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Executive Director

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Deputy Executive Director



1601 Dill Avenue
Linden, New Jersey 07036-1779
Phone: 908-298-3820
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HOUSING AUTHORITY CITY OF LINDEN

TO ALL APPLICANTS:

Attached is the application to apply for elderly (62 years of age or older) & disabled (under 62 – permanently disabled, collecting Social Security Disability) housing, located at 1601 Dill Avenue and 1551 Dill Avenue, Linden, New Jersey 07036.

Please read and follow the instructions listed below:

- 1) Please print clearly.
- 2) Fill out the enclosed application **ENTIRELY!**

Any incomplete applications will be marked ineligible!!

- 3) ***Sign the bottom of the application on page 4.***
- 4) Use the enclosed "Information Check List" as a guide for the information you **MUST** provide with your application.
- 5) Read all of the attached forms. All of the attached forms must be signed and returned with your application:
REMEMBER TO SIGN ALL OF THE ATTACHED FORMS BEFORE RETURNING THEM WITH YOUR APPLICATION. Incomplete applications will be marked ineligible!!!
 - Authorization for Release of Information
 - Supplement to Application for Federally Assisted Housing (HUD-92006)
 - Declaration of Section 214 Status
 - RHIIP – What You Should Know About EIV
 - Debts Owed to Public Housing Agencies & Terminations (HUD-52675)
- 6) Mail your completed application, along with all the necessary paperwork to the following address:

Housing Authority City of Linden
1601 Dill Avenue
Linden, New Jersey 07036

*****PLEASE NOTE: Applications will be accepted until a maximum of 500 are received, after which time the list will be closed and no more applications will be accepted.***

Thank you,
Housing Authority City of Linden

If you or any member of your family are disabled and require reasonable accommodations, please let us know.

Effective: October 1, 2022



EQUAL OPPORTUNITY EMPLOYER
TTY/TDD PLEASE CALL 1-800-852-7899

For Office Use Only: Date application received _____	Time application received _____	By _____
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Application for Admission and Rental Assistance Housing Authority City of Linden

Applicant name _____ Application number _____
 Current address _____
 City, state, zip code _____
 Home phone _____ work phone _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

MEMBER NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER*

DISCLOSURE OF SOCIAL SECURITY NUMBERS

*All applicant household members must disclose and provide verification of the complete and accurate Social Security numbers assigned to them except for those who do not contend eligible immigration status or if applicant was 62 years or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

Please answer the following questions:

- Were you or any member of your household listed above 62 years of age or older on January 31, 2010? ☐ Yes ☐ No
- Have you ever lived in Public Housing or any other HUD Assisted Housing, including but not limited to Section 8? ☐ Yes ☐ No

Please provide a list of states which you or any members of your household have lived in: _____

1. **Do you currently live in, work in or have been offered work in Linden, NJ** ☐ Yes ☐ No
2. **Race of Head of Household** (check one) (For statistical purposes only)
☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
3. **Ethnicity of Head of Household** (For statistical purposes only)
☐ Hispanic ☐ Non-Hispanic
4. Does anyone live with you now who is not listed above: ☐ Yes ☐ No
5. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No
 If you answered YES to either Question 4 or 5, explain _____
6. Is the Head of Household or Spouse a person with disabilities? ☐ Yes ☐ No
7. Please identify any special housing needs your household has: _____
8. How many people live in your unit now? _____ How many bedrooms do you have? _____

9. Do you wish to move? ☐ Yes ☐ No If yes, why? _____
-
10. Are you now living in a federally subsidized housing unit? ☐ Yes ☐ No If yes:
 Name of Complex _____
 Name of Manager _____
 Manager's telephone number: _____
11. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program?
☐ Yes ☐ No If yes, when? _____ For what reason? _____
12. Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol?
☐ Yes ☐ No
- 12.a. Are you or any member of your family subject to a lifetime sex offender registration program in any state?
☐ Yes ☐ No If yes, which state(s)? _____
- 12.b. List all states in which you or any members of your family have lived in: _____
-
15. Current Landlord: Name: _____
 Address: _____
 Phone: _____
16. Your last address: _____
 Dates you lived there: From _____ to _____
17. Name and address of previous landlord: _____
 _____ Phone: _____
18. Names of family members who are full time students: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes" provide details in the chart below.

