



HOUSING CHOICE VOUCHER CERTIFICATION PACKET

You must submit the following documents along with verifications to RHE

- Page 1** **“SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING”**
The head of household must complete, sign and date
- Page 2-1** **“PERSONAL DECLARATION”**
All household members 18 years of age and older must complete, sign and date
- Page 2-2** **“PERSONAL DECLARATION”** (Continuation)
- Page 2-3** **“PERSONAL DECLARATION”** (Continuation)
- Page 3-1** **“AUTHORIZATION FOR THE RELEASE OF INFORMATION/PRIVACY ACT NOTICE”**
- Page 3-2** **“AUTHORIZATION FOR THE RELEASE OF INFORMATION/PRIVACY ACT NOTICE”**
(Continuation) All household members 18 years of age and older must complete, sign and date
- Page 4** **“AUTHORIZATION FOR RELEASE OF INFORMATION”** All household members 18 years of age and older must **complete, sign** and date. It is used to send to courts, unemployment agencies, post offices and other groups or individuals, depending on program requirements
- Page 5** **“APPLICANT/TENANT CERTIFICATION”** All household members 18 years of age and older must complete, sign and date. By signing, you are certifying that you are telling the truth and giving complete information regarding your household
- Page 6** **“IT’S YOUR CHOICE”**
All household members 18 years of age and older must complete, sign and date
- Page 7** **“POE BACKGROUND CHECK AUTHORIZATION”** All household members 18 years of age and older must complete, sign and date. By signing, you are authorizing RHE to review and examine any and all arrest, trial and other criminal records and to conduct credit checks
- Page 8-1** **“DECLARATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS”** complete, sign and date for each household member(s) to determine citizenship and eligibility status
- Page 8-2** **“DECLARATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS”** (Continuation)
- Page 9** **“VERIFICATION CONSENT FORM”** complete, sign and date for each household member(s) with Eligible Immigration Status for verification with Immigration and Naturalization Service (INS)
- Page 10** **“MISUSE OF MAILING ADDRESS FORM”** complete, sign and date by the head of household
- Page 11** **“HOUSING CHOICE VOUCHER CERTIFICATION CHECKLIST**
- Page 12** **ADDITIONAL COPIES INCLUDED FOR YOUR USAGE, IF NEEDED FOR OTHER FAMILY MEMBERS**

Effective February 2006, HUD implemented the Enterprise Income Verification (EIV) System. The EIV system verifies employment & other income sources such as those listed below. To avoid program termination, re-payment agreements, and/or criminal charges, YOU MUST REPORT ALL SOURCES OF INCOME TO RHE.

VERIFICATIONS REQUIRED TO DETERMINE ELIGIBILITY

PREFERENCE:

VERIFICATIONS REQUIRED TO DETERMINE ELIGIBILITY

PREFERENCE:

VERIFICATION OF COUNTY RESIDENCY

1. **Live in The City of Rockville:** Acceptable documentation includes: an Owner's lease or a letter from the Owner in his name and/or copies of your most recent utility bills or a current letter from a homeowner which includes the name, address and phone number indicating you are a renter in their property, along with a copy of the deed.
2. **Homeless:** Acceptable documentation includes: a current letter from Montgomery County Government Agencies or from a Shelter in Montgomery County.
3. **Non-resident:** Acceptable documentation includes: 4 current consecutive pay stubs or current letter from employer on letterhead which includes the name, address and phone number indicating you are employed or offered employment in Montgomery County.

IDENTIFICATION: (copies/make sure all copies are legible)

1. **Social Security Card(s):** You must provide Social Security card(s) for the head of household and ALL household members who are living with you.
2. **Birth Certificate(s):** You must provide Birth certificate(s) for the head of household and ALL household members who are living with you (if not born in the United States, Alien Registration cards must be submitted).
3. **Photo Identification(s):** You must provide Driver's License, State ID Card, School Picture ID, or other photo items.

