



HILLSDALE HOUSING COMMISSION
 45 N. WEST STREET HILLSDALE, MI 49242
 PHONE (517) 439-1210 FAX: (517) 439-9577 www.hillsdalehousing.org

Application for Housing

First Name _____

Middle Name _____

Last Name _____

Suffix _____

THANK YOU for your interest in Hilltop Apartments. To help us more efficiently process your application in a timely manner, please answer all questions in this application form as completely, honestly, in as much detail as possible. If you omit information, a delay in processing your application may occur or your application may be rejected. Please remember that we must verify the information listed.

All family members **MUST** provide the following items at the time application is returned or the application will not be complete and may be rejected:

1. Current Driver's License or State ID
2. Social Security Card
3. Birth Certificate

******PLEASE CALL FOR AN APPLICATION INTERVIEW WHEN APPLICATION IS COMPLETED******

By signing this application, you and all signers make the representation in this application knowing that management will rely on the accuracy of information presented. You and all signers release management from any liability whatsoever for rejection of this application due to credit history, criminal history, rental history or other information received, or for any other management reason for rejection.

Please note that this is a *preliminary* application. Additional information may be requested at a later date to complete the processing of this application. Your signature on this application certifies that the information contained herein is true and correct, and authorizes management consent to verify the information contained in the application. Falsification, misrepresentation and omission of information are grounds for rejection of the application and denial of occupancy.

Completion of the application does not automatically place the application on the waiting list. You and all household members must meet all eligibility requirements according to the Hillsdale Housing Commission's Admissions and Continued Occupancy Policies and related documents. Some of the requirements include, but are not limited to: income eligibility, rental history, credit history, criminal history, family history, and family composition. When complete, the application will be placed on our waiting list according to the time and date received by management.

You are responsible for informing us of any changes in your application, including forwarding addresses, telephone numbers, etc. If we are unable to reach you as listed on the application, your application will be removed from the waiting list.

For Management Use Only

Date Received: _____

Time Received: _____

1 BD

2 BD

Elderly

Disabled

Near
Elderly

Other

VETERAN?

Yes ___ No ___

HOMELESS

Yes ___ No ___

NOTES

SMOKE FREE ENVIRONMENT

Hillsdale Housing Commission and Hilltop Apartments offers a
Smoke Free Environment

No smoking is permitted anywhere within the building or outside the building on its grounds. This includes, but is not limited to apartments, balconies, bathrooms, hallways, public areas, patios, entranceways, benches, parking areas, etc.

Additionally, tenants are responsible for the actions of their guests and shall be held personally responsible for any violation of this rule by their guests. Guests include anyone on the premises at the invitation or with the permission of a tenant, and include but are not limited to family, friends, service workers, medical personal, etc.

Head of Household*Instructions: Please complete all portions of this section.*

Name: _____

(First)

(Middle)

(Last)

(Suffix)

Address: _____

(Street Address)

(City)

(State)

(Zip Code)

Telephone: _____

(Day)

(Evening)

(Other)

Date of Birth: _____

Age: _____

Soc. Sec. #: _____

Place of Birth: _____

(U.S. City and State or Foreign Country)

Sex: Male Female Pregnant

(Please check one)

Race: White Black Asian American Indian Alaskan Native Pacific Islander Other: _____

(Please check only one)

Ethnicity: Hispanic Non-HispanicDisability: Disabled Handicapped Blind Unable to Work Not Disabled

(check all that apply)

Citizenship: U.S. Citizen Other: _____

(Please check only one)

Criminal History: Have you been convicted of a crime other than minor traffic violations? Yes No

If Yes, please describe: _____

Marital Status: Married Never Married Divorced Separated Other

(Please check only one)

Education: Are you currently attending school? Yes No

If "Yes," list school name, address, and telephone number: _____

Dwelling Type: House (owned by applicant) House (rented by applicant) Apartment Mobile Home Other: _____

Rent: \$ _____

Is your current housing subsidized? Yes No

If yes, please describe: _____

PHA History: Have you ever been evicted from assisted housing or do you owe any housing authority money? Yes No

