

INSTRUCTIONS FOR COMPLETING HOUSING APPLICATION PACKET

Use this sheet as your checklist. Please print all information, except where a signature is required. The forms are numbered at the upper right-hand corner of each form. *** DO NOT REMOVE STAPLE FROM PACKET ***

FORM #	INSTRUCTIONS	COMPLETED	RETURNED
ONE	APPLICATION FOR HOUSING (6 pages) a. Complete all requested information on all pages. SIGN and DATE . If not completed and signed, the application will not be accepted and will be returned to you. b. Also complete the Certification/Recertification Questionnaire (2 pages) Please RETURN along with your application.	_____	_____
TWO	HUD FACT SHEET (1 page) a. This is for your information. Please read. Please RETURN along with your application.	_____	_____
THREE	NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION (1 page) a. Please read and then SIGN and DATE back page by applicant and/or co-applicant <i>if applicable</i> . Please RETURN along with your application.	_____	_____
FOUR	RELEASE OF INFORMATION (1 page) a. Read and then SIGN and DATE back page. (A separate form must be completed for each household member.) Please RETURN along with your application.	_____	_____
FIVE	AUTHORIZATION TO RELEASE INFORMATION (1 page) a. At the "RE:", print the complete name and mailing address of your landlord. b. The Head of the Household is to sign first, then provide his/her social security number. c. The Co-tenant or Co-applicant is to do the same if applicable. d. Print the date this form was signed. Please RETURN along with your application.	_____	_____
SIX	CREDIT-LANDLORD VERIFICATION (1 page) a. Sign full name as the applicant. b. Print your complete mailing address c. Provide your (the applicant's) social security number d. Print the date this form was completed. Please RETURN along with your application.	_____	_____

OTHER REQUIREMENTS:

- A. **PROVIDE A PHOTOCOPY OF YOUR BIRTH CERTIFICATE.** DO NOT send in your original.
- B. **PROVIDE A PHOTOCOPY OF YOUR SOCIAL SECURITY CARD.** DO NOT send in your original.
- C. **PROVIDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE** (if applicable). DO NOT send your original.
- D. **PROVIDE A PHOTOCOPY OF YOUR SOCIAL SECURITY AWARD LETTER** DO NOT send your original.

Return all other requirements with the application

INSTRUCTIONS FOR COMPLETION OF VERIFICATION FORMS

Please complete the highlighted portions of each of the attached verification forms. Failure to comply may result in a delay in the processing of your application.

1. At the top of each Verification form, please note the highlighted area where it states, TO: This section is to be filled out with the complete name and address of the institution, pharmacy, physician's office, etc. to where these verification forms will be sent for verification of your assets, income, and medical expenses.
2. The second highlighted area asks for "Name/Social Security Number/Date of Birth and Address. Please write in your own information in this section.
3. On the backside of each verification form, please sign your name and date where indicated by the highlighted areas.

Thank you!

ATTENTION:

If you need help completing your application or have questions regarding your application, please call our office to schedule an appointment to meet with our housing department.

CONNECTIONS AREA AGENCY ON AGING
2301 PIERCE STREET
SIOUX CITY, IA 51104

CALL: 800-432-9209 (HOUSING DEPARTMENT)

Things You Should Know

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

Purpose 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.

Penalties for Committing Fraud The United States 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:

- * 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.

Asking Questions When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing the Application When you answer application questions, you must include the following information

- Income**
- * All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.);
 - * Any money you receive on behalf of your children (child support, social security for children, etc.);
 - * Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
 - * Earnings from second job or part time job;
 - * Any anticipated income (such as a bonus or pay raise you expect to receive)



- 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's 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.
 - * 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.
 - * Any business or assets you sold in the last 2 years for less than its full value, such as your home to your children

Signing the Application

- * Do not sign any form unless you have read it, understand it, and sure everything is complete and accurate.
- * When you sign the 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 increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- * Any move in or out of a household member; and,
- * All assets that you or your household members own and any assets 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; and,
- * Get a written explanation if you are required to pay for anything 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 complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735.

You can also write to: HUD-OIG HOTLINE, (GFI)
451 Seventh Streets, S.W.
Washington, DC. 20410.





