

# SECTION 8 APPLICATION FOR ADMISSION

APPLICATION NO: \_\_\_\_\_

INITIAL APPLICATION INFORMATION	APPLICANT (HEAD OF HOUSE)
DATE OF APPLICATION: _____	NAME: _____
TIME APPLICATION TAKEN: HOUR _____ MIN _____ AM _____ PM _____	PRESENT ADDRESS 1: _____
HOUSING DISPLACEMENT DUE TO GOVERNMENT: _____ YES _____ NO	PRESENT ADDRESS 2: _____
CITY WHERE APPLICATION TAKEN: _____	CITY: _____ STATE: _____ ZIP: _____
STATE: _____ ZIP: _____	TELEPHONE: (____) _____

CURRENT LANDLORD NAME: _____	TELEPHONE: _____
CURRENT LANDLORD ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____

<b>CHECK APPLICABLE ITEMS BELOW: (VOLUNTARY INFORMATION)</b> <b>HEAD-OF-HOUSE</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> FEMALE HEAD OF HOUSE <input type="checkbox"/> VETERAN HEAD OF HOUSE	<b>THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)</b> DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAP ACCESSIBLE UNIT OR ANY OTHER HANDICAP ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: _____
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## THE FOLLOWING INFORMATION ON DISABILITY IS VOLUNTARY

DOES A MEMBER OF YOUR HOUSEHOLD QUALIFY FOR DISABILITY UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973 OR THE FEDERAL FAIR HOUSING ACT AS AMENDED IN 1988 AND THE AMERICANS WITH DISABILITIES ACT? ☐ YES ☐ NO IF YES, EXPLAIN: \_\_\_\_\_

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS:

1. NAME: _____	TELEPHONE: _____	RELATION: _____
2. NAME: _____	TELEPHONE: _____	RELATION: _____

ARE YOU OR A CURRENT FAMILY MEMBER NOW LIVING IN A FEDERALLY SUBSIDIZED HOUSING UNIT? ☐ YES ☐ NO

DO YOU CURRENTLY OWE ANY BACK RENT OR DAMAGES TO ANY PUBLIC HOUSING OR SECTION 8 AGENCY? ☐ YES ☐ NO AMOUNT \$ \_\_\_\_\_

HAVE YOU EVER LIVED IN PUBLIC HOUSING? ☐ YES ☐ NO IF YES, WHERE? \_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN THE CERTIFICATE OR VOUCHER PROGRAM? ☐ YES ☐ NO IF YES, ENTER THE DATES OF OCCUPANCY: \_\_\_\_\_

### A. HOUSEHOLD COMPOSITION ( \* USE CODES ON LAST PAGE OF THIS FORM TO COMPLETE THESE COLUMNS.)

NO.	PERSONS TO RESIDE IN UNIT	RELATIONSHIP *	RACE *	SEX M / F	BIRTHDATE	BIRTHPLACE: COUNTRY	SOCIAL SECURITY NO.	LEGAL CITIZEN *
<b>ADULTS (LEGAL NAMES)</b>								
1		HEAD OF HOUSE						
2		SPOUSE						
3		CO-HEAD						
<b>CHILDREN (LEGAL NAMES)</b>								
4								
5								
6								
7								
8								
9								

- HAVE YOU OR ANY ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_
- DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY COMPOSITION: ☐ YES ☐ NO IF YES, EXPLAIN: \_\_\_\_\_
- WIFE'S MAIDEN NAME: \_\_\_\_\_
- NAME OF FORMER WIFE OR HUSBAND: \_\_\_\_\_  
SEPARATION DATE: \_\_\_\_\_ DIVORCE: \_\_\_\_\_ DECEASED DATE: \_\_\_\_\_
- ABSENT PARENT(S) OF DEPENDENT CHILD. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

(PLEASE SUBMIT COPIES OF SEPARATION OR DIVORCE PAPERS WITH THIS APPLICATION.)

**SECTION 8 APPLICATION CONTINUED FROM PAGE 1**
**APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. HOUSEHOLD INCOME: FOR EACH FAMILY MEMBER (WHERE APPLICABLE), SHOW SOURCE AND ANTICIPATED INCOME AS INDICATED. EMPLOYMENT (LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS.)**

FAMILY MEM. NO.	SOURCE OF INCOME, EMPLOYER / OTHER	CURRENT MONTHLY	WAGES WEEKLY	HOURLY RATE	HOURS WORKED	ANNUAL EARNINGS	ANTICIPATED NEXT 12 MONTHS

