



# HCV RECERTIFICATION

**(This is separate from the lease renewal/recertification that you will do with property management.  
This must be turned in to Housing Connect in order to continue receiving housing assistance.)**

## PHA Forms

- ☐ Family Declaration (3 pages)
- ☐ Family Program Obligations (2 pages)
- ☐ Release of Information
- ☐ Verification of all Household Members
- ☐ Grievance & Informal Hearing
- ☐ Employment Verification
- ☐ Self-Employment Certification
- ☐ Contribution Statement
- ☐ Certification of Student Status
- ☐ Daycare Deduction

## HUD Forms

- ☐ Supplement to Application
- ☐ Release of Information-9886 (2 pages)
- ☐ Debts Owed to PHA's (2 pages)
- ☐ EIV/RHIIP (2 pages)





## Family Declaration

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

SSN: \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

This information is being requested to comply with Equal Opportunity requirements and does not affect your housing application:

Primary Language: \_\_\_\_\_

Translation Needed: Yes / No

**HOUSEHOLD COMPOSITION:** Please list ALL PERSONS living in the assisted unit. This includes you, live-in aides, and foster adult and children.

LEGAL NAME as it appears on Social Security Card	RELATIONSHIP TO HEAD	DOB	GENDER	SSN	DISABLED Yes / No

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Housing Connect. All requests for reasonable accommodation go to the Fair Housing Coordinator, Marni Timmerman.



## Current Household Income

Please select all that are applicable for the entire household:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alimony          | <input type="checkbox"/> Child Support                   | <input type="checkbox"/> Education Financial Assistance |
| <input type="checkbox"/> Employment Wages | <input type="checkbox"/> Family/Friend/Org. Contribution | <input type="checkbox"/> FEHP                           |
| <input type="checkbox"/> Food Stamps      | <input type="checkbox"/> General Assistance              | <input type="checkbox"/> Medicare                       |
| <input type="checkbox"/> Medicaid         | <input type="checkbox"/> Retirement Benefits             | <input type="checkbox"/> Self Employment                |
| <input type="checkbox"/> Social Security  | <input type="checkbox"/> SSI/SSDI                        | <input type="checkbox"/> TANF                           |
| <input type="checkbox"/> Unemployment     | <input type="checkbox"/> Veterans Benefits               | <input type="checkbox"/> Other : _____                  |

☐ By checking this box, I am certifying that I do not have any income at this time

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT	FREQUENCY
Example: Jane Doe	Employment – Walmart	\$250.00	Weekly

Did you file a Federal Income Tax return for the most recent year?

If yes, please provide a copy.

☐ Yes ☐ No

Does anyone outside of your household pay any of your bills or expenses?

If yes, please provide verification.

☐ Yes ☐ No

## Current Household Asset Information

Please select all that are applicable for the entire household:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Savings Account              | <input type="checkbox"/> Checking Account     | <input type="checkbox"/> Real Estate           |
| <input type="checkbox"/> Stocks and/or Bonds          | <input type="checkbox"/> Savings Certificates | <input type="checkbox"/> Money Market Accounts |
| <input type="checkbox"/> Trust Funds                  | <input type="checkbox"/> Retirement Accounts  | <input type="checkbox"/> Life Insurance        |
| <input type="checkbox"/> Other (Please Explain _____) |   |  |

HOUSEHOLD MEMBER	TYPE OF ASSET	3 MONTH AVERAGE
Example: Jane Doe	Wells Fargo Checking Account	\$600.00

\*Please submit three (3) months of statements for all accounts/assets listed above when submitting this paperwork.

