



ANNUAL REEXAMINATION REQUIREMENTS

Important Information about your Annual Reexamination:

- Answer all questions on the Application form. Do not leave any questions blank. If a question does not apply to you, such as “*What is your telephone number?*”, and you do not have a telephone, write “none”.
- Please print all answers.
- Use the full legal name of each member of your household as it appears on the social security card.
- All yes/no questions must be answered “yes” or “no”.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/co-head (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this form must be true and complete. It is a violation of Federal and State criminal law to make false statements on an application for housing assistance, or to omit information that is known to you. If you do not understand a question, please ask your housing representative.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the HCHA office at 713-578-2100.



8933 Interchange
Houston, Texas 77054
Tel: 713-578-2100
Fax: 713-669-4594

TENANT INFORMATION FORM: ANNUAL REEXAMINATION

Part 1: Identifying Information:

Current Address:	Home Telephone: Work Telephone: Cell Phone:	Relative Telephone: Other Contact Telephone:
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Start on the first line with the head of household. Complete the information for all adults and children that will be living in the housing unit to be assisted. List all adults first, then children. **You must include all persons who are living with you.** In box 6 enter one of the codes below to identify the relationship of each household member to the head of household.

H = Head of household K = Co-Head (not married) Y = Youth under 18 E = Full time student over 18
S = Spouse (married) A = Other Adult F = Foster L = Live-in-aide

1	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
2	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
3	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		



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4	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M F	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___White ___ American Indian/Alaska Native ___Black ___Asian ___Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
5	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M F	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___White ___ American Indian/Alaska Native ___Black ___Asian ___Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
6	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M F	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___White ___ American Indian/Alaska Native ___Black ___Asian ___Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
7	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M F	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___White ___ American Indian/Alaska Native ___Black ___Asian ___Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
8	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M F	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___White ___ American Indian/Alaska Native ___Black ___Asian ___Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
9	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M F	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___White ___ American Indian/Alaska Native ___Black ___Asian ___Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		



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Part 2: Information about members of the household:

1. Does anyone outside of the home share custody of any of the children? Yes No
If yes, who? _____
2. Is anyone who will be living in the home expecting a child? Yes No
If yes, who? _____
3. Is there any family member who is temporarily absent? Yes No
If yes, who? _____
4. Is anyone who will be living in the home who is 18 or over a full-time student? Yes No

If yes, below list who, and provide the name and address of the school attended

Student Name:	1.	2.
Name and Address of School:		
Student Name:	3.	4.
Name and Address of School:		

5. Have any household member been arrested for any crime in the past 12 months? Yes No

If yes, complete below. Attach separate sheet if needed.

Family member name _____	Year arrested _____
What crime(s)? _____	Number of arrests _____
City and State arrested _____	

Family member name _____	Year arrested _____
What crime(s)? _____	Number of arrests _____
City and State arrested _____	



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Part 3: Information about the Assets of all Family Members:
(An asset is something of value that can be converted to cash)

Do you or any family member have any of the following Assets? Write “yes” or “no” as appropriate.

Type of Asset	Yes	No	If yes, which family member(s) own the asset(s)?
Checking Account?			
Savings Account?			
Stocks?			
Bonds?			
Trust fund(s)?			
Pension funds?			
Individual Retirement Accounts?			
Life insurance policy (ies)?			
Real Property (real estate)?			
Any other type of capital investment?			
Personal property held as an investment (coins, antique cars, etc)			

Have you or any family member sold or given away any assets within the past 2 years for less than their fair market value? Yes No

If yes, what was the asset? _____

What was the fair market value of the asset? \$ _____

How much was received for the asset? \$ _____

What was the date the asset was sold or given away? _____



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ASSETS: Account(s) for all assets below

1	Who holds the asset?	Type of asset:	Account Number, if any	Current Balance or Value
	Does this asset pay interest or dividends?	If this asset pays interest dividends, what is the interest rate?	Does this asset generate any other income?	If this asset generates other income, how much a year?
	Name of Financial Institution, if any	Address		Phone #
2	Who holds the asset?	Type of asset:	Account Number, if any	Current Balance or Value
	Does this asset pay interest or dividends?	If this asset pays interest dividends, what is the interest rate?	Does this asset generate any other income?	If this asset generates other income, how much a year?
	Name of Financial Institution, if any	Address		Phone #
3	Who holds the asset?	Type of asset:	Account Number, if any	Current Balance or Value
	Does this asset pay interest or dividends?	If this asset pays interest dividends, what is the interest rate?	Does this asset generate any other income?	If this asset generates other income, how much a year?
	Name of Financial Institution, if any	Address		Phone #



Part 4: Information about the Income of all Family Members:

Income includes all money or contributions from any and all sources paid to or on behalf of any family member.

Did you or any family member file a Federal or State income tax return last year? Yes No

If yes, what member(s)? _____

Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Answer every question Yes or No.