If "Yes," please describe: _____

Current Landlord: _____

Landlord

Address: _____

(Street Address)

(City)

State

Zip Code

Name on Lease: _____

Lease Expires: _____

Occupancy Dates: _____

(From)

(To)

Reason for Move: _____

Vehicle Info: _____

(Year)

(Make/Model)

License Plate #

Co-Head of Household, Spouse, or Other Family Member 2

Instructions: Please complete all portions of this section if the family will have two or more members in residence. If the family will have only one member, please write "NONE" in the name section and leave the rest of this page blank.

Name: _____

(First)

(Middle)

(Last)

(Suffix)

Address: _____

(Street Address)

(City)

(State)

(Zip Code)

Telephone: _____

(Day)

(Evening)

(Other)

Date of Birth: _____

Age: _____

Soc. Sec #: _____

Place of Birth: _____

(U.S. City and State or Foreign Country)

Sex: Male

Female

Pregnant

Race: White

Black

Asian

American Indian

Alaskan Native

Pacific Islander

Other: _____

Ethnicity: Hispanic

Non-Hispanic

Disability: Disabled

Handicapped

Blind

Unable to Work

Not Disabled

(check all that apply)

Citizenship: U.S. Citizen

Other: _____

Relationship: Relationship to Head of Household: _____

Criminal History: Have you been convicted of a crime other than minor traffic violations? Yes No

If Yes, please describe: _____

Marital Status: Married Never Married Divorced Separated Other

Education: Are you currently attending school? Yes No

If "Yes," list school name, address, and telephone number: _____

Dwelling Type: House (owned by applicant) House (rented by applicant)

Apartment

Mobile Home

Other: _____

Rent: \$ _____

Is your current housing subsidized? Yes No

If yes, please describe: _____

PHA History: Have you ever been evicted from assisted housing or do you owe any housing authority money? Yes No

If "Yes," please describe: _____

Current Landlord: _____

Landlord Address: _____

(Street Address)

(City)

State

Zip Code

Name on Lease: _____

Lease Expires: _____

Occupancy Dates: _____

(From)

(To)

Reason for Move: _____

Rental History (continued)

Instructions: List all places you lived for the past five years, without leaving any gaps. List all addresses for all household members who will be in residence. Leave blank any occupancy history prior to five years from today's date. Attach additional pages as necessary.

Previous Address

(Street Address)

(City)

(State)

(Zip Code)

Dwelling Type: House (owned by applicant) House (rented by applicant)
 Apartment Mobile Home Other: _____

Rent: \$ _____ Was your housing subsidized? Yes No

If yes, please describe: _____

Previous Landlord: _____

Landlord Address: _____

(Street Address)

(City)

State

Zip Code

Name on Lease: _____ **Lease Expires:** _____

Occupancy Dates: _____
(From) (To)

Reason for Move: _____

Previous Address

(Street Address)

(City)

(State)

(Zip Code)

Dwelling Type: House (owned by applicant) House (rented by applicant)
 Apartment Mobile Home Other: _____

Rent: \$ _____ Was your housing subsidized? Yes No

If yes, please describe: _____

Previous Landlord: _____

Landlord Address: _____

(Street Address)

(City)

State

Zip Code

Name on Lease: _____ **Lease Expires:** _____

Occupancy Dates: _____
(From) (To)

Reason for Move: _____

Rental History

Instructions: List all places you lived for the past five years, without leaving any gaps. List all addresses for all household members who will be in residence. Leave blank any occupancy history prior to five years from today's date. Attach additional pages as necessary.

