



Algoma Housing Authority

Grand View Terrace Apartments

145 Grand View Ct

Algoma, WI 54201

Phone: 920-487-5905

Fax: 888-304-3064

christine@algomahousing.com



PRE-APPLICATION for PUBLIC HOUSING

Instructions: Please read carefully

To be qualified for admission to public housing an applicant must:

- Be eligible as defined in our Admission and Continued Occupancy Policy.
- Meet the HUD (Housing and Urban Development) requirements on citizenship or immigration status.
- Have an annual income that does not exceed the income limits set up by HUD listed below.
- Have less than \$100,000 in total assets, unless foreclosure or divorce will change the amount.
- Supply documentation of Social Security numbers for all family members.
- Pay any debt owed to PHA or any other housing authority.
- Be able and willing to follow the Algoma Housing Authority lease.
- No family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents.
- Not have any family members engaged in any drug-related criminal activity.

Application will be denied for life if any family member has been convicted of manufacturing or producing methamphetamine (speed) in any federally assisted housing; or is required to register as lifetime sex offender in any state.

INCOME ELIGIBILITY

Eligibility income for admission shall not exceed the Maximum Annual Income at the time of admission (2025):

One person: \$59,950 Two persons: \$68,500 Three persons: \$77,050 Four persons: \$85,600

HUD determines income limits annually; these amounts are subject to change.

OCCUPANCY LIMIT

Grand View Terrace has 1-bedroom and 2-bedroom apartments, with a limit to how many people can live in those apartments. The occupancy limit is: 1-bedroom limit: 2 persons 2-bedroom limit: 4 persons

UTILITIES

The following utilities are included in monthly rent at no added charge:

- Heat, electricity, water, sewer, and weekly garbage collection

APARTMENT DESCRIPTION

The individual apartments consist of a kitchen with an electric stove & refrigerator, air conditioner, bathroom equipped with grab bars and shower, living room, and bedroom(s).

PROJECT DESCRIPTION

Grand View Terrace is a 39-unit, three-story brick building with the following amenities: community rooms, community kitchen, lounge areas, and on-site office. Laundry facilities and garbage/recycling areas are also found on each floor, and an elevator serves all floors. Off-street parking areas are available for tenants. Mail is delivered to indoor mailboxes. Grand View Terrace Apartments is a smoke free apartment building, with a designated smoking area located outside.

NOTE: Included in this application per HUD regulations are the following:

- RHIP
- Applying for HUD Housing Assistance information
- Authorization Release of Information
- HUD Form 92006 (if you have more than 1 contact, must use a new form for each contact)

Please return completed application, form 92006, and signed & dated authorizations (a total of 3 forms) to:

Algoma Housing Authority 145 Grand View Ct., Algoma, WI 54201 or
christine@algomahousing.com or
fax to 888-304-3064

WAITING LIST

Applications from eligible households will be placed on the waiting list as of the date and time the completed application is received. The Algoma Housing Authority will determine the number of bedrooms for which the household is eligible. Length of wait will vary. Applicants will be notified should they not pass the background screening. The waiting list is ONLY for Grand View Terrace Apartments. No vouchers will be issued.

The waiting list is weighted to give priority to (Head of Household):

- | | |
|-----------------------|-----------------------|
| 1. Displaced | 5. Resident of Algoma |
| 2. Age 62+ | 6. Nonsmoker |
| 3. Disabled age 18-61 | 7. General |
| 4. Age 50-61 | |

Applicants are responsible for notifying the Algoma Housing Authority of any changes of contact information (i.e. mailing address, phone numbers) or family composition during the wait. If an attempt to contact you is unsuccessful (returned mail or disconnected phone) you will be removed from the waiting list.

FULL APPLICATION

Once a unit becomes available, applicant will be asked to verify income, assets, and medical expenses.

Bring any of the following information that applies:

- Last 3 months of Bank Statement(s) – checking, savings, IRA, 401K, etc.
- Social Security Card
- Birth Certificate
- Gov't issued ID (driver's license or voter ID card)
- Most recent SSA award letter
- Employment paystubs from last 3 months
- Whole Life Insurance cash value statement or schedule, if available
- IF you are 62+ or disabled: Medical expense receipts or statements that you expect to be paying in the next year.

OFFER OF HOUSING

After all income, assets, and medical expenses (62+ or disabled) are verified, an offer of housing is issued. Rent will be calculated using a federal formula to find 30% of the adjusted gross income. Algoma Housing Authority offers applicants a choice of:

- income-based rent (30% of income)
- flat rate rent (80% Fair Market Rent)

Then a move-in date is scheduled, the lease is signed (as well as all the policies and addendums to the lease) the security deposit (one month's rent) and the first month rent is collected, and keys to the apartment are issued.

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



Algoma Housing Authority

Grand View Terrace Apartments

145 Grand View Ct., Algoma, WI 54201

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PRE-APPLICATION

HEAD OF HOUSEHOLD INFORMATION

Head of Household Name: (must be able to legally sign contracts)		<input type="checkbox"/> U.S.Citizen <input type="checkbox"/> US Veteran Gender Ethnicity: _____
Date of Birth (must be age 18+):	SSN:	Waiting List Preferences: <input type="checkbox"/> Displaced <input type="checkbox"/> age 62+ <input type="checkbox"/> Disabled(18-61) <input type="checkbox"/> age 50-61 <input type="checkbox"/> NonSmoker <input type="checkbox"/> Resident/Working in city of Algoma
Current address:		
City:	State/ZIP:	<input type="checkbox"/> Full time student
Email:	Phone:	

HOUSEHOLD INFORMATION (who will be living with you?)