Type of Income	Yes	No	If yes, who receives?
Wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from an employer? (Full time, Part time or Temporary).			
Income from Military pay?			
Income from the operation of a business? (self-employment)			
Social Security income?			
Income from disability benefits?			
Income from Veterans Affairs benefits?			
Welfare Assistance payments (TANF)?			
Food Stamps assistance?			
Income from retirement funds or pensions?			
Income from unemployment compensation?			
Child support payments?			
Alimony payments?			
Income from death benefits?			
Income from insurance policies?			
Income from an annuity or other investment?			
Interest, dividends or other income from real or personal property?			
Regular contributions or gifts from anyone?			
Does anyone outside the home pay any of your bills or living expenses?			



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This section to be completed if anyone **EARNED WAGES, or check: NONE []**

Indicate below all wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from any and all employers, including Military Pay. The last two consecutive check stubs will be required.

1	Who receives income?	How often paid ___ Weekly ___ Bi-Weekly (every 2 weeks) ___ Semi-Monthly (twice monthly) ___ Monthly ___ Other (explain):	Hours worked per pay period:	Gross pay per pay period:
	Average overtime hours per pay period:	Average tips/commissions per pay period:	Is vacation paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many weeks vacation are taken a year?
	Name of employer	Employer Address		Phone #
2	Who receives income?	How often paid ___ Weekly ___ Bi-Weekly (every 2 weeks) ___ Semi-Monthly (twice monthly) ___ Monthly ___ Other (explain):	Hours worked per pay period:	Gross pay per pay period:
	Average overtime hours per pay period:	Average tips/commissions per pay period:	Is vacation paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many weeks vacation are taken a year?
	Name of employer	Employer Address		Phone #
3	Who receives income?	How often paid ___ Weekly ___ Bi-Weekly (every 2 weeks) ___ Semi-Monthly (twice monthly) ___ Monthly ___ Other (explain):	Hours worked per pay period:	Gross pay per pay period:
	Average overtime hours per pay period:	Average tips/commissions per pay period:	Is vacation paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many weeks vacation are taken a year?
	Name of employer	Employer Address		Phone #



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Complete for all **SELF EMPLOYMENT INCOME**, or check: **NONE** []

Also provide a copy of your previous tax return.

1	Who receives income?	Monthly Gross income from business:	Business Expenses:		
	Type of business:		Type	Amount	Frequency (monthly weekly, annually)
	Address of business:		_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
2	Who receives income?	Monthly Gross income from business:	Business Expenses:		
	Type of business:		Type	Amount	Frequency (monthly weekly, annually)
	Address of business:		_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____

Complete for all **UNEMPLOYMENT INCOME**, or check: **NONE** []

Also provide a document / statement to verify unemployment income.

1	Who receives income?	How often paid ___ Weekly ___ Bi-Weekly (every 2 weeks) ___ Semi-Monthly (twice monthly) ___ Monthly ___ Other (explain):	Amount received
2	Who receives income?	How often paid ___ Weekly ___ Bi-Weekly (every 2 weeks) ___ Semi-Monthly (twice monthly) ___ Monthly ___ Other (explain):	Amount received



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Complete for all **SOCIAL SECURITY (SS)**, and/or **SUPPLEMENTAL SECURITY INCOME (SSI) VETERANS AFFAIRS BENEFITS (VA)** received for all household members, **or check: NONE []**

Also provide a document / statement to verify income.

1	Who receives income?	How often received?
	Type of income: SS Yes <input type="checkbox"/> No <input type="checkbox"/> SSI Yes <input type="checkbox"/> No <input type="checkbox"/> VA Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS \$ _____ SSI \$ _____ VA \$ _____
2	Who receives income?	How often received?
	Type of income: SS Yes <input type="checkbox"/> No <input type="checkbox"/> SSI Yes <input type="checkbox"/> No <input type="checkbox"/> VA Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS \$ _____ SSI \$ _____ VA \$ _____
3	Who receives income?	How often received?
	Type of income: SS Yes <input type="checkbox"/> No <input type="checkbox"/> SSI Yes <input type="checkbox"/> No <input type="checkbox"/> VA Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS \$ _____ SSI \$ _____ VA \$ _____
4	Who receives income?	How often received?
	Type of income: SS Yes <input type="checkbox"/> No <input type="checkbox"/> SSI Yes <input type="checkbox"/> No <input type="checkbox"/> VA Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS \$ _____ SSI \$ _____ VA \$ _____
5	Who receives income?	How often received?
	Type of income: SS Yes <input type="checkbox"/> No <input type="checkbox"/> SSI Yes <input type="checkbox"/> No <input type="checkbox"/> VA Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS \$ _____ SSI \$ _____ VA \$ _____



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Complete for all **OTHER INCOME, MONEY or CONTRIBUTIONS** received from anyone outside of the household, or check: **NONE** []

Also provide a document / statement to verify income.

