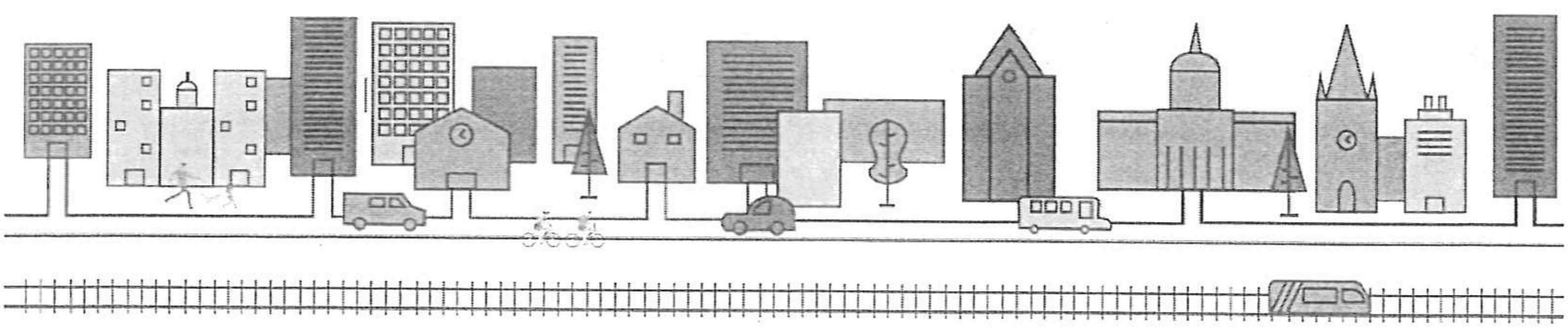
HOUSING
CONNECT

Annual Recertification Required packet

Please review all forms carefully for signatures for all adult family members (18 years or older) on the front, middle or back of the forms as the forms have changed.

Missing Signatures may result in a delay of rent.



3595 So. Main Salt Lake City, UT 84115
Phone (801) 284-4400 TDD (801) 284-4407 Fax (801)

Updated 3/5/2019

HOUSING CONNECT

Annual Recertification Family Declaration

Name: (head of Household)	Date:
Address:	
City, Zip	
Contact Phone(s)	
Contact email:	

A. HOUSEHOLD / Family Composition

List yourself and all individuals in the household. (including Live-in aids, foster children/adults)

Name	Relationship to head of house	Sex	Age	Birth Date	Social Security Number	Do you claim a disability status?	Is this person a student?		
1.	Head of Household					☐Yes ☐No	Full ○	Part ○	None ○
2.						☐Yes ☐No	Full ○	Part ○	None ○
3.						☐Yes ☐No	Full ○	Part ○	None ○
4.						☐Yes ☐No	Full ○	Part ○	None ○
5.						☐Yes ☐No	Full ○	Part ○	None ○
6.						☐Yes ☐No	Full ○	Part ○	None ○
7.						☐Yes ☐No	Full ○	Part ○	None ○
8.						☐Yes ☐No	Full ○	Part ○	None ○
9.						☐Yes ☐No	Full ○	Part ○	None ○
10.						☐Yes ☐No	Full ○	Part ○	None ○
11.						☐Yes ☐No	Full ○	Part ○	None ○
12.						☐Yes ☐No	Full ○	Part ○	None ○
13.						☐Yes ☐No	Full ○	Part ○	None ○
14.						☐Yes ☐No	Full ○	Part ○	None ○

