

# IMPORTANT

Due to the large volume of clients and limited scheduling available, please remember:

1. **KEEP YOUR SCHEDULED APPOINTMENT**

- 2 missed appointments & your housing assistance may be terminated.
- If you need to reschedule – **do it right away.**

2. **BE ON TIME**

- If you are 10-minutes late – you will be considered to have missed your appointment.

3. **BRING ALL REQUIRED INFORMATION**

- A sheet is attached explaining what information you need to bring to this appointment.
- We can only use current ongoing medical expenses. If you are making monthly payments on a bill or if you have monthly prescription costs, please have your provider or pharmacy mail a print out to us.

4. **NOTIFICATION OF RENT INCREASE**

- If you have received a rent increase notice from your landlord, bring to your appointment.

5. **THINKING OF MOVING?**

- Discuss this with your Housing Specialist at your appointment.

6. **ALL ADULT HOUSEHOLD MEMBERS SHOULD ATTEND AND WILL BE REQUIRED TO SIGN ALL FORMS.**

***If you need any special accommodations for this meeting, such as a sign language interpreter, please let us know well in advance of your appointment.***

## ITEMS TO BRING TO THE ANNUAL INTERVIEW

*If any of the following applies to any household member and you do not have all of the information requested below with you at the time of your appointment, the Housing Authority of Billings may not be able to process your file and may terminate your housing assistance.*

**Please provide the following documents that pertain to each member of your household:**

- 2 most recent pay stubs
- TANF (cash assistance) award letter
- Social Security/SSI Award Letter – **MUST BE DATED WITHIN LAST 60 DAYS**
- Self-Employment Income (most recent tax return and self-declaration of 3 most recent months of income)
- 12 month printout or check stubs showing Per Capita Income, Land Lease income, Rental Income
- Unemployment benefit award letter
- Worker's Compensation award letter
- Benefit or Award letter for military pay or VA benefits - **MUST BE DATED WITHIN LAST 60 DAYS**
- 12 month print out of Child Support received (**case # required**)
- A statement from friends/family members if they give you income or pay bills for you on a regular basis (include name, address and phone number)
- Pension/retirement/annuity income correspondence - **DATED WITHIN LAST 60 DAYS**
- Alimony
- Most recent bank statement for ALL checking/savings/Certificate of Deposit/ IRA and Keogh Accounts
- Verification of Stocks, Bonds, US Savings Bonds, Mutual Funds and Real Estate (provide account numbers and current value)
- Life Insurance Policies (current cash value, company name, policy numbers)
- Assets sold or given away (ex: real estate or money to another family member)
- Tuition Statement and verification of all accepted financial aid for anyone 18 years or older attending school or college
- Childcare assistance and co-payments for care of children 12 and younger
- 12-month printout for OUT OF POCKET, **ON-GOING** medical expenses and disability expenses from medical providers (only for elderly or disabled household)
- COMPLETED ANNUAL RECERTIFICATION PACKET (ENCLOSED)**

## Applicant / Annual Recertification Questionnaire

**You must use the correct legal name (as it appears on Social Security card) for each member of your household. All adult members of the household must sign below certifying the information pertaining to them.**

Head of Household Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ 5910 \_\_\_\_\_ Mailing address: \_\_\_\_\_ 5910 \_\_\_\_\_  
 Best Contact Number: (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Current Landlord:  (check if HAB) \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ Landlord phone no.: \_\_\_\_\_

**1. HOUSEHOLD COMPOSITION - Please list all household members living in your household including yourself:**

Adults (Legal Name)	Last 4 of SSN	Gender Identity (circle)	Birthday	Relationship to Head of Household	Married (M), Widowed (W), Single (S), Separated (SP), Divorced (D)	Has anyone used a different last name? If so, list name(s) used	School Status? (See 3h regarding documentation)
		M F		Self			F/T P/T N/A
		M F					F/T P/T N/A
		M F					F/T P/T N/A
		M F					F/T P/T N/A

Children (Legal Name)	Last 4 of SSN	Gender Identity (circle)	Birthday	Relationship to Head of Household	Do you have residential custody of this child?	How many days does child live with you per year?	Other Parent's Name	Turning 18 within the next twelve months?
		M F			Y N			Y N
		M F			Y N			Y N
		M F			Y N			Y N
		M F			Y N			Y N
		M F			Y N			Y N

**1a. Are or will any of the household members listed above be temporarily absent over the course of the next twelve months?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, list name: \_\_\_\_\_ Why are or will they be absent: \_\_\_\_\_  
 Where are they or will they be? \_\_\_\_\_  
 Anticipated date of return: \_\_\_\_\_