☐ By checking this box, I am certifying that I do not have any assets at this time

## Current Medical or Daycare Expenses

HOUSEHOLD MEMBER	TYPE OF EXPENSE	AMOUNT	FREQUENCY
<i>Example: Jane Doe</i>	<i>Daycare</i>	<i>\$300.00</i>	<i>Monthly</i>

☐ By checking this box, I am certifying that I do not have any medical or daycare expenses at this time

### Program Integrity Information:

- Do you expect anyone to move in or out of your household within the next 12 months? ☐ Yes ☐ No
- Does anyone live with you now who is not listed above? ☐ Yes ☐ No  
If yes, list their name \_\_\_\_\_
- Have you ever used a name other than the one you are using now? ☐ Yes ☐ No  
If yes, what name? \_\_\_\_\_
- Have you ever used a social security number other than the one you listed above? ☐ Yes ☐ No  
If yes, what is the number? \_\_\_\_\_
- Has anyone in your household been engaged in the use, sale, manufacture or distribution of a controlled substance? ☐ Yes ☐ No  
If yes, who? \_\_\_\_\_
- Have you ever been evicted from Public or assisted housing for violent criminal or drug related activity? ☐ Yes ☐ No
- Have you ever violated a family obligation in a HUD assisted housing program? ☐ Yes ☐ No
- Do you owe any money to a Public Housing Agency? ☐ Yes ☐ No

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Date

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Print Name

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Signature

\_\_\_\_\_  
Date





## **FAMILY PROGRAM OBLIGATIONS**

### **The family must:**

1. Report any changes in household income, in writing, with the required verifications within ten (10) business days.
2. Supply any information that Housing Connect or HUD determines to be necessary for use in administering the program. This includes but is not limited to:
  - Evidence of eligible citizenship or eligible immigration status [24 CFR 982.552(b)(4) and 24 CFR 5.514(c)]
  - Information for use in a regularly scheduled annual reexamination or interim reexamination of family income and composition [24 CFR 982.551(b)(1)(2)]
  - Disclose and verify social security numbers and sign all consent forms for obtaining information [24 CFR 5.218(c) and 24 CFR 982.552(b)(3)]
3. Notify Housing Connect and the Landlord, in writing, before moving out of the unit or terminating the lease.
4. Immediately provide Housing Connect with a copy of any notice provided by the landlord. This includes but is not limited to: notice of eviction, lease violations, rental increases, etc.
5. Use the dwelling unit as the family's only residence. Any changes in household composition must be reported, in writing, within ten (10) business days.
  - Only family members approved by Housing Connect may occupy the unit.
  - Only approved family members may use your address as a mailing address.
  - The family must promptly notify Housing Connect if any family member no longer resides in the unit.
  - The family must inform Housing Connect of the birth, adoption, court awarded custody of a child, foster child, or live-in aide.
  - The family must supply any information requested by Housing Connect to verify that the family is living in the unit or information related to the family's absence from the unit.
6. Allow Housing Connect to inspect the unit after reasonable notice, and allow the owner access to the unit to make repairs [24 CFR 981.551(d)]
7. Maintain the assisted unit in accordance with Housing Quality Standards (HQS). This includes maintaining appliances, paying utility bills and ensuring continuous utility service for any utilities that the landlord is not required to provide under the lease and HAP contract

### **The family must not:**

1. Own or have any interest in the unit. This includes any unit owned by a spouse, parent, child, grandparent, grandchild, sister or brother of any member of the family, unless Housing Connect has determined that approving rental of the unit would provide a reasonable accommodation for a family member who is a person with disabilities
2. Commit any serious or repeated violation of the lease. Serious or repeated lease violations will include, but is not limited to: non-payment of rent, disturbance of neighbors, or destruction of property. Housing Connect is required to terminate a family's assistance if the family is evicted due to serious or repeated lease violations [24 CFR 982.552(b)(2)]
3. Commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program [24 CFR 982.552(c)(iv)]
4. Engage in, or allow guests to engage in drug related criminal activity [24 CFR 982.553(b)]

-Drug related criminal activity is defined as the illegal manufacture, sale, distribution, or use of a controlled substance or the possession of a controlled substance with the intent to manufacture, sell, distribute or use the drug [24 CFR 5.100]

5. Engage in, or allow guests to engage in violent criminal activity [24 CFR 982.553(b)]

-Violent criminal activity is defined as any criminal activity that has as one of its elements to use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [24 CFR 5.100]

6. Sublease or let the unit, assign the lease or transfer the unit to someone else. This includes having more than one active lease with a landlord.