Does any member of your household:

- | | | |
|--|-----|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | Work full-time, part-time or seasonally? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | Expect to work for any period during the next year? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. | Work for someone who pays them cash? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. | Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. | Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. | Now receive or expect to receive child support? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. | Have an entitlement to receive child support that he/she is not now receiving? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. | Now receive or expect to receive alimony? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. | Have an entitlement to receive alimony that is not currently being received? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. | Now receive or expect to receive public assistance (welfare)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. | Now receive or expect to receive Social Security or disability benefits? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. | Now receive or expect to receive income from a pension or annuity? |

- ☐ Yes ☐ No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- ☐ Yes ☐ No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, earnings on a whole life insurance policy or income from rental property?
- ☐ Yes ☐ No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- ☐ Yes ☐ No 16. Have you sold or given away real property or other assets (including cash) in the past two years?

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	MONTHLY INCOME	ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certifications of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

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

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

EXPENSES

- ☐ Yes ☐ No Do you have expenses for child care of a child aged 12 years or younger?
If yes,

Care Provider's name _____
Address _____
Telephone _____

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

☐ Yes ☐ No Do you pay a care attendant for any equipment for any handicapped or disabled household member(s) with disabilities necessary to permit that person or someone else in the household to work?
If yes:

Care Attendant's name _____
Address _____
Telephone _____

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

ELDERLY FAMILIES ONLY

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

☐ Yes ☐ No Do you have any other kind of medical insurance? If yes, answer the following questions:

Carrier's name _____ Address _____
Policy number _____ Premium amount _____

☐ Yes ☐ No Do you have outstanding medical bills? If yes, list them below. _____

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

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

Please list names, addresses and phone numbers of two relatives or friends who know how to contact you.

1. _____ 2. _____

APPLICANT CERTIFICATION

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

Signature of Head _____ Date _____

Signature of Spouse/Co-Head _____ Date _____

PHA Representative _____ Date _____

Note to applicants: This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. 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.



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

INFORMATION CHECK-OFF LIST

Copies of the following items are **REQUIRED**:

- ☐ - **Birth Certificate, Certification Of Naturalization or Proof of Citizenship**
- ☐ - **Social Security Card OR Alien Registration Card**
- ☐ - **Current Social Security Award Letter**
This letter shows the current amount you receive as well as the amount (if any) that is deducted for Medicare.

Please provide the following information **ONLY** if it applies to you:

- ☐ - **Proof Of Any Other Source Of Income**
Employment, UnEmployment, Pensions, Alimony, Stocks, etc.
- ☐ - **Proof Of Any & All Banking Information**
Checking, Savings, CD's, IRA's, etc.
- ☐ - **House/Home Information (If You Sold or Will Be Selling Your Home)**

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (Legal Name), residing at:

_____, do hereby authorize any agencies, offices, groups, organizations or business firms to inform the Housing Authority City of Linden of any information or materials which are necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Housing Authority City of Linden – Public Housing Assistance.

These organizations are to include, but are not limited to: Financial Institutions, Past or Present Employers, Social Security Administration, Welfare & Food Stamp Agencies, Veteran's Administration, Court Clerks, Utility Companies, Workman's Compensation Agencies, Attorneys, Credit Providers and Banks.

I understand that the Department of Housing & Urban Development (HUD) may conduct computer matching programs in order to verify the information supplied on my application or recertifications. It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signature – Applicant/Resident

Social Security Number

For Office Use

Housing Authority City of Linden Representative

Date

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).



EQUAL OPPORTUNITY EMPLOYER
TTY/TDD PLEASE CALL 1-800-852-7899

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.

DECLARATION OF SECTION 214 STATUS

Alien Certification & Registration

Notice to applicants and 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. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States.
- ☐ 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 §§ 101 (a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)ⁱⁱ
 - ☐ Permanent residence under § 249 of the INAⁱⁱⁱ
 - ☐ Refugee, asylum or conditional entry status under §§ 207, 208 or 203 of the INA^{iv}
 - ☐ Parole status under § 212 (d)(5) of the INA^v
 - ☐ Threat to life or freedom under §§ 243 (h) of the INA^{vi}
 - ☐ Amnesty under § A of the INA^{vii}

(Signature of Family Member)

(Date)

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

HA: Enter INA/SAVE Primary Verification #: _____ Date: _____

DECLARATION OF SECTION 214 STATUS

Alien Certification & Registration

ⁱ Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

ⁱⁱ Immigrant status under § 101(a)(15) or 101(a)(20) of the 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.

ⁱⁱⁱ Permanent residence under § 249 of the 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 eligible 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*]

^{iv} Refugee, asylum, or conditional entry status under §§ 207,208 or 203 of the 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*].

^v Parole status under § 212(d)(5) of the INA. A non citizen 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*].

^{vi} Threat to life or freedom under § 243(h) of the INA. A noncitizen who is lawfully 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*].

^{vii} Amnesty under § 245A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under § 245A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].



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/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



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 04/30/2023.

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