSTEM

The FY 2024 Jackson, MS HUD Metro FMR Area Small Area FMRs

The following are the steps used to calculate the 2-bedroom rent of \$1,170 for ZIP Code 39208.

1. Evaluate the current 5-year ACS Adjusted Standard Quality (ASQ) 40th percentile 2-bedroom gross rent. If the estimate has a margin of error ratio of less than 50% and at least one hundred survey cases, use this as the ZCTA base rent for the SAFMR for the current year.
2. If the 2-Bedroom rent is not reliable, evaluate the 1-Bedroom gross rent. If this estimate is reliable, convert it to a 2-bedroom rent using the appropriate bedroom ratio of the parent HUD metropolitan area.
3. If the 2 and 1-Bedroom rents are not reliable, evaluate the 3-Bedroom gross rent. If this estimate is reliable, convert it to a 2-bedroom rent using the appropriate bedroom ratio of the parent HUD metropolitan area.
4. Repeat the above three steps for the previous two ACS years. If a ZIP code has reliable 2-Bedroom equivalent rents in at least two or the three ACS years, update the non-current year ACS estimates for inflation, and take the average of the reliable estimates as the base rent for FY2024.
5. Calculate a FY2024 Small Area Fair Market Rent by multiplying this base rent by the recent mover factor, the gross rent inflation update factor, and the forecasted trend factor.
6. If the ZIP code does not have a reliable base rent, evaluate the quality of its 5-year ACS Adjusted Standard Quality (ASQ) median all bedroom gross rent for the previous three ACS years. If at least two of these three estimates are reliable, calculate ratios of the ZIP code median gross rent estimate to that of the ZIP code's parent HUD metropolitan area. Take the average of these ratios. If the ZIP code does not have reliable ZIP code median gross rents, examine the reliability of the ZIP code's parent county. If at least two of these three estimates are reliable, calculate ratios of the county median gross rent estimate to that of the county's parent HUD metropolitan area. If county level estimates are not reliable, set the ratio to 1.
7. If necessary apply the ZIP code rent ratio to the FY2024 2-Bedroom Fair Market Rent for the ZIP code's parent HUD metropolitan area.
8. Ensure that the 2-Bedroom SAFMR does not exceed 150% of the parent HUD metropolitan FMR.
9. Ensure the the 2-Bedroom SAFMR is not lower than the ZIP code's parent state minimum FMR.
10. Calculate SAFMRs for other bedroom sizes using the bedroom ratios for the ZIP code's parent metropolitan area.
11. Ensure that the SAFMRs do not fall below the appropriate 90% floor.

The FY 2024 Jackson, MS HUD Metro FMR Area Small Area FMRs for All Bedroom Sizes in ZIP Code 39208

FY2024 SAFMRs By Unit Bedrooms				
Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$1,010	\$1,010	\$1,170	\$1,410	\$1,580

The remainder of this page provides complete documentation of the development of the Final FY 2024 2 Bedroom Small Area Fair Market Rent (FMR) for 39208 within the Jackson, MS HUD Metro FMR Area.

Lead Based Paint Disclosure Form

TENANT/LESSEE AND LESSOR MUST COMPLETE AND SIGN THIS FORM

Lead Warning Statement:

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead based paint and lead based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (Initial and check the spaces below that apply (a AND b))

(a) Presence of lead-based paint or lead-based paint hazards (check one below):

- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)
Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing.

(b) Records and reports available to the lessor (check one below):

- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below)
Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement

- Lessee has received copies of all information listed above.
Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

Agent's Acknowledgement

- Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify to the best of their knowledge, that the information provided by the signatory is correct and accurate.