7. Receive Housing Choice Voucher (HCV) program assistance, while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.

8. Owe rent or other amounts to any agency in connection with the Housing Choice Voucher (HCV) [24 CFR 982.552 (c)(1)(v)] and HUD Form 52675.

**Additional obligations:**

1. The family must not threaten or engage in abusive or violent behavior or criminal activity toward Housing Connect personnel or its representatives [24 CFR 982.552 (c)(1)(ix)]

2. The family understands that Housing Connect will investigate any allegations made against a family member or guest. The family will cooperate to resolve any discrepancies to ensure that the housing assistance continues.

3. The family understands that Housing Connect may terminate assistance if a family member or guest violates any family obligation under the Housing Choice Voucher (HCV) program.

**By signing this form, you are certifying that you have read and understand the above listed family obligations under the Housing Choice Voucher HCV program.**

\_\_\_\_\_  
Print Name

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Signature

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Date

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Date



## Authorization for Release of Information

**Purpose:** Housing Connect and the U.S. Department of Housing and Urban Development may use this authorization and the information obtained with it to administer and enforce rules and regulations governing its housing programs.

**Authorization:** I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs: Low Income Rental Public Housing, Housing Choice Voucher (HCV) and Project-based Voucher (PBV) programs.

**Information Covered:** Inquiries may be made about: Child Care Expenses, Credit History, Criminal Record, Family Composition, Employment, Income, Pensions, and Assets, Federal, State or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, Housing History and Utilities.

**Individuals, Organizations or Agencies that may release information:** Any individual, organization or agency including any governmental agency may be asked to release information. For example, information may be requested from: Bank and Other Financial Institution; Credit, Handicapped Assistance, Medical Care and Pension/Annuities; Schools and Colleges, Shelters, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Unemployment Agencies, Utility Companies and Welfare Agencies.

**Computer Matching Notice and Consent:** I agree that the above name agencies may conduct computer matching programs with other governmental agencies including: Federal, State or local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. All forms faxed are authorized with the customer original signature. If I do not sign this Authorization or if there is any misrepresentation, I also understand that my housing assistance may be denied or terminated.

**All adults must sign!**

_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date





## VERIFICATION OF ALL HOUSEHOLD MEMBERS

In accordance with HUD regulations 24 CFR 5.856 and 5.905 Notice, all Housing Authorities must perform necessary criminal history background checks to determine if an applicant, applicant's household, participant and participant's household is subject to a lifetime sex offender registration.

HOUSEHOLD MEMBERS Please List All Household Members (Including Children)	Are You Listed On Any Sex Offender Registry?		OFFICE USE ONLY	
	No	Yes	Verified By Housing Connect Staff	Date

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease, housing responsibilities and maybe subject to termination or denial of my housing assistance and/or criminal penalties.

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Print Name

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Print Name

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Signature

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Date

**Warning: Title 18, Section 1002 of the U.S. code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the department of Housing and Urban Development.**







## Grievance and Informal Hearing Notice

### Grievance:

As a client of Housing Connect, you have the right to file a Grievance when you have a complaint or believe a decision or action taken by Housing Connect may have been made unjustifiably, is wrong, or is unfair. You may file a grievance at any time regarding any Housing Connect program or staff member.

To file a Grievance you may do one of the following:

Submit a written statement of the grievance to any Housing Connect staff member or office

Email a statement of the grievance to [info@housingconnect.org](mailto:info@housingconnect.org) or any staff member

Contact a staff member directly at [www.housingconnect.org/contact/](http://www.housingconnect.org/contact/)

Once the Grievance has been received it will be reviewed and a written response of action or determination will be provided within 30 days matching the method used to file the grievance.

### Informal Hearings:

Informal Hearings are offered to you as a program participant for certain decisions that Housing Connect may make that affect your housing assistance. The purpose of the Informal Hearing is to ensure that program regulations and policies have been followed properly.

