

SAINT LOUIS HOUSING COMMISSION

318 S. Delaware Street, P.O. Box 117, Saint Louis, MI 48880 (989)681-5100 Fax: (989) 681-5374

ALL APPLICANTS: When you are filling out the Application please remember that it must be filled out **COMPLETELY**. If you do not complete, sign the application, and provide all required verifications your application cannot be accepted.

INFORMATION VERIFICATIONS

Federal regulations require you to verify certain statements or claims you make on your application for admission. Below are examples of documents you may use to verify information. For each category you must attach one of the types of verification for each member listed on the application. (Copies can be made for you at the office).

CITIZENSHIP/LEGAL RESIDENCE

- A. Birth Certificates;
- B. Baptismal Certificate; or
- C. Naturalization Certification

SOCIAL SECURITY CARDS

- A. Social Security Card;
- B. W-2 Form; or
- C. Seaman Card

DRIVER'S LICENCE

- A. Or Other Picture ID

PROOF OF PREGNANCY (If Applicable)

- A. Statement From Doctor

MARRIAGE LICENSE

DIVORCE DECREE

YOU MUST NOTIFY THE HOUSING COMMISSION IN WRITING OF ANY CHANGES TO YOUR INCOME, ADDRESS AND CHANGES OF FAMILY MEMBERS LISTED ON THE APPLICATION(IF A MEMBER IS NO LONGER GOING TO BE LIVING WITH YOU, OR IF YOU NEED TO ADD A FAMILY MEMBER TO YOUR APPLCIATION)

WAITING LIST PLACEMENT

After your application has been processed, (approximately two weeks) you will be notified of your eligibility and the approximate waiting time. All applications will be placed on the waiting list by time and date the application was returned to the office. If you are found to be ineligible, you will receive a notice and the reason you were found to be ineligible.

PROGRAMS OFFERED

The application will ask you which program you would like to apply for. The Saint Louis Housing Commission offers:

1. Public Housing- The apartments at River Ridge and Oak Ridge located in Saint Louis.
2. Section 8- A voucher used for rental assistance in an apartment, house, mobile trailer, or duplex.

APPLICATIONS NEARING THE TOP OF THE WAITING LIST

When your name is close to reaching the top of the waiting list you will be notified by mail requesting you to contact the Housing Commission to confirm your continued interest in the program(s). At that time an appointment will be scheduled to conduct an interview. As changes may have occurred, the Commission will re-verify all income and request any additional documents needed.

IF YOU ARE 62 YEARS OR OLDER OR A PERSON WITH DISABILITIES AND REQUIRE A REASONABLE ACCOMMODATION IN COMPLETING THE APPLICATION, YOU MAY CONTACT THE HOUSING COMMISSION TO MAKE SPECIAL ARRANGEMENTS.

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms. There are severe penalties for committing fraud.

MUST PROVIDE VERIFCATIONS FROM NEXT PAGE

**REQUIRED VERIFICATIONS
SUBMIT ALL THAT PERTAIN TO YOUR HOUSEHOLD**

YOU MUST SUBMIT THE FOLLOWING VERIFICATIONS FOR EACH PERSON IN THE HOUSEHOLD RECEIVING THE FOLLOWING INCOME:

PUBLIC ASSISTANCE/DHS – Current award letter

EMPLOYMENT- Three current and consecutive check stubs, including year-to-date earnings.

UNEMPLOYMENT – Original award letter of amount you are or will be receiving.

CHILD SUPPORT/ALIMONY – Court ordered award letter, or printout from Friend of the Court.

SSI/SOCIAL SECURITY BENEFITS – Most current award letter from the Social Security Administration

PENSION/ANNUITY – Award notice from Company, current check stub, or bank statement showing deposit.

FULL TIME STUDENT STATUS – (For students 18 and older), current letter from the registrar or admissions office.

BANK ACCOUNTS/ASSETS – Includes all SAVINGS, CHECKING, STOCKS, BONDS, CERTIFICATE OF DEPOSITS, IRA'S, MUTUAL FUNDS, ANNUITIES, TRUSTS, INHERITANCES, SETTLEMENTS, LOTTERY WINNINGS, PROPERTY OWNED. NEED: Two most recent monthly bank statements with annual interest rate provided.

IF YOU CURRENTLY HAVE EITHER OF THE FOLLOWING DEDUCTIONS YOU MUST SUBMIT:

CHILD CARE – Daycare providers name, address and phone number.

