



## **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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

Rogersville  
Church Hill  
Rutledge



TEL 423-272-8540  
FAX 423-272-4710  
TTY 1-800-848-0298

## NOTICE OF RIGHTS FOR VIOLENCE AGAINST WOMEN ACT

Applicants, tenants, and participants (regardless of gender) in Public Housing, Housing Choice Voucher Program, and Section 8 Project Based Assistance who are victims of domestic violence, dating violence, sexual assault or stalking are protected under the Violence Against Women Act.

### Certification

A Public Housing Agency (PHA), owner or manager may request that an individual complete, sign and submit for HUD-50066 or provide other acceptable verification, that includes providing the name of the perpetrator. If the individual does not provide requested certification, within 14 business days, none of the protections afforded to a victim of domestic violence, dating violence, sexual assault or stalking under the Act will apply. If you believe that VAWA protection applies to you, you may request a certification form from the PHA.

### Confidentiality

All information provided to a PHA, manager or owner relating to an incident or incidents of domestic violence must be retained in confidence and must neither be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is requested or consented by the individual in writing, required for use in an eviction proceeding or termination of assistance, or otherwise required by applicable law.

Additional information about VAWA is available upon request.

**\*\*\*Please keep this Notice for your records. Do not turn in with application. \*\*\***

## **NOTICE TO APPLICANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION and NOTICE OF NONDISCRIMINATION ON THE BASIS OF DISABILITY**

### **Notice to Applicants with Disabilities Regarding Reasonable Accommodation:**

The Rogersville Housing Authority (RHA) is a public agency that provides low rent housing to eligible families, elderly/handicapped/disabled households and single people. The RHA does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, gender identity, disability, age, receipt of public assistance or sexual preference. Under applicable law, the RHA provides “reasonable accommodation” to applicants if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification or change the RHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability/handicap to take advantage of the RHA’s programs, provided that the change does not pose an undue financial and administrative burden to the RHA or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aid to an applicant with a disability/handicap where such assistance is necessary to enable effective communication with the applicant.

Examples of an RHA reasonable accommodation may include but are not limited to :

- Installing flashing light smoke detectors in an apartment for a household with a hearing impaired member;
- Allowing an assistance animal or live in aide
- Making a physical change to your apartment to make it more accessible
- Permitting an outside agency to assist an applicant with a disability/handicap to meet the RHA’s applicant screening criteria

An applicant household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report required information to the housing authority, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible. If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it in writing at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

You can get a Request for Reasonable Accommodation form from the Rogersville Housing Authority office at 902 Locust Street, Rogersville, TN 37857. If the RHA turns down your request, the RHA will explain why and you can provide more information if you think that will help. The RHA will also advise you of your appeal rights if your request is denied. If you require help in filling out that form or need to submit your request in some other way, you should contact the Housing Administrator at (423) 272-8540 opt. 3, or TDD # 1-800-877-8339.

### **Notice of Nondiscrimination on the Basis of Disability:**

It is the policy of the Rogersville Housing Authority to fully comply with all federal, state, and local nondiscrimination laws; the American with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. The Rogersville Housing Authority shall affirmatively further fair housing in the administration of its public housing program.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, gender identity, sexual preference, or disability be excluded from participation in, be denied the benefits, or be otherwise subjected to discrimination under the Rogersville Housing Authority’s programs.

The Rogersville Housing Authority will assist any family that believes they have suffered illegal discrimination by providing the family copies of the appropriate housing discrimination forms. The Rogersville Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.





The following documents **MUST** be submitted with your completed application in order to process it and add it to our waiting list:

- Birth Certificate – for all members listed on the application
- Social Security Card – for all members listed on the application
- Driver's License / Photo I.D. – for all members 18 years of age and older
- Proof of Income – SS / SSI Awards Letter, Paystubs (the 4 most current paystubs you've received), Families First Awards Letter, proof of Child Support payments received, Unemployment Benefits, etc...
- Food Stamp Awards Letter
- Proof of Custody – if applicable
- Vet Records – for Dogs – Rabies and Distemper shots are current and proof of spay / neuter
- Vet Records – for Cats – Rabies shot is current and proof of spay / neuter

\*\*\* More documents may be requested after you submit your application. \*\*\*

Before submitting your application, make sure each section is filled out, all "yes" and "no" questions are marked, and each page that requires a signature is signed and dated by each household member 18 years of age and older.

Failure to complete the application or provide the above-mentioned documents will result in your application being returned to you and not being added to the waiting list.



