



Easton
EHA
Housing Authority

Kathleen Steiger – Executive Director

Equal Housing
Opportunity

Easton Housing Authority Annual Recertification Instructions

Please provide the following:

- Completed and signed paperwork.
- Household members 18 or older must also sign the following forms:
 - RHIP What you Should Know About EIV form
 - Recertification Questionnaire
 - Authorization for the Release of Information/Privacy Act Notice
 - Each household member 18 years old or older must sign a separate General Authorization for Release of Information form.
- If any member of the household is 18 or older and a full-time student, please provide documentation from the school. A letter from the school or copy of the current course schedule satisfies this requirement.
- Proof of income:
 - Wages: All members of household, who are not full-time students, and are working must provide paystubs. If you are working and get paid weekly provide at least four (4) recent pay stubs or two (2) pay stub if you are paid bi-weekly. Pay stubs must be in consecutive order.
 - Copy of prior years W-2 form for all adults in household.
 - Social Security: Benefit letter(s) from the Social Security Administration stating benefits for the current year. Provide all pages.
 - SSP: Benefit letter for the MA State Supplement Program (SSP). *Please follow instructions on the back side of this form.
 - EAFDC/TAFDC: Benefit letter for Transitional Assistance income.
 - Child Support/Spousal Support: Court Order or Department of Revenue payment history, please provide 12 months of payments received
 - Unemployment: Please provide recent statement.
 - Workers' Compensation
 - Annuity Payments
 - Family Support or other regularly recurring assistance or gifts
 - Any other income you receive

Parker Terrace, North Easton, MA 02356

Email: section8@eastonhousing.com

Ph: 508-238-4747 Fax: 508-230-9694 TDD: 508-230-9695

- Proof of Assets:
 - Bank Accounts: Three (3) most recent bank statements
 - Retirement/Investment Accounts
 - Venmo, PayPal, or other Debit Cards: Copy of the card (if applicable) and printout of most recent 90 days of activity and current balance
 - Any other asset or account

- Copies of latest utility bills that you pay showing balance of account
- Any other relevant documentation to complete your annual recertification.

*SSP benefit letters will not automatically be sent you, you must request a copy. Please follow the following instructions as they pertain to you.

- If you receive SSP payments only and no other benefits from the Department of Transitional Assistance (DTA), you can request benefit verification from the SSP Assistance line at 877-863-1128.
- If you receive SSP payments and other benefits from DTA, you must request benefit verification from the Assistance line at 877-382-2363. You should receive your benefit verification letter approximately 10 days after you request it.

**Easton Housing Authority
Parker Terrace
No. Easton, MA 02356**

**Section 8
Recertification Questionnaire**

HOUSEHOLD INFORMATION

List all household members that are currently living in your household.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M / F	Social Security Number	Age	Name of School or Institution

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Yes No

1. Do you expect any additions to the household within the next twelve (12) months?

Name & Relationship: _____
 Explanation: _____

2. Is there anyone living with you now that wasn't living with you at time of move-in?

Name & Relationship: _____
 Explanation: _____

3. Do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child(ren) will be living in unit.)*

Name & Relationship: _____
 Explanation: _____

4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*

Name & Relationship: _____
 Explanation: _____

5. Did you file income taxes in the past twelve (12) months? *(If no, please state reason.)*

Explanation: _____

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income, such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next twelve (12) months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

Yes No

6. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Address / Phone #	Amount

 7. Self Employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Address / Phone #	Amount

 8. Regular pay as a member of the Armed Forces / Military?

Household Member	Name of Company	Address / Phone #	Amount

 9. Unemployment benefits or workman's Compensation?

Household Member	Case Worker	Address / Phone #	Amount

 10. Public Assistance, General Relief, AFDC, Food Stamps or Temporary Assistance for Needy Families? *(TANF)*

Household Member	Case Worker	Address / Phone #	Amount

 11. Child Support or Alimony? *(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

Household Member	Payor	Address / Phone #	Amount

 12. Social Security, SSI or any other payments from the Social Security Administration?

Household Member	SSA Office	Address / Phone #	Amount

 13. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Source of Benefit	Address / Phone #	Amount

14. **Regular payments form a severance package or workman's compensation?**
Household Member Source of Benefit Address / Phone # Amount

15. **Regular payments from any type of settlement?** *(For example, insurance settlements.)*
Household Member Source of Benefit Address / Phone # Amount

16. **Regular gifts or payments from anyone outside of the household?** *(This includes anyone supplementing your income or paying any of your bills.)*
Household Member Source of Benefit Address / Phone # Amount

17. **Regular payments from lottery winnings or inheritances?**
Household Member Source of Benefit Address / Phone # Amount