B. HOUSEHOLD NON-WAGE INCOME (BENEFITS , PENSION , ETC)

A. List all nonwage income received by all household members (including minors/ children)

Benefits			Amount received?	Who receives these benefits?
TANF	Yes ◯	No ◯	Amount of $__________ Per _______	Name:
General Assistance	Yes ◯	No ◯	Amount of $__________ Per _______	
Child Support	Yes ◯	No ◯	Amount of $__________ Per _______	
Child Support	Yes ◯	No ◯	Amount of $__________ Per _______	
Child Support	Yes ◯	No ◯	Amount of $__________ Per _______	
Child Support	Yes ◯	No ◯	Amount of $__________ Per _______	
SSI/Social Security	Yes ◯	No ◯	Amount of $__________ Per _______	
SSI/Social Security	Yes ◯	No ◯	Amount of $__________ Per _______	
SSI/Social Security	Yes ◯	No ◯	Amount of $__________ Per _______	
SSI/Social Security	Yes ◯	No ◯	Amount of $__________ Per _______	
Unemployment	Yes ◯	No ◯	Amount of $__________ Per _______	
Pension	Yes ◯	No ◯	Amount of $__________ Per _______	
Family Contribution	Yes ◯	No ◯	Amount of $__________ Per _______	

Other Payments, gifts or benefits not listed above?			Amount received?	Who receives these benefits?
	Yes ◯	No ◯	Amount of $__________ Per _______	Name:
	Yes ◯	No ◯	Amount of $__________ Per _______	
	Yes ◯	No ◯	Amount of $__________ Per _______	
	Yes ◯	No ◯	Amount of $__________ Per _______	
	Yes ◯	No ◯	Amount of $__________ Per _______	
	Yes ◯	No ◯	Amount of $__________ Per _______	

C. HOUSEHOLD EMPLOYMENT INCOME

List all income earned by all members of the household (including minors)

Household Member	Employer's name & phone	Pay rate per hour	Hours worked per week
1.			
2.			
3.			
4.			
If no one is employed at this time, please sign here: I CERTIFY THAT THERE IS NO EMPLOYMENT INCOME FROM ANY FAMILY MEMBER.		X ____________________	

Did you file a Federal income tax return for the most recent year? ☐ Yes ☐ No
(please provide a copy of most recent tax return)

D. HOUSEHOLD ASSETS

1. Indicate cash value, interest rate and expected annual income from all family assets. If amount is zero place zero(s) in applicable boxes.
***MUST PROVIDE ALL DOCUMENTS FOR ASSETS INDICATED BELOW:**

Source	(A) Cash Value*	(B) Int. Rate*	(AxB) Annual Income	Source	(A) Cash Value*	(B) Int. Rate*	(AxB) Annual Income
Savings Account	$		$	Checking Account	$		$
Cash on hand	$		$	Safety Deposit Box	$		$
Certificates of Deposit	$		$	Money Market funds	$		$
Stocks	$		$	Bonds	$		$
IRA Accounts	$		$	401K Accounts	$		$
Keogh Accounts	$		$	Trust Funds	$		$
Equity in RealEstate	$		$	Land Contracts	$		$
Lump Sum Receipts	$		$	Capital Investments	$		$
Life Insurance Policies	$		$	Inheritance:	$		$
Other Retirement/Pension Not named above:	$		$	Other (List):	$		$
Personal Property held As an investment**:	$		$	Other (List):	$		$

*Cash Value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of disabled.

2. ☐ **Within the past 2 years, I/We have sold or given away assets (including cash, real estate, etc.) for more than $1,000 belowthe fair market value (FMV). Those amounts* are included above and are equal to a total of: _______, the difference between $ Fair Market Value (FMV) and the amount received, for each asset on which this occurred.**

3. ☐ I/We have NOT sold or given away any assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the **past 2 years.**

4. ☐ **I/We DO NOT have any assets at this time.**

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 understand(s) that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in termination.