**1b. Has/Will any household members status changed? (i.e.: become or is no longer disabled)** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what is the change: \_\_\_\_\_

**1c. Has any household member been arrested in the last 12 months?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, which household member: \_\_\_\_\_ What was the charge? \_\_\_\_\_

1d. Is any member of your household using any drug considered to be illegal by Federal or Local Government? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Marijuana is considered an illegal drug by the Federal Government) If yes, who? \_\_\_\_\_

Are any household members required to register as a Sexual or Violent Offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which household member: \_\_\_\_\_ (Must provide documentation)

**2. ASSETS – Provide information for ALL household members. Attach a current statement for each account.**

Asset	Circle One	Household Member Name	Bank or Provider Name	Account Number(s)	Cash Value	Interest Rate	Annual Income
401K Accounts	Y N				\$	%	\$
Bonds	Y N				\$	%	\$
Capital Investment	Y N				\$	%	\$
Cash on Hand	Y N				\$	%	\$
Certificates of Deposit	Y N				\$	%	\$
Checking Account	Y N				\$	%	\$
Direct Debit Express Card	Y N				\$	%	\$
Equity in Real Estate	Y N				\$	%	\$
IRA Accounts	Y N				\$	%	\$
KEOGH Accounts	Y N				\$	%	\$
Land Contract(s)	Y N				\$	%	\$
Life Insurance Policies (Excluding Term)	Y N				\$	%	\$
Lump Sum Receipts	Y N				\$	%	\$
Money Market Fund	Y N				\$	%	\$
Other Retirement Fund (Pension Fund Not Named)	Y N				\$	%	\$
Personal Property Held as an Investment **	Y N				\$	%	\$
Safety Deposit Box	Y N				\$	%	\$
Savings Account	Y N				\$	%	\$
Stocks	Y N				\$	%	\$
Trust Fund	Y N				\$	%	\$
Other (list)	Y N				\$	%	\$
Other (list)	Y N				\$	%	\$

**Please note:** Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

**MARK A OR B**

A. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of \$ \_\_\_\_\_

(\*the difference between FMV and the amount received, for each asset on which this occurred).

B. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

And, **IF TRUE (ONLY if nothing is listed above)**

I/we do not have any assets at this time.

2a. Does any household member own or partly own any real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, household member name: \_\_\_\_\_

If yes, please list address, city and state where this real estate is located \_\_\_\_\_

**3. INCOME – Attach wage stubs from the last 2 pay periods, benefit award letters and all other pertinent documentation.**

Household Member Name	Hourly wages/ Hours per week Pay period	Tips Weekly Amount	Employer Name & Address	TANF	Child Support & Case Number	Social Security or SSDI	SSI	VA Benefits	Unemployment Benefits
	\$ /	Y N		\$	\$	\$	\$	\$	\$
		\$							
	\$ /	Y N		\$	\$	\$	\$	\$	\$
		\$							
	\$ /	Y N		\$	\$	\$	\$	\$	\$
		\$							
	\$ /	Y N		\$	\$	\$	\$	\$	\$
		\$							

**Pay periods: weekly, biweekly (every two weeks), semi-monthly (twice a month), monthly**

3b. Is any household member self-employed? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, who is self-employed? \_\_\_\_\_

Must provide **three** months of self-employment certifications (see Housing Specialist) and most recent tax return (Schedule C).

3b. Are any of the above wages received from a job training program? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, who receives the training? \_\_\_\_\_

Who is providing the training? \_\_\_\_\_

**3c. Does any household member regularly receive any help obtaining any of the following?**

	Circle One	Name of Person and/or Provider	Address/Phone Number	Amount Provided	Daily, Weekly, Monthly, Yearly
Rent ( <i>excluding</i> Section 8 and Public Housing)	Y N			\$	
Utilities ( <i>including</i> LIEAP)	Y N			\$	
Groceries ( <i>including</i> food stamps)	Y N			\$	
Clothing	Y N			\$	
Household Supplies	Y N			\$	
Monetary or other assistance from anyone outside of the household	Y N			\$	

**3d. Are you or any household member enrolled in a federally recognized tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, fill out the information below for each member who is enrolled:**

Household Member	Name of Tribe	Address of Tribe	Phone Number of Tribe	Per Capita How often received?	Gaming Income How often received?	Land Lease Income How often received?	Other Tribal Income How often received?
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$

**3g. Does any household member receive irregular income from any of the following sources? Provide documentation.**

Retirement Funds and/or Pension \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list source \_\_\_\_\_

Annuities and/or Insurance Policies \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list source \_\_\_\_\_

Disability and/or Survivor Benefits \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list other social security number \_\_\_\_\_

**3h. If a household member over the age of eighteen (18) is enrolled in school, provide verification. Examples include but are not limited to statement of tuition, fees, etc. (Must include financial aid accepted amounts.)**

**3i. Is anyone in the household anticipating any changes in income in the next twelve (12) months? \_\_\_\_\_ Yes \_\_\_\_\_ No.**

If yes, who is expecting the change? \_\_\_\_\_ What is the change: \_\_\_\_\_

**3j. I certify that I do not receive income from any of the following sources listed above. \_\_\_\_\_ Yes \_\_\_\_\_ No**

Must complete a Certification of Zero Income (see Housing Specialist) if you do not receive income from any of the sources listed above.