☆ Please indicate which complex you are applying for. If you are interested in more than one, indicate a preference by the following:

(1 – First Choice 2 – Second Choice 3 – Third Choice)

Evergreen Terrace Fairmount Park Riverside Gardens

FOR OFFICE USE ONLY	
APPLICATION RECEIVED	INITIAL: _____
DATE: _____	TIME: _____

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

Applicant Name: _____
 Current Address: _____
 City, State, Zip: _____
 Home Phone #: _____ (____) _____ - _____ Alternate #: _____ (____) _____ - _____

Section A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Starting on the first line, list the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head.

FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOC SEC #
	Head of Household			M / F	
				M / F	

2. Race of Head of Household (check one) {For statistical purposes only}
 White Black American Indian/Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household (check one) {For statistical purposes only}
 Hispanic Non-Hispanic

4. Have you or any member of your household been evicted from Public Housing, Indian Housing, Section 23 Housing or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years?

Yes No

If yes, please explain: _____

Section B: GENERAL INFORMATION

1. Please identify any special housing needs your household has:

• If you have a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation.

2. Are you a student enrolled in a higher institution?

Yes No

3. Are there any live-in care attendants who are part of the household?

Yes No

4. Do you have or have you ever experienced bed bugs?

Yes No

If yes, please explain: _____

5. Do you own a pet?

Yes No

Cat, Dog or Bird? _____



Section C: CRIMINAL HISTORY *(This applies to all household members)*

1. Are you or any member of your household subject to a lifetime state sex offender registration program in any state?

 Yes No

Please list ALL states where you and your household member(s) have ever resided:

2. Are you a current user/abuser of a controlled substance?

 Yes No

3. Have you ever been convicted of the illegal use, distribution or manufacturing of a controlled substance?

 Yes No

4. Have you ever been convicted of a crime or do you have a criminal record?

 Yes No

5. Have you ever been placed on probation or parole?

 Yes No

6. Is there a current warrant for your arrest, or are you currently involved in any criminal activity?

 Yes No

 If you answer yes to any of the **criminal history** questions, please explain:

Section D: RENTAL HISTORY

- **Five years** of rental history will be verified. (If unable to list all references in the spaces provided below, please document additional references on a separate sheet of paper and attach to application.)

1.)

Current Address	
Landlord Name	
Landlord Address & Phone #	
Dates Occupied	
Reason for leaving	

2.)

Previous Address	
Landlord Name	
Landlord Address & Phone #	
Dates Occupied	
Reason for leaving	

3.)

Previous Address	
Landlord Name	
Landlord Address & Phone #	
Dates Occupied	
Reason for leaving	



Section E: PROFESSIONAL REFERENCE HISTORY

- If five years of rental history cannot be provided, please list **3 professional references** in the space provided below. **A professional reference is not a relative or friend.** Examples of a professional reference are: clergyman, doctors, employers, etc.)

1.)

Name of Professional Ref.	
Address of Professional Ref.	
Home Phone Number	
Work Phone Number	

2.)

Name of Professional Ref.	
Address of Professional Ref.	
Home Phone Number	
Work Phone Number	

3.)

Name of Professional Ref.	
Address of Professional Ref.	
Home Phone Number	
Work Phone Number	

Section F: INCOME INFORMATION

1. Did you file a Federal Tax Return last year?

 YES NO

2. Does anyone living outside your household pay any of your bills?

 YES NO

- Please list gross payments (before taxes) made to each family member age 18 or older.**

TYPE OF INCOME	YES	NO	AMOUNT OF GROSS PAYMENT	FAMILY MEMBER RECEIVING INCOME	NAME & ADDRESS OF EMPLOYER OR INCOME SOURCE
SOCIAL SECURITY			\$		
SSI			\$		
EMPLOYMENT			\$		
UNEMPLOYMENT			\$		
PENSION			\$		
ANNUITY			\$		
OTHER			\$		
OTHER			\$		



Section G: EMPLOYMENT HISTORY

- If you are not employed please write N/A (Not Applicable).

1.) Head of Household

Name of Present Employer	
Address of Present Employer	
Name of Supervisor	
Phone Number	
How long have you worked there?	

2.) Co-Head

Name of Present Employer	
Address of Present Employer	
Name of Supervisor	
Phone Number	
How long have you worked there?	

Section H: ASSETS INFORMATION

- List assets owned by all household members. **Do not include vehicle.** (If unable to list all assets in the spaces provided below, please document additional assets on a separate sheet of paper and attach to application.)