Previous Address

(Street Address)

(City)

(State)

(Zip Code)

Dwelling Type: House (owned by applicant) House (rented by applicant)
 Apartment Mobile Home Other: _____

Rent: \$ _____ Was your housing subsidized? Yes No

If yes, please describe: _____

Previous Landlord: _____

Landlord Address: _____
(Street Address)

(City)

State

Zip Code

Name on Lease: _____ **Lease Expires:** _____

Occupancy Dates: _____
(From) (To)

Reason for Move: _____

Previous Address

(Street Address)

(City)

(State)

(Zip Code)

Dwelling Type: House (owned by applicant) House (rented by applicant)
 Apartment Mobile Home Other: _____

Rent: \$ _____ Was your housing subsidized? Yes No

If yes, please describe: _____

Previous Landlord: _____

Landlord Address: _____
(Street Address)

(City)

State

Zip Code

Name on Lease: _____ **Lease Expires:** _____

Occupancy Dates: _____
(From) (To)

Reason for Move: _____

Emergency Contacts (Optional)

Instructions: Optional: List up to two persons we could contact in the case of an emergency. You may list emergency contacts or leave these fields blank.

Contact 1:

(Optional)

_____ (Name)

_____ (Day Telephone)

_____ (Eve Telephone)

_____ (Other Telephone)

Relationship: _____

Contact 2:

(Optional)

_____ (Name)

_____ (Day Telephone)

_____ (Eve Telephone)

_____ (Other Telephone)

Relationship: _____

Personal References (Optional)

Instructions: Optional: List up to two persons we could contact as personal references. Personal references may not be former landlords or relatives. You may list personal references or leave these fields blank.

Reference 1:

(Optional)

_____ (Name)

_____ (Address)

_____ (City)

_____ (State)

_____ (Zip Code)

_____ (Day Telephone)

_____ (Eve Telephone)

_____ (Other Telephone)

Relationship: _____

Reference 2:

(Optional)

_____ (Name)

_____ (Address)

_____ (City)

_____ (State)

_____ (Zip Code)

_____ (Day Telephone)

_____ (Eve Telephone)

_____ (Other Telephone)

Relationship: _____

Signatures

Instructions: Each household member 18 years old or older must sign the application in the provided space, below.

_____ (Signature)

_____ (Date)

_____ (Signature)

_____ (Date)

_____ (Signature)

_____ (Date)

_____ (Signature)

_____ (Date)

Federal Privacy Act Notice

For The

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and the Public and Indian Housing Programs

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses 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 furnished. HUD or a public housing agency /Indian housing agency may conduct a computer match to verify the information you provided. 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 public housing agency/Indian housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

Authority for Information Collection: The following laws authorize the collection of information by HUD or the public housing agency/Indian housing agency: the U.S. Housing act of 1937 (42 U.S.C., 1437 et seq.) Title VI of the Civil Rights Act of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on: _____

Signature of Head of Household or Spouse

Certification/Recertification Worksheet

Instructions: Place a "✓" in the box next to each item that applies to you. Please complete a separate worksheet for each household member 18 years of age or older.

Part I – Income

I receive income from (check all that apply):

- | | | |
|---|--|--|
| Alimony..... <input type="checkbox"/> | Income from FIA..... <input type="checkbox"/> | Real Estate Income..... <input type="checkbox"/> |
| Annuities..... <input type="checkbox"/> | GI Bill Benefits..... <input type="checkbox"/> | Scholarships..... <input type="checkbox"/> |
| Business Income..... <input type="checkbox"/> | Inheritances..... <input type="checkbox"/> | Social Security..... <input type="checkbox"/> |
| Cash or Gifts..... <input type="checkbox"/> | Insurance Companies.... <input type="checkbox"/> | SSI..... <input type="checkbox"/> |
| Child Support..... <input type="checkbox"/> | Lottery Winnings..... <input type="checkbox"/> | SSD..... <input type="checkbox"/> |
| Disability Benefits..... <input type="checkbox"/> | Pensions..... <input type="checkbox"/> | Unemployment..... <input type="checkbox"/> |
| Employment..... <input type="checkbox"/> | Personal Property..... <input type="checkbox"/> | Veteran's Benefits..... <input type="checkbox"/> |
| Educational Grants..... <input type="checkbox"/> | Public Assistance..... <input type="checkbox"/> | Worker's Comp..... <input type="checkbox"/> |