1. DOES ANY FAMILY MEMBER WORK FOR ANYONE WHO PAYS THEM CASH? \_\_\_\_ YES \_\_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_
2. HAVE YOU OR ANY OTHER FAMILY MEMBER RECEIVED ANY LUMP SUM PAYMENTS IN THE PAST TWO YEARS? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN: \_\_\_\_\_

**FAMILY MEM. NO.**

<input type="checkbox"/>	NAME OF EMPLOYER: _____	TELEPHONE: _____
	ADDRESS: _____	
	ADDRESS: _____	
<input type="checkbox"/>	NAME OF EMPLOYER: _____	TELEPHONE: _____
	ADDRESS: _____	
	ADDRESS: _____	
<input type="checkbox"/>	NAME OF EMPLOYER: _____	TELEPHONE: _____
	ADDRESS: _____	
	ADDRESS: _____	

**FINANCIAL ASSISTANCE LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS. FILL IN THE MONTHLY AND WEEKLY DOLLAR AMOUNT IN EACH COLUMN SOURCE.**

FAMILY MEM. NO.		CHILD SUPPORT	VETERANS	SSI	SSA	UNEMPLOYMENT	WORK FIRST	OTHER:	ANTICIPATED NEXT 12 MONTHS
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	

**C. CASH ASSETS**
**FAMILY MEM. NO.**

<input type="checkbox"/>	CHECKING ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	SAVINGS ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	OTHER \$ _____		ADDRESS _____
	IS CHECKING ACCT INTEREST BEARING? ____ YES ____ NO		
<input type="checkbox"/>	CHECKING ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	SAVINGS ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	OTHER \$ _____		ADDRESS _____
	IS CHECKING ACCT INTEREST BEARING? ____ YES ____ NO		
<input type="checkbox"/>	CHECKING ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	SAVINGS ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	OTHER \$ _____		ADDRESS _____
	IS CHECKING ACCT INTEREST BEARING? ____ YES ____ NO		

**SECTION 8 APPLICATION CONTINUED FROM PAGE 2**

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**ASSETS - OTHER**

DOES ANY MEMBER OF YOUR HOUSEHOLD OWN A HOME OR OTHER REAL ESTATE? \_\_\_\_ YES \_\_\_\_ NO

ADDRESS/LOCATION \_\_\_\_\_

HAS ANY MEMBER OF YOUR FAMILY SOLD OR GIVEN AWAY ANY REAL ESTATE IN THE PAST TWO YEARS? \_\_\_\_ YES \_\_\_\_ NO

IF YES, WHAT IS THE CURRENT MARKET VALUE? \$ \_\_\_\_\_

PHYSICAL LOCATION OF PROPERTY \_\_\_\_\_

DO YOU OR ANY FAMILY MEMBER OWN A CAR? \_\_\_\_ YES \_\_\_\_ NO IF YES, LIST BELOW:

**FAMILY  
MEM. NO.**

<input type="checkbox"/>	MAKE _____	MODEL _____	TAG NUMBER _____
<input type="checkbox"/>	MAKE _____	MODEL _____	TAG NUMBER _____
<input type="checkbox"/>	MAKE _____	MODEL _____	TAG NUMBER _____

DOES ANY FAMILY MEMBER HAVE OR RECEIVE BENEFITS FROM AN ANNUITY OR OTHER RETIREMENT SOURCE? \_\_\_\_ YES \_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_ MONTHLY AMT: \$ \_\_\_\_\_

DOES ANY FAMILY MEMBER HAVE OR RECEIVE INCOME FROM CERTIFICATE OF DEPOSITS, STOCKS, BONDS, OR OTHER INVESTMENTS?

\_\_\_\_ YES \_\_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_ MONTHLY AMT: \$ \_\_\_\_\_

**D. EXPENSES**

DO YOU HAVE EXPENSES FOR CHILD CARE OF A CHILD AGED 12 OR YOUNGER? \_\_\_\_ YES \_\_\_\_ NO IF YES, PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CARE PROVIDER: \_\_\_\_\_

WHAT IS THE WEEKLY COST TO YOU OF THE CHILD CARE? \$ \_\_\_\_\_

DO YOU EMPLOY A CARE ATTENDANT OR PAY FOR ANY EQUIPMENT RELATING TO A DISABLED MEMBER OF YOUR HOUSEHOLD WHICH IS NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE FAMILY TO WORK? \_\_\_\_ YES \_\_\_\_ NO

IF YES, DESCRIBE EXPENSE: \_\_\_\_\_

MONTHLY COST: \$ \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE MEDICARE? \_\_\_\_ YES \_\_\_\_ NO

