

RUSSELL HOUSING AUTHORITY

LINCOLN MANOR ~ PARKSIDE MANOR ~ PRAIRIE ACRES

Application Packet

Russell Housing Authority (RHA) offers public housing to all federally defined families: including near-elderly, elderly, disabled, displaced, a single person and two or more persons. To be eligible, an applicant must have an annual income that is no more than the "Low Income" as shown in the attached. NOTE: RHA does not participate in the Section 8 voucher program.

Completed applications will be placed at the bottom of our waiting list according to date and time received. Incomplete applications will be returned to you for completion without being placed on the waiting list.

ALL forms included in this packet must be completed and signed, by the head of household and any family member(s) age 18 or older.

- ❖ Rent is based on income.
- ❖ Proof of ALL income must be turned in with the application.*
 - Most recent SS or SSI Benefit Statement
 - Most recent pay stubs: three consecutive pay stubs
 - Copy of income from interest, dividends, pension, insurance policies, unemployment, or any other form of income.
 - If you are self-employed - submit a copy of your most recent income tax return - including W-2 and 1099 statements.
- ❖ Proof of ALL medical expense deductions must be turned in with the application.*
 - Paid receipts.
 - Recent bank statement or letter indicating amount of auto-withdrawal.
- ❖ The following for each household member must be turned in with application.*
 - Social Security card
 - Birth certificate
 - Driver's license, passport, or other photo id (*children excluded*)

*Copies can be made upon return of application.



RUSSELL HOUSING AUTHORITY
330 W 4TH ST
RUSSELL KS 67665
HOURS: MON-THU 8 – 4:30 / FRI 8 - 3

OFFICE: 785-483-3400
FAX: 785-483-6739
EMAIL: rha@russellks.net

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Income limits for Russell County

Based on fiscal year 2020 Fair Market Rents (FMR) areas.

Number in Household	Low	Very Low	Extremely Low
1	\$ 36,200	\$ 22,650	\$ 13,600
2	\$ 41,400	\$ 25,850	\$ 17,240
3	\$ 46,550	\$ 29,100	\$ 21,720
4	\$ 51,700	\$ 32,300	\$ 26,200
5	\$ 55,850	\$ 34,900	\$ 30,680
6	\$ 60,000	\$ 37,500	\$ 35,160
7	\$ 64,150	\$ 40,100	\$ 39,640
8	\$ 68,250	\$ 42,650	\$ 42,650

Annual income includes all amounts, monetary and nonmonetary that go to, or on behalf of the family head or spouse or to any other family member or are anticipated to be received from a source outside the family in the twelve (12) months following admission or the effective date of the annual recertification. Annual income includes amounts derived from assets to which any member of the family has access that are not specifically excluded by Federal regulations.

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APPLICATION FOR ADMISSION

Head of Household (include previous names) _____

Name of adult co-head of household _____

Current Street Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

Email: _____

Accept Text Messages: ___ Yes ___ No How did you hear about RHA? _____

APPLICANT EMERGENCY CONTACT INFORMATION: The following information is needed so Housing Authority staff can get in touch with your contacts in the case of an emergency, or to make offers of housing assistance, or to confirm information, or otherwise facilitate your application and housing assistance.

#1 Contact Name _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

#2 Contact Name _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

FAMILY COMPOSITION: Beginning with the Head of Household, list all persons who will live in the unit including foster children, and live-in aides (if needed for the care of a family member). **Only those listed on this form may live in the unit.**

(Continued on next page)

Please check one RACE and one ETHNICITY

First Name & Last Name if different from Head of Household	Date of Birth	Sex M / F	Social Security Number	US Citizen Y / N	Relationship to Head of Household	Disabled Person Y / N	Race					Ethnicity	
							White	Black / African American	American Indian / Alaska Native	Asian	Native Hawaiian / other Pacific Islander	Hispanic	Non-Hispanic

For person(s) with disability, please identify any special housing needs your household has below.

Is the applicant family displaced by domestic violence? Yes No
If yes, must submit order indicating such.

Is any adult family member employed? Yes No
If yes, employer is _____

Is any adult family member enrolled in an education program full-time? Yes No
If Yes, provide a copy of active enrollment.

Has any member ever lived in any type of federally subsidized housing? Yes No
(Such as Public Housing, Section 8, Indian Housing, etc.)

Have you ever applied for housing at the Russell Housing Authority before? Yes No
If yes, list name used and when: _____

Have you ever been evicted from any Public Housing Program or Section 8 Program? Yes No
If yes, list name used and when: _____

INCOME AND ASSET INFORMATION: Please answer each of the following questions regarding your household.