Lessor Date Lessor Date
Lessee Date Lessee Date
Agent Date Agent Date

Address of Assisted Unit

City: State: Zip:

[Insert Name of Housing Provider¹]

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[insert name of program or rental assistance]** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **[insert name of program or rental assistance]**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under **[insert name of program or rental assistance]**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **[insert name of program or rental assistance]** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **[Insert contact information for relevant local organizations]**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

STRMU

Assistance

Documents

- Eviction/delinquent mortgage verification
- Verification of payment
- Outstanding Utility Bills
- Verification of payment

MISSISSIPPI EVICTION NOTICE

3-Day Notice to Pay Rent or Quit

March, 2024

To: _____

Rental Address:

YOU ARE HEREBY NOTIFIED THAT, under the terms of: (Check one)

- Your tenancy (if no original agreement)
- The Lease Agreement dated _____, 20__
- The Rental Agreement dated _____, 20__
- The Residential Lease Agreement dated _____, 20__
- Other: _____

(the "Lease") for the rent and use of the premises listed above now occupied by you:

Your rent for the period from _____, 20__ to _____, 20__ is PAST DUE. Accordingly, you owe the following amounts:

Rent past due:	\$ <u>1,600</u>
Late fee:	\$ _____
Total Amount Past Due	\$ <u>1,600</u>

I demand payment in full of the total amount past due within three (3) days from the date of delivery of this notice. UNLESS PAYMENT IS MADE BY SUCH DATE, THE LEASE WILL BE TERMINATED AND YOU MUST VACATE THE PREMISES. You are further notified that unless you pay the total amount past due or vacate the premises by such date, legal action may be initiated against you.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND MISSISSIPPI CODE § 89-7-27. NOTHING IN THIS NOTICE IS INTENDED OR SHALL BE CONSTRUED AS A WAIVER BY THE LANDLORD OF ANY RIGHTS OR REMEDIES THE LANDLORD MAY HAVE UNDER THE LEASE OR UNDER STATE OR FEDERAL LAW.

J Stoybrook
Signature

3/16/24
Date

INVISIONBANK
 INVISION BANK
 3901 TECHNOLOGY DRIVE
 PADUCAH KY

Mortgage Statement

Statement Date: 10/11/2013

Customer Service: 1 (800) 555-1234

Account Number	0000019 00030		
Payment Due Date	10/25/2013	Amount Due	\$2,897.04 \$1,600
<small>If payment is received after 11/09/13, \$49.36 late fee will be charged.</small>			

Black Widow
 456 LAKE STREET
 PADUCAH KY 42001

Account Information	
Outstanding Principal	\$153,000.00
Interest Rate (Until September 2014)	1.00000000%

Explanation of Amount Due	
Principal	\$0.00
Interest	\$0.00
Escrow (Taxes and Insurance)	\$183.18
Regular Monthly Payment	\$183.18
Total Fees and Charges	\$1,726.67
Overdue Payment	\$987.19
Total Amount Due	\$1,600 \$2,897.04
<small>Principal and Interest application may be different depending on the date the payment is received.</small>	

Past Payment Breakdown		
	Paid Last Month	Paid Year to Date
Principal	\$0.00	\$0.00
Interest	\$0.00	\$23,156.42
Escrow (Taxes and Insurance)	-\$2,591.15	-\$2,591.15
Fees	-\$49.36	-\$49.36
Partial Payment *	\$0.00	\$0.00
Total	-\$2,640.51	\$20,515.91

* See reverse side for all Transaction Activity since your last statement.

Remittance Coupon

JOHN DOE

Loan Number: 00030 0000019

Detach and mail this coupon along with your payment. Please make your check payable to INVISION BANK and mail it to:

INVISION BANK
 3901 TECHNOLOGY DRIVE
 PADUCAH KY

Amount Due	
Due By 10/25/2013 :	\$2,897.04 \$1,600
<small>\$49.36 late fee will be charged after 11/09/13</small>	
ADDITIONAL PRINCIPAL	
ADDITIONAL ESCROW	
TOTAL AMOUNT ENCLOSED	

Make check payable to INVISION BANK

Account Number 00000019 00030

Mortgage Statement

Statement Date: 10/11/2013

Transaction Activity (09/12 to 10/11)			
Date	Description	Charges	Payments
09/16/13	CITY TAXES PAID FROM YOUR ESCROW ACCOUNT	\$934.63	\$0.00
09/16/13	COUNTY TAXES PAID FROM YOUR ESCROW ACCOUNT	\$356.52	\$0.00
09/16/13	PMI PAID FROM YOUR ESCROW ACCOUNT	\$1,300.00	\$0.00
10/10/13	LATE FEE ASSESSED (BECAUSE FULL PAYMENT NOT RECEIVED)	\$49.36	\$0.00

Housing Counselor Information:

If you would like counseling or assistance, you can contact the following:

* U.S. Department of Housing and Urban Development (HUD): For a list of homeownership counselors or counseling organizations in your area, go to <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or call 800-569-4287.