1	Who receives income?	How often received	Amount received, or value of goods:
	Type of Income:	Type of Contribution:	
	Payor Name:	Payor's Address	Payor's Phone #
2	Who receives income?	How often received	Amount received, or value of goods:
	Type of Income:	Type of Contribution:	
	Payor Name:	Payor's Address	Payor's Phone #



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Part 5: Information about Expenses:

Childcare Expenses:

Does any family member pay childcare expenses for a child age 12 or younger?

Yes No

If yes, does the childcare allow a family member to work, attend school, or seek employment?

Yes No *(If yes to both questions above, complete the below)*

Child's Name	Care Provider Name	Address	Phone Number	Amount paid monthly

Is any portion of the childcare costs reimbursed from an outside agency or person? Yes No

Disability Assistance Expenses:

Does any family member pay a care attendant to provide care for a disabled family member so that another family member can work?

Yes No *(If yes, complete the below)*

Care provided for:	Care Attendant Name	Address	Phone Number	Amount paid monthly

1. Does any family member pay for any equipment that enables a disabled family member to work? Yes No If yes, what is the monthly cost? \$ _____



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Medical Expenses: *(These questions only apply if the head of household, spouse or co-head is 62 years of age or older, or disabled).* List the medical expenses anticipated to be paid or incurred for each family member over the coming 12 months. Medical expenses include items such as prescription/non prescription medicines prescribed by a doctor, health insurance premiums, regular payments on past-due medical bills, etc. *(See IRS Publication 502 for more information on qualifying medical expenses. This publication may be found at www.irs.gov.)*

Also provide receipts for medical expenses incurred in the past 12 months.

Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>	Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ _____ Reimbursed/ paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>	Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>	Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ _____ Reimbursed/ paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>



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Living Expenses: Indicate the dollar amount for your monthly living expenses as listed below:

EXPENSE ITEM	MONTHLY AMOUNT	LAST DATE PAID	PAID BY WHOM
Rent			
Electric			
Gas Heat			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			
Other expense			



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I hereby certify that all information I have provided on this application is true and complete. I understand that I am required to notify the housing authority of any changes in my income and family members in writing within ten (10) business days of such change, and that I cannot permit any person to live in my unit without prior approval of the Harris County Housing Authority.

WARNING: Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Certification of HCHA Representative

I certify that I have explained all questions on this form and reviewed the answers provided by the head of household to ensure that each question was fully understood.

Signature of HCHA Representative

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the HCHA office at 713-578-2100.

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information

Tenant ID _____

HA requesting release of information:

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

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 this form is restricted to the purposes cited above. 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.



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

December 2005



I/WE HAVE READ AND UNDERSTAND ALL THE INFORMATION GIVEN ON “THINGS YOU SHOULD KNOW” AND I/WE HAVE RECEIVED A COPY OF THIS INFORMATION.

Signature(s):

Head of Household

Date

Other Household member 18 years and older

Date

Other Household member 18 years and older

Date

Other Household member 18 years and older

Date



FAMILY OBLIGATIONS AND GROUNDS FOR DENIAL OR TERMINATION

THE FAMILY MUST:

1. Supply any information that Harris County Housing Authority (HCHA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by HCHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify HCHA in writing when the family is away from the unit for an extended period of time in accordance with HCHA policies.
5. Allow HCHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify HCHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify HCHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request HCHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify HCHA in writing if any family member no longer lives in the unit.
11. Give the HCHA a copy of any owner eviction notice.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

THE FAMILY MUST NOT:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HCHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
10. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

GROUND FOR DENIALS OR TERMINATIONS

YOUR SECTION 8 HOUSING ASSISTANCE WILL BE DENIED OR TERMINATED IF:

1. If the family violates any family obligations under the program.
2. If any member of the family has been evicted from federally assisted housing in the last five years.
3. If a PHA has ever terminated assistance under the program for any member of the family.
4. If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.
5. If the family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.
6. If the family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
7. If the family breaches an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA. (The PHA, at its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to a PHA or amounts paid to an owner by a PHA. The PHA may prescribe the terms of the agreement.)
8. If a family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation.
9. If the family has engaged in or threatened abusive or violent behavior toward PHA personnel.
10. If a welfare-to-work (WTW) family fails, willfully and persistently, to fulfill its obligations under the welfare-to-work voucher program.
11. If the family has been engaged in criminal activity or alcohol abuse.

YOUR RIGHT TO A REVIEW OR HEARING

If a decision is made to deny or terminate your assistance, you will receive a written notice. The notice will advise you of a time limit by which you may request a hearing to appeal the decision.



I/WE HAVE READ AND UNDERSTAND ALL THE INFORMATION GIVEN ON THE “FAMILY OBLIGATIONS AND GROUNDS FOR DENIAL OR TERMINATION”. I/WE HAVE RECEIVED A COPY OF THIS INFORMATION.

Signature(s):

Head of Household

Date

Other Household member 18 years and older

Date

Other Household member 18 years and older

Date

Other Household member 18 years and older

Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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 (PIH)



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

What are my responsibilities?

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

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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.

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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)



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name