



INFORMATION & INSTRUCTIONS FOR APPLICANTS

You are encouraged to read all information in this Application for Admission Packet. Once eligibility has been determined, your application will be placed on the waiting list, you will be contacted when your name comes up on the list. We have 1 wait list for all 3 of our sites which are:

Chalet Terrace, Reed Manor & Shahan Blackstone

(You will be placed at the appropriate site by the Jackson Housing Commission)

Note: A single person with disabilities or a family that includes a person with disabilities may request a reasonable accommodation at any time during the application or occupancy process.

The application and all supplemental forms must be filled out in full and signed by all adult family members. If all information required on the application and listed below is not received by the Housing Commission within 10 Business days of the application date, the application will be denied and shredded.

A criminal history check will be run on all household members aged eighteen (18) and over. The PHA is screening for specific criminal backgrounds, as well as criminal activities that prohibit a person from receiving housing assistance during his/her lifetime, are described in the Admissions and Continued Occupancy Policy Lifetime prohibitions include persons required to register under a state lifetime sex offender registrations program and persons who have been convicted of methamphetamine production in federally assisted housing. An application will not be denied if the criminal history check reveals a single minor or petty criminal activity.

In addition to completion of the written application and signing all forms in the applications packet, the applicant must provide:

- Social Security numbers and original Social Security cards for all members of the household
- For each minor listed on the application, original proof of custodianship or right to live with the family (such as birth certificate or divorce decree)
- The name and address of any parent who will not be living in the household
- Additional verification forms as determined necessary to verify income, family composition, deductions and allowances based on review of the application by the PHA
- Documentation for possible preference points (Please see last page)

Original documents provided will be copied by the PHA, and the original documents will be returned to the applicant.

The application will be reviewed within seven (7) business days following receipt to determine initial eligibility. Information provided will be verified as the applicant nears the top of the waiting list to determine suitability and final eligibility. The applicant will be contacted if additional information is required.

If it is determined during the review process that the applicant failed to disclose relevant information requested or provided false information on the application or at the interview, the application will be denied.

The applicant will be mailed a letter of initial eligibility at the address provided on the application. If the application is denied, the applicant may, within then (10) business days of the date of the denial, request an informal meeting, at which time he/she could provide documentation that would disprove the validity of the information relied upon in denying the application.

Eligible applicants are placed on the appropriate waiting list and offered an apartment in accordance with the HUD approved Tenant Selection and Assignment Plan, which is available for review upon request in the management office. Applicant screening and offers of rental units will be made without discrimination regarding race, color, religion, sex, age, handicap, familial status or national origin.

All applicants determined eligible initially will be interviewed prior to determining final eligibility and suitability and being offered a rental unit. At the time of the interview, current verifications of income, assets, and deductible expenses will be obtained for use in calculating rent. These required verifications must be original documents less than 60 days old at the time of the interview.

The applicant must notify the PHA in writing of any changes in income, household members, assets, address or telephone number while on the waiting list. This information is used in determining eligibility and unit size for which the family is eligible and for contacting the applicant. If the PHA is unable to contact the applicant due to a change in address or telephone number that has not been reported in writing, the application will be removed from the waiting list. If the applicant can provide verification that he/she was unable to respond due to circumstances beyond his/her control, the application may be reinstated.

When a rental unit of the appropriate size becomes available, the applicant will be contacted at the telephone number provided on the application. If the PHA is unable to contact the applicant or leave a recorded message at the most recent telephone number provided, the offer will be mailed to the applicant at the address on the application.

The applicant must accept the apartment offered or decline it within 10 business days from the date of the offer. If the rental unit offered is declined, but the applicant desires to remain on the waiting list, his/her name will be moved to the bottom of the waiting list. If the applicant declines an offer two times their name will be removed from the waiting list and they must wait 1 year from the date of the decline to apply for housing with the PHA. If the applicant can provide verification that he/she was unable to respond due to circumstances beyond his/her control at the time of the offer they will be able to accept a unit at that time.

If the offer is accepted, the applicant must:

1. Execute the lease and lease addenda within 5 business days of the offer date.
2. Provide proof of ability (receipts) to have utilities turned on in the unit in an adult household member's name. (Certain units only)
3. Pay the security deposit or agree to a repayment plan for security deposit.
4. Pay the prorated rent for the month in which he/she is renting.
5. Inspect the unit with a PHA representative. Any repairs needed in the apartment that are not noticed at the move-in inspection may be reported and recorded within seven (7) calendar days of execution of the lease. After that time, the tenant assumes responsibility for any needed repairs beyond normal wear and tear.



WAITLIST PREFERENCE POINTS

Below is the list of waitlist preference points that you may qualify for, as well as examples of the types of documentation that you will need to provide to us in order to receive these waitlist preference points. If you have questions about any of these criteria, please ask for assistance from JHC staff.