INCOME (included but not limited to and not more than 60 days old):

Types of Income:

- Earnings
- Self-Employed/Business Earnings
- Court Ordered/Voluntary Child Support/Alimony or Personal Support
- Verification of Zero Income
- Benefits:

Employer Pensions or retirement accounts
Health & Human Services 240-777-3075 or 4448
Social Security 800-772-1213
Civil Service annuity
Veterans Administration 800-827-1000
Disability
Unemployment Benefits 301-313-8000
Workers Compensation

Earnings: You must provide copies of four (4) current consecutive pay stubs for each household member who is at least 18 years of age and older (including students) and who is employed full or part-time; or a letter from the employer on company letterhead indicating the date of employment, rate of pay and hours per week.

INCOME (Continuation):

Self Employed/Business Earnings: You must complete the enclosed Self-Earnings Statement and/or provide your Current Federal Income Tax Return with W-2/W-9 and Schedule C.

Child Support Enforcement/Voluntary Child Support/Alimony or Personal Support: You must provide current verification of support payments you receive in the form of a letter, court order or notarized agreement.

Verification of Zero Income: You must complete the enclosed form. All household members 18 years of age and older with no income, must complete, sign and date.

Benefits: You must provide current benefit notification letter from income sources listed on page 2.

STUDENT:

Verification of Student Status – Primary or Secondary – You must provide current Report Card(s) or Letter(s) from the School(s).

Verification of Student status – Post High School Education (For College Students Only) – You must provide current school Transcript(s) or Letter(s) from the College(s).

ASSETS:

Types of Assets:

- Checking and Savings Account(s)
- Certificates of Deposit
- Retirement Funds (401K and IRA's)
- Money Market Funds
- Stocks
- Bonds
- Mutual Funds
- Real Estate
- Trusts
- Assets sold or gifted within the past two years

You must provide current bank statements for all account(s) and statements from brokerage firms indicating investments such as certificates of deposit, retirement funds, money market funds, stocks, bonds, and mutual funds. If there is no brokerage firm account, a current letter of statement from companies is required.

You must provide current real estate deed and appraisal for properties owned.

You must provide current letter of Trusts.

You must provide current letter of all assets sold or gifted within the past two years.

CHILD CARE:

You must provide current letter from daycare provider specifying name, address, telephone number, the names of the children and weekly amount paid. In addition, copies of four (4) current consecutive cancelled checks (front and back) or money order receipts.

ELDERLY/HANDICAPPED/DISABLED EXPENSES: (Only for Disabled or Elderly (62 years and over) Head or Co-Head of Household).

Elderly: You must be 62 years of age and older.

Handicapped/Disabled: You must be medically diagnosed as a person with a disability.

Verification for Handicapped Assistance Expenses: You must provide proof of live-in or day care or special equipment, along with medical receipts to allow individuals to work.

Medical: (If Head of Household is handicapped/disabled or 62 years and older):

You must provide verification of medical and health related expenses for all household members. Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.

You must provide copies of payment agreements or most recent invoice that verify payments made on an on-going outstanding medical bills that will continue over all or part of the next 12 months.

You must provide receipts or other record of medical expenses incurred during the past 12 months that can be used to anticipate future medical expenses, which includes regular visits to doctors or dentists, for “general medical expenses”.

Prescriptions you must provide a computerized printout of annual prescription costs.

Non-prescription drugs you must provide verification from a medical professional stating that these drugs are prescribed and you must provide receipts.

Mileage you must provide a breakout of travel cost and receipts. The PHA will use mileage at the IRS rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

HOUSING CHOICE VOUCHER CERTIFICATION CHECKLIST: To ensure that you’ve submitted all required documents.