**MEDICAL – (Medical Deductions include out-of-pocket expenses and are given only to those households in which the head of household is at least 62 years of age or any individual receiving disability payments from the Social Security Administration. Types of medical deductions include any anticipated out-of-pocket expenses from the following:
Pharmacies, Doctor visits, Dental, Optical, Hospital. All anticipated medical out-of-pocket expenses prescribed by your doctor for: (Over-the-counter medications, special shoes, air purifiers, crutches, therapy etc.)
Must submit printout or written verification from your doctor indicating what you anticipated out-of-pocket expenses will be for the upcoming year.**



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Carefull

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoiig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Saint Louis Housing Commission
318 S. Delaware Street
Saint Louis, MI 48880
Phone: (989) 681-5100
FAX: (989) 681-5374

OWNER'S NOTIFICATION NO. 1
FOR A TENANT FAMILY

Section 214 of the Housing Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

1. Public and Indian Housing Programs
2. Housing Choice Voucher Programs

If/when you receive assistance under one of these program, you are required to declare U.S. Citizenship. If you cannot declare U.S. Citizenship, you are required to submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. To do this you should:

1. Complete a Family Summary Sheet, listing all family member.
2. Have a Declaration Format completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are ten (10) people listed on the family Summary Sheet, you should have 10 completed copies of the Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Format and any other forms and/or evidence to the name and address listed below:

Saint Louis Housing Commission
308 S. Delaware Street
P.O. Box 117
Saint Louis, Michigan 48880

If one or more members of your family members elect not to contend that they have eligible immigration status, and other members of the family establish their citizenship or eligible immigration status, your family may be eligible for prorated assistance. Your rent will be determined by the number of household members who are eligible to receive assistance.

This Section 214 review will be completed in conjunction with the regular reexamination of tenant income and will be performed only one time during continuously assisted occupancy for each member of your household under any covered program. For any new occupant of your unit, the required evidence shall be submitted at the first interim or regular recertification following the person occupancy.

You are required to provide the necessary documentation. If you fail to provide complete information, or establish eligible status, will be considered to be an ineligible household member, and your status may result in the termination or denial of housing assistance.

If Section 214 review results in determination of ineligibility, you will have the opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for temporary deferral of termination of assistance or proration of assistance.

If you have any questions or difficulty in completing or determining the type of documentation required, please contact the Saint Louis Housing Commission at 989-681-5100.

**SAINT LOUIS HOUSING COMMISSION
308 S. DELAWARE STREET, P.O. BOX 117
SAINT LOUIS, MICHIGAN 48880
(989) 681-5100 FAX (989) 681-5374**

**FULL APPLICATION FOR ADMISSION TO THE SAINT LOUIS HOUSING COMMISSION
CHOICE VOUCHER PROGRAM AND PUBLIC HOUSING**

APPLICANT NAME _____

CURRENT ADDRESS _____ APT. NO. _____

CITY, STATE, ZIPCODE _____

HOME PHONE _____ WORK PHONE _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services please notify the Commission Office.

WHICH PROGRAM YOU ARE APPLYING FOR: closed SECTION 8 VOUCHER
 PUBLIC HOUSING

HOUSEHOLD COMPOSITION AND CHARACTERISTICS-PERSONAL DECLARATION

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

Household Members Name	Relation to Head of Household	Birth Date	Age	Sex	Social Security No.	

2. **RACE OF HEAD OF HOUSEHOLD:** Check one-(Used for statistical purposes only)

White Black American Indian/Alaskan Native Asian Native Hawaiian/Other

3. **ETHNICITY OF HEAD OF HOUSEHOLD** (Check One)

Hispanic or Latino Not-Hispanic or Latino

4. Does anyone live with you now who is not listed above? Yes No
Does anyone plan to live with you in the future who is not listed above? Yes No
Are you a foster care provider? Yes No

Explain if you answered yes to either question:

5. Is the head of household or spouse a person with disabilities? Yes No

6. How many people live in your unit now? _____

7. How many bedrooms are in your unit? _____

8. Do you wish to move? Yes No

If yes, why? _____

9. Are you now living in a federally subsidized housing unit? Yes No

10. Have you ever lived in Public Housing? Yes No

If yes: When _____ Where _____

With which Housing Commission _____

11. Have you ever participated in the Certificate or Voucher Program? Yes No

12. Have you ever been evicted. Yes No

If yes, provide the following information:

When? _____ For what reason? _____

Name of Housing Authority or Landlord _____

1. Do you owe any money to a Public Housing Agency or Section 8 Landlord? Yes No

If yes: Name of Agency or Landlord _____

15. Has any member on this application ever been arrested or convicted for a crime other than a traffic violation? If yes, list date and crime committed- Yes No

16. Have you ever used a name other than the one you are using now? Yes No

If yes: What name _____

17. Name and address of current landlord: _____

PHONE: _____

Your previous address _____

Name and address of previous landlord: _____

Phone: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "Yes", provide details in the charts below.

