



Family Reporting Form

Part 1: Household Members

List all individuals living in your unit:

Full Name	Relationship	Disability (check one)	Date of Birth	Age	Gender (check one)	Veteran (check one)
	Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: Contact Information:

Please provide your current contact information:

Home: () _____ Cell: () _____ Email Address: _____

Current Mailing Address: _____

(If Applicable)

Representative Payee Name: _____ Representative Payee Phone Number: () _____

Part 3: Criminal Activity

Have you or any member of your household been convicted of the following crimes in the last 12 months?

Sexual offense Yes or No Violent criminal act Yes or No
 Methamphetamine production Yes or No Any felony crime Yes or No

Is any member of your household required to register as a sex offender? Yes No If yes, who? _____

Part 4: Income

Check all types of income your household receives:

<input type="checkbox"/> SSDI	<input type="checkbox"/> Wages	<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support
<input type="checkbox"/> SSI	<input type="checkbox"/> Day Labor	<input type="checkbox"/> OAP	<input type="checkbox"/> Income from Assets/Annuity
<input type="checkbox"/> Social Security	<input type="checkbox"/> Commission/Tips	<input type="checkbox"/> School financial aid	<input type="checkbox"/> Alimony/ Maintenance
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Money from family/friends	<input type="checkbox"/> Retirement/ Pension
<input type="checkbox"/> AND	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

List all types of income each household member receives:

Household Member	Type of Income	Amount
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)

1. Does anyone outside of your household assist you with paying your bills (cell phone payment, utility bills, groceries, etc)? Yes No
 If yes, who assists you? _____ How often? _____

2. If a household member receives child support payments and/or maintenance payments, are these payments received through the Family Support Registry? Yes No

If the payments are not received through the Family Support Registry, please provide the following information regarding your payments:

Name of person making payment: _____

Address: _____ Phone Number _____

3. Do you or any household members work? Yes No (If yes, please provide the following information)

**** Attach copies of four current and consecutive pay stubs for each employer to this form.**

Family Member's name: _____	Family Member's name: _____
Name and Address of Employer: _____ _____	Name and Address of Employer: _____ _____
Phone/Fax number: _____	Phone/Fax number: _____
Self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start date: _____ Pay rate: _____	Start date: _____ Pay rate: _____
Number of hours: _____ How often are you paid? _____	Number of hours: _____ How often are you paid? _____

4. Is any member of your household 18 years old or older and a full-time student? Yes No

If yes, name of family member: _____

Name of school attending: _____

Address of school: _____

Does this person receive student financial aid assistance? Yes No

Part 5: Assets

Check all types of assets or accounts your household currently has: My household does not have any asset accounts

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Payee/escrow account
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Own a home or land	<input type="checkbox"/> Other
<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Cash	<input type="checkbox"/> Other

For each asset account, please provide the following information:

Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____
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Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____
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Please provide a current statement for all accounts

- Please list the address of any real estate (including land) that you own: _____
- Have you closed any type of asset accounts in the last 12 months? Yes No If Yes: Date account closed: _____ (month and year)
If yes, please provide the name of the bank where the account was closed: _____ Type of account: _____

You must attach documentation verifying that the account has been closed

Part 6: Allowances

- Is anyone in your household paying for childcare for children 12 years of age or younger? Yes No If yes, please provide the following:

Family Member: _____ Amount paid: \$ _____ per month
 Child's Name: _____ Name of Provider: _____
 Provider Address: _____ Phone Number: _____

Please attach copies of receipts showing proof of payments

Disabled or Elderly Families Only (Head, Co-head or Spouse is 62 years or older or is a person with a disability)

If you (the Head of Household), your spouse, or co-head are at least 62 years old, or a person with a disability and the medical expenses you pay out-of-pocket each year is more than 3% of your annual income, Division of Housing (DOH) might be able to lower the amount of rent you pay.

Please attach proof of payments (12-month printout, receipts, etc.) for each of the expenses listed above.