Head of Household Signature ______________________________ **Date** __________

Co-Head / Spouse Signature ______________________________ **Date** __________

Other Adult Signature ______________________________ **Date** __________

Other Adult Signature ______________________________ **Date** __________

E. HOUSEHOLD DEDUCTION AND EXPENSES

Please indicate if you wish to claim any of the following expenses:

Allowed Expense	Does your household claim any of the following? (circle)		Anticipated Expenses	
Child Care Expenses – to qualify children must be 12 years of age of younger. The family member must be working, furthering education or actively seeking work. Childcare cost must be reasonable and must be documented.	YES ○	NO ○	$____________ Per : ☐ Week ☐ Month	Childcare provider information: Form Included in packet for provider to fill out.
Disability Expenses – Reasonable expenses for attendant care and auxiliary apparatus for a disabled family member if they: (1) Are necessary to enable a family member 18 years or older to work, (2) are not paid to a family member or reimbursed by an outside source, capped by the amount of earned income received by the family members.	YES ○	NO ○	HACSL accepts written third-party documents provided by the family, receipts or cancelled checks dated within 60 days of re-exam or request, billing statements for purchase of auxiliary apparatus, or other evidence of monthly payments or total payments that will be due for the apparatus during the upcoming 12 months. Third-party verification from a Rehabilitation Agency or knowledgeable medical professional indicating that the person with disabilities requires attendant care or an auxiliary apparatus to be employed, or that the attendant care or auxiliary apparatus enables another family member, or members, to work. The family will be required to certify that attendant care or auxiliary apparatus expenses are not paid by or reimbursed to the family from any source.	
3. Medical Expenses – To qualify the head of household, do-head or spouse must be 62 years of age or disabled. Thereafter, all medical expenses including medical insurance premiums, for all family members that anticipated during the period for which annual income is computed, which are not covered by insurance will be considered.	YES ○	NO ○	Please provide current documentation (during the last three months),such as pharmacy printouts, receipts, evidence of monthly payments or total payments that will be due for medical expenses during the upcoming 12 months, and copies of checks used to make medical expense payments or receipts. The most current IRS Publication 502, Medical and Dental Expenses, will be used to determine the costs that qualify as medical expenses. *Non-prescribed medicine and drugs, over the counter medicine, ***except*** insulin, CAN NOT BE COUNTED AS A MEDICAL EXPENSE.	

F. CERTIFICATION STATEMENT/PROGRAM INTEGRITY

(Initials)

________ 1. I have accurately reported all household members on this form.

________ 2. I have accurately reported all employment and other income sources on this form.

________ 3. I have accurately reported all family contributions and other cash contributions from any agency or person on this form.

________ 4. I understand that I must report household income from any source within 10 business days in writing to the housing authority.

________ 5. I have accurately reported all household assets as described in this form.

________ 6. I have accurately reported all benefits received and all other contributions on this form.

7. Do you expect anyone to move in or out of your household within the next 12 months? __________

8. Does anyone live with you now who is not listed above? ______________________________

9. Have you ever used a name other than the one you are using now? ______________________

If yes, what name? ______________________________________

10. Have you ever used a Social Security Number other than the one you listed above? ____________

If yes, what Social Security Number? ______________________________

11. Has anyone in your household been engaged in the use, sale, manufacture or distribution of a controlled substance? __________ If yes: Who? ______________________________________

12. Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity?

____

13. Have you ever violated a family obligation in a HUD-assisted housing program? ______________

14. Do you owe any money to a Public Housing Agency? ________________________________

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and belief.
I Understand that that providing false, misleading representations or incomplete information herein constitutes an act of fraud and is punishable under Federal Law.
Fraud will result in immediate termination from the program, legal action against me, and repayment of any subsidies paid on my behalf under false pretense.

Head of Household Signature ________________________________ Date ____________

Co-Head / Spouse Signature ________________________________ Date ____________

Other Adult Signature ________________________________ Date ____________

Other Adult Signature ________________________________ Date ____________

HOUSING CONNECT

AUTHORIZATION FOR THE RELEASE OF INFORMATION

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 Program
- Rental Assistance Demonstration Program
- Tenant-Base Rental Assistance Program
- Section 8-11
- Project Based Voucher

I authorize Housing Connect/ The Housing Authority of Salt Lake City to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs:

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

Individuals or Organizations that may release or receive information:

- Federal, State or Local Governmental Organizations
- Law Enforcement Agencies
- Credit Bureaus
- Landlords
- Utility Companies
- Service Providers

Conditions:
I agree that photocopies of the information described in this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Head of Household Signature Date Co-Applicant/Spouse Signature Date

Other Adult Signature Date Other Adult Signature Date

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)	IHA 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, Utah 84115	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Family Program Obligations

Please read and initial each item.