DOES ANY MEMBER OF YOUR HOUSEHOLD:

- Yes No 1. Work full-time, part-time, or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect to receive child support?
- Yes No 7. Have an entitlement to receive child support that he/she is not now receiving?
- Yes No 8. Now receive or expect to receive alimony?
- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive public assistance (welfare)?
- Yes No 11. Now receive or expect to receive Social Security and/or SSI benefits?
- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- Yes No 15. Own real estate or any assets for which you receive no income (checking acct. cash)?

Member Name	Source of Income FIA, SSI, Work, Etc.	Rate of Pay Hourly, Weekly	Hours Worked Per Week Avg.	

ASSETS

1. List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) for all household members.

Member Name	Bank Name	Type of Account	Account Balance	

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

3. List the value of any assets disposed of for less than fair market value during the past two years:

4. List any household member who owns or has an interest in any real estate, boat/s, and /or mobile homes:

5. Do you own a car? _____ Model/Year _____ Plate Number _____

List each additional car: _____

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address, and phone number of care provider.

What is the weekly cost to you for the child care? _____

Yes No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide the name, address, and phone number:

What is the cost to you for the care attendant and/or the equipment? _____

ELDERLY AND DISABLED FAMILIES ONLY

 Yes No Do you have medicare? If yes, what is your monthly premium? _____

 Yes No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name.

 Yes No Do you have outstanding medical bills which you are paying? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address.

PLEASE NOTE: WHILE YOUR APPLICATION IS ON THE WAITING LIST, YOU MUST REPORT ALL CHANGES IN INCOME, ADDRESS, AND HOUSEHOLD MEMBERS.

APPLICANT CERTIFICATION

I/We certify that the information given to the Saint Louis Housing Commission on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____

HA Representative: _____ Date: _____

NOTE TO APPLICANTS: IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 1-(800) 424-8590

PERSONAL INFORMATION WAIVER

APPLICANT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

DRIVERS LICENSE NO: _____

CO-APPLICANT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

DRIVERS LICENSE NO: _____

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE SAINT LOUIS HOUSING COMMISSION ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING MY RENTAL HISTORY, CRIMINAL HISTORY, AND FINANCIAL AND CREDIT STATUS. PLEASE INCLUDE ANY MENTAL, FINANCIAL OR CRIMINAL REPORTS INCLUDING ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE. THIS INFORMATION IS TO BE USED TO ASSIST THE HOUSING COMMISSION IN DETERMINING MY ELIGIBILITY AND SUITABILITY FOR PUBLIC HOUSING.

I HEREBY RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE INFORMATION, REQUESTED ABOVE.

APPLICANT SIGNATURE: _____ DATE: _____

ADDRESS: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:
SAINT LOUIS HOUSING COMMISSION

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

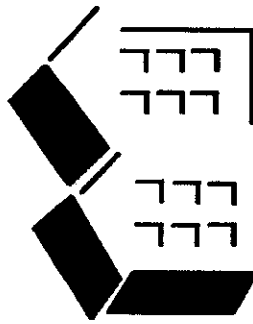
Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hhp/programs/brhr/iv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature _____

Date _____

NOTE: This form is required. One form for each person on the application

DECLARATION OF SECTION 214 STATUS

NOTICE: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration Statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury(1/) that, to the best of my knowledge, I am lawfully within the United States because: (please check the appropriate box)

I am a citizen by birth, a naturalized citizen or a national of the United States; or

I have eligible immigration status and I am 62 years of age or older. Attached find evidence of proof of age (2/); or

I have eligible immigration status as checked below. Attached find INS documents evidencing eligible immigration status and signed verification consent form.

Immigrant status under &&101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) (3/); or

Permanent residence uner &&249 or INA (4/); or

Refugee, asylum, or conditional entry status under &&207,208 or 203 of the INA (5/); or

Parole status under &&212(d)(5) of the INA (6/); or

Threat to life of freedom under &&243(h) of the INA (7/); or

Amnesty under &&245A of the INA (8/).

I have not been assigned a Social Security Number

I choose not to claim eligible status and acknowledge ineligibility.

Signature of Family Member

Date

CHECK THIS BOX IF SIGNATURE IS OF ADULT RESIDING IN THE UNIT WHO IS RESPONSIBLE FOR CHILD NAMED ON STATEMENT ABOVE.

HA: ENTER INS/SAVE PRIMARY VERIFICATION # _____