Check all types of out of pocket medical expenses your family pays for and include the estimated amount paid each month:

<input type="checkbox"/> Prescription co-pays \$ _____ /month	<input type="checkbox"/> Doctor visit co-pays \$ _____ /month	<input type="checkbox"/> Insurance premiums \$ _____ /month	<input type="checkbox"/> Eyeglasses/ eye care payments \$ _____ /month	<input type="checkbox"/> Other _____ \$ _____ /month
<input type="checkbox"/> Dental payments \$ _____ /month	<input type="checkbox"/> Hearing Aid payments \$ _____ /month	<input type="checkbox"/> Hospital payment(s) \$ _____ /month	<input type="checkbox"/> Prescribed OTC medications \$ _____ /month	<input type="checkbox"/> Other _____ \$ _____ /month
<input type="checkbox"/> Transportation to treatment (cab fare, mileage, etc) \$ _____ /month	<input type="checkbox"/> Service Animal Costs \$ _____ /month	<input type="checkbox"/> Other _____ \$ _____ /month	<input type="checkbox"/> Other _____ \$ _____ /month	



Part 7: Housing Quality Standards Certification:

You must select one of the following:

- I do not know of any current issues that would cause my unit to fail inspection and my landlord has been responsive to requests for repairs.
- I am aware of issues that would cause my unit to fail a Housing Quality Standards inspection and my landlord has not been responsive to request for repairs.

Part 8: Certification:

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes in the household members must be IMMEDIATELY reported in WRITING to the agency administering my housing or the Colorado Division of Housing.

My signature below also authorizes Division of Housing to conduct a CBI background check on all adult members of my household, including myself, anytime during the next 15 months.

Signature of Head of Household *Date*

Signature of Spouse *Date*

Signature of Other Adult *Date*

Signature of Other Adult *Date*

_____ <i>Signature of person completing form (if other than Head of Household)</i>	_____ <i>Date</i>	_____ <i>Phone Number</i>
<i>Reason why Head of Household did not complete form:</i> _____		

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

<hr/>		<hr/>	
Head of Household	Date		
<hr/>		<hr/>	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
<hr/>		<hr/>	
Spouse	Date	Other Family Member over age 18	Date
<hr/>		<hr/>	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<hr/>		<hr/>	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<hr/>		<hr/>	

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

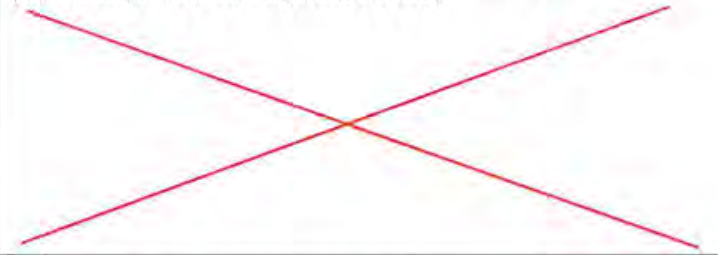
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Colorado Department of Local Affairs
Division of Housing
1313 Sherman Street, Room 320
Denver, CO 80203

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Computer Matching Notice and Consent: I agree that DOH or the Department of Housing and Urban Development (HUD) may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies.

Conditions:

- I agree that photocopies of this authorization may be used for the purposes stated above.
- I understand that each member of the household who is 18 years of age or older must sign the authorization.
- I understand that if I do not sign this authorization, my housing assistance may be denied or terminated.
- I understand that this authorization will expire 15 months from the date it is signed.

Signatures

Warning: Section 1001 of Title 18, United States Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Head of Household (Print)	Signature	Date	Last 4 of SS Number
Co-Head/Spouse (Print)	Signature	Date	Last 4 of SS Number
Other Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Other Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Live-In Aid (Print)	Signature	Date	Last 4 of SS Number





HOUSING

Authorization for the Release of Information

Organization requesting release of information:

Division of Housing
 1313 Sherman St. Room 319
 Denver, CO 80203
 Phone (303) 866-4921
 Fax (303) 866-4922

Purpose: The Colorado Department of Local Affairs Division of Housing (DOH) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization: I authorize the release of any information (including documentation and other materials) pertaining to my eligibility for, participation in, and/or the enforcement of DOH's housing program. I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, assisted housing programs and to obtain information on wages or unemployment compensation from State Employment Agencies.