- **Involuntarily Displaced:** This applies to the head of household. If you have been forced to move because the home you were renting was foreclosed upon, condemned, sold or otherwise made uninhabitable; or if you are the victim of domestic violence, or displaced by a natural disaster, you will qualify for this preference point.
Documentation: You will need to provide documentation from a landlord, case worker, or court stating that you were displaced (not evicted for non-payment or other lease violations) from your residence.
- **Elderly:** This applies to the head of household, spouse, or co-head. To qualify you must be 62 years or older.
Documentation: You must provide a copy of your state issued ID, passport, or birth certificate. Other official documentation may be acceptable at PHA staff discretion.
- **Veteran:** This applies to the head of household, or spouse. You must either be a current member of the United States military, veteran, or a spouse of the member of the United States military or veteran. You cannot have been dishonorably discharged from military service.
Documentation: You must provide your DD-214.
- **Disabled:** This applies to the head of household, spouse, or co-head. You must have a physical, mental, or emotional disability.
Documentation: You must provide documentation from the State or from a medical, or other qualified professional, stating that you are disabled.
- **Homeless:** This applies to the head of household, spouse, or co-head. You must lack a fixed, regular, or adequate night-time residence.
Documentation: You must provide documentation from a case worker, homeless shelter staff, or other qualified professional, relating to your housing status. If you are unable to secure this documentation please speak with a PHA staff person.
- **Reunification:** This applies to the head of household. You must be actively participating in a family reunification program through a court or DHHS. Your reunification plan should name housing as one of your barriers to reunification.
Documentation: You will need to provide documentation from DHHS, foster care, or the court, showing that you are compliant with your reunification plan, and that housing is a barrier for you.

Please Note: These preference points will not be entered into your file for 30 days from the date of this letter in order to give everyone on the waiting list ample time to respond. You may send your documentation at any time.

If you become eligible for ANY of these preference points at ANY time while you are on the waitlist, you may have the point(s) applied to your application by providing the necessary documentation to JHC staff.

"Housing Jackson, one family at a time."



Administrative Offices
301 Steward Ave., Bldg. C.
Jackson, MI 49201-1132



Phone: (517) 787-9241
Fax: (517) 787-6143
www.jacksonhousing-mi.org

Application for Admission

Limited English Proficiency:

Do you require oral and/or written information in any language other than English?

Yes **If yes**, please contact the Applications Office for assistance. **If no**, Continue.

No

Instructions:

Complete this form in ink in your own handwriting. Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. Any required information not received by the Jackson Housing Commission within 10 business days of the date of this application will result in denial of the application.

Applicant Head of Household Information:

Applicant Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical address where you currently reside: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

For Office Use Only

Date/Time: _____ Bedroom Size: _____

Eligibility Determination

Initial Eligibility ___Y___N

Received by: _____ Qualify for 504 Unit? ___Y___N

Preference(s) claimed: _____

List any reasonable accommodation/assistance needed by this applicant: _____

Interview Date: _____

Final Eligibility ___Y___N



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Social Security Numbers and Social Security Cards

Social Security cards must be provided for all persons who will live in the rental unit. Unless the person without a Social Security number/card is over age 62 and was receiving HUD rental assistance at another location on January 1, 2010 or is an illegal non-citizen, he/she must contact the Social Security Office immediately to obtain a corrected card with the current legal name and provide it to the Jackson Housing Commission.

Is any household member's current legal name different than the name on his/her SS card? Y N
Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? Y N

If yes, explain: _____

Place a check mark ☒ in the appropriate boxes in each section below to identify any language or disability needs in communication.

Mark this box if you read or speak English.

Mark this box if you speak any language other than English

Please list: _____

I require that all written information be:

In large print

In Braille

Presented orally

In another format (explain specific need): _____

I require that all oral information be presented to me:

In writing

Through a telephone relay service

In another format (explain): _____

I do not require any alternate means of communication.



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I. HOUSEHOLD COMPOSITION (You are required to list all persons who will live in the rental unit. No person may reside in a subsidized unit whose residency has not been previously approved by the Jackson Housing Commission.)

- No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability. However, benefits for which only persons with disabilities are eligible cannot be provided unless the participant discloses his/her disability status.**

LIST BELOW ALL PERSONS AGE 18 OR OLDER:

Use the following codes to describe each adult member's relationship to the Head of Household.

A = Adult other than Head, Spouse or Co-Head who is not a full time student **L** = Live-in-Aide (if required by an elderly/disabled applicant)

E = Full time student age 18 or older who is not the Head, Spouse or Co-Head **F** = Foster Adult

Adults (age 18 or older)	Social Security #	Relation to Head	Sex			Race and Ethnicity	Birth Date	Age	Disabled* Yes/No
			M	F	Decline to disclose				
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									



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LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Use the following codes for describing each minor's relationship to the Head of Household

F = Foster Child **L** = Child of Live-in-Aide **Y** = Other Youth

Minors (Under age 18)	Social Security #	Relation to Head	Sex			Race and Ethnicity	Birth Date	Age	Disabled* Yes/No
			M	F	Decline to disclose				
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									





I. Household Composition (continued)

1. Is any household member **over age 18** a full time student (other than the head of household, spouse of the head of household, or co-head)?

Yes If yes, list the name and school they attend: _____

No

2. Does anyone in your household require any special accommodations (such as: a ramp, handrails, etc.) due to a handicap or disability?

