



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



# HOUSING CHOICE VOUCHER 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**

<b>Household Member Name</b>	<b>Relationship to Head of Household</b>	<b>Move Out Date</b>	<b>Reason</b>

**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**

<b>Household member</b>	<b>Name and Address of Employer</b>	<b>Rate Of Pay</b>	<b>Hours Work</b>

**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

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

**INCOME: NO LONGER RECEIVING**

<b>Name of Member</b>	<b>Received From Source</b>	<b>Amount</b>	<b>Date Stopped</b>







**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 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.

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

**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](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

#### **Additional Verification.**

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

You may also provide the PHA with third party documents (i.e. pay stubs,

benefit award letters, bank statements, etc.) which you may have in your possession.

#### **Identity Theft.**

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

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

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

#### **The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

#### **My signature below is confirmation that I have received this Guide.**

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Signature

Date

---

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.

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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](http://www.Rockvillehe.org)





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

## RELOCATION REQUEST

Before relocation requests will be considered  
**ALL utility bills must be attached for your current unit.**

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

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

Daytime Telephone Number: \_\_\_\_\_

Date of Intended Relocation: \_\_\_\_\_

Reason for Relocation Request: \_\_\_\_\_

Eviction Notice Received: \_\_\_\_\_ Eviction Date: \_\_\_\_\_ Explain Below.

Received Notice to Vacate. Vacate Date: \_\_\_\_\_

Over/Under Housed. Family Composition: \_\_\_\_\_

Repair and/or Safety. Explain Below.  Financial Burden. Explain Below.

Medical Reasons. Explain Below.  Other/Explain Below.

Explanation: \_\_\_\_\_

For Evictions and Notices to Vacate, documentation **must** be attached.

### Documentation Attached

Eviction Notice

Notice to Vacate

Utility Bills: \_\_\_\_\_

All utilities are included in my rent. I do not pay any utilities in my present unit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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# NOTICE TO VACATE

(Housing Choice Voucher, Public Housing RELP & RHEP)  
PLEASE PRINT

DATE: \_\_\_\_\_ LAST 4 DIGITS OF SS #: \_\_\_\_\_ XXX-XX-\_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

LEASE EXPIRATION DATE: \_\_\_\_\_ ANTICIPATED MOVE-OUT DATE: \_\_\_\_\_

### PLEASE READ:

- I understand that I must turn in all household keys as well as mailbox keys.
  - Keys may not be left inside unit
  - I understand that I may not be in possession (have keys to more than one unit or execute a lease prior to releasing possession of my old unit) at a time
- I understand that this notice must be turned in to Rockville Housing Enterprises.

**For Public Housing RELP & RHEP TENANTS ONLY** – My forwarding address is:

\_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
For LANDLORD use only:

Was proper notice received?    
YES NO

If NOT, then what date would be considered proper notice? \_\_\_\_\_

\*\*\*I understand that if proper notice was not given to the Landlord there may be penalties (such as monetary and /or loss of subsidy) and forfeiture of security deposit.

\_\_\_\_\_  
Landlord (Print Name) Signature Date

Landlord Stamp





621- A Southlawn Lane Rockville, MD 20850  
 Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 424-1078

## RHE OUTGOING PORTABILTY REQUEST FORM

I, \_\_\_\_\_ would like to have my housing documents ported to:  
 (Client Name)

### RECEIVING PUBLIC HOUSING AUTHORITY (PHA) INFORMATION

Name of Receiving Housing Authority (RHA):	
Address of RHA:	
Contact Person:	
Phone number:	
*Email*:	

Client Name:	
Client Address:	
Daytime Phone Number:	
Email:	
Client Signature:	
Date:	

### Client Please Read:

1. Must attach copy of signed vacate notice by landlord to this form.
2. Please allow RHE up to 15 business days to port your voucher.
3. RHE prefers to email documents to RHA for tracking and time saving purposes.
4. RHE encourages that you have a couple of units in mind to rent before porting voucher since voucher expiration date does not change when porting.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS... IS FRAUD WORTH IT?**

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



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