NOTE: *If you do not provide verification of expenses paid for medical, child care, or handicapped assistance, the deduction will not be allowed.*



Things You Should Know About Fraud

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and /or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing the Application When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
 - Any money you receive on behalf of your children (child support, social security for children, etc.);
 - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
 - Earnings from second job or part time job;
 - Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.
 - Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
 - The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.
-

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
 - When you sign your application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
 - Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
-

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income of family/ household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change or loss of job and/or benefits, etc. for all household members.
 - Any move in or out of a household member; and,
 - All assets that you or your household members own and any asset that was sold in the last 2 years for less than its full value.
-

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
 - Do not pay any money to move up on the waiting list.
 - Do not pay for anything not covered by your lease
 - Get a receipt for any money you pay
 - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges.)
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Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline on (800) 347-3735. You can also write to: HUD-OIG Hotline, (GFI) 451 Seventh Street, S.W., Washington, D.C. 20410.

All retirement accounts including but not limited to 401k are considered assets and must be verified.

- Bank account statements, certificate of deposit, bonds, or financial statements completed by a financial institution or broker including current interest rates and dividends, or broker's statements showing value of stocks or bonds and the earnings credited the family.
- Amortization schedule showing interest for the 12 months following the effective date of the certification or recertification for mortgages.
- IRS Form 1040 with Schedule E (Rental Income) for rental income.
- Verification of Student Status: A copy of school records showing enrollment and the address on file with the institution.
- Self-Employment: IRS Form 1040 including Schedule C, audited financial statements or Self Certification as to the net income to project for the next 12 months.
- Child Care Expenses: Documentation stating the child care provider's name, address, telephone number, the names of the children cared for, the number of hours' child care occurs, the rate of pay, and the typical yearly amount paid. Additionally, provide four consecutive cancelled checks or money order receipts verifying the child care costs.
- Medical Expenses: (for elderly and disabled) Copies of health insurance premiums, non-reimbursable doctor and dental bills, receipts for over the counter medications and a computerized print out of annual prescription costs. All documents must be from Doctors office, pharmacy, Insurance company. We cannot accept handwritten notes from client.

Additional information may be requested



DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

A-1

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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.

A-2

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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.

<p>This Notice was provided by the below-listed PHA:</p>  <p>10400 Detrick Avenue Kensington, MD 20895</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p> <hr/> <p>Signature : _____ Date: _____</p> <hr/> <p>Printed Name: _____</p>
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U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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

**DECLARATION OF CITIZENSHIP
OR
ELIGIBLE IMMIGRATION STATUS**

8-1

I _____ certify, under penalty or
, _____
(Print or type **first** name, **middle** initial, **last** name)

under perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62-years of age or older. Attach evidence of proof of age²; or
- I have eligible immigration status as checked below (see page 16 for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under Sect. 101(a) (15) or 101(a) (20) of the INA³
 - Permanent residence under Sect. 249 of INA⁴
 - Refugee, asylum, or conditional entry status under Sect. 207, 208 or 203 of the INA⁵
 - Parole status under Sect. 212(d)(5) of the INA⁶
 - Threat of life or freedom under Sect. 243(h) of the INA⁷
 - Amnesty under Sect. 245A of the INA⁸
- I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.
- Check box if an adult is signing for a minor.

Signature

Date

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

Instructions: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the US. Please read the Declaration statement carefully and sign and return to the Housing Authority's Occupancy Unit. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

(See reverse side for instructions and additional footnotes)

Footnotes pertaining to noncitizens who have eligible immigration status in one of the following categories:

- ² **Eligible immigration status and 62 years of age and older.** For noncitizens who are 62-years of age or older or who will be 62-years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- ³ **Immigrant status under Section 101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, defined by Sect. 101(a)(15) of the Immigration and Nationality Act (INA), as an immigrant, as defined by Sect. 101(a)(15) of the INA [8 USC 1101(a)(20)] and 1101(a)(15), respectively (immigrants). This category includes a noncitizen admitted under Sect. 210 or 210A of the INA (8 USC 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status.
- ⁴ **Permanent residence under Section 249 of INA.** A noncitizen who entered the US before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the US since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Sect. 249 of the INA (8 USC 1259).
- ⁵ **Refugee, asylum, or conditional entry status under Section 207, 208 or 203 of INA.** A noncitizen who is lawfully present in the US pursuant to the admission under Sect. 207 of the INA (8 USC 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under Sect. 208 of the INA (8 USC 1158) (asylum status); or as a result of being granted conditional entry under Section 203(A)(7) of the INA [8 USC 1153(a)(7)] before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- ⁶ **Parole status under Section 212(d)(5) of the INA.** A noncitizen who is lawfully present in the US as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Sect. 212(d)(5) of the INA (8 USC 1182(d)(5) [parole status]).
- ⁷ **Threat to life or freedom under Section 243(h) of the INA.** A noncitizen who is lawfully present in the US as a result of the Attorney General's withholding deportation under Sect. 243(h) of the [8 USC 1253(h)].
- ⁸ **Amnesty under Section 245A of the INA.** A noncitizen lawfully admitted for temporary or permanent residence under Sect. 245A of the INA [8 USC 1255(a)].