IF YES, WHAT IS THE MEDICARE PREMIUM PER MONTH? \$ \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY OTHER KIND OF MEDICAL INSURANCE? \_\_\_\_ YES \_\_\_\_ NO IF YES MO. AMT \$ \_\_\_\_\_

IF YES, GIVE POLICY NUMBER: \_\_\_\_\_ AGENT'S NAME: \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE MEDICAL ASSISTANCE THROUGH THE WELFARE DEPARTMENT? \_\_\_\_ YES \_\_\_\_ NO

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING? \_\_\_\_ YES \_\_\_\_ NO

IF YES, GIVE NAME OF DOCTOR: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MONTHLY AMT: \$ \_\_\_\_\_

PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MONTHLY AMT: \$ \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO HAVE MEDICAL EXPENSES DURING THE NEXT 12 MONTHS? \_\_\_\_ YES \_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_ MONTHLY AMT: \$ \_\_\_\_\_

**FAMILY SELF-SUFFICIENCY****THE FOLLOWING INFORMATION IS VOLUNTARY***THE FAMILY SELF-SUFFICIENCY PROGRAM IS DESIGNED TO HELP FAMILIES ELIMINATE THE NEED FOR PUBLIC ASSISTANCE. THE FAMILY IS NOT PENALIZED AT ANY TIME FOR PARTICIPATING IN THIS PROGRAM. LET US HELP!*

EDUCATION: PLEASE CIRCLE SCHOOL LEVEL COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

LIST TWO TYPES OF JOBS YOU MAY WANT: 1. \_\_\_\_\_ 2. \_\_\_\_\_

LIST TWO WORK SKILLS YOU POSSESS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE MORE INFORMATION ON THE SELF-SUFFICIENCY PROGRAM? \_\_\_\_ YES \_\_\_\_ NO

WOULD YOU LIKE TO OWN A HOME? \_\_\_\_ YES \_\_\_\_ NO

IF YES, HOW MUCH COULD YOU PAY MONTHLY TOWARD A MORTGAGE? \$ \_\_\_\_\_

**SECTION 8 APPLICATION CONTINUED FROM PAGE 3**

**APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**E. DRUG / CRIMINAL ACTIVITY**

**FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.**

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED OR CONVICTED OF ANY DRUG OR ALCOHOL RELATED OR VIOLENT CRIMINAL ACTIVITY WITHIN ONE YEAR PRIOR TO DATE OF THIS APPLICATION? \_\_\_\_ YES \_\_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_

IS THE HOUSEHOLD MEMBER SEEKING REHABILITATION SERVICES FOR THE ABOVE NAMED ACTIVITY? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, GIVE THE NAME AND ADDRESS OF REHABILITATION CENTER: \_\_\_\_\_

IS ANY MEMBER OF YOUR HOUSEHOLD REGISTERED AS A LIFETIME SEX OFFENDER? \_\_\_\_ YES \_\_\_\_ NO

HAS ANYONE IN THE HOUSEHOLD BEEN EVICTED FROM PUBLIC HOUSING OR SECTION 8 HOUSING FOR ANY REASON INCLUDING DRUG OR OTHER CRIMINAL ACTIVITY? \_\_\_\_ YES \_\_\_\_ NO? IF YES, NAME OF AGENCY AND ADDRESS: \_\_\_\_\_  
DATE OF EVICTION: \_\_\_\_\_

**F. APPLICANT CERTIFICATION**

TELEPHONE: \_\_\_\_\_

I / WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I / WE UNDERSTAND ANY ATTEMPT TO OBTAIN SECTION 8 HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I / WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE SECTION 8 AGENCY IN WRITING WITHIN 10 DAYS FROM THE DATE OF THE CHANGE.

HEAD OF HOUSE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ SPOUSE CO-HEAD \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

AGENCY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**HOUSEHOLD COMPOSITION CODES:**

**RELATION:**

F = Foster Child/Foster Adult  
Y = Other Youth Under 18  
E = Full-Time Student 18+  
L = Live-In Aide  
A = Other Adult

**HOUSEHOLD COMPOSITION CODES:**

**RACE:**

1 = White  
2 = Black/African American  
3 = American Indian/Alaska Native  
4 = Asian  
5 = Native Hawaiian/Other Pacific Islander

**HOUSEHOLD COMPOSITION CODES:**

**CITIZENSHIP:**

EC = Eligible Citizen  
EN = Eligible Noncitizen  
IN = Ineligible Noncitizen  
PV = Pending Verification

**THIS SECTION FOR AGENCY USE ONLY**

**ANNUAL / MONTHLY INCOME SUMMARY & PAYMENT (ESTIMATES)**

**ANNUAL**

**MONTHLY**

GROSS INCOME ESTIMATED FROM ABOVE (UNVERIFIED)