The Rogersville Housing Authority is an Equal Housing Opportunity. No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, sexual preference, gender identity or disability be excluded from participation in, be denied the benefits, or be otherwise subjected to discrimination under the Rogersville Housing Authority's program.

**Rogersville Housing Authority Housing Application****902 Locust St. Rogersville, TN 37857**

Office Hours: 8:30am – 3:30pm M-TH and Fridays 8:30am – 12:00pm

Phone: 423-272-8540 Fax: 423-272-4710 TTY 1-800-848-0298

Applications will be accepted in person at the office, by email, by fax, or by mail.

Application must be filled out completely or will be placed in pending status until ALL information is received.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please select the developments you are applying for:

(You may choose more than one but ONLY if you are actually interested in living in that location.)

- ☐ Rogersville  
☐ Church Hill  
☐ Rutledge

**FOR OFFICE USE ONLY:**

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_ am / pm

It is the responsibility of each applicant to notify the Rogersville Housing Authority **in writing within 10 days of the occurrence** each time changes occur for the applicant family.  
Changes include; address, phone number, income, birth or death of a family member, removal of a family member, loss of job, etc...

**If your application is incomplete, the application will be returned to you.**

Failure to keep this office informed of any and all changes of address will prevent contact by mail and will leave us no alternative but to move your application into the "inactive" category. In this event, a new application must be submitted and processed.

If a letter is mailed and returned by the Post Office, the application will be made "inactive".

**PART 1: FAMILY COMPOSITION***List all persons who will be living with you (including yourself): List the legal names of all household members below.**Start with the head of household, then spouse or co-head, then minors – oldest to youngest, then any other adults.*

Full Name (as noted on Social Security Card)	Relationship to Head	Date of Birth MM/DD/YYYY	Social Security Number (must provide ALL social security numbers before application will be processed)	Sex M/F	Race	Age	Marital Status	Full Time Student? Y/N
1.	Head							
2.								
3.								
4.								
5.								
6.								

Is any member of the household expecting a child? ( )Yes ( )No If yes, due date? \_\_\_\_\_

Is there a current order for custody of any minors in the household? ( )Yes ( )No If yes, explain: \_\_\_\_\_

Do you have full custody of all minors listed on the application? ( )Yes ( )No

Are there any additional family members? Please check here \_\_\_\_\_ and attach a separate page with application.

**PART 2: RESIDENCY AND CONTACT INFORMATION**

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Any Other Number Where You Can Be Reached? \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your Current Address? (Address is required)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (if different from physical address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check the box which shows your current living arrangements:

( ) Renting: Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

( ) Own Home/ Mortgage

( ) Living in Public or Subsidized Housing: Name of Housing Authority: \_\_\_\_\_

( ) Living with Friends/Relatives/Other: Who? \_\_\_\_\_

Do you help with rent or utilities? ( )Yes ( )No If yes, how much? \_\_\_\_\_ ( ) weekly or ( ) monthly

( ) Have you been involuntarily displaced due to fire, flood, tornado, etc.? ( )Yes ( )No If yes, when? \_\_\_\_\_

### **PART 3: EMERGENCY CONTACT INFORMATION**

Emergency Contact: (Please provide one (1) person that we may contact if you are unable to be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### **PART 4: INCOME INFORMATION**

1. Are you or any family member listed on the application employed? ( )Yes ( )No

If yes, please complete the information below (you will be required to provide a month's worth of current paystubs once we have an apartment available and begin the move-in process)

Name of Person Employed	Employer Name, Address, and Phone Number	Start Date	Amount of Gross Income (weekly, bi-weekly, monthly)	Hours worked per week	Hourly Pay Rate

2. Do you or any family member listed on the application receive income from any of the following sources?

Income Source List income for ALL members, including children	YES	NO	Who receives this payment?	Monthly Amount
Public Assistance (TANF/Families First)				
Child Support State: _____ Case# _____				
Social Security Benefits (SS)			1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
Disability Benefits (SSI)			1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
Retirement Benefits				
Pension				
Survivor Benefits				
Unemployment Benefits				
Workers Compensation				
SNAP (Food Stamps)				
Other: _____				

3. If you have no income, how will you pay for rent and maintain an apartment? \_\_\_\_\_

(If no income, you **MUST** fill out and turn in a Zero Income/Contributions Packet)

### **PART 5: HOUSEHOLD DEDUCTIONS**

You must provide supporting documentation for any deduction that you intend to claim.