**DECLARATION OF CITIZENSHIP
OR
ELIGIBLE IMMIGRATION STATUS**

8-1

I _____ certify, under penalty or
, _____
(Print or type **first** name, **middle** initial, **last** name)

under perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62-years of age or older. Attach evidence of proof of age²; or
- I have eligible immigration status as checked below (see page 16 for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under Sect. 101(a) (15) or 101(a) (20) of the INA³
 - Permanent residence under Sect. 249 of INA⁴
 - Refugee, asylum, or conditional entry status under Sect. 207, 208 or 203 of the INA⁵
 - Parole status under Sect. 212(d)(5) of the INA⁶
 - Threat of life or freedom under Sect. 243(h) of the INA⁷
 - Amnesty under Sect. 245A of the INA⁸
- I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.
- Check box if an adult is signing for a minor.

Signature

Date

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

Instructions: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the US. Please read the Declaration statement carefully and sign and return to the Housing Authority's Occupancy Unit. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

(See reverse side for instructions and additional footnotes)

Footnotes pertaining to noncitizens who have eligible immigration status in one of the following categories:

- ² **Eligible immigration status and 62 years of age and older.** For noncitizens who are 62-years of age or older or who will be 62-years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- ³ **Immigrant status under Section 101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, defined by Sect. 101(a)(15) of the Immigration and Nationality Act (INA), as an immigrant, as defined by Sect. 101(a)(15) of the INA [8 USC 1101(a)(20)] and 1101(a)(15), respectively (immigrants). This category includes a noncitizen admitted under Sect. 210 or 210A of the INA (8 USC 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status.
- ⁴ **Permanent residence under Section 249 of INA.** A noncitizen who entered the US before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the US since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Sect. 249 of the INA (8 USC 1259).
- ⁵ **Refugee, asylum, or conditional entry status under Section 207, 208 or 203 of INA.** A noncitizen who is lawfully present in the US pursuant to the admission under Sect. 207 of the INA (8 USC 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under Sect. 208 of the INA (8 USC 1158) (asylum status); or as a result of being granted conditional entry under Section 203(A)(7) of the INA [8 USC 1153(a)(7)] before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- ⁶ **Parole status under Section 212(d)(5) of the INA.** A noncitizen who is lawfully present in the US as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Sect. 212(d)(5) of the INA (8 USC 1182(d)(5) [parole status]).
- ⁷ **Threat to life or freedom under Section 243(h) of the INA.** A noncitizen who is lawfully present in the US as a result of the Attorney General's withholding deportation under Sect. 243(h) of the [8 USC 1253(h)].
- ⁸ **Amnesty under Section 245A of the INA.** A noncitizen lawfully admitted for temporary or permanent residence under Sect. 245A of the INA [8 USC 1255(a)].

**DECLARATION OF CITIZENSHIP
OR
ELIGIBLE IMMIGRATION STATUS**

8-1

I _____ certify, under penalty or
, _____
(Print or type **first** name, **middle** initial, **last** name)

under perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62-years of age or older. Attach evidence of proof of age²; or
- I have eligible immigration status as checked below (see page 16 for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under Sect. 101(a) (15) or 101(a) (20) of the INA³
 - Permanent residence under Sect. 249 of INA⁴
 - Refugee, asylum, or conditional entry status under Sect. 207, 208 or 203 of the INA⁵
 - Parole status under Sect. 212(d)(5) of the INA⁶
 - Threat of life or freedom under Sect. 243(h) of the INA⁷
 - Amnesty under Sect. 245A of the INA⁸
- I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.
- Check box if an adult is signing for a minor.