QUALIFIED FAMILY AND MEDICAL DEDUCTIONS (UNVERIFIED)



ADJUSTED INCOME (UNVERIFIED)



**TOTAL TENANT PAYMENT**

30% OF MONTHLY ADJ. INCOME

(A)\*

**MAXIMUM INITIAL RENT BURDEN**

PAYMENT STANDARD

**MAXIMUM SUBSIDY**

PAYMENT STD

10% OF MONTHLY GROSS INCOME

(B)

TOTAL TENANT PAYMENT (TTP) (FROM C)

MINUS TTP (C)

TOTAL TTP (LARGER OF A OR B)

(C)

40% OF MONTHLY ADJ. INCOME  
(FAMILY TOTAL HOUSING COST LIMIT)

(D)

EQUALS MAX SUBSIDY

PHA MIN RENT (IF APPLICABLE)

PLUS MAXIMUM SUBSIDY

\*TENANT SHOULD NEVER PAY LESS THAN THIS AMOUNT

EQUALS MAX GROSS RENT FOR FAMILY



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



## U.S. Department of Housing and Urban Development

### Office of Public and Indian Housing

## DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 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.

<b>This Notice was provided by the below-listed PHA:</b> Little River County Housing Authority	<b>I hereby acknowledge that the PHA provided me with the          Debts Owed to PHAs &amp; Termination Notice:</b>	
	<b>Signature</b>  <b>Printed Name</b>	<b>Date</b>

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Little River County Housing Authority  
P.O. Box 445  
Foreman, AR 71836

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.



## DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive assistance with the Little River County Housing Authority, each applicant for or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration Statement carefully, check that which applies to you, and sign and return the document to the Little River County Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because *(please check the appropriate box)*:

- ☐ ( ) I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2; or
- ☐ ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - ☐ ( ) Immigrant status under 101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA) 3; or
  - ☐ ( ) Permanent residence under 249 or INA 4; or
  - ☐ ( ) Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5; or
  - ☐ ( ) Parole status under 212(d) (5) of the INA 6; or
  - ☐ ( ) Threat to life or freedom under 243(h) of the INA 7; or
  - ☐ ( ) Amnesty under 245 of the INA 8.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

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

**FOR HA ONLY: INS/SAVE Primary Verification #:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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

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

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under 101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by 101(1)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively *[immigrant status]*. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), *[special agricultural worker status]*, who has been granted lawful temporary resident status.
- 4/ **Permanent residence under 249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) *[amnesty granted under INA 249]*.
- 5/ **Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) *[refugee status]*; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158 *[asylum status]*); or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity *[conditional entry status]*.
- 6/ **Parole status under 212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) *[parole status]*.
- 7/ **Threat to life or freedom under 243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) *[threat to life or freedom]*.
- 8/ **Amnesty under 245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) *[amnesty granted under INA 245A]*.

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

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

## APPLICANT/TENANT CERTIFICATION

### APPLICANT/TENANT STATEMENT

I/We certify that the information given to the Little River County Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that ***False statements of information are punishable by Federal and State law. I/We also understand that false statements of information are grounds for termination of Housing Assistance and Termination of Tenancy.***

\_\_\_\_\_  
Signature of Head of Household      Date      Signature of Spouse      Date

The following information is needed for statistical purposes by HUD. Check race of Head of Household.

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_  
Other \_\_\_\_\_. If answered Other, please specify race \_\_\_\_\_.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Toll-Free Hotline at: 888-560-8913 or email: Complaints\_office\_06@hud.gov

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**DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY**

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### PHA OFFICIAL'S STATEMENT

I Certify that:

1. The information given to the Little River County Housing Authority by the Applicant/Tenant (Head of Household) on household composition, income, net family assets, allowances and deductions has been verified as required by Federal law.
2. The family has certified that it has given this Agency accurate and complete information.

\_\_\_\_\_  
Signature of PHA Representative      Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CONFIDENTIAL

## COMPREHENSIVE BACKGROUND CHECK CONSENT FORM

I/We understand that as part of the eligibility criteria a Comprehensive Background Check will be conducted on each adult family member 18 years of age or older.

I/We hereby consent to a comprehensive background check conducted by **Little River County Housing Authority**. I/We understand that the scope of the comprehensive review may include, but is not limited to the following areas: civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; sex offender registry check, current and previous landlords, credit reports, etc.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date

### **Additional Occupants 18 years of age or older.**

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date:

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date:

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date:

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date:

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date:



# Little River County Housing Authority

P.O. Box 445

Foreman, AR 71836

870-542-6464

Fax: 870-542-6499

## REASONABLE ACCOMMODATION REQUEST FORM

The following member(s) of my household has a disability: \_\_\_\_\_,

\_\_\_\_\_.