18. **Regular payments from rental property or other types of real estate transactions?**
Household Member Source of Money Address / Phone # Amount

19. **Any other income sources or types not listed?**
Household Member Source of Money Address / Phone # Amount

20. **Do you or any other household members expect any changes to your income in the next twelve (12) months?**
Household Member Explanation

ASSET INFORMATION

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- Yes No
21. **Checking or savings account?**
Household Member Financial Institute Account # Amount

22. **CD's, money market accounts or treasury bills?**
Household Member Financial Institute Address / Phone # Amount

<input type="checkbox"/>	<input type="checkbox"/>	23. Stocks, bonds or securities?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	24. Trust funds?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	25. Pensions, IRA's, Keogh or other retirement accounts?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	26. Whole Life Insurance Policy?				
		Household Member	Insurance Carrier	Address / Phone #	Amount	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	27. Real estate, rental property, land contracts / contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>				
		Household Member	Type of Property	Address	Amount	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	28. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car furniture or clothing.)</i>				
		Household Member	Item	Address / Phone #	Amount	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	29. A safe deposit box?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	30. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two (2) years?				
		Household Member	Type of Asset	Name / Address / Phone #	Amount	
		_____	_____	_____	_____	

CHILD CARE EXPENSE

Yes No
 31. Are you currently paying for child care expenses? *(This applies to child(ren) under thirteen (13) years of age.)*

Household Member	Age of Child	Name of provider	Address / Phone #	Amount
_____	_____	_____	_____	_____

Yes No
 32. Are any of these expenses reimbursed from an outside agency? Attach Print Out

Agency	Amount Reimbursed
_____	_____

MEDICAL EXPENSES

Yes No

33. Are you currently paying for medical or prescription expenses? (This applies to Head of Household or spouse over 62 years of age or a family member with a disability.)

Household Member	Name of Doctor or Pharmacy	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____

CRIMINAL BACKGROUND

Yes No

34. During the last 12 months, has any household member been arrested for any crime?

Name &

Relationship: _____

Explanation: _____

Yes No

35. During the last 12 months, has any household member been convicted of any crime?

Name &

Relationship: _____

Explanation: _____

Yes No

36. Are any of the above household members subject to a lifetime registration requirement under a state Sex Offender Registration Program?

Name, Relationship & Explanation: _____

ACCOMODATION CLAUSE

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the housing authority.

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility of th Federal Housing Program I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for termination of assistance. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Federal Housing Program requirements

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 information, you may be:

- Evicted
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.

All ADULT household members must sign below:

Head of Household

Date

Spouse or Other Adult

Date

Other Adult

Date

Other Adult

Date

FOR OFFICE USE ONLY

Date of Interview: _____

Interviewed By: _____

Recertification Date: _____



**Easton
EHA
Housing Authority**

**Equal Housing
Opportunity**

Voucher Program Family Obligations

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the Housing Choice Voucher Program.
- B. The family must:
1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
 3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
 4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
 5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
 6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
 7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
 8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
 9. Request PHA written approval to add any other family member as an occupant of the unit.
 10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.
 11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 2. Commit any serious or repeated violation of the lease.
 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
 5. Sublease or let the unit or assign the lease or transfer the unit.
 6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
 8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
 9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

Signature: _____ Date: _____

Easton Housing Authority – Utility Questionnaire

Please send copies of your most recent utility bills

Name _____ Date _____

Please circle the following as they apply to your unit:

Type of unit: Single Family Two/Three family Row house/Garden style
 Multifamily (more than 3 units) High rise/elevator building

Number of bedrooms: 1 2 3 4 5

1. The heat is paid for by: Landlord Tenant

Type of heat? Gas Electric Oil

2. The hot water is paid by: Landlord Tenant

Type of hot water heater? Gas Electric Oil

3. The electric (lights) is paid by: Landlord Tenant

4. The cooking/stove is paid by: Landlord Tenant

The source of cooking? Gas Electric

5. The refrigerator is owned by: Landlord Tenant

6. The water is paid by: Landlord Tenant

7. The sewer is paid by: Landlord Tenant

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Easton Housing Authority
Parker Terrace
North Easton, MA 02356

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	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.

Easton Housing Authority

Parker Terrace
No. Easton, MA 02356
Tel. (508) 238-4747
FAX (508) 230-9694

Easton Housing Authority

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above named individual, have authorized the Easton Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority, from the following source:

I hereby give you my permission to release this information to the Easton Housing Authority subject to the conditions that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Easton Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM DATE SIGNED.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/hiip/iv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Fair information Act - Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any Information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem-or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Signature: _____ Date: _____