

### **What is Section 811?**

The Section 811 Supportive Housing for Persons with Disabilities is a federal program that assists people living with the lowest-income and significant and long-term disabilities in living independently in the community by providing affordable housing linked with voluntary services and supports.

### **What are the requirements?**

To be eligible for this program, your household must:

1. Be at or below the very low-income limit (50% AMI) at the initial certification, and
2. Include a person in your household who has a long-term disability, and
3. Applicants must be at least 18 years old.

### **How do I apply if I think I am eligible?**

Complete this application and note:

- Please answer all of the questions in this application, and do not leave any questions blank. It helps us to determine if you meet the screening and eligibility requirements for this program.
- Attach all requested documents.
- Turning in this application is the first step. You will be required to submit more information, including income documentation, at a later date.
- Please print in ink.
- You cannot be found eligible or offered a housing unit until the entire application process is complete.

### **Where do I send my completed application?**

Fax: 1-985-333-1931

Email: [hud811application@startcorp.org](mailto:hud811application@startcorp.org)

### Drop Off:

Taddy Village: 411 Bayou Gardens Boulevard, Houma LA or  
Sunshine Village: 2600 Mary Drive, Slidell, LA

### **What is a complete application?**

A complete application includes the following completed forms:

- Application for Rental Housing
- Verification of Disability Form
- EIV Consent Form
- Form HUD 92006

### **What happens after I submit my application?**

Once your application is received, it can take up to 30 days to be processed. Once your application is processed, you will receive a letter in the mail explaining that you are either *Eligible for the Waiting List* or *Ineligible for the Waiting List* with further instructions. Please do not submit more than one application.



**APPLICANT (Head of Household) INFORMATION**  
*Applicants must be 18 years of age or older.*

First Name:	Last Name:	
Social Security Number:	Date of Birth:	
Primary Phone Number:	Secondary Phone Number:	
Current Physical Address:	State/City:	Zip Code:

**Disability Status:** To determine if you qualify for this program, we need some information about your disability.

<input type="checkbox"/> Intellectual Disability (acquired before age 22) <input type="checkbox"/> Disability caused by chronic illness <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Physical Disability <input type="checkbox"/> Disability caused by HIV/AIDS	Do any other household members have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain: _____
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**DEMOGRAPHIC INFORMATION**

Race: *(optional- select all that apply)*

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other: _____

<u>Ethnicity:</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Citizenship:</u> Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Gender Identity:

Male  Female  Non-Binary  Transgender Male to Female  Transgender Female to Male  
 Other: \_\_\_\_\_

Preferred Pronouns:

She/Her  Him/His  Them/They/Their  Other: \_\_\_\_\_

**Optional:** You may provide an alternative contact in the event that your contact information changes and we cannot contact you.

First Name:	Last Name:
Relationship to Applicant:	Email Address:
Primary Phone Number:	Secondary Phone Number:



**HOUSEHOLD COMPOSITION**

*List all persons who will be living in the unit. The applicant should be listed as the Head.*

Household Number	First Name	Last Name	Relationship to the Head of Household	Gender Identity	Date of Birth	Social Security Number
Head			Head			
1						
2						

1. Will any household members live anywhere except the apartment?  Yes  No

2. Are there any other persons who will live in the apartment on a less than full-time basis?  Yes  No

3. Are any household members on active military duty?  Yes  No

5. If any question is answered yes, please explain:

Does a member of your household require any of the following accommodations?

- Wheelchair  No steps  Few Steps  Roll In Shower  Grab bars and handrails  
 Modification for vision or hearing impairment  Other: \_\_\_\_\_

Do you require a live-in aid?  Yes  No

**HOUSEHOLD INCOME**

*Please put the **monthly** income for yourself and other members of your household. Income includes employment, self employment, unemployment, child support, TANF, SSA benefits, retirement, etc. Put "0" in each box where no income is received.*

*List all full time, part time, and/or seasonal employment for all household members:*

Household Member	Employment	Child Support	SSI	Other SSA	Pension	Public Assistance	Self Employment	Other	Total
Head									
1									
2									



**ASSETS**

Household Member	Checking Account	Savings Account	Stocks, Bonds	Trust	IRA/ Other Pension	Other	Total
Head							
1							
2							

1. Do you own any real estate?  Yes  No, If yes, please provide the address:

2. Have you disposed of any assets within the last 2 years?  Yes  No  
If yes, please describe asset and amount disposed of:

**CRIMINAL BACKGROUND**

Have you or any member of your household been registered as a lifetime sex offender in any state?  Yes  No

Have you or any member of your household lived in any other state?  Yes  No  
If yes, please list the states:

Has any household member been evicted in the last 3 years from federally-assisted housing for drug-related criminal activity?  Yes  No

Has any household member been convicted of a violent crime in the past 5 years?  Yes  No  
If yes, please explain:

**UNIT INFORMATION**

*These are the available waiting lists in this program. Please check off next to each waiting list where you would consider living. You **must check at least one** waiting list where you would consider living.*

**Larke Village- 1 bedroom, 1 bath unit**  
186 James Aitkens Street, Houma, LA, 70360

**Taddy Village- 1 bedroom, 1 bath unit**  
411 Bayou Gardens Boulevard, Houma, LA 70364

**Sunshine Village- 1 bedroom, 1 bath unit**  
2600 Mary Drive, Slidell, LA 70458



**SHORT QUESTIONNAIRE**

1. How did you hear about the HUD Section 811 program?

2. Where did you obtain the application?

**CERTIFICATION**

**Privacy Act Statement:** The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished. Penalty for false or fraudulent statements: U.S.C. Title 18, Sec 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both." Applicant(s) Statement: I understand that false statements or information are punishable under federal law.

**SIGNATURES**

Applicant Name (Print)	Applicant Signature	Date
Spouse or Co-Applicant (Print)	Co-Applicant Signature	Date
Start Corporation (Print)	Start Corporation Signature	Date

**OFFICE USE**

Date Application Received:	Time Application Received:
Start Corporation Representative:	<b>Status:</b> <input type="checkbox"/> processed for admission <input type="checkbox"/> placed on waiting list <input type="checkbox"/> ineligible: applicant rejected



*Purpose: The Verification of Disability form is an important requirement of HUD and Start Corporation. The contents of the form is in compliance with the U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0204, form HUD-90102.*

*This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.*

*We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/resident has consented to this release of information as shown below.*

APPLICANT/RESIDENT INFORMATION		
Name of Applicant/Resident:	Date:	
Current Address:	Phone Number:	
PROVIDER INFORMATION		
Provider Name:	Title:	
Firm/Organization Name:	Phone Number:	
Address:	Fax Number:	
<i>Provider, please send the completed HUD Section 811 Verification of Disability form to the following: Please call (985) 333-2682 if you have any questions in completing this form.</i>		
Attention: Start Corporation Site Manager	Address: 411 Bayou Gardens Blvd. Houma, La 70364	Fax Number: 1-985-333-1931



<b>INFORMATION BEING REQUESTED</b>	
<b>For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.</b>	
<p><b>1.</b> Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>2.</b> Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:</p> <ul style="list-style-type: none"> <li>a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;</li> <li>b. Is manifested before the person attains age 22;</li> <li>c. Is likely to continue indefinitely;</li> <li>d. Results in substantial functional limitation in three or more of the following areas of major life activity;               <ul style="list-style-type: none"> <li>Self-care,</li> <li>Receptive and expressive language,</li> <li>Learning,</li> <li>Mobility,</li> <li>Self-direction,</li> <li>Capacity for independent living, and</li> <li>Economic self-sufficiency; and</li> </ul> </li> <li>e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>3.</b> Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>4.</b> Is a person whose sole impairment is alcoholism or drug addiction.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<hr/> <p><i>Signature of Provider</i> <span style="float: right;"><i>Date</i></span></p>	



*Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided. HUD is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).*

**RELEASE CONSENT STATEMENT**

**RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.**

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

**Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

**PENALTIES FOR MISUSING THIS CONSENT:**

*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).*

**OFFICE USE ONLY**

Received By:

Date:





\_\_\_\_\_  
*Printed Name of Tenant authorizing release*

\_\_\_\_\_  
*Printed name of third party authorized to view information*

**A. Third party to view and/or discuss information for the sole purpose of recertification is an:**

- Individual Assisting Elderly Individual or Person with a Disability   
  Guardian   
  Adult household member  
 Temporarily absent family member   
  Service Coordinator   
  Translator/Interpreter  
 Other Individual (relationship): \_\_\_\_\_

**B. Enterprise Income Verification (EIV) Information to be viewed and/or discussed for the sole purpose of recertification assistance:**

- EIV Income Report   
  EIV Income Discrepancy Report   
  Other EIV Information: \_\_\_\_\_  
 EIV New Hires Report   
  EIV No Income Report

**C. Penalties for Misuse of Information:**

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties. "[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully- (1)falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, of the offense involved international or domestic terrorism (as defined in Section 2331), imprisoned not more than 8 year, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years." 18 U.S.C. 1001. "Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i). "The Secretary[of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection 9i) of this section by any officer or employee of the United States or any person who knowingly and willfully violates this paragraph." 42U.S.C. 408(a)(6),(7) and (8).

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use.

**D. Certification:**

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of information, as provided on this form.

\_\_\_\_\_  
*Signature of Tenant authorizing release*

\_\_\_\_\_  
*Printed name of Tenant authorizing release*

\_\_\_\_\_  
*Date*

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above named individual for the sole purpose of assisting the tenant in the recertification of their subsidy. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

\_\_\_\_\_  
*Signature of authorized third party*

\_\_\_\_\_  
*Printed name of authorized third party*

\_\_\_\_\_  
*Date*



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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