In the explanation below please tell us how the accommodation(s) will help you take part in our program or help you meet other requirements of our program. If you need more space, feel free to use a separate sheet of paper.

- ***Do not tell*** us medical information about your disability.
- ***Do not tell*** us the name of your disability or the nature or extent of your disability.

Please provide the following reasonable accommodation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I need this reasonable accommodation because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

PO Box or Street Address

City

State

Zip Code

Telephone #: (     ) \_\_\_\_\_

**Little River County Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **the Public Housing & Housing Choice Voucher Programs** are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **the Public Housing or Housing Choice Voucher Program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **the Public Housing or Housing Choice Voucher Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **the Public Housing or Housing Choice Voucher Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

LRCHA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If LRCHA chooses to remove the abuser or perpetrator, LRCHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have

established eligibility for assistance under the program, LRCHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, LRCHA must follow Federal, State, and local eviction procedures. In order to divide a lease, LRCHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, LRCHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, LRCHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

LRCHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. LRCHA's emergency transfer plan provides further information on emergency transfers, and LRCHA must make a copy of its emergency transfer plan available to you if you ask to see it.



## **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

LRCHA can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from LRCHA must be in writing, and LRCHA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. LRCHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to LRCHA as documentation. It is your choice which of the following to submit if LRCHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by LRCHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that LRCHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, LRCHA does not have to provide you with the protections contained in this notice.

If LRCHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), LRCHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

LRCHA must keep confidential any information you provide related to the exercise of your rights under VAWA,

including the fact that you are exercising your rights under VAWA.

LRCHA must not allow any individual administering assistance or other services on behalf of LRCHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

LRCHA must not enter your information into any shared database or disclose your information to any other entity or individual. LRCHA, however, may disclose the information provided if:

- You give written permission to LRCHA to release the information on a time limited basis.
- LRCHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires LRCHA or your landlord to release the information.

VAWA does not limit LRCHA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be**

#### **Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, LRCHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if LRCHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If LRCHA can demonstrate the above, LRCHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

#### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

#### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **the US Department of Housing & Urban Development Little Rock Field**

**Office @ 501-324-5931.**

**For Additional Information**

You may view a copy of HUD's final VAWA rule at [www.federalregister.gov](http://www.federalregister.gov) **81 FR 80724**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Little River County Housing Authority @ 870-542-6464**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Domestic Violence Prevention, Inc @ 903-793-4357 (Hotline) or 903-794-4000 (Business)**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Domestic Violence Prevention, Inc @ 903-793-4357 (Hotline) or 903-794-4000 (Business)**.

Victims of stalking seeking help may contact **Domestic Violence Prevention, Inc @ 903-793-4357 (Hotline) or 903-794-4000 (Business)**.

**Attachment:** Certification form HUD-5382

Signature \_\_\_\_\_

Date \_\_\_\_\_

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
OFFICE OF INSPECTOR GENERAL**

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May 1988 P-88-2

# Things You Should Know

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**Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.**

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<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
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<b>Penalties for Committing Fraud</b>	The United State Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:
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- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years, and/or;
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

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<b>Asking Questions</b>	When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer you question or find out what the answer is.
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<b>Completing the Application</b>	When you give your answers to application questions, you must include the following information:
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<b>Income</b>	<ul style="list-style-type: none"><li>• All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>• Any money you receive on behalf of your children (child support, social security for children etc.);</li><li>• Income from assets (interest from a saving account, credit union, or certificate of deposit; dividends from stocks, etc.);</li><li>• Earnings from second job or part time job;</li><li>• Any anticipated income (such as a bonus or pay raise you expect to receive).</li></ul>
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## Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

## Family/Household Members

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

## Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

## Recertifications

You must provide updated information at least once a year. Some Programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc, for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own any asset that was sold in the last 2 years for less than its full value.

## Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

## Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or write to the HUD HOTLINE, ROOM 8254, 451 SEVENTH STREET S.W. WASHINGTON, D.C. 20410



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## ***What You Should Know About EIV***

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

#### **What is EIV?**

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

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

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

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

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

#### **What is the EIV information used for?**

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

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

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

***Remember, you may receive rental assistance at only one home!***

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

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

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

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

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

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

#### **What are my responsibilities?**

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

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

### **What are the penalties for providing false information?**

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

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

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

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

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

### **What do I do if the EIV information is incorrect?**

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

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

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

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

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

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](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