TYPE OF ASSET	ACCOUNT NUMBER	VALUE	FAMILY MEMBERS NAME THAT ASSET IS UNDER	NAME & ADDRESS WHERE VALUE CAN BE VERIFIED
CHECKING	1)	\$		
	2)	\$		
SAVINGS	1)	\$		
	2)	\$		
CD'S	1)	\$		
	2)	\$		
LIFE INSURANCE	1)	\$		
	2)	\$		
OTHERS Annuity, Trust, Cash on Hand, Safety Deposit Box, Etc.	1)	\$		
	2)	\$		
	3)	\$		
	4)	\$		



1.) Are any of the assets you mentioned held jointly? If yes, show both names in the family member column.

YES NO

2.) During the past 2 years, have you sold, for less than fair market value, or given away any real property or other assets (including cash) valued at more than \$1,000?

YES NO

If yes, please list Market Value of this property:

3.) Do you own your own home? **If so provide a copy of paid property taxes and property insurance.**

YES NO PAID MORTGAGED

If, mortgaged, with whom? _____

If the location of your home is different than the address listed on this application, please list the address.

4.) Do you own other property/properties? Please list.

YES NO

STREET: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

Section I: **ALLOWABLE MEDICAL EXPENSES** (Paid out-of-pocket for the last 12 months)

- List medical expenses for all household members. (If unable to list all medical expenses in the spaces provided below, please document additional medical expenses on a separate sheet of paper and attach to application.)

If you wish to claim an allowance for 1) Medicare and/or other supplemental health insurance premiums; 2) medical, dental, or optical expenses; or 3) prescription or over-the-counter drug expenses, please provide the name of the family member claiming the expense and name and address of the provider of the service or product.

1.) Family Member First Name _____
 Policy Number _____
 Expense Claimed \$ _____
 Provider _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____

2.) Family Member First Name _____
 Policy Number _____
 Expense Claimed \$ _____
 Provider _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____

3.) Family Member First Name _____
 Policy Number _____
 Expense Claimed \$ _____
 Provider _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____

4.) Family Member First Name _____
 Policy Number _____
 Expense Claimed \$ _____
 Provider _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____

5.) Family Member First Name _____
 Policy Number _____
 Expense Claimed \$ _____
 Provider _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____

6.) Family Member First Name _____
 Policy Number _____
 Expense Claimed \$ _____
 Provider _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____



I would like a copy of the Owner/Management Agents Resident Tenant Selection Criteria.

YES NO

Section J: HOW DID YOU LEARN ABOUT THE APARTMENT?

Please check all that apply:

NEWSPAPER FLYER DRIVE-BY WEB SITE REFERRAL OTHER

If you checked Other, please specify: _____

Section K: APPLICANT CERTIFICATION

I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

X _____
Signature of Head of Household

X _____
Date

X _____
Signature of Spouse/Co-Head

X _____
Date

Incomplete applications will result in a delay of processing your application.

RETURN COMPLETED APPLICATIONS TO:
CONNECTIONS AREA AGENCY ON AGING
2301 PIERCE STREET
SIOUX CITY IA, 51104
PHONE: (800) 432-9209



CERTIFICATION/RECERTIFICATION QUESTIONNAIRE

NAME (S)	
ADDRESS	
PHONE NUMBER	

Does your household have any of the following income/assets which we have not already discussed and/or certified?

1.) **Do you have any of the following?**

	YES	NO
Checking Accounts		
Savings Accounts		
Life Insurance Policy – Circle the one that applies: Whole or Term		
Money Market Funds		
Trusts – If so, is the trust irrevocable? – Circle the one that applies: Yes or No		
IRA/Keogh Accounts or Other Capital Retirement Accounts		
Stocks/Bonds		
Certificates of Deposit		
Equity in Rental Property or Other Capital Investments		
Personal Property held as an Investment		
Other Accounts not listed above		
Cash Held (Safety Deposit Boxes, etc.)		