Payment Voucher

Payment Voucher No: 12345687

Date: 3/15/24

Amount: \$1,600

Payment Method: Check

By Cheque or by Cash

Amount Paid To: Stonybrook Apt.

Name of Receiver

The Sum of: One thousand and six hundred dollars

Amount in Words

On Account of: Unit # A22

Tamara Stewart
Authorized By

John Stonybrook
Received By

Payment Voucher Template

John Smith
123 Anywhere Street
Your Town, IL 60455

1001
1-23/5678

DATE 3/15/24

PAY John Storybank \$ 1,600

TO THE ORDER OF

One thousand six hundred dollars DOLLARS



Your Financial Institution
123 Financial Blvd
Anywhere, US 54321

FOR Rent T. Stead. MP

⑆ 123456789⑆ 000 222 22 100 1

CITY OF BAYARD
P.O. BOX 160
LIGHT AND WATER DEPARTMENT
BAYARD, NEBRASKA 69334
308-586-1121

FINAL NOTICE

SERVICE DISCONNECT NOTICE
(PURSUANT TO CHAPTER 19, ARTICLE 27, OF NEBRASKA REVISED STATUTES)

AMOUNT DUE

--

FOR SERVICE AT:

ACCOUNT NUMBER:

THIS IS FINAL NOTICE

Your utility will be disconnected after the hour of 9:00 a.m. on _____ for nonpayment of your bill dated _____
Disconnection of service may be avoided if payment of your bill is received on or before _____ or by contacting our utility
office for arrangements at telephone number 308-586-1121. Your utility service may be restored during regular office hours.
Monday thru Friday, excluding Holidays by making payment of a _____ labor
charge plus your overdue utility bill.
If payment is made after business hours the charge is a _____ labor
charge plus your overdue utility bill.

IF PAYMENT HAS BEEN MADE, PLEASE DISREGARD THIS NOTICE. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

"This institution is an equal opportunity provider, and employer."

Payment Voucher

Payment Voucher No: 12345687

Date: 3/16/24

Amount: \$ 1,000

Payment Method: Check By Cheque or by Cash

Amount Paid To: Energy for lights Name of Receiver

The Sum of: One thousand dollars Amount in Words

On Account of: # 4682131

Tamara Stewart
Authorized By

Energy
Received By

Payment Voucher Template

1001
1-23/5678

John Smith
123 Anywhere Street
Your Town, IL 60455

DATE 3/15/24

PAY Entery \$ 1,000

TO THE ORDER OF One thousand dollars DOLLARS

Your Financial Institution
123 Financial Blvd
Anywhere, US 54321

FOR lights T. Stead MP

⑆ 123456789⑆ 000000 222000 2200 1001

STRMU

Stability

Documents

- Budget
- Housing Service Plan
- Case management notes
- Supportive Services Referral Tracking Form

CLIENT BUDGET WORKSHEET

OPPORTUNITIES FOR PERSONS WITH AIDS HOPWA

CLIENT NAME or ID # Black Widow DATE: 3/1/24

Current housing situation: Renting with an eviction

Number in household: 2

Total monthly income: * 1,107 Total monthly expenses: \$2,855

* For short-term rent, mortgage and utility or supportive services-only applicants, use **gross** income from Eligibility Calculation Worksheet.

* For tenant-based (TBRA), project-based, or facility-based housing applicants use **adjusted** income amount from Income and Resident Rent Calculation Worksheet.

