

Dear Current Applicant:

Attached to this letter you will find various forms used to make application with the Pembina County Housing Authority. Please take the time to read over this letter carefully to determine which action you must take.

**It is very important that you complete each item that is requested as we cannot process your application without this information.** If you should have any questions, please feel free to contact this office at (701) 282-3443, or email [Tawnya@casscountyhousing.org](mailto:Tawnya@casscountyhousing.org).

**Step #1:** Complete the attached Application Form. Make sure you answer each question to the best of your ability.

**Step #2:** Complete the “Federal Privacy Act Statement.” Please read this over carefully. The Federal Privacy Act requires the Housing Authority to have a copy of the following documents for each family member: Social Security Card, Driver’s License or Picture ID, and Birth Certificate for each child under the age of 18.

**Step #3:** Complete and sign the Authorization for the Release of Information Form.

**Step #4:** Complete and sign the Student Certification Form.

**Step #5:** Read and sign the “Debts Owed to Public Housing Agencies and Terminations” form. This form informs you of the information that the Housing Authority is required to provide HUD, who will have access to this information, how this information is used, and your rights.

**Step #6:** Read the “What you Should Know About EIV” form provided by the RHIP. This form informs you that we have access to Social Security Administration data and employment information data that we will use to determine your rent.

**Step #7:** Read the “Supplement to Application for Federally Assisted Housing.” If you would like to name a person or organization to assist you in providing any special care or services, please complete this form.

**Step #8:** Return all forms to the Housing Authority office. If you do not return all of the attached forms, your application cannot be considered valid and will be returned to you.

Sincerely,

Program Manager



Complete each question and sign on the back page. Please print or type. Promptly **REPORT any CHANGE IN ADDRESS AND PHONE NUMBER IN WRITING**; we do not take address changes over the telephone. If a letter or correspondence is returned to our office because of an incorrect address, your name will be removed from *all* waiting lists.

## I. APPLICANT - Full Name

Name of Head of Household \_\_\_\_\_  
First Middle Last

Maiden Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*\* I \_\_\_(am) \_\_\_(am not) a permanent resident of the State of North Dakota.**

## II. HOUSEHOLD COMPOSITION

| Name of Family Member | Relation to Head | Sex | Place of Birth | Date of Birth | Social Security # |
|-----------------------|------------------|-----|----------------|---------------|-------------------|
| 1                     | Head             |     |                |               |                   |
| 2                     |                  |     |                |               |                   |
| 3                     |                  |     |                |               |                   |
| 4                     |                  |     |                |               |                   |
| 5                     |                  |     |                |               |                   |
| 6                     |                  |     |                |               |                   |
| 7                     |                  |     |                |               |                   |
| 8                     |                  |     |                |               |                   |

## III. MINORITY CODE: Check one. (used for statistical purpose only.)

A. Race: White \_\_\_(non-minority) Asian or Pacific Islander \_\_\_  
Black \_\_\_ Alaskan Native \_\_\_ American Indian \_\_\_

B. Are you of Hispanic background? \_\_\_yes \_\_\_no

C. Are you enrolled as a student of higher education? \_\_\_yes \_\_\_no

**If "YES", complete the attached "Student Certification Form"**

D. Do you require assistance with language translation? \_\_\_yes \_\_\_no

If so, what is your native language? \_\_\_\_\_

E. Drivers License (For ALL adults): State \_\_\_\_\_ Number \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_

## INCOME

### HEAD OF HOUSEHOLD

### OTHER ADULT HOUSEHOLD MEMBER(S)

| <u>Income Type</u> | <u>Amount per month</u> | <u>Income Type</u> | <u>Amount per month</u> |
|--------------------|-------------------------|--------------------|-------------------------|
| Wages              | \$ _____                | Wages              | \$ _____                |
| Social Security    | \$ _____                | Social Security    | \$ _____                |
| SSI                | \$ _____                | SSI                | \$ _____                |
| Unemployment       | \$ _____                | Unemployment       | \$ _____                |
| Child Support      | \$ _____                | Child Support      | \$ _____                |
| TANF               | \$ _____                | TANF               | \$ _____                |
| Pension            | \$ _____                | Pension            | \$ _____                |
| National Guard     | \$ _____                | National Guard     | \$ _____                |
| Worker's Comp.     | \$ _____                | Worker's Comp.     | \$ _____                |
| Other Income       | \$ _____                | Other Income       | \$ _____                |

## ASSETS

Do you NOW own a home, land, or real estate? No ( ) Yes ( ) Value: \$ \_\_\_\_\_

Do you receive income from any rental property? No ( ) Yes ( ) Monthly Amount: \$ \_\_\_\_\_

Have you disposed of any assets during the past two years prior to the date of this application? No ( ) Yes ( )

If YES, please explain:

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| <u>Asset Type</u>     | <u>Bank or<br/>Financial Institution</u> | <u>Amount</u> | <u>Name on Account</u> |
|-----------------------|------------------------------------------|---------------|------------------------|
| Checking Account      |                                          | \$ _____      |                        |
| Savings Account       |                                          | \$ _____      |                        |
| Mineral/Oil Rights    |                                          | \$ _____      |                        |
| IRA/401(k)/Trust Fund |                                          | \$ _____      |                        |
| Stocks/Bonds          |                                          | \$ _____      |                        |
| Life Insurance        |                                          | \$ _____      |                        |

The Pembina County Housing Authority has one waiting list on which your name can be placed. This is the Section 8 list, this list enables you to go out into the open market and find your own apartment and we will subsidize your rent.

Are you applying for status as an eligible household for elderly housing where the head or spouse is 62 years of age, disabled or handicapped? If yes, you will receive a \$400.00 medical deduction.

