



Housing Choice Voucher Division
1300 Piccard Drive, Suite 203
Rockville, MD 20850
Main 301-424-6265 / Fax 301-217-5857
TTY 301-279-7617



PUBLIC HOUSING ANNUAL RECERTIFICATION PACKET

You must submit the applicable verifications to RHE with your recertification packet. You will be scheduled to attend an annual appointment at the RHE Administrative office, or required to return this packet either via USPS Mail, email, or fax. Please read the attached documents and documents and submit this packet along with the required documentation listed below.

These documents must be dated within **60** days of recertification appointment or packet return date.

RHE will accept the following documents:

- Printed earning statements that indicate the employee's gross pay, frequency of pay or year to date earnings.
- Signed letters from the employer on company letterhead indicating the employee's gross pay and frequency of pay or year to date earnings.
- 4 current consecutive paystubs.
- SSA benefit letters indicating amount of benefits and deductions.
- Letters or printouts generated by Health and Human Services indicating the amount of grant or payment, date of payments, and anticipated changes in the next 12 months for welfare and related benefits.
- Unemployment benefit notices indicating benefit amounts and deductions.
- 6 months of Child Support payments and / or payment stubs from Child Support Enforcement or print out of payments provided from Child Support Enforcement.
- Copy of a separation or settlement agreement or divorce decree stating amounts and types of support and payment schedule.
- A notarized statement signed by the person providing the support; (child support, alimony, financial support) this document must include amount of support, dates of payments, name, address and phone number.

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

Clients may now obtain the Lease Amendment/HCV Change Notices on the client portal.

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



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Family Obligations

Giving True and Complete Information: All information provided in the Personal Declaration pages including: household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge

Reporting Changes in Income or Household Composition: All income changes and household composition changes must be reported to RHE within 10 business days, all additions to the household composition must be approved by RHE prior to a person moving into the unit.

If these changes are not reported, I am subject to repayment of monies owed to RHE, and or termination of housing assistance. Failure to repay could result in termination of housing assistance or termination of tenancy.

Misuse of Mailing Address: It is a violation of the Housing Choice Voucher Program to allow anyone to use my address that has not been approved by RHE.

No Duplicate Residence or Assistance: The house or apartment will be your principal residence and that obtaining duplicate Federal housing assistance while I am in this current program is grounds for termination. The unit cannot be subleased.

Cooperation: It is a requirement to cooperate in supplying all information needed to determine eligibility, level of benefits, or verify true circumstances. Failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information:

RHE does not require a conviction by the judicial system for the subsidy to be terminated under any Federal, State or local program administered by RHE. Head of Households are responsible for guests/visitor.

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.

Signature of Household

Date

Signature of Spouse/Co-Head of Household

Date

Signature of other adult (18 yrs or older)

Date

Signature of other adult (18 yrs or older)

Date



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

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



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



1300 Piccard Drive • Suite 203 • Rockville, MD 20850
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 424-1078

Community Services and Self-Sufficiency Requirement Certification

Annual Renewal

Participant Name:

The community service requirement applies to all adults who are not exempt. Exempt adults are family member who:

- Are 62 years of age or older
- Have a disability that can be verified that prevents him/her from being gain fully employed
- Is verified to be the fulltime caretaker of a disabled person
- Is working at least 30 hours a week
- Qualifies as a full-time student at a secondary or an institution of higher learning

I understand that as a resident of public housing who is not exempt, I am required by law to contribute 8 hours per month of community service or participate in an economic self-sufficiency program.

I understand that if I am currently exempt and I stop being exempt at any time, I understand that I must start my community service hours.

I certify I will comply and will continue to comply with the Public Housing community service requirements.

Signature: _____

Date of Signature: _____



1300 Piccard Dr., Suite 203; Rockville, MD 20850
Main (301)424-6265 Fax (301)217-5857 TTY (301)424-1078

RENTER'S INSURANCE ADDENDUM

We want to make sure you are aware of how to best protect your personal belongings. As tenants, it is important you are aware of the following information.

1. The property owner's insurance does not cover damage or loss to your personal property. The property only provides coverage for the building itself. It does not cover your personal property.
2. If any damage occurs to your residence or a guest is injured in your apartment or home, you can be held personally responsible for the injury and damages.
3. If your pet injures or causes damage to your apartment or home or to a neighboring area or home, you can be held personally responsible for the injury and damages.
4. Renter's insurance provides liability coverage to protect you in the event of your negligence or liability.

In order to protect your own interests or your property, you should have your own insurance.

RENTER'S INSURANCE COVERAGE

Tenant agrees the Landlord is not responsible in any way for obtaining such coverage and is not providing any insurance coverage for Tenant whatsoever. Tenant may obtain coverage from any recognized insurance carrier and is not required to purchase the insurance coverage from any specific source.

RESIDENT: _____ (SEAL) Date _____

CO-RESIDENT: _____ (SEAL) Date _____

CO-RESIDENT: _____ (SEAL) Date _____

LANDLORD: _____ (SEAL) Date _____

ROCKVILLE HOUSING ENTERPRISES





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 from the Housing Choice Voucher Program.