**4. EXPENSES – If any expenses are applicable to you, you must provide documentation.**

**4a.** Medical and/or disability expenses if the head of household and/or spouse is disabled or elderly. Disability expenses can include but are not limited to assistive animals, canes, wheelchairs, etc. (Examples of documentation include but are not limited to proof of payment, receipts, etc..)

Household Member Name	Pharmacy and/or Provider	Address/Phone Number	Expense Amount	Daily, Weekly, Monthly, Yearly
			\$	
			\$	
			\$	
			\$	
			\$	

**4b.** Do you have any out-of-pocket expenses for child 12 or younger so you can work, job search, attend job training or school?  Yes  No  
 If yes, does anyone help you with childcare expenses?  Yes  No If yes, provide the following information and supply documentation.

Provider Name & Address	Phone Number	Co-Payment	Amount How often	Payment Beyond Co-Payment	Amount How often
		Y N	\$	Y N	\$
		Y N	\$	Y N	\$

**WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within in jurisdiction.**

I/We \_\_\_\_\_ certify that I/we have been asked the above questions or have filled out this form and I/we have answered the questions truthfully to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to the Housing Authority of Billings any and all changes in income, assets, expenses and family composition when they occur. I understand that reporting any and all changes is required for program participation. Submittal of false statements of information is punishable under Federal Law.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Print Head of Household Name      Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Print Spouse/Other Adult Name      Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Print Other Adult Name (18 or older)      Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Print Other Adult Name (18 or older)      Signature      Date

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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(l)(7)(A) of the Internal Revenue Code.)

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

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



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

This consent form expires 15 months after signed.

**Signatures:**

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

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

**Penalties for Misusing this Consent:**

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

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

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



## Housing Choice Voucher Annual Checklist

Please initial the lines below as a required condition of your continued assistance on the Housing Choice Voucher (HVC) Program.

- \_\_\_\_/\_\_\_\_/\_\_\_\_ I certify that the information given to the Housing Authority of Billings (HAB) on household composition, assets, income, and expenses is true and accurate to the best of my knowledge and belief.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I certify that I have included all information on all adults who will be living in the home thirty (30) or more calendar days, or that are temporarily absent.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I certify that all children listed will reside in the home more than 182 days of the year and that I am not receiving housing assistance for any children not living in the home more than 182 days per year or more unless I have provided verification to HAB that the child(ren) are temporarily absent and are not permanently removed from the home and will be returned to the home.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that if someone utilizes my address for any reason including but not limited to, receiving mail/correspondence or to register with local, state, or federal agencies, I am obligated to inform the person(s) that they may not use my address and must have their own address (ex. general mailing, P.O. Box, etc.). If I allow anyone to utilize my address, I will be considered to have an unauthorized person and my housing assistance and/or lease may be terminated.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that any person using or living at my assisted address must be pre- approved by HAB and my landlord.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that my voucher size may change at my annual.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that if my gross rent (rent + utility allowance) exceeds the payment standard allowed for my voucher size, I will be living in a unit that is not affordable to me and that I will be required to pay rent in excess of thirty (30) percent of my income.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that Housing Authority of Billings does not take walk-ins and I must make an appointment to see my Housing Specialist.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I certify that I received a copy of the information sheet pertaining to fraud in HUD assisted housing (HUD-1141), RHIP What You Should Know About EIV, and Debts Owed to Public Housing Agencies and Terminations (HUD-52675).
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that I can update my alternate contact (HUD-92006) at any time.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that it is my responsibility to report to the Housing Authority of Billings **ANY AND ALL** changes in income, assets, expenses and family composition when they occur, NOT to exceed 30 days. I understand that reporting any and all changes is required for program participation. Submittal of false statements of information is punishable under Federal Law.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that changes must be reported in writing on a designated Change Form. I understand that I must attach supporting documentation or the change may be rejected as incomplete.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that if I fail to report changes or under-report household income, I may be responsible to pay back any over-payment of housing assistance that have been/may be paid on my behalf.
- \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand that if income decreases are not reported by the 15<sup>th</sup>, it may not be effective the first of the coming month.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Head of Household Name      Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Spouse/Other Adult Name      Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Other Adult Name (18 & Older)      Signature      Date