You have the right to an Informal Hearing for the following reasons:

Termination of assistance

The amount of income, income adjustments and/or deductions utilized to determine your rent portion

The utility allowance for your unit

The allowable unit size under the subsidy standards

How to Request an Informal Hearing:

A notice/letter is sent to you explaining your right to request a hearing when changes to your housing occur

A written request for an Informal Hearing must be made within 10 business days of the notice/letter

Within 10 business days of the receipt of your request, you will be notified of your scheduled hearing date and time

What to Expect in an Informal Hearing:

An Informal Hearing gives you the opportunity to dispute the change or action that has occurred to your housing

A Hearing Officer will manage the proceedings to ensure that the hearing is conducted in a professional manner and all parties adhere to the established guidelines and conduct

Be prepared to provide testimony, documentation, or other evidence to demonstrate your point of view

You may bring witnesses, counsel (at your own expense), or other representation

More information on the Grievance and Informal Hearing Policy is available upon request, and can be found on our website at [www.HousingConnect.org](http://www.HousingConnect.org)

**I acknowledge that I have read and understand the grievance and informal hearing policies**

\_\_\_\_\_  
Print Name

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Date





## EMPLOYMENT VERIFICATION

PLEASE FAX THIS COMPLETED FORM TO HOUSING CONNECT AT (801) 284-4406  
OR MAIL (IN COMPANY LETTERHEAD ENVELOPE) TO 3595 SOUTH MAIN STREET, SALT LAKE CITY, UT. 84115

I hereby authorize the release of the following information in order to determine my eligibility for housing assistance.

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

Employee Information (To Be Completed By Employee)	
Head of Household (If different than employee)	
Name of Employee	
Social Security Number	
Home Address	
Current Phone Number	

Employer Information (To Be Completed By Employee)	
Company Name or Corporate Name	
Company Address	
Company Phone Number	

Wage Information (To Be Completed By Employer Only)				
Hire Date		Last Day Worked		
Effective Date of Current Pay Rate				
Employee's Title or Position				
Average Number of Hours Per Week	Hourly Wage \$	Average Overtime Hours Per Week	Overtime Wage \$	Average Tips Per Week \$
Bonuses, Commissions or Incentives	\$	How Often?		
Is this temporary termination or furlough? Y / N      N/A	Leave of absence start date _____	Leave of absence end date _____	Payroll- (circle one) Weekly   Bi-weekly   Bi-Monthly   Monthly	

Signature of Employer or Employer Representative

Printed Name

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone Number and Extension \_\_\_\_\_

**WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**





## SELF EMPLOYMENT CERTIFICATION

Head of Household Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Name of Self Employed Person: \_\_\_\_\_ SSN: \_\_\_\_\_

Use this form to provide a summary of your self employment income and expenses from the last twelve months. Please include a detailed income expense report for this period, if possible. Additionally, please attach a complete copy of your most recent tax return, including form 10 0, Schedule C and Schedule SE if applicable.

<b>1. Do you file income taxes for your Self Employment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why not?)			
<b>2. Please state the reporting period for the following information:</b> From (beginning date) _____ To (ending date) _____			
<b>2. Description of Self Employment type of business, etc.</b>			
<b>Gross Income- total amount of income that you receive from self employment</b>			
<b>Amount</b>	<b>Frequency</b>	<b>Address where Income can be Verified if applicable</b>	<b>HA Use Only</b>
a.			
b.			
c.			
<b>Business Expenses- expenses that you incurred as a result of conducting your business</b>			
<b>Amount</b>	<b>Frequency</b>	<b>Description of Expense</b>	<b>HA Use Only</b>
a.			
b.			
c.			
<b>Net Income- total income minus total expenses</b>			
			<b>HA Use Only</b>

I further acknowledge and understand that this Self-Certification is true, correct, and complete and will be relied upon for purposes of determining income eligibility and/or renewal of assistance for the Section 8 Housing Choice Voucher Program / Low Income Public Housing. Any misstatement or false statement may result in denial/loss of rental assistance. In addition, I understand that I may be required to repay all rental assistance overpaid to my family due to fraud.