Do you have any other income to declare that is not listed above? Yes No

If "Yes" to above, please list: _____

If you are employed, have you been employed less than 12 months? Yes No

If "Yes" to above, were you unemployed for at least 12 months prior to your current employment?
Yes No

Part II – Assets

I have the following assets (check all that apply):

- | | |
|--|--------------------------------------|
| Checking Account (s)..... <input type="checkbox"/> | At how many banks? _____ |
| Savings Account(s)..... <input type="checkbox"/> | At how many banks? _____ |
| CD's or Time Certificates..... <input type="checkbox"/> | At how many banks? _____ |
| IRA or KEOUGH Account(s).... <input type="checkbox"/> | Stocks..... <input type="checkbox"/> |
| Real Estate..... <input type="checkbox"/> | Bonds..... <input type="checkbox"/> |
| Personal Property Held as an Investment..... <input type="checkbox"/> | |
| I Have Disposed of Asset(s) for Less than
Fair Market Value during the Last Two Years..... <input type="checkbox"/> | |

Do you have any other asset(s) to declare that is not listed above? Yes No

If "Yes" to above, please list: _____

Part III – Medical Expenses

Note: Only complete this section if you are 62 years of age or older, handicapped or disabled.

I have the following medical expenses (check all that apply):

- Medicaid Assistance
- I have no unreimbursed Medical Expenses
- Medicare Premiums
- Unreimbursed Doctor Expenses
- Unreimbursed Prescription Expenses
- Outstanding Medical Bills
- Medical Insurance Premiums (not Medicare).....
- Over-the-counter, non-prescription medication...
- Reimbursed medical or prescription expenses.....

How Many Doctors?..... _____
 How Many Pharmacies?..... _____

Do you have any other Medical Expense(s) to declare that is/are not listed above? . Yes No

If “Yes” to above, please list: _____

Part IV – Childcare Expenses

Note: Only complete this section if you have a child under the age of 18 living in your household.

Do you pay childcare expenses for further education?..... Yes No
 Do you pay childcare expenses for gainful employment?..... Yes No

Part V – Signature

I hereby declare that the information contained in this document is true and correct to the best of my ability. I further assert that I have declared all income, assets and (if applicable), medical expenses.

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

Hillsdale Housing Commission

45 N. West Street Hillsdale, MI 49242

Phone: (517) 439-1210 Fax: (517) 439-9577 www.hillsdalehousing.org

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States of America. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

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

Signature_____
Date

- Check box if signature is of adult residing in unit who is responsible for child listed above

HA: Enter INS/SAVE Primary Verification #: _____

Date: _____

Part VI – Names and Addresses

Please list the names and addresses for all items. Please list *complete* address, including Zip Code.

Employment:

Address _____
City _____
State _____ Zip _____

Pension:

Address _____
City _____
State _____ Zip _____

Bank:

Address _____
City _____
State _____ Zip _____

Bank:

Address _____
City _____
State _____ Zip _____

Pharmacy*:

Address _____
City _____
State _____ Zip _____

Pharmacy*:

Address _____
City _____
State _____ Zip _____

Physician*:

Address _____
City _____
State _____ Zip _____

Physician*:

Address _____
City _____
State _____ Zip _____

Physician*:

Address _____
City _____
State _____ Zip _____

Physician*:

Address _____
City _____
State _____ Zip _____

Outstanding Medical Bill*:

Address _____
City _____
State _____ Zip _____

Outstanding Medical Bill*:

Address _____
City _____
State _____ Zip _____

Medical Insurance*:

Address _____
City _____
State _____ Zip _____

Medical Insurance*:

Address _____
City _____
State _____ Zip _____

Other:

Address _____
City _____
State _____ Zip _____

Other:

Address _____
City _____
State _____ Zip _____

Other:

Address _____
City _____
State _____ Zip _____

Other:

Address _____
City _____
State _____ Zip _____

**Only complete items marked with an asterisk (*) if Head of Household, Co-Head of Household or Spouse is 62 years of age or older or handicapped or disabled.*