DEDUCTION	YES	NO	COMMENTS (Please list details if you answered YES to any question.)
Do you have out of pocket child care expenses?			
Is any adult member (18 yrs. or older) attending school or college OR taking part in a job training program?			
Are you or your spouse elderly/disabled with medical expenses? (Paid out of pocket)			
Do you have amounts being deducted out of your Social Security/SSI benefits in order to cover supplemental insurance premiums? (Medicare, Part D; etc)			

### **PART 6: RENTAL HISTORY**

Name of Family Member who Rented	Was it Subsidized Housing? (Sec. 8/PHA) Y/N	Landlord Name Apartment Name and Address	Phone Number	Dates Rented To/From	Amount paid for Rent	Do you owe them any money? (If so, how much?)	Were you evicted? Y/N (If yes, list why)

*If you need more space, please attach an additional sheet*

### **PART 7: DEMOGRAPHIC AND ACCOMMODATIONS**

Please answer ALL of the following questions:	YES	NO	Comments:
Is the Head of Household/Spouse/Co-Head Disabled? If yes, list who in the comments			
Is any other household member disabled? If yes, list who in the comments			
Is any household member in a wheelchair or cannot use stairs due to a disability? If yes, list who in the comments.			
Are there any special housing needs due to above listed disabilities? If yes, list needs in the comments.			
Are you eligible to receive disability benefits, but for some reason do not receive them at this time? If yes, please explain in the comments.			
Will you need a specific accommodation to attend the interview or participate in the program because of a disability? If yes, please explain in the comments			
Is anyone in the household currently serving in the military or a veteran in the armed services? If yes, please list who in the comments			
Has anyone in the household been married or divorced? If yes, list other names that have been used – including past marriages and maiden name in the comments			

If you are a person with a disability or have difficulty completing this application, please advise us of your needs when you receive this form. Our phone number is (423) 272-8540. Call between the hours of 8:30am and 3:30pm. If you have a hearing impairment, appropriate assistance will be provided in a confidential manner and setting.

### **PART 8: HOUSEHOLD ASSETS/PROPERTY**

**HOUSEHOLD ASSETS:** List all financial assets held by each household member listed who will live in your unit. List each Bank or institution on a separate line.

Household Member Name	Name of Bank or Financial Institution	Checking Account Number	Savings Account Number	Investment Account Type and Number	Money Market Amount	CD Amount
					\$	\$
					\$	\$

**PROPERTY:** List all property owned by each household member that will live in the unit.

Household Member Name	Property Address	Type:	Property Value
		( ) House ( ) Land ( ) Other	\$
		( ) House ( ) Land ( ) Other	\$

Do you or anyone listed on your application own an animal? ( ) Yes ( ) No

**Current Vet Records MUST be provided.**

If yes, who owns the animal? \_\_\_\_\_

What type of animal? \_\_\_\_\_

Height and weight of animal? \_\_\_\_\_

Do you have current Vet Records for animal? ( ) Yes ( ) No

Has the animal been ( ) Spayed or ( ) Neutered? ( ) Yes ( ) No



## **PART 9: OTHER INFORMATION**

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO INTENTIONALLY MAKE FALSE STATEMENTS OR MISREPRESENTATIONS ON THIS APPLICATION.**

Please answer ALL of the following questions	YES	NO	Comments
Have you ever used more than one social security number? If yes, list the other number in the comments.			
Do you currently owe any money to any housing assistance program? (ex. Public Housing, Section 8, etc) If yes, list the name of the agency in the comments. <small>Note: If you owe money to any housing assistance programs, the balance must be paid in full before you are eligible.</small>			
Have you ever received written documentation pertaining to your conduct as it relates to neighborhood disturbances, destruction of property, or housekeeping violations at prior residence? If yes, please explain and provide all relevant information.			
Have you <b>ever</b> committed fraud in any housing assistance program or were requested to pay money for knowingly misrepresenting information to such housing programs? If yes, please explain.			
Have you, or any family member listed on the application, engaged in illegal drug activity, including the use, possession, sale, manufacture or distribution of a controlled or counterfeit substance? (examples: heroin, marijuana, codeine, and other illegal drugs) If yes, please explain and provide documentation of disposition and completion of rehabilitation.			
Have you or any family member listed on the application been arrested, charged, and/or convicted of any criminal activity? If yes, please list who, arrest date, and county in comments.			
Have you or any family member listed on the application <b>ever</b> been convicted of the manufacture or production of methamphetamine (speed)? If yes, list who in the comments.			
Are you or any family member listed on the application subject to lifetime registration as a sex offender? <b>If YES, you are not eligible for public housing assistance.</b>			
Have you or any family member listed on the application <b>ever</b> abused or shown a pattern of abuse of alcohol or drugs? If yes, please explain and provide documentation such as rehabilitation certification.			
Are you or any member in your household a convicted felon? If yes, please list who in the comments along with the charge, date of charge, and city and state in which it occurred.			