Signature

Date

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

Instructions: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the US. Please read the Declaration statement carefully and sign and return to the Housing Authority's Occupancy Unit. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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- ⁵ **Refugee, asylum, or conditional entry status under Section 207, 208 or 203 of INA.** A noncitizen who is lawfully present in the US pursuant to the admission under Sect. 207 of the INA (8 USC 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under Sect. 208 of the INA (8 USC 1158) (asylum status); or as a result of being granted conditional entry under Section 203(A)(7) of the INA [8 USC 1153(a)(7)] before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
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- ⁷ **Threat to life or freedom under Section 243(h) of the INA.** A noncitizen who is lawfully present in the US as a result of the Attorney General's withholding deportation under Sect. 243(h) of the [8 USC 1253(h)].
- ⁸ **Amnesty under Section 245A of the INA.** A noncitizen lawfully admitted for temporary or permanent residence under Sect. 245A of the INA [8 USC 1255(a)].

ANNUAL RECERTIFICATION Personal Declaration

PLEASE TYPE OR PRINT. Complete the entire application. Please fill out each box.
Use N/A if an item does not apply.

Head of Household:			
Alternate Contact :		Alternate Contact Phone Number and/or email:	
Street Address:		City, State & Zip Code:	
Email:	Home Phone:	Work Phone:	Other Phone:

HOUSEHOLD COMPOSITION

Adults (Age 18 years or older)	Date of Birth	Relationship to Head of Household	Social Security Number	School Name if applicable	Marital Status
1.			XXX-XX		
2.			XXX-XX		
3.			XXX-XX		
4.			XXX-XX		
Children (Below Age 18 years)	Date of Birth	Relationship to Head of Household	Social Security Number	School Name if applicable	
1.			XXX-XX		
2.			XXX-XX		
3.			XXX-XX		
4.			XXX-XX		
5.			XXX-XX		
6.			XXX-XX		
7.			XXX-XX		
8.			XXX-XX		
9.			XXX-XX		

List all persons who moved out during the last 12 months

Household Member Name	Relationship to Head of Household	Move Out Date	Reason

TOTAL HOUSEHOLD INCOME:

EMPLOYMENT: FILL IN EACH LINE FOR EVERY PERSON IN YOUR HOUSEHOLD 18 YEARS AND OLDER WHO EARNS INCOME FROM FULL OR PART TIME EMPLOYMENT

Household member	Name and Address of Employer	Rate Of Pay	Hours Work

UNEARNED INCOME: COMPLETE THIS SECTION FOR EVERY PERSON IN YOUR HOUSEHOLD RECEIVING INCOME FROM ANY OF THE FOLLOWING SOURCES:

Child Support, Unemployment Compensation, Voluntary Support recurring , Social Security, Disability Payments (SSI), Workers Compensation, Retirement Benefits, Public Assistance, Veterans Benefits, Alimony and other sources

Name of Member	Received From Source	Amount	Per Month ,Weekly, Bi Weekly, Bi-Monthly, Annually, Other

INCOME: NO LONGER RECEIVING

Name of Member	Received From Source	Amount	Date Stopped



HOUSING CHOICE VOUCHER DIVISION
 1300 Piccard Dr., Suite 203
 Rockville MD 20850
 240-424-6265 / Fax 301-217-5857

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant or participant and any household member eighteen (18) years or older must complete this form.

CONSENT

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

INFORMATION COVERED

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

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

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

GROUPS AND INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

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

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and one month (13 months) from the date signed.