The family must:

1. ______ **Report any changes in household income, in writing, within ten 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. See <u>24 CFR 982.552(b)(4)</u> and <u>24 CFR 5.514 (c)</u>.
   - Information for use in a regularly scheduled reexamination or interim reexamination of family income and composition. See <u>24 CFR 982.551(b)(1)-(2)</u>.
   - Disclose and verify social security numbers and sign all consent forms for obtaining information. See <u>24 CFR 5.218(c)</u> and <u>24 CFR 982.552(b)(3)</u>.
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 a notice for eviction, lease violation, or rental increase.
5. ______ **Use the dwelling unit as the family's only residence.** ***Any changes in household composition must be reported, in writing, within ten business days.***
   - Only family members approved by Housing Connect may occupy the unit.
   - 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.** See <u>24 CFR 981.551(d)</u>.
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 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 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 not limited to, nonpayment 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. See 24 CFR 982.552(b)(2).

3. _____ **Commit fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.** See 24 CFR 982.552(c)(iv).

4. _____ **Engage in, or allow guests to engage in drug-related criminal activity.** See 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. See 24 CFR 5.100.

5. _____ **Engage in, or allow guests to engage in violent criminal activity.** See 24 CFR 982.553(b).
    - Violent criminal activity is defined as any criminal activity that has as one of its elements the 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. See 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 housing 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) program.** See 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.** See 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.

Head of Household: ______________________________ Date: ______________

Spouse/Co-Head: ______________________________ Date: ______________

Other Adult (18+): ______________________________ Date: ______________

Other Adult (18+): ______________________________ Date: ______________

Other Adult (18+): ______________________________ Date: ______________

HOUSING CONNECT

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 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.

Head of Household Date

Co-Head/Spouse/Other Adult Date

Co-Head/Spouse/Other Adult Date

Co-Head/Spouse/Other Adult Date

Co-Head/Spouse/Other Adult Date

Co-Head/Spouse/Other Adult 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.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

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 <u>one</u> 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.

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

What are my responsibilities?

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

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is ***FRAUD*** *and a* ***CRIME***.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to $10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772–1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

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

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

Signature **Date**

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: ______________________

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

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.

HOUSING CONNECT

HCV Annual Recertification

EMPLOYMENT VERIFICATION

PLEASE FAX THIS BACK TO THE HOUSING AUTHORITY AT (801) 284-4406, OR MAIL IT BACK IN A 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)

Name of Employee ____________________

Social Security Number ____________________

Home Address ____________________

____

Current Home Phone ____________________

Employer Information (To be completed by employee)

Company Name ____________________

Company Address ____________________

____

Company Phone ____________________

Wage Information (To be completed by employer only)

Hire Date__________ Termination Date__________

Effective date of current pay rate:____________________

Employee's title or position:____________________

Average number of hours per week__________ Hourly wage $

Average overtime hours/week __________ Overtime wage $ __________

Average tips/week $ __________

Bonuses, Commissions or Incentives $__________ How often? __________

Signature of employer or employer representative: ____________________ Date __________ Title ____________________

Printed Name____________________ Phone No. with 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.

HOUSING
CONNECT

Annual Recertification Optional Forms.