Income Sources	Household Member's Name	Amount	Month/Year
AFDC (TANF)*		\$	per
General Relief		\$	Per
Employment PT/FT*		\$	Per
VA Benefits		\$	Per
S.S.I./S.S.A		\$	Per
Disability		\$	Per
Unemployment	Wendy Smith	\$ 1,107	Per <i>monthly</i>
Foster Care		\$	Per
Disabled Family Member		\$	Per
Educational Assistance		\$	Per
Child Support		\$	per
Military		\$	per
Pension		\$	Per
Business Income		\$	per
Other Income		\$	per

Vehicle Information

Do you or any household member own a vehicle(s)? Yes No

If YES and the vehicle is financed, how much is owed \$ 8,000 What is the monthly payment? \$ 400

Do you have car insurance? Yes No If Yes, How much do you pay per month/quarter? \$ _____

Medical Information

Do you have medical/health insurance? Yes No Payment per month/quarter/year? \$ 150/month

If Yes, What type of coverage do you have? health

Do you pay for medicines or other out-of-pocket medical expenses? Yes No

If Yes, what are they? deductions

How much do you pay out of pocket per month (on average)? \$ 700.00

EXPENSES for NEXT 3 MONTHS

#1 Current Monthly Expenses

Rent	\$ 800	Medical Insurance	\$ 150	Clothing	\$ 40
Gas	\$	Out of pocket Medical	\$ 95	Life Insurance Policy	\$ 20
Electric	\$ 200	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$ 400	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$ 25	Childcare	\$ 500
Telephone	\$ 75	Gasoline/Care Repairs	\$	Cable/DTV Other	\$ 50
Pager	\$	Household Supplies	\$ 100	Other	\$
Cell Phone	\$ 75	Food	\$ 400	Other	\$

#2 Next Month's Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

#3 Third Month Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

1. Do you need budget counseling, money management, or how to consolidate your debts? () Yes () No
2. Are you currently enrolled in job training/employment services that may lead to increased income? () Yes () No
3. Are you currently applying for government benefits? () Yes () No

Plan to Increase Income and Reduce Expenses:

	Action	Target Date:
1.	Go back to work	6/1/24
2.	Get child support	5/1/24
3.		
4.		

Client's Signature: Blady widow Date: 3/1/24

Housing/Case Manager Signature: Tamara Stewart Date: 3/1/24

CLIENT HOUSING PLAN

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

HOPWA

NAME or ID#: Black Widow DATE: 3/15/29
 Current housing situation: Rental with an eviction
 Number in household: 2

Housing Objective

- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduced the risk of homelessness among people living with HIV/AIDS and their families.

Assessment

This section is designed to be used with the Housing Application and Assessment form to:

- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

Plan

- Please complete all three sections of Plan.

1. List any problems identified in the Housing Assessment and Budget (may include others not listed in assessment):

Client health impacted their ability to stay employed.
Disability may be an option

2. Housing Goals:

Emergency Housing Goal:	Date to Complete	Who? C/M-H/A	Who? Client
a) Steps/Objectives: <u>Pay rental arrears</u>	<u>4/1/29</u>	<u>CM</u>	
b) Steps/Objectives: <u>pay utility arrears</u>	<u>4/1/29</u>	<u>CM</u>	
c) Steps/Objectives:			
d) Steps/Objectives:			
Transitional Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

Permanent Housing Goal:			
a) Steps/Objectives:	Pay Past due Rent	3/13/24	CM
b) Steps/Objectives:	Increase Income		
c) Steps/Objectives:	Obtain Childsupport		
d) Steps/Objectives:			

My Signature below indicates my agreement with and commitment to this housing plan. I recognize that with my consent, my Housing Advocate/Case Manager may revise this housing plan over time.

Client Signature: _____ Date: _____

Housing Advocate/Case Manager: _____ Date: _____

Housing Plan Update: (leave blank if this is the first Individual Housing Plan)

1. Date of this follow-up: 4 / 1 / 24

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe:

on going goals

2. Date of this follow-up: 5 / 1 / 24

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe:

client health improved and will be going back to work

3. Date of this follow-up: / /

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe:

Please describe what other resources besides HOPWA are being used to address the client's housing issues:

Supportive Services Checklist Report

Consumer **Date**

Thor Odinson 09/11/2015

Start Time **End Time** **Duration**

03:00 PM 0 15
Hours Minutes

Face to Face **Location** ***Primary Problem Area**

no Other Program Site Case Management

Supportive Services Checklist:

Service	Units	Cost	End Date	Service Details	Funding Source
• Case Management	1	0	09/11/2015	Follow-up	ESG

Progress Note:

CM called client to touch base with him and his family. The client used his most recent pay check to set aside for next months rent. CM will follow-up with the client closer to his rent being due for October.