Does anyone now receive or expect to receive Social Security benefits? Yes No

Does anyone now receive or expect to receive Supplemental Security Income (SSI)? Yes No

Does the head of household work full-time, part-time or seasonally? Yes No
Employer: _____

Does anyone else who will live in the unit work full-time, part-time or seasonally? N/A Yes No
Employer: _____

Does anyone now receive or expect to receive income from a pension or annuity? Yes No

Does anyone now receive or expect to receive income from assets, including: interest on checking or savings accounts; interest and/or dividends from certificates of deposit, stocks or bonds; other income source; or income from rental property? Yes No

Do you or any household member own any real estate? Yes No

Does anyone now receive or expect to receive public assistance (social welfare or social assistance) such as SSI, SNAP, TANF, GA? Yes No

Are you currently receiving unemployment benefits? Yes No

Do you have custody of minor child(ren)? N/A Yes No
If Yes, provide a copy of the court document.

Does anyone now receive or expect to receive child support? N/A Yes No
If Yes, provide a copy of the court document stating the amount.

QUALIFYING FOR DEDUCTIONS IN CALCULATING RENT:

Is the head of household or spouse age 62 or older or a person with a disability? Yes No

Does your household have any medical expenses (Medicare, Medicaid, supplemental insurance, doctor visits, hospital stays, prescriptions, therapy, medical supplies, etc.)? Yes No

Do you have any childcare expenses for children under age 13 so an adult can work, go to school or attend job training? Yes No

PERSONAL REFERENCES: List a minimum of three (3) personal references (Not Relatives). This must be completed, or your application will not be processed.

Name	Address	Phone

OTHER INFORMATION:

Do you smoke or vape; inhaling, exhaling, breathing, carrying, or possessing any lighted cigarette, cigar, pipe or other tobacco product in any manner or form? ___ Yes ___ No

Do you have a pet? Yes No Dog Breed _____

Cat Breed _____

Other Indicate _____

NOTE: One pet per household allowed; 20-pound weight limit at full growth.

Are you aware of any pests where you currently reside? ___ Yes ___ No

If yes, please indicate the type (bed bugs, roaches, fleas, etc.)

Do you have a vehicle? Yes No (Please list vehicle information for each household member.)

YEAR	MAKE/MODEL OF VEHICLE	COLOR	TAG NUMBER	COUNTY	STATE

HOUSING HISTORY: We require your housing history for the past three (3) years. Start with your most current address. This must be completed, or your application will not be processed. Should any information be false your application will not be processed.

Address From (date) To (date) Landlord (Name, Addr, Ph)

CRIMINAL HISTORY / ELIGIBILITY

Has any household member been arrested? Yes No

Has any household member been convicted of a Felony? Yes No

Is any household member on any State’s Sex Offender Registry? Yes No

Has any household member been convicted of manufacture or sale of methamphetamine? Yes No

Has any household member been evicted from a federal housing program in the past three (3) years for illegal drug activity? Yes No

If you answered YES to any of the above questions, please explain here.

APPLICANT(S) MUST ALLOW BACKGROUND CHECK: This is mandatory of all household members of an applicant who is eighteen (18) years of age or older.

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain all Unlawful Detainer, Credit Reports, and or Criminal Activity.

Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

I have read and understand the above.

Applicant Signature

Social Security Number

Date

Applicant Signature

Social Security Number

Date

Applicant Signature

Social Security Number

Date

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Asset and Allowance Checklist

Please check all that apply to the household.

Assets may include but are not limited to the following:

- | | |
|--|---|
| <input type="checkbox"/> Gross Wages | <input type="checkbox"/> Lump sum payout (work comp, etc.) |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Interest, dividends |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Stocks, bonds, treasury bills |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Land |
| <input type="checkbox"/> Checking account(s) | <input type="checkbox"/> Rental Property |
| <input type="checkbox"/> Savings account(s) | <input type="checkbox"/> Annuity, Pension, Retirement Funds |
| <input type="checkbox"/> Certificate(s) of Deposit | <input type="checkbox"/> "Whole Life" Life Insurance Policy |

Allowances may include but are not limited to the following:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Dependent(s) - under age 18 |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Childcare (daycare) |

Unreimbursed medical expense – applies to elderly (62+) or disabled only – may include but not limited to the following:

- | | |
|---|--|
| <input type="checkbox"/> Health care facility visits | <input type="checkbox"/> Hospital bills |
| <input type="checkbox"/> Laboratory, x-ray, diagnostic tests | <input type="checkbox"/> Eyeglasses, contacts |
| <input type="checkbox"/> Dental treatment | <input type="checkbox"/> Hearing aid batteries |
| <input type="checkbox"/> Medical insurance premiums | <input type="checkbox"/> Prescriptions – out of pocket expense |
| <input type="checkbox"/> Skilled, semi-skilled, unskilled nursing | <input type="checkbox"/> Wheelchair, walker, scooter, etc. |
| <input type="checkbox"/> Payments on accumulated medical bills | <input type="checkbox"/> Attendant care or periodic care |

Proof of all assets, allowances, and expenses is required.

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DISPOSAL OF ASSETS CERTIFICATION

To meet eligibility and rent determinations it is required by Federal Regulations that no member of family/household has disposed of any assets for less than fair market value during the preceding two (2) years of the effective date of certification / recertification of applicant / tenant eligibility.