Participant Name

Signature

Date

Head of Household

Signature

Date



www.Rockvillehe.org





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

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Participant Name

Signature

Date

Head of Household

Signature

Date



www.Rockvillehe.org



Client Name: _____ Client # _____

ZERO INCOME CHECKLIST AND WORKSHEET VERIFICATION OF NON-CASH CONTRIBUTIONS

1. Food Expenses

Is the family receiving Food Stamps? Yes No If yes, what is the monthly amount? _____

If no, what is the family's average weekly grocery bill? _____

How does the family pay the weekly grocery bill? _____

Who and/or what organization contributes to the grocery bill and/or contributes groceries? _____

Average weekly grocery bill & contributions from all sources x 52 = \$ _____ **This amount is income.**

NOTE: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income.

2. Cleaning, Grooming and Paper Products Expenses

What is the average weekly value of paper products used by the family? (napkins, toilet paper, paper towels, trash bags, disposable diapers) \$ _____

What is the average weekly value of grooming products and services used by the family? (soap, deodorants, shampoo, dental products, cosmetics, hair products and barber/salons) \$ _____

What is the average weekly value of cleaning products used by the family? (dish soap, detergent & household cleaners) \$ _____

How does the family pay for cleaning, grooming and paper products? _____

Who and/or what organization contributes to the cleaning, grooming and paper products expenses? _____

Total of Average weekly contributions from all sources x 52 = \$ _____ **This amount is income.**

3. TRANSPORTATION EXPENSES

Does the family own a car? Yes No If yes, amount of monthly car payments? _____

Gas? \$ _____ Maintenance? \$ _____ Insurance? \$ _____ If the family does not

have a car, what does the family pay for other transportation such as taxis, buses, trains and airfare? _____

What is the average

monthly amount of cash and direct payment contributions the family receives for transportation? \$ _____

Total average transportation contributions from all sources x 12 = \$ _____ **This amount is income.**

NOTE: Uninsured automobiles cannot be parked on PHA property.

4. ENTERTAINMENT EXPENSES

Does the family have a cable/satellite TV connection? Yes No What is the monthly cost? \$ _____

What are the average monthly costs of Magazines? \$ _____ Movies? \$ _____ Video Rentals? \$ _____ Club

Memberships? \$ _____ Sporting Events? \$ _____ Liquor/Beer/Wine? \$ _____

Lottery Tickets? \$ _____ Vacations? \$ _____ Other Entertainment? \$ _____

Who and/or what organization contributes to entertainment expenses? _____

Average monthly entertainment contributions from all sources x 12 = \$ _____ **This amount is income.**

5. CLOTHING EXPENSES

What is the family's average monthly cost for clothing and shoes? _____ What is the family's average monthly amount spent for laundry, dry cleaning? _____ Who and/or what organization contributes to clothing expenses? _____

Average monthly contribution for clothing expenses x 12 = \$ _____ **This amount is income.**

NOTE: Clothing acquired from Clothing Banks or given to the family second hand is not counted as income.

6. SMOKING EXPENSES

Does anyone in the family's household smoke cigarettes/cigars? Yes No If yes, how does the family pay for cigarettes/cigars? _____

What is the average monthly contribution (in cash, cigarettes/cigars)? \$ _____ x 12 = \$ _____ **This amount is income.**

7. COMMUNICATIONS EXPENSES

Does the family have telephones? Yes No If yes, how many lines? _____ How many cell phones? _____

What is the average monthly cost of combined phone services? _____ Does the family have internet connection? Yes No What is the monthly internet service charge? \$ _____

Average monthly contributions (cash or direct payment to phone/internet companies) \$ _____ x 12 = \$ _____ **This amount is income.**

8. SHELTER EXPENSES

What is family's monthly rent share? \$ _____ How does the family pay their rent share? _____

What is the amount of contribution from others/organizations toward the family rent share? \$ _____

Does the family pay utilities? Yes No How does the family pay utility bills? _____

What is the amount of contribution from others/organizations toward utility bills (cash or direct payment to utility companies) \$ _____ Total contributions for rent & utilities \$ _____ x 12 = \$ _____ **This amount is income.**

9. MEDICAL EXPENSES

Does the family have any unreimbursed medical expenses? Yes No How much per month? \$ _____

How does the family pay for unreimbursed medical expenses? _____

CONTRIBUTIONS FOR MEDICAL COSTS ARE NOT INCOME.

10. MISCELLANEOUS EXPENSES

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expense and the amounts contributed toward the expenses.

Church contributions \$ _____ Unreimbursed Educational Expenses \$ _____ Unreimbursed Child Care Expenses \$ _____

I HEREBY CERTIFY THAT I HAVE ANSWERED THE QUESTIONS ON THIS CHECKLIST TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE AND ABILITY.

Head of Household's Signature _____

Date _____ RHE Specialist Signature _____

Client Name: _____ Client # _____

FOR ROCKVILLE HOUSING ENTERPRISES OFFICE USE ONLY:

COMPUTATION OF FAMILY INCOME

- | | | |
|-----|--|----------|
| 1. | Food Expenses | \$ _____ |
| 2. | Cleaning, Grooming and Paper Products Expenses | \$ _____ |
| 3. | Transportation Expenses | \$ _____ |
| 4. | Entertainment Expenses | \$ _____ |
| 5. | Clothing Expenses | \$ _____ |
| 6. | Smoking Expenses | \$ _____ |
| 7. | Communications Expenses | \$ _____ |
| 8. | Shelter Expenses | \$ _____ |
| 9. | Medical Expenses | \$ _____ |
| 10. | Miscellaneous Expenses | \$ _____ |

TOTAL (attach calculator tape) \$ _____

Signature of Housing Specialist: _____

Date: _____