2.) **Have you received any lump sum payments such as:**

	YES	NO
Lottery Winnings		
Insurance Settlements (health, accident, Workers' comp., etc.		
Capital Gains		
Social Security Benefits		
Other (Please State)		

3.) **Have you disposed of any assets for less than Fair Market value in the past 2 years? (If yes, please complete the certification of Assets Disposed form?)**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

4.) **Are any assets held jointly with other persons?**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

5.) **Did you receive periodic income such as:**

	YES	NO
Retirement Funds		
Pension		
Annuities		
Insurance Policies		
Disability or Death Benefits		
Other (Please list):		

6.) **Do you regularly receive monetary gifts or non-cash contributions from persons outside your household?**

	YES	NO
Rent		
Utilities		

7.) **Do you receive an income under Title V of the Older Americans Act (such as RSVP, Green Thumb, Senior Aides, SCSEP, Foster Grandparent Program?)** YES NO

8.) **Are any household members temporarily absent?** YES NO

9.) **Have you listed any household members who will be permanently absent from the unit?** YES NO

10.) **Are you receiving or will you receive in the future an Earned Income Tax Credit from your IRS tax return?** YES NO

11.) **Has the employment status of any household member(s) changed?** YES NO

12.) **Does anyone in the unit benefit from Handicap Assistance?** YES NO

13.) **Are there any live-in Care Attendants who are part of the household?** YES NO

14.) **Are you a student enrolled in a higher institution?** YES NO

15.) **Are you or any member of your household subject to a lifetime state sex offender registration program in any state?** YES NO

16.) **Would you like to update your emergency contact information?** YES NO

I/We certify that I/we have been asked the above statements and they are complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management such changes in income and assets whenever they occur. Submittal of false statements of information is punishable under federal law.

Head of Household

Date

Spouse / (Co-Head)

Date

Occupancy Manager

Date

Connections Area Agency on Aging does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

3

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office. Attention: Director, Multifamily Division.): <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> U.S. Dept of Hsg. & Urban Dev. IA. State Office/Federal Bldg. 210 Walnut St., Rm 239 Des Moines, IA 50309-2155 </div>	O/A requesting release of information (Owner should provide the full name and address of the Owner.): <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <u>Connections Area Agency on Aging</u> 2301 Pierce Street Sioux City, IA 51104 </div>	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): <div style="border: 1px solid black; height: 30px; margin-top: 5px; text-align: center; line-height: 30px;"> X </div>
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Linda Krei

Name of Project Owner or his/her representative

Housing Director

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

Connections Area Agency on Aging – 2301 Pierce Street – Sioux City, IA 51104

AUTHORIZATION TO RELEASE INFORMATION

Re: _____ (Please complete landlord’s address)

To Whom It May Concern:

I authorize any person, agency, or institution to supply information requested by Connections Area Agency on Aging (CAAA) concerning me, or other members of my household. I understand that I am giving my permission for CAAA to obtain a landlord reference check for past rental history up to 5 years old. This information will be used to determine my eligibility for housing.

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information.

You do not have to sign the form if either the requesting organization or the organization supplying the information is left blank.

Signature: _____
(Head of Household)

_____-_____
(Social Security Number)

Signature: _____
(Co-tenant/Co-applicant)

_____-_____
(Social Security Number)

Date: _____

Penalties For Misusing This Consent:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD, the PHA or owner responsible for the authorized disclosure or improper use. Connections Area Agency on Aging does not discriminate on the basis of handicapped status in the admission or access to or treatment of employment in, its federally assisted programs and activities.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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



"The Connection to Resources for Older Iowans"

www.connectionsaaa.org

info@connectionsaaa.org

www.lifelonglinks.org

Notice of Implementation of EIV

Dear Applicant/Resident:

In an effort to ensure the right assistance is provided to the right people, The Department of Housing and Urban Development (HUD) has provided property managers with access to a verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

Upon move-in or at your last annual certification, all adult household members gave consent to the release of this information by signing HUD Forms 9887 and 9887A.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to assure that you are receiving assistance for which you are eligible.

We are committed to your enjoyment of your home. Please contact the management office if you have any questions.

Thank you,

Linda Krei

Linda Krei
Housing Director

cc: Resident File



Council Bluffs
300 W. Broadway, Suite 240
Council Bluffs, IA 51503
Ph: 712.328.2540
Fax: 712.309.0230
Toll Free: 800.432.9209

SIoux CITY
2301 Pierce Street
Sioux City, IA 51104
Ph: 712.279.6900
Fax: 712.233.3415
Toll Free: 800.432.9209

Creston
109 N. Elm
Creston, IA 50801
Ph: 641.782.4040
Fax: 641.782.4519
Toll Free: 800.432.9209





RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
 - correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in, and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/tiip/eiv/eivhome.cfm.



JULY 2009