<p>Information Inquiries may be made about:</p> <ul style="list-style-type: none"> Child Care Expenses Credit History Criminal Activity Family Composition Employment, Income, Pensions, Assets Federal, State, County, or Local Benefits Handicapped Assistance Expenses Identity and Marital Status Medical Expenses Social Security Numbers Residences and Rental History 	<p>Individuals or Organizations That May Release Information:</p> <p>Any individual or organization including any governmental organization may be asked to release information. Examples include:</p> <ul style="list-style-type: none"> Departments of Social Services Banks and Other Financial Institutions Courts, Credit Bureaus Law Enforcement Agencies Employers (Past and Present) Landlords (Past and Present) Providers of: <ul style="list-style-type: none"> Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pharmacies, Pensions/Annuities Schools and Colleges Dept. of Labor and Employment U.S. Social Security Administration U.S. Postal Service U.S. Department of Veterans Affairs Utility Companies
<p>Release to speak with a specific individual or agency.</p> <p>Individual to be contacted:</p> <p>_____</p> <p>Agency:</p> <p>_____</p>	



- 22. Participants must not abuse alcohol in a way that threatens the health, safety, or right to peaceful enjoyment of others.
- 23. Participants may not receive Housing Choice Voucher assistance while receiving other housing assistance for the same or different unit.

A complete list of obligations may be found on the Housing Choice Voucher

Other Causes for Termination or Denial of Assistance:

- 1. Any member of the household currently owes money to DOH or another public housing authority.
- 2. Any member of the household fails to make payments toward their repayment agreement with DOH.
- 3. Any member of the household has engaged in or threatened abusive or violent behavior toward DOH staff, housing coordinator(s) and/or other agency staff.
- 4. Any member of the household is convicted of drug-related criminal activity for methamphetamine manufacturing.
- 5. Any member of the household is required to register as a sex offender.

Right to a Hearing

If a decision is made to terminate housing assistance, the participant will receive a written notice. The notice will advise the participant of a time limit by which he or she may request a hearing to appeal the decision.

I have read and understand all the information provided on this statement.

Head of Household

Date

Other Household Member 18 years old or older

Date

Other Household Member 18 years old or older

Date

Other Household Member 18 years old or older

Date





Statement of Understanding Housing Choice Voucher Program

Division of Housing (DOH) may terminate assistance to program participants for violations of one or more of the following obligations:

1. Participants must supply all information requested by DOH and/or their housing coordinator. This information includes, but is not limited to, household income, household members, social security numbers and evidence of citizenship or legal status.
2. Participants agree to allow DOH and/or their housing coordinator to obtain and disclose necessary information with their current landlord and, when applicable, with new and former landlords.
3. Participants must notify their housing coordinator in writing of any changes in income or number of people in the household within 10 days of the change.
4. Participants at zero income must provide Zero Income Reporting Forms on an annual basis.
5. Participants must obtain approval from DOH before adding a person to their household.
6. Participants must locate a unit prior to the expiration of their voucher.
7. Participants must supply information that is true and complete.
8. Participants must not damage the unit.
9. Participants must not allow utilities that the family is responsible for paying to be shut off.
10. Participants must not commit any violations of the lease.
11. Participants must not enter into a second lease or side agreement with their landlord.
12. Participants must allow DOH and their housing coordinator to inspect the unit.
13. Participants must notify their housing coordinator and landlord of their intent to move prior to vacating the unit. Participants must provide proper written notice to the landlord and to their housing coordinator before moving.
14. Participants must give their housing coordinator a copy of any eviction notice received.
15. Participants must give their housing coordinator a copy of any rent increase notice received.
16. Participants must use the unit as their only residence.
17. Participants must not rent out (sublease) the unit to another person/family.
18. Participants must notify their housing coordinator if they will be absent from their unit.
19. Participants must not own the unit.
20. Participants must not commit fraud, bribery or any other criminal act.
21. Participants must not engage in drug-related criminal activity or violent criminal activity.

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/pih/programs/pih/iviv.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



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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.

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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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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 or such other period consistent with State Law.

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, subject to 24 CFR Part 16.
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?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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:

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**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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.