May 1988
P-88-2

Things You Should Know

Don't risk your chance for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and housing 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 sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application

When you give your answers to applications, you **must** include the following information:

Income

- All sources of money you and any member of your family receive (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 account, or certificate of deposit; dividends from stocks, etc.);
- Earnings from a 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 deposits, stocks, real estate, etc., that are owned by you and by any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

Family/Household Members

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

Signing the Application

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

Recertifications

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

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

Beware of Fraud

You should be aware of the following fraud schemes:

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

Reporting Abuse

If you are aware of anyone who has falsified an application or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

Applicant/Tenant Signature_____
Date

Violence Against Women In Federally Funded Rental Assisted Housing



Learn About Your Rights as a Victim of Domestic Violence

Background

The Violence Against Women Act (VAWA) of 2005 is an amended version of the 1994 VAWA which provides new protections for victims of domestic violence, dating violence, or stalking. These protections include provisions protecting victims who live in public housing or who are receiving housing assistance under the federal housing voucher program. The information contained in this brochure is intended to inform you of your rights and responsibilities under VAWA.

Definitions

“Domestic Violence” – *The term ‘domestic violence’ includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.*

“Dating Violence” – *The term ‘dating violence’ means violence committed by a person “(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship. (ii.) The type of relationship. (iii.) The frequency of interaction between the persons involved in the relationship.*

“Stalking” – *The term ‘stalking’ means engaging in a course of conduct directed at a specific person that would cause a reasonable person to “(A) fear for his or her safety or the safety of others; or (B) suffer emotional distress.”*

What Protections are Provided by VAWA?

There are two areas of protection for those persons seeking or receiving assistance under the federally funded public housing program or voucher program.

1. Denial of Assistance – The law provides that you cannot be denied assistance because you are a victim of domestic violence, dating violence, or stalking if you are otherwise qualified to receive such assistance.
2. Termination of Tenancy or Assistance – The law further protects those who are currently receiving federal housing assistance from losing assistance or housing solely on the basis of their status as a victim of domestic violence, dating violence, or stalking.

In summary, VAWA prevents housing agencies and owners from considering actual or threatened domestic violence, dating violence, or stalking as a cause for terminating the tenancy, occupancy, or program assistance of the victim. Such violence or stalking may not be considered (1) As a serious or repeated violation of the lease by the victim, (2) As other good cause for terminating the tenancy or occupancy rights of the victim, or (3) As a criminal activity justifying the termination of the tenancy, occupancy rights, or program assistance of the victim.

What About the Perpetrator?

If the perpetrator is a member of the victim’s household, the agency administering the voucher or public housing programs has the authority to require the individual to leave the household as a condition of providing continued assistance to the remaining members of the family. Additionally, if state law allows, the housing agency has the authority to bifurcate a lease, or divide it in two parts to deal with family members who engage in criminal acts

of physical violence against family members or others. Bifurcation would allow the housing agency or owner to take eviction or termination action against a perpetrator of physical violence without penalizing the victim.

What Are the Limitations of VAWA?

Housing agencies and owners retain the authority to terminate the tenancy, occupancy, or program assistance of a victim under either of the following conditions:

1. The termination is for a lease violation premised on something other than an act of domestic violence, dating violence, or stalking against the victim and the housing agency or owner is holding the victim to a standard no more "demanding" than the standard to which other tenants are held.
2. The housing agency or owner can demonstrate an "actual and imminent threat to other tenants or those employed at or providing service to the property" if the tenancy, occupancy or program assistance of the victim is terminated.

Certification of Victim Status

VAWA gives housing agencies and owners the discretion to provide benefits to an individual based solely on the individual's statement or other corroborating evidence. However, the Act also permits housing agencies and owners to request that victims attest to their status by signing a HUD-approved certification form. The form must meet the following standards:

1. It must require the individual signing it to certify that she or he is the victim of "bona fide" incidents of actual or threatened domestic violence, dating violence, or stalking as defined and described in VAWA.
2. It must include the name of the perpetrator.
3. It must be provided with 14 business days unless the housing agency or owner requesting the form extends the deadline.