HEAD OF HOUSEHOLD (Print Name)	SIGNATURE	SOCIAL SECURITY #	DATE
SPOUSE (Print Name)	SIGNATURE	SOCIAL SECURITY #	DATE
ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY #	DATE
ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY #	DATE
ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY #	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

PHA requesting releases of information. (Cross out space if none) (Full address, name of contact person, and date)

Rockville Housing Enterprises
1300 Piccard Dr., Suite 203
Rockville MD 20850

PHA 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; (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 wages and unemployment information and payments of retirement income as referenced at Section 6103(1)(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 HA's 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 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 employer 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.

Uses 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, obtained 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 of improper use.

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.

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

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

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.



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. 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

Signature

Date



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

APPLICANT/TENANT CERTIFICATION



Giving True and Complete Information: I certify that all information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application and certify that the information show is true and correct.

Reporting Changes in Income or Household Composition: I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitor and I must report when someone moves into my unit.

I understand that if I do not report these changes, I am subject to repayment of monies owed to RHE. I understand that failure to repay could result in termination of housing assistance or termination of tenancy.

Reporting on Prior Housing Assistance: I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance: I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying Housing Opportunities Commission immediately in writing. I will not sublease my assisted residence.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled appointments for certification or recertification, and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

All Adult Household Members (Eighteen [18] years or older) Must Sign and Date This Form.

1. _____
Signature Date

2. _____
Signature Date

3. _____
Signature Date

4. _____
Signature Date



VERIFICATION CONSENT FORM

NOTICE: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Verification Consent Form carefully and sign and return to Rockville Housing Enterprises. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

CONSENT: I consent to allow the Rockville Housing Enterprises (RHE) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that RHE cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member except as provided in the Handbook. In addition, I understand I must be given an opportunity to contest the determination with the INS or the RHE, or both.

Signatures:

	A-			A-	
Head of Household	Alien Number	Date	Spouse/Co-Head	Alien Number	Date
	A-			A-	
Family Member Age 18 or Over	Alien Number	Date	Spouse/Co-Head	Alien Number	Date
	A-			A-	
Family Member Age 18 or Over	Alien Number	Date	Spouse/Co-Head	Alien Number	Date
	A-			A-	
Family Member Age 18 or Over	Alien Number	Date	Spouse/Co-Head	Alien Number	Date
	A-			A-	
Family Member Age 18 or Over	Alien Number	Date	Spouse/Co-Head	Alien Number	Date
	A-			A-	
Family Member Age 18 or Over	Alien Number	Date	Spouse/Co-Head	Alien Number	Date
	A-			A-	
Family Member Age 18 or Over	Alien Number	Date	Spouse/Co-Head	Alien Number	Date

Privacy Act Statement this Consent: HUD, the RHE and any owner (or any employee of HUD, the RHE 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 on the consent form is restricted to the purposes cited on the form. 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 RHE or the owner responsible for the unauthorized disclosure or improper use.

This consent form expires 15 months after signed.



MISUSE OF MAILING ADDRESS

Housing Choice Voucher & Public Housing Participants are not permitted to allow individuals to use their mailing address. Only individuals who are approved by Rockville Housing Enterprises should be receiving mail at your place of residence.

I, _____ understand that it is a violation of
(Print name)

the Housing Choice Voucher and Public Housing Programs to allow anyone to use my address who has not been approved by RHE.

I am currently housed in the following RHE program:

Housing Choice Voucher (HCV) Public Housing Lease No. _____

I am on the waiting list for the following RHE program:

Housing Choice Voucher (HCV) Public Housing

Signature

Date



1300 Piccard Drive, Suite 203; Rockville, MD 20850
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 279-7617

ZERO INCOME AFFIDAVIT

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments (TANF, TCA, etc.);
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources;
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

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

Participant Name

Signature

Date

Head of Household

Signature

Date

UNDER \$5,000 ASSET CERTIFICATION

**For households whose combined net assets do not exceed \$5,000.
Complete one form per person; include assets of children.**

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	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 real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above: _____				
\$ _____	_____	\$ _____	Personal property held as an investment**:				
\$ _____	_____	\$ _____	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, and Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*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 autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of 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 representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ Date _____