Bethany Latham

Date

Supportive Services Checklist Report

Consumer **Date**
Thor Odinson 06/23/2015

Start Time **End Time** **Duration**
01:00 PM 0 30
Hours Minutes

Face to Face **Location** ***Primary Problem Area**
yes Other Service Provider Case Management

Supportive Services Checklist:

Service	Units	Cost	End Date	Service Details	Funding Source
• Case Management	2	0	06/23/2015	Intial Intake Interview	ESG

Progress Note:

CM met with potential client at TSA - Tupelo to assess the families needs. The client and his family were kicked out of the Avengers group home due to the head of households drinking problem. The CM discussed eligibility and asked for needed documentation. CM setup phone call with client on 06/25/15.

Bethany Latham

Date

Supportive Services Checklist Report

Consumer **Date**
 Thor Odinson 06/23/2015

Start Time **End Time** **Duration**
 01:00 PM 0 30
 Hours Minutes

Face to Face **Location** ***Primary Problem Area**
 yes Other Service Provider Case Management

Supportive Services Checklist:

Service	Units	Cost	End Date	Service Details	Funding Source
• Case Management 2	0		06/23/2015	Intial Intake Interview	ESG

Progress Note:

CM met with potential client at TSA - Tupelo to assess the families needs. The client and his family were kicked out of the Avengers group home due to the head of households drinking problem. The CM discussed eligibility and asked for needed documentation. CM setup phone call with client on 06/25/15.

Bethany Latham

Date

HOPWA Supportive Services Referral Tracking Form

Supportive Service	Already Connected	Date Referred	Connected	Notes
Health Care Services				
Ryan White	X			
Vet Center				
Medicaid				
Medicare				
AIDS Drugs Assistance Program				
SCHIP				
Other				
Daily Living Services				
Home Healthcare				
Other				
Personal Financial Planning				
Credit Counseling				
Financial Workshop		4/11/24 X	4/11/24	
Income Support Services				
Work programs				
Welfare		X	5/11/24	
Goodwill				
Unemployment				
SSDI				
SSI				
Other		X	6/11/24	
Legal Services				
Pro-bono legal services or nonprofits				
Childcare				
Childcare assistance		3/20/24	5/1/24	

STRMU
Other
Documents

Sample Domestic Partnership Declaration for HOPWA Assistance

Domestic partners known to identify as such in the community and other aspects of their lives will be considered a family household and treated as such for eligibility purposes for HOPWA and other HUD housing assistance.

I _____, do hereby declare _____ to be my domestic partner. As such, I am declaring him/her as part of my family for the purposes of receiving HOPWA housing assistance. I understand that program eligibility will be based on the total of our combined gross income, as a family household, as required by HOPWA regulations.

I also understand that if at sometime in the future our family breaks up, the criteria below will be used to determine who will be eligible to retain the HOPWA-funded housing.

In circumstances of a family break-up, _____ agency will make a determination of which family member will retain the housing assistance. To make this determination, we will consider the following factors:

1. To whom the assistance was issued as head of household.
2. Remaining members of the household who are HIV+.
3. The interest of minor children or of ill, elderly, or disabled family members.
4. Whether any family members were forced to leave the unit as a result of actual or threatened physical violence by a spouse or other member(s) of the household.
5. If a court determines the disposition of property between members of the assisted family in a divorce or separation under a settlement of judicial decree, _____ agency will be bound by the court's determination of which family members continue to receive assistance in the program.
6. Because of the number of possible different circumstances in which a determination will have to be made, _____ agency will make determinations on a case-by-case basis.

By signing below, I am certifying that the information above is true and correct. I acknowledge that it is my responsibility to report any and all changes in the composition of my household within **ten** days of the change. I understand that intentionally misrepresenting income family composition is grounds for denial or termination of housing assistance and that false statements or information are punishable under Law (Federal and State).

Head of Household

Date

Domestic Partner

Date