VAWA provides the victim the alternative of providing the housing agency or owner one of the following types of documentation:

1. A local police or court record
2. Documentation signed by a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic

violence, dating violence, or stalking. The signer must attest under penalty of perjury (a) that the abuse the victim has suffered is a bona fide incidence of domestic violence, dating violence, or stalking and (b) that the victim has signed or approved the documentation.

Failure on the part of the victim to provide certification within the allotted time voids the protection provided by VAWA.

Confidentiality

Any information or documentation provided to a housing agency or owner by a victim of domestic violence, or stalking must be kept in confidence. No information or documentation may be (a) entered into any shared databases or (b) disclosed to "any related entity" except under the following conditions:

1. The victim requests or consents to the disclosure in writing.
2. The disclosure is required for use in an eviction proceeding.
3. The disclosure is otherwise required by applicable law.

For Additional Information on VAWA

*** National Domestic Violence Hotline**

1-800-799-SAFE (7233)
1-800-787-3224 (TTY)
<http://www.nvdh.org/>

*** HUD Housing Discrimination Hotline**

1-800-669-9777

** For complete text of VAWA see Public Law 109-162. (Specifically refer to Title VI, Sections 606 and 607)*

For information in your area:

Domestic Harmony
(517) 439-1454
Toll-Free: (888) 439-1454

This brochure was designed to meet the requirements of HUD Notice PIH-2006-23



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.

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. ensure that your family and PHAs comply with HUD rules.. 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/ph/rhlp/uliv.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

Apt No.

**Authorization for the Release of Information/
Privacy Act Notice**

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

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

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

Grand Rapids Field Office
99 Monroe Ave WW
Suite 402
Grand Rapids , MI 49503-2633

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

Hilltop Apartments/ Hillsdale Housing
Commission
45 N. West St.
Hillsdale, MI 492412

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Rental Application Form

Apartment Applying for: Hilltop Apartments
Apartment Number: _____ Move in Date: ___/___/___
Building Reference: _____

Applicant's Name: (Last) _____ (First) _____ (Middle) _____
SS# _____ Date of Birth: ___/___/___
Phone Number: (____) _____

Driver's License or State issued ID: _____ State: _____

Current Address: _____ City: _____
State: _____ Zip: _____

(If current address is less than 3 years)
Previous Address: _____ City: _____
State: _____ Zip: _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No
If yes, please explain:

Current Landlord Information:
Property Name or Property Management Co: _____
Landlord or Contact Name: _____ Phone Number: (____) _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Monthly Rental Amount: _____ Resided on premises from: _____ To: _____

Employment Information:
Employer/Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Phone Number: (____) _____
Position: _____ Salary: \$ _____ Start Date/Length of Employment: _____

I confirm that all the information supplied is true and correct. I understand that I can be turned down for the apartment if I have falsified any information on this application. I hereby authorize the verification of all above information by ATS, Inc. including my credit, housing court filings, rental history, check writing history, employment history including salary, and criminal background.

Applicant's Signature: _____ Date: _____



**CITY OF
HILLSDALE
HOUSING COMMISSION**

45 N. West Street
Hillsdale, MI 49242

(517) 439-1210 Fax: (517) 439-9577 Web: www.hillsdalehousing.org

Verification Referral of Present or Past Landlord

Date: _____
To: _____

Applicant: _____
Address: _____

Prev. Address: _____

The applicant listed above has completed an application for housing at Hilltop Apartments, and lists you as a former or current landlord.

We would appreciate your verification of rental history on the reverse side for this applicant. Please return this form in the self-addressed, stamped envelope enclosed. Your responses will be kept confidential.

Thank you for your time and cooperation. If you have any questions or if we may be of service, please call.

Amy Slade, Executive Director
Tiffany Hall, Administrative Assistant
Hillsdale Housing Commission

I hereby authorize the release of the requested information.

Signature

Date