Yes \_\_\_\_\_ No \_\_\_\_\_

**The Housing Authority will give priority to families from the waiting list in accordance with the following Local Preferences. Check the item(s) that apply to you.**

\_\_\_\_\_ 1. Families of federally declared disasters who are Section 8 voucher holders or public housing residents in another jurisdiction.

\_\_\_\_\_ 2. Resident of North Dakota.

A family who has continuous permanent residency in the State of North Dakota from the time of application to the time of admission. If a family claims a local preference after the initial application date, the preference will be granted as of the date and time the preference is verified. The acceptable forms of verification will be current ND ID, lease or utility bill.

#### **IV. CHILDCARE**

Monthly amount paid out for child care while you work or go to school. \_\_\_\_\_

#### **V. CRIMINAL HISTORY**

- Is any member of the household listed on this application currently a registered sex offender, or is currently subject to registration, in ANY state? Yes \_\_\_\_\_ No \_\_\_\_\_

- Has any member of the household listed on this application been convicted of manufacturing, possession, use, or distribution of Methamphetamine? Yes \_\_\_\_\_ No \_\_\_\_\_

- Have you or anyone in your household ever been charged with, or convicted of, ANY crime? Failure to report complete criminal history will result in denial of assistance. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in **DETAIL** below. (Please include crime, state, month and year)

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## VI. RESIDENCE HISTORY

Present Landlord \_\_\_\_\_

His/Her Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number for landlord \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ No. of bedrooms \_\_\_\_\_

Monthly rent \_\_\_\_\_ Estimated cost for utilities \_\_\_\_\_

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Previous Landlord \_\_\_\_\_

His/Her Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number for landlord \_\_\_\_\_

How long did you lived there? \_\_\_\_\_ No. of bedrooms \_\_\_\_\_

Monthly rent \_\_\_\_\_ Estimated cost for utilities \_\_\_\_\_

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Previous Landlord \_\_\_\_\_

His/Her Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number for landlord \_\_\_\_\_

How long did you lived there? \_\_\_\_\_ No. of bedrooms \_\_\_\_\_

Monthly rent \_\_\_\_\_ Estimated cost for utilities \_\_\_\_\_

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List ALL STATES in which members of this application have resided.

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Are you currently, or have you ever, lived in low income housing or received rent subsidy?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where?

Housing Authority \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I understand that this is not a contract and does not bind either party. I certify under penalty of law that the above information is full, true, and complete to the best of my knowledge. I agree to immediately inform the Housing Authority of any change in income, resources, number of persons in my household, etc. which might affect my eligibility for housing.

\_\_\_\_\_  
**Signature of Applicant**

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



## AUTHORIZATION FOR THE RELEASE OF INFORMATION

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

I/We authorize the above named agency to obtain information about me or my household that is pertinent to eligibility for participation in assisted housing programs.

This may include rental history, financial and credit reports, private or public benefit information, criminal activity reports, employment verification, medical or child care expenses, family composition or handicapped assistance expenses.

I/We agree this Authorization may be photocopied and used in the future for recertification for public housing or rental assistance programs.

If I/We do not sign this Authorization, I/We also understand that my/our program assistance may be denied or terminated.

\_\_\_\_\_  
HEAD OF HOUSEHOLD (signature)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CO HEAD OF HOUSEHOLD (signature)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
OTHER ADULT HOUSEHOLD MEMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER





## DECLARATION OF CITIZENSHIP

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

**Dated:** \_\_\_\_\_

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

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Spouse/Other Adult Member**

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### COMPLETE THIS SECTION FOR ALL MEMBERS UNDER THE AGE OF 18

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**





**PEMBINA COUNTY**  
Housing Authority

805 Sheyenne Street  
West Fargo, ND 58078  
(phone) 701-922-1825  
(fax) 701-922-1826



Applicant/Tenant: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Are you enrolled as a student of higher education in a program of 12 months or more?  
( ) YES Continue to Part A ( ) NO Skip to Part B

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**PART A:**

1. Are you at least 24 years of age? ( ) YES ( ) NO
2. Are you a Veteran of the US Armed Forces ( ) YES ( ) NO
3. Do you have a dependent child? ( ) YES ( ) NO
4. Are you married? ( ) YES ( ) NO
5. Are you an orphan or ward of the State through the age of 18? ( ) YES ( ) NO
6. Are your parents (individually or jointly) eligible on the basis of income to receive assistance under Section 8 of the 1937 Act? (Per the applicable income limits) ( ) YES ( ) NO
7. Are you considered "independent from your parents? (criteria below) ( ) YES ( ) NO
  1. At least 18 years of age
  2. Have established a household separate from parents for at least one year prior to application
  3. You are not claimed as a dependent by your parents or legal guardian pursuant to IRS regulation. You must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the persons providing the support.

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**PART B**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the housing contract.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

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This Applicant/Tenant has been determined: Eligible ( ) Ineligible ( )

Program Manager \_\_\_\_\_

PCHA Application

Rev. 02/13/2022



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

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

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

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

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

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

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

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

## Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

|                                                      |      |                                 |      |
|------------------------------------------------------|------|---------------------------------|------|
| Head of Household                                    | Date |                                 |      |
| 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.



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**





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](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Applicant Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
| <b>Mailing Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b> |
| <b>Name of Additional Contact Person or Organization:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b> |
| <b>E-Mail Address (if applicable):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
| <b>Relationship to Applicant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |
| <b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from unit<br/> <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process<br/> <input type="checkbox"/> Change in lease terms<br/> <input type="checkbox"/> Change in house rules<br/> <input type="checkbox"/> Other: _____ </div> </div>                                                                                                                                                      |                       |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |                       |

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

|  |  |
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**Signature of Applicant**

**Date**

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

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