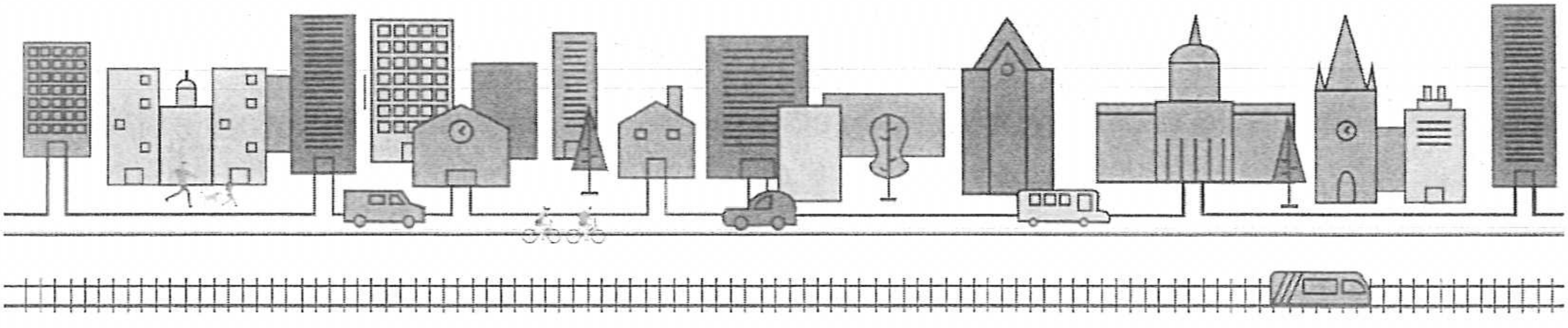
4506-T – Must be filled out for any adult in household who did not file taxes for the most recent tax year

Daycare Deduction Form

Education Verification Form

Family/Friend/Organization contribution statement – Must be filled out if any outside source contributes to your household expenses.

Medical Deduction Flyer



3595 So. Main Salt Lake City, UT 84115
Phone (801) 284-4400 TDD (801) 284-4407 Fax (801)

Form **4506-T** (March 2019) Department of the Treasury Internal Revenue Service

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.

▶ Request may be rejected if the form is incomplete or illegible.

▶ For more information about Form 4506-T, visit *www.irs.gov/form4506t*.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

5b Customer file number (if applicable) (see instructions)

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ ____________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. | / / | / / | / / | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ Signature (see instructions) — Date

▶ Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ Spouse's signature — Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t*. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

CAUTION *You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.*

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

HOUSING CONNECT

HCV Annual Recertification

DAYCARE DEDUCTION VERIFICATION FORM

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.____

HOUSING CONNECT

HCV Annual Recertification

Education Verification Form

This form must be completed for all family members age 18 and older who are enrolled in an education program.

HUD Regulation:

CFR 5.612 and FR Notice 4/10/06] *Section 327 of Public Law 109-115 and the implementing regulation at 24 CFR 5.612 established new restrictions on the eligibility of certain students (both part- and full-time) who are enrolled in institutions of higher education. The definition used for an institution of higher education under 20 U.S.C.1001 and 1002 of the Higher Education Act of 1965 is quite lengthy. See Appendix A of the Supplementary Guidance Notice published in the April 10, 2006 Federal Register (71 FR 18146) for the definition.*

Public Housing Authority Policy (PHA)
3-I.G. FULL-TIME STUDENT [24 CFR 5.603, HVC GB p. 5-29]
A full-time student (FTS) is a person who is attending school or vocational training on a full-time basis. The time commitment or subject load that is needed to be full-time is defined by the educational institution.

Identifying each FTS is important because (1) each family member that is an FTS, other than the head, spouse, or co-head, qualifies the family for a dependent deduction and. (2) the income of such an FTS is treated differently from the income of other family members.

I hereby authorize the release of the requested information in order to determine my eligibility for housing assistance. Information obtained under this consent is limited information that is no older than 12 months.

Client Signature: ______________________ Date: ______________________

Student Number: ______________________ Housing Specialist/Case Manager: ______________________

Name of Student: ______________________ Social Security Number: ______________________

Student Address: ______________________ Student Phone Number: ______________________

THIS FORM CAN ONLY BE ACCEPTED IF IT IS FAXED BY THE EDUCATIONAL INSTITUTION OR MAILED DIRECTLY FROM EDUCATIONAL INSTITUTION. FAX NUMBER IS 801-284-4406

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.