Name: _____	DateOfBirth: _____	SSN: _____
<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> US Veteran <input type="checkbox"/> Non Smoker <input type="checkbox"/> Gender <input type="checkbox"/> Full time student (18+)		
check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head (18+) <input type="checkbox"/> Family <input type="checkbox"/> Foster child/adult <input type="checkbox"/> other child/adult <input type="checkbox"/> Live-in-Aide		
Name: _____	DateOfBirth: _____	SSN: _____
<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> US Veteran <input type="checkbox"/> Non Smoker <input type="checkbox"/> Gender <input type="checkbox"/> Full time student (18+)		
check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head (18+) <input type="checkbox"/> Family <input type="checkbox"/> Foster child/adult <input type="checkbox"/> other child/adult <input type="checkbox"/> Live-in-Aide		
Name: _____	DateOfBirth: _____	SSN: _____
<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> US Veteran <input type="checkbox"/> Non Smoker <input type="checkbox"/> Gender <input type="checkbox"/> Full time student (18+)		
check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head (18+) <input type="checkbox"/> Family <input type="checkbox"/> Foster child/adult <input type="checkbox"/> other child/adult <input type="checkbox"/> Live-in-Aide		

INCOME INFORMATION

Source: SSA, SSI, State SSI, unemployment, employer name, annuity, support, dividends, etc.

Name: name of household member receiving the income

SSA,SSI,SSDI,stateSSI,unemployment,employer,	annuity,support,dividends, etc.	Household Member:
Source:	Monthly Income: \$	Name:
Source:	Monthly Income: \$	Name:
Source:	Monthly Income: \$	Name:
Source:	Monthly Income: \$	Name:
Source:	Monthly Income: \$	Name:
Source:	Monthly Income: \$	Name:

ASSET INFORMATION

List all financial and property including bank accounts, Debit Cards, stocks, bonds, CD, MoneyMarket, IRA, internet based (Cash App, Venmo, etc),Trusts, etc. Asset total over \$100,000 is over the limit to qualify.

NAME OF BANK	BALANCE	Household Member:
Name of bank:	Balance: \$	Name:
Name of bank:	Balance: \$	Name:
Name of bank:	Balance: \$	Name:
Name of bank/Cash on hand:	Balance: \$	Name:
Property & Location:	Value: \$	Name:
Whole Life Ins. Co:	Cash Value: \$	Name:
Other:	Cash Value / Balance: \$	Name:

MEDICAL EXPENSE INFORMATION

(ONLY IF Head of Household is age 62+ OR DISABLED)

Type: medical, insurance premiums, out of pocket pharmaceuticals, copays, doctor, hospital, vision, dental, etc.

Name of Medical Provider	Monthly Expense	Household Member:
Pharmacy:	Monthly Expense: \$	Name:
Clinic:	Monthly Expense: \$	Name:
Hospital:	Monthly Expense: \$	Name:
Dentist:	Monthly Expense: \$	Name:
Vision:	Monthly Expense: \$	Name:
Insurance Premiums:	Monthly Expense: \$	Name:

Algoma Housing Authority

LANDLORD REFERENCES

Current or most recent Landlord/PHA:

Address:	City:	State:	ZIP Code:
Phone:	Date From:	To:	

Previous Landlord/PHA:

Address:	City:	State:	ZIP Code:
Phone:	Date From:	To:	

REQUIRED QUESTIONS for any household member

A "YES" answer does not necessarily disqualify you for admission. Falsifying any answer will automatically disqualify you for admission.

Homeless:	___ NO ___ YES – explain:
Displaced by fire, flood, natural disaster, or VAWA:	___ NO ___ YES – explain:
Sold, gifted, or donated property/other assets worth more than \$1000:	___ NO ___ YES – explain:
Another name or alias/ another SSN:	___ NO ___ YES – explain:
Ever been charged, arrested, or convicted of a crime other than minor traffic violation:	___ NO ___ YES – explain:
Registered lifetime sex offender:	___ NO ___ YES – explain:
Committed fraud in a federally assisted housing program:	___ NO ___ YES – explain:
Requested repayment for misrepresenting information in a federally assisted housing program:	___ NO ___ YES – explain:
Evicted from Public Housing:	___ NO ___ YES – explain:

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein, which includes but not limited to, a criminal background check.

Head of Household Signature

Date

Co-Head or Spouse Signature

Date

To keep your application current, it is your responsibility to contact Algoma Housing Authority if you move or change your phone number while on the waiting list.

When your application for admission has been approved, rent will be calculated using a federal formula: 30% of the adjusted income. Algoma Housing Authority offers applicants a choice of: income based rent (30% of income) or flat rate rent (80% Fair Market Rent)

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

Office Use Only:

Date/time received: _____

Former Tenant _____

Debts Owed _____

Existing Tenant _____

Waitlist: Approve/Deny _____

WICCAP _____

NSOPW _____

SAVE _____

Letter sent on: _____

Rental History Report _____

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

PHA: Algoma Housing Authority, 145 Grand View Ct., Algoma, WI 54201
Contact Person: Christine Jeanquart, 2/26/2024

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

AUTHORIZATION

for Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Algoma Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- Identity and Marital Status Employment, Income, and Assets Credit and Criminal Activity
- Residences and Rental Activity Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies), Past and Present Employers, Veterans Administration, Welfare Agencies, Retirement Systems, Courts and Post Offices, State Unemployment Agencies, Banks and other Financial Institutions, Schools and Colleges, Social Security Administration, Credit providers and Credit Bureaus, Law Enforcement Agencies, Medical and Child Care Providers, Utility Companies, Support and Alimony Providers.

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

PRINTED NAMES

Head of Household:

Date:

Spouse:

Date:

Adult Member:

Date:

Adult Member:

Date:

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: _____ Initial ___ Annual _ Interim Occupancy Specialist _____



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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/thiip/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

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.