# REPORTING CHANGES TO HAB

All changes must be reported by the 15<sup>th</sup> of the month AND documentation must be attached to process

Name of Head of Household \_\_\_\_\_ Phone # \_\_\_\_\_ Name of Housing Specialist \_\_\_\_\_

I am reporting a change in: Address / Family composition / Income / Expenses / Assets / Student Status (circle all that apply)

New Mailing Address: \_\_\_\_\_ City, St, Zip \_\_\_\_\_

## **Family Composition** (You must schedule an appointment with your caseworker before the 15<sup>th</sup> of the month)

Someone is being added to my household: (Name) \_\_\_\_\_

Please provide the following for each new member: Orig. Social Security Card, 214 form & Birth Certificate

Is the person/s you are adding currently in a household receiving Housing Assistance?  YES  NO

Someone is being removed from my household: (Name) \_\_\_\_\_

If known, please provide this person/s new address: \_\_\_\_\_

**Household Income:** New or increased income: Employment \_\_\_\_\_ TANF \_\_\_\_\_  
Please circle all that apply SS Benefits \_\_\_\_\_ Child Support \_\_\_\_\_  
Pension \_\_\_\_\_ Case number \_\_\_\_\_  
Family Support Other: \_\_\_\_\_

Decreased or removed income: Employment \_\_\_\_\_ TANF \_\_\_\_\_  
SS Benefits \_\_\_\_\_ Child Support \_\_\_\_\_  
Pension \_\_\_\_\_ Case number \_\_\_\_\_  
Family Support Other: \_\_\_\_\_

### **Please provide the following:**

#### **For new employment**

Name of Household Member \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax \_\_\_\_\_

Rate of pay \_\_\_\_\_ Hours/week \_\_\_\_\_

How often are you paid? Please circle below

Weekly Bi-Weekly Semi-Monthly Monthly

Start Date of employment: \_\_\_\_\_

Is this a job training program? Yes or No (circle one)

#### **For terminated employment**

Name of Household Member \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

Date Employment ended: \_\_\_\_\_

### **Student Status (please list household member name, attach financial aid award letter & tuition statement):**

\_\_\_\_\_ is a student at an institution of higher education.

\_\_\_\_\_ Is no longer a student.

**Expenses** have: Increased Decreased **Please circle** i.e. child care, medical, disability

**Assets** have: Increased Decreased **Please circle** i.e. new IRA, new Stocks, new checking or savings Certificate of Deposit (CD)

**Head/spouse/co-head must be 62 and older or disabled for medical or disability expenses to qualify**

Please describe change: \_\_\_\_\_

I certify that the information provided above is true to the best of my knowledge. I understand that providing false, incomplete or misleading information could result in termination of my housing assistance.

\_\_\_\_\_  
Please print name of person reporting change

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:

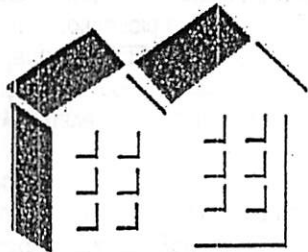


HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



# RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## *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](http://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/eiv/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 10/31/2019.

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

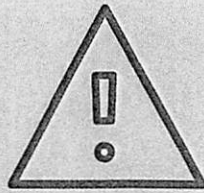
# Sexual Harassment is Illegal. Fair Housing is Your Right.

**You should never have to choose between your home and being sexually harassed.**

**If your landlord, rental manager, or anyone else with control over your housing:**



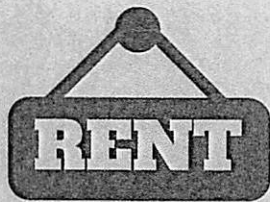
Commented on  
your body or looks



Threatened to  
evict you unless  
you had sex



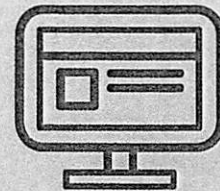
Touched you  
without your  
consent



Asked for sexual  
favors in exchange  
for renting to you



Asked for sexual  
photos of you before  
making repairs



Talked about sex,  
showed you porn,  
exposed self

**Even if you said "yes."  
Even if you have a criminal history.  
Even if you have been evicted.  
Even if you were behind on your rent.**

**This may be sexual harassment.**

Contact the U.S. Department of Justice, Civil Rights Division.

You can reach us by email at [fairhousing@usdoj.gov](mailto:fairhousing@usdoj.gov).

You can call us at 1-844-380-6178. TTY: 202-305-1882.