**WARNING-- TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Print Name

Signature

Date

Print Name

Signature

Date





## FAMILY/FRIEND/ORGANIZATION CONTRIBUTION STATEMENT

This program requires Housing Connect to certify all of your income, assets and eligibility information as part of determining your household's eligibility. Program requirements states we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain on housing assistance.

### To be completed Client

Client's Case Manager: \_\_\_\_\_

I hereby authorize the release of the following information in order to determine my eligibility for housing assistance.

Print Client name: \_\_\_\_\_ Client phone number: ( ) \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client address: \_\_\_\_\_

Head of Household name if different than client name \_\_\_\_\_

### To be completed by Family, Friend, or organization

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I have provided the following assistance for the above mentioned client (please circle all that apply):

Car gas	Car Insurance	Car payment	Cell phone payment
Child support payment	Credit card payment	Food	Home phone (land line)
Internet	Medical payment	Rent payment	Utility bill payment
House hold items (cleaning supplies, diapers, hygiene products, clothing, etc.)			

Other, please list: \_\_\_\_\_

Is the payment (please circle):    Daily    Weekly    Bi-weekly    Month    Other: \_\_\_\_\_

What dates have you made the payment(s)? \_\_\_\_\_

How much or an average is the payment(s)? \_\_\_\_\_

How long will your assistance continue? \_\_\_\_\_

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION CAN AND MAY BE SUBJECT TO CRIMINAL PENALTIES.

\_\_\_\_\_  
Signature of Friend/Family/Organization

\_\_\_\_\_  
Date

**WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**



## CERTIFICATION OF STUDENT STATUS

This form must be completed for each household member 18 or older (or if under 18 and qualified as Head, Co-Head or Spouse). Each household member 18 or older must complete individual forms.

Name:
Address:

Provisions of this program require verification of all income and assets as well as other claims of eligibility including student status.

Complete all that apply:

- ☐ I am NOT a student enrolled in an institution of higher education and do not plan to be a student enrolled in an institute of higher education at any time in the next 12 months.
- ☐ I am a student or plan to be a student enrolled in an institution of higher education within the next 12 months and I meet the following exception(s):

Exceptions	Mark either Yes or No to each as it applies to you:	
I am over the age of 24	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a veteran of the US Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am married	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have one or more dependent children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a disability, as defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 and was receiving assistance under Section 8 as of November 30, 2005	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am under 24 and have documentation to support that I've been independent of my parents for at least 1 year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am under 24, not independent of my parents and my parents are eligible based on their income	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any student who **does not meet** at least one of the exceptions listed is **ineligible** to receive housing assistance.

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I agree to notify housing immediately of any changes of my student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud, false, misleading or incomplete information which may result in denial or termination of assistance.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## DAYCARE DEDUCTION VERIFICATION FORM

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Client Information	
Client No.	
Name	
Address	
Phone No.	

Facility Information	
Name	
Address	
Phone No.	

Payment Information	( Please specify)
Total Amount Paid	\$ Per week, biweekly, monthly
Amount Paid by Special Programs	\$ Per week, biweekly, monthly
Amount Actually Paid by Client	\$ Per week, biweekly, monthly

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Phone No. \_\_\_\_\_

**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>Client Information</b>	<b>Applicant Name:</b>
	<b>Mailing Address:</b>
	<b>Telephone No:</b> <b>Cell Phone No:</b>
<b>Alternate Contact Information and Permissions</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: (Check all that apply)</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Change in house rules <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Late payment of rent
<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.

**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.

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Housing Connect  
3595 South Main Street  
Salt Lake City, UT 84115  
Telephone: (801) 284-4400

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.

**urpose:** 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. **ivate owners may not re uest 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 04/30/2023.

#### **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.

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.

**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/rhiip/uiv.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:**

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Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_