

HOUSING AUTHORITY OF CARBON COUNTY

251 SOUTH 1600 EAST #2647

PRICE, UT 84501

(435) 637-5170

QUALIFYING PREFERENCES

Date: _____

To: _____

In order to determine the preference status for _____ we are required by Federal regulations to verify the preferences. Therefore, we would appreciate your completing the certification below and returning this form to the Housing Authority. This information will be used only for the purpose of determining the preference claimed by this applicant. I hereby authorize the release of the requested information.

(Applicant's Signature)

(Social Security Number)

The above applicant has applied for housing assistance by the agency and has indicated that he/she has been, or will be, involuntarily displaced; or living in substandard housing.

HATE CRIMES:

() The applicant must have vacated a unit because a household member was the victim of actual, or threatened physical violence that is directed against a person or his/her property and is based on a person's race, color, religion, sex, national origin, disability, or familial status. The hate crimes should have occurred recently or be of a continuing nature. **ATTACH POLICE REPORT**

DOMESTIC VIOLENCE:

() The applicant's family must vacate a unit because of actual or threatened physical or mental abuse

HOUSING OWNER ACTION – DISPLACED:

() The applicant must be unable to prevent the action (e.g., the unit is being sold, converted into a condo, closed for rehab, the owner is taking the unit off of the rental market as a result of a legally authorized act, or the owner wants the unit for personal or family use). The action may be a rent increase, and the family has met **ALL** previously imposed occupancy conditions.

SUBSTANDARD UNITS:

() The applicant family is living in a house that does not provide safe and adequate shelter and endangers the health, safety, or wellbeing of the resident family.

HOMELESS FAMILIES:

() An individual or family who lacks a fixed, regular or adequate nighttime residence (e.g. hotels, congregate shelter, and/or transitional housing). This may **NOT** include living with family or friends.

I certify that _____ () has been () will be involuntarily displaced for the reason(s) cited above.

(Firm or Agency)

(Signature of Representative)

(Agency Address)

(Professional Title)

Return form to:

Housing Authority of Carbon County

251 S 1600 E #2647

Price, UT 84501

(Housing Authority Signature)