3595 So. Main Salt Lake City, UT 84115
Phone (801) 284-4400 TDD (801) 284-4407 Fax (801) 284-4406

Updated 2/25/2019

Education Verification Form

*******************To be completed by Educational Institution******************

Name of School:______________________________ Name of Program:______________________

School Address: ______________________________ Phone Number: ______________________

Contact Person: ______________________________ E-mail: ______________________

The student identified above is enrolled:____ Full Time Student (12 credit hours)______ Part Time Student______ Not enrolled

Is your year:

Semester (3x year) _______ Fall _______ Winter _______ Spring

Quarter (4x year) _______ Fall _______ Winter _______ Spring _______ Summer

Does the student receive a scholarship or educational grant? _______ No _______ Yes

If yes, provide the following information: **Example: Student loan(s), Pell Grant, Scholarship**

Type of Assistance: _______________ Amount: $____________ Received Quarter/Semester ____________

Type of Assistance: _______________ Amount: $____________ Received Quarter/Semester ____________

Type of Assistance: _______________ Amount: $____________ Received Quarter/Semester____________

Type of Assistance: _______________ Amount: $____________ Received Quarter/Semester____________

Type of Assistance: _______________ Amount: $____________ Received Quarter/Semester____________

Tuition Amount: Amount: $ ______________

Identify any scholarship assistance available for housing cost. Amount: $ ______________

Is the student participating in a work study program? _______ No _______ Yes Is the work study program a Title V? ______

I certify that the above information is true and correct:

Name: ______________________________ Signature:______________________________

Position: ______________________________ Date:______________________________

THIS FORM CAN ONLY BE ACCEPTED IF IT IS FAXED BY THE EDUCATIONAL INSTITUTION OR MAILED DIRECTLY FROM EDUCATIONAL INSTITUTION. FAX NUMBER IS 801-284-4406

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.

3595 So. Main Salt Lake City, UT 84115
Phone (801) 284-4400 TDD (801) 284-4407 Fax (801) 284-4406

Updated 2/25/2019

HOUSING CONNECT

HCV Annual Recertification

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.

If you or your spouse (co-head) are a person with disabilities or at least 62 years of age, your entire family qualifies for **MEDICAL DEDUCTIONS**.

Providing medical expenses may reduce your rent portion.

Please submit verification of un-reimburse medical expenses for the upcoming year. (e.g., current year print-out or receipts of your co-payments, medical insurance premiums, billing invoices with current balance and payment arrangements).

$ Allowed $	STOP Not allowed STOP
✓ Eye exams, glasses and contacts ✓ Dental exams and treatments (e.g. dentures) ✓ Hearing aids, batteries, repairs and maintenance ✓ Medical and Dental insurance premiums ✓ Prescription co-payments ✓ Services or therapy of a doctor or health care professionals ✓ Wheelchair, repair and maintenance expenses.	× Cosmetic surgery (e.g. face lifts, hair transplants, hair removal (electrolysis), and liposuction) × Non-prescribed medicine and drugs, over the counter medicine, ***except*** insulin. (e.g. mucinex and aspirin is a drug that does not require a physician's prescription,***see note below**** × Nutritional Supplements e.g. vitamins, herbal supplements, "natural medicines," etc. (e.g. Vitamin D or gingseng, etc.) These items are taken to maintain ordinary good health, and are not for medical care. ***see note below****

** Unless they are recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician. Please provide a letter from the prescribing physician. To verify over the counter expenses provide store receipt(s) with product name(s). Indicate how many times you purchase the product(s). Example weekly, monthly, quarterly, etc.**

These expenses are reviewed once a year at your annual re-certification or at a move

Do you have more questions? Please contact your Section 8 Housing Specialist.

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