Please make sure all sections are completed in BLUE or BLACK ink and all pages are signed and dated BEFORE turning in the application. Once approved, your name will be placed on a waiting list. WE WILL CONTACT YOU to verify information and will instruct you on all the items we will need once an apartment becomes available.

**IMPORTANT NOTE:** Pre-eligibility checks will be performed to determine if applicants are eligible for an apartment with the Rogersville Housing Authority. If you owe money to any other Housing Authority, past due utilities, or to any other landlord, your application will automatically be denied until you bring in proof of payment. There are several other factors that affect your eligibility – such as criminal record, landlord references, payment history, etc.

If your application is denied, you will receive a letter in the mail detailing how to appeal the decision.



The Rogersville Housing Authority is an Equal Housing Opportunity. No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, sexual preference, gender identity or disability be excluded from participation in, be denied the benefits, or be otherwise subjected to discrimination under the Rogersville Housing Authority's programs.

## APPLICANT/TENANT CERTIFICATION & NOTICE

- I/We certify that the information\* given to the Public Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.
- I/We understand that false statements or information are punishable under Federal law.
- I/We also understand that false statements are grounds for termination of housing assistance and termination of tenancy.
- I/We hereby authorize the Rogersville Housing Authority to verify any information regarding rental history or criminal activity, including obtaining a consumer or investigative credit report.
- I/We declare under penalty of perjury under the laws of the United States of America and the State of Tennessee that the information contained in this statement of facts is true, correct, and complete.
- I/We have received a copy of the "Notice to Applicants with Disabilities Regarding Reasonable Accommodation and Notice of Nondiscrimination on the Basis of Disability."
- I/We have received a copy of the "Notice of Rights: Violence Against Women Act"

\* After verification by the RHA, the information will be submitted to HUD on form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information on its use).

### ALL ADULT MEMBERS (OVER THE AGE OF 18) MUST SIGN THIS FORM

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Co-Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult (18 OR OLDER) Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult (18 OR OLDER) Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult (18 OR OLDER) Signature \_\_\_\_\_ Date \_\_\_\_\_

***WARNING: Intentional misrepresentation of household composition, income, present or past tenant history, household allowances and deductions, criminal history, or any other information affecting eligibility, will result in the household being declared ineligible. In the event the misrepresentation is discovered after the admission, the lease will be terminated for such misrepresentation. False statements of information are punishable under Federal and State law (T.C.A. section 39-14-104) and termination of tenancy. Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.***



The Rogersville Housing Authority is an Equal Housing Opportunity. No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, sexual preference, gender identity or disability be excluded from participation in, be denied the benefits, or be otherwise subjected to discrimination under the Rogersville Housing Authority's programs.

## Authorization for the Release of Information

PURPOSE: The Rogersville Housing Authority may use this authorization and the information obtained with it to administer and enforce program rules and policies.

### INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses  
Credit History  
Criminal Activity  
Family Composition  
Employment, Income, Pensions, and Assets  
Federal, State, Tribal, or Local Benefits  
Handicapped Assistance Expenses  
Identity and Marital Status  
Medical Expenses  
Social Security Numbers  
Residences and Rental History

### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Banks and other Financial Institutions  
Courts  
Law Enforcement Agencies  
Credit Bureaus  
Employers – Past and Present  
Landlords  
Providers of:  
Alimony  
Child Care  
Child Support  
Credit  
Handicapped Assistance  
Medical Care  
Pensions / Annuities  
Schools and Colleges  
U.S. Social Security Administration  
U.S. Department of Veterans Affairs  
Utility Companies  
Welfare Agencies

I authorize the Rogersville Housing Authority to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation under the program.

I agree that photo copies of this authorization may be used for the purpose stated above.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original is retained by the requesting organization.

Who must sign: Head of Household, Spouse, and / or Co-Head, all Adult Members over age 18 living in the household.



The Rogersville Housing Authority is an Equal Housing Opportunity. No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, sexual preference, gender identity or disability be excluded from participation in, be denied the benefits, or be otherwise subjected to discrimination under the Rogersville Housing Authority's programs.

**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):

**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. Original is retained by the requesting organization.**

**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.

ref. Handbooks 7420.7, 7420.8, & 7465.1

Original is retained by the requesting organization.

**form HUD-9886-A (10/23) exp. 10/31/26**

**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:**

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Head of Household

Date

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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

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Other Family Member over age 18

Date

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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.



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: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/ph/eiv](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv)

**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