Please check the appropriate box and sign.

- I certify that I have not disposed** of any assets for less than fair market value in the past two (2) years.

_____ *Signature of Head of household* _____ *Date*

AND

- I (spouse/co-head/other of age 18) certify that I have not disposed** of any assets for less than fair market value in the past two years.

_____ *Signature of Spouse/Co-head/other over age 18* _____ *Date*

OR

- I certify that I have** disposed of the following asset(s) for less than fair market value in the past two years.

Type of Asset(s): _____

Date Disposed: _____

Amount Received: \$ _____

Market Value of the Disposed Asset: \$ _____ (at the time of disposition)

_____ *Signature of Head of household* _____ *Date*

_____ *Signature of Spouse/Co-head/other over age 18* _____ *Date*

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To All Applicants / Tenants:

Community Service – the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance tenant self-sufficiency, or increase tenant self-responsibility in the community. Community service is not employment and may not include political activities.

Exempt individual. An adult who is:

- 62 years of age or older;
 - Blind or disabled, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. Section 416(i)(1); Section 1382c), who certify that, because of this disability, she or he is unable to comply with the service provisions of this subpart, or is a primary caretaker of such individual;
 - Engaged in work activities.
 - Meets the requirements for being exempted from having to engage in work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. Section 601 *et seq.*) or under any other welfare program of the State in which PHA is located, including a State-administered Welfare-to-Work program;
 - A member of a family receiving assistance, benefits, or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. Section 601 *et seq.*), or under any other welfare program of the State in which the PHA is located, including a State-administered Welfare-to-Work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.
- Non-Exempt service requirement** – except for any family member who is an exempt individual, each adult tenant of public housing must:
1. Contribute 8 hours per month of community service (not including political activities); or
 2. Participate in an economic self-sufficiency program for 8 hours per month; or
 3. Perform 8 hours per month of combined activities as described in (1.) and (2.)

Signature

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE:

The Russell Housing Authority, herein after referred to as "housing authority", may use this authorization and the information obtained with it to administer and enforce program rules and policies. All adults (18 & over) living in the rental unit must read and sign this form.

AUTHORIZATION:

I/We authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority.

I/We authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

INQUIRIES MAY BE MADE ABOUT:

- | | |
|--|-----------------------------------|
| Childcare Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Public Assistance | Law Enforcement Records |
| Criminal History and Activity | Medical / Pharmaceutical Expenses |
| Employment, Income, Pensions and Assets | Probationary Records |
| Family Composition | Residences and Rental History |
| Federal, State, Tribal or Local Benefits | Social Security Numbers |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

- | | |
|--|---------------------------|
| Banks and Other Financial Institutions | Providers of: |
| Credit Bureaus | Alimony |
| Employers Past, and Present | Child Care |
| Landlords | Child Support Credit |
| Local Community Social Service Agencies | Handicapped Assistance |
| Local/State/Federal Courts | Medical Care/Services |
| Local/State/Federal Law Enforcement Agencies | Mental Health Services |
| Schools and Colleges | Pensions / Annuities |
| State Welfare Agencies | Pharmaceutical |
| Utility Companies | Substance Abuse Treatment |

CONDITIONS:

I/We agree that permission to release information for the purposes stated above will remain in effect as long as I/We remain a participant in Russell Housing Authority programs or a tenant in a Russell Housing Authority rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/We agree that photocopies of this authorization may be used for the purpose stated above. I/We understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Russell Housing Authority.

Print Name _____

Print Name _____

Social Security # _____

Social Security # _____

Date of Birth _____

Date of Birth _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Signature _____

Signature _____

Date _____

Date _____

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APPLICANT / TENANT CERTIFICATION

Applicant(s) / Tenant(s) Statement

I/We certify that the information given the Russell Housing Authority on family composition, income and assets, 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 of Household

Date

Signature of Spouse/Co-head/Other over age 18

Date

Signature of Spouse/Co-head/Other over age 18

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot-Line at 800-424-8590.

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on the Tenant Data Summary (form HUD-50058), a computer-generated facsimile of the form. See the Authorization for the Release of Information/Privacy Act Notice (form HUD-9886) for more information about its 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. 1/31/2014

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

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(I)(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.

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:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

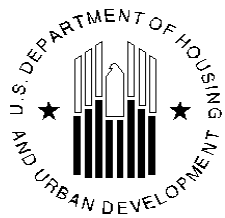
Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing 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.



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.

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 (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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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/thiip/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

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or in recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. This form must be completed for each person in the household.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

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

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA
OR:

Permanent resident under #249 of INA
OR:

Refugee, asylum or conditional entry status under #207,208 or 203 of the INA
OR:

Parole status under #212(d)(f) of the INA
OR:

Threat to life of freedom under #243(h) of the INA
OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____

Date

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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