Yes If yes, list requirements: _____

No

3. Does any elderly or disabled family member require a Live-in-Aid?

Yes If yes, who: _____

No

4. Is the head of household claiming Involuntary Displacement? (Please provide proof) (1 Point)

Yes No

5. Is the head of household, spouse or co-head 62 years or older? (1 point)

Yes No

6. Is anyone in the household claiming disabled status? (Please provide proof) (1 Point)

Yes No

7. Is the head of household, spouse or co-head claiming Veteran status? (Please provide proof) (1 Point)

Yes No

8. Is the head of household claiming Homeless status? (Please provide proof) (1 Point)

Yes No

9. Is the head of household claiming reunification status? (Please provide proof) (1 Point)

Yes No





II. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Section 8 Housing Choice Voucher Program after reaching the age of 18?

Yes If yes, under what name(s) : _____

No

List information about each Housing Agency/City where any family member has lived.

1. Housing Agency/City _____

From _____ To _____ Lease in Name of: _____

Why did you move? _____

2. Housing Agency/City _____

From _____ To _____ Lease in Name of: _____

Why did you move? _____

III. CRIMINAL HISTORY

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

a. Violent criminal Activity?

Yes If yes, give details _____

No

b. Domestic Violence, dating violence, sexual assault, or stalking?

Yes If yes, give details _____

No





c. Alcohol related activity?

Yes If yes, give details _____

No

d. Manufacture of methamphetamines?

Yes If yes, give details _____

No

e. Possession, sale, or distribution of illegal drugs?

Yes If yes, give details _____

No

f. If required to report, list name and telephone number of probation/parole officer:

Name: _____ Phone: _____

2. Has any household member participated in drug rehabilitation during the past 12 months?

Yes If yes, explain _____

No

3. Is any household member required to register in any state as a Sex Offender?

Yes If yes, list name _____

No

4. Has any household member been evicted from federally assisted housing in the past 3 years?

Yes If yes, who? _____

No Where and why? _____





IV. MISCELLANEOUS INFORMATION

1. Is any family member listed on this application currently a victim of domestic violence, dating violence, sexual assault or stalking?

Yes If yes, who: _____

Name of perpetrator: _____

No

2. Do you have a pet?

Yes If yes, describe: _____

No

V. REQUIRED SUPPLEMENTS TO APPLICATION

The following documents must be executed along with this application form for the application to be considered complaint:

- a) Citizen Declaration for each family member
- b) Form Hud-92006, Emergency Contact Form
- c) HUD Privacy Act/Release of Information (form HUD-9886 for Public Housing)
- d) Communications Form
- e) Release for Criminal History Background Check for each adult household member
- f) Preference(s) Claimed & all documentation needed for verification
- g) Form HUD-62675 "Debts Owed to PHAs" signed by each adult household member



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VI. APPLICANT CERTIFICATION

All information provided on this application, the required supplements to the application, and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Jackson Housing Commission within 14 calendar days of such change for my application to remain valid. By my signature, I grant permission for the Jackson Housing Commission to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date

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.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.





DECLARATION OF SECTION 214 STATUS

Notice to applicants & tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration Statement *carefully* and sign 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.

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.

Immigration status under #100(a)(15) or 101(a)(20) of the INA; or

Permanent residence 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 of 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.

[See reverse side for footnotes and instructions]





The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208, or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INA/SAVE Verification Number and the date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "X" in the appropriate boxes. Sign and date at bottom of page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



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CRIMINAL HISTORY RECORD REQUEST AUTHORIZATION FOR PROVIDING SECURITY CHECK, CREDIT CHECK, AND CRIMINAL HISTORY INFORMATION

**TO: United States National Sex Offenders Public Registry
Transunion - Criminal Hx and Evictions
Michigan Department of Corrections (MDOC), Michigan Courts, the Michigan State Police or other law
enforcement agencies by way of Michigan Department of Corrections Offender Tracking Information
System (OTIS).
Jackson County 12th District Court & Jackson County Sherriff's Dept.**

This is to authorize any Law Enforcement Agency, Peace Officer, or Security Agency, including, but not limited to those named above, to furnish to the Jackson Housing Commission, 301 Steward Ave #C, Jackson, MI 49201 acting by or through its Executive Director or Chairman of the Board of Commissioners, or anyone designated in writing by either of said persons or other information or documents that the Jackson Housing Commission may request that you have in your custody or under your control regarding the person whose name(s) appears below.

I hereby waive any privilege or right of nondisclosure I have to release and disclosure of said information. This waiver and authorization is made in connection with my application for housing or continued occupancy for myself and my family members with the Jackson Housing Commission. It is necessary that Jackson Housing Commission have full and complete information with respect to my criminal history and background.

Name: _____

Signature: _____

Date: _____

Social Security #: _____

Date of Birth: _____

Sex: ____ Male ____ Female

Current Address: _____

City/State/Zip: _____

PHA Representative: _____

Date: _____

Title: _____



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)

Jackson Housing Commission
301 Steward Ave.
Jackson, MI 49201

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.

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.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.



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 08/31/2016.

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.

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



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



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.

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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