



82 Lincoln Street
Newton Highlands, MA 02461

Document Checklist: Annual Recertifications and Moves

Income Documents: All documents must be dated no earlier than 60-days of your initial Annual Recertification letter. If claiming zero income, a zero-income worksheet must be completed for each household member 18 or older claiming zero-income.

- Four (4) most recent, **consecutive** pay stubs from all working people 18 or older. **Weekly and biweekly must submit four (4) consecutive paystubs**
- Current letter from **Social Security** verifying your SS/SSI/SSDI benefits for all household members
- Current letter from DTA (Massachusetts Department of Transitional Assistance) verifying **SSP** benefits for all household members
- Current **TANF** DTA (Massachusetts Department of Transitional Assistance) benefit letter
- Copy of **pension** check and/or pension/retirement benefits summary
- **Self Employed** Schedule C from tax forms showing business profit and loss statement
- Copy of court order showing **child support**, or Department of Revenue Child Support 12-month payment summary
- Copy of **unemployment** benefit letter showing weekly amount and any allowances and/or deductions
- Notarized statement from non-household member contributing to household detailing payment amount and frequency
- Letter of separation/termination for any job left/terminated or temporary

Asset Documents: All documents must be dated no earlier than 60-days of your initial Annual Recertification letter.

- Three (3) most recent, **consecutive**, checking account(s) statements for all household members
- Three (3) most recent, **consecutive**, savings account(s) statements for all household members
- Three (3) most recent, **consecutive**, IRA/CD account(s) statements for all household members
- Most recent 401K/403B statement

Deductions/Expenses:

- Proof of full-time student status – ex. Letter from educational institution stating full-time student status
- Last 12 months pharmacy printout showing YTD (year-to-date) paid
- Receipts and co-pays from doctor's appointments that are paid out of pocket
- For children under 12, childcare invoices and/or statements showing total paid YTD



Annual Recertification Questionnaire

NAME:	ADDRESS:
PHONE#:	EMAIL ADDRESS:

INSTRUCTIONS: Please follow the directions under each heading. **Sign and date the last page of this questionnaire.** It is important that you must read and answer each question carefully. **Do not leave a question blank.** If something does not pertain to you answer by putting **NONE** for that question. **DO NOT USE WHITE OUT.** If you must make a correction please mark a **single line through the error**, make the correction and initial it. If you are a disabled individual and need assistance completing this packet, please contact NHA Leased Housing Staff at 617-522-5501.

HUD regulations require families to update this information annually. The purpose is to determine a household's annual income and assets in order to determine eligibility for an Affordable Housing Program.

A. Please List all members who live in your home, starting with yourself.

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER	SOCIAL SECURITY NO.	SCHOOL ENROLLMENT		
	Head of Household				NO	PT	FT
					NO	PT	FT
					NO	PT	FT
					NO	PT	FT
					NO	PT	FT
					NO	PT	FT

B. Have you had any changes in income or family members since your last Annual Recertification? YES NO

List all sources of income to your home, received by ALL persons in your home. Include wages, Social Security, SSI, unemployment, welfare, disability statements, alimony, child support, pensions, retirement benefits, interest on investments contributions from family/friends, and any other sources of income. *NOTE: Each household member claiming zero income must complete a Zero Income Questionnaire (page 13 of packet).*

Updated Income Definitions & Exclusions

New Income Definitions (24 CFR 5.100, 5.603)

- **Annual Income:** Includes all regular payments except those explicitly excluded by HOTMA.
- **Earned Income:** Now includes payments from gig jobs, independent contractors, and seasonal work.
- **Unearned Income:** Includes Social Security, SSP, SSI, Pension distributions, disability benefits, Veteran's benefits, and certain tribal payments.
- **Net Family Assets:** Retirement Accounts (401k, IRAs, pensions) are excluded unless accessible. Lump-sum additions to assets, including inheritances and settlements, are counted only if they generate income.



- **Definition of “minor”:** Minors under 18 do not have their income counted toward household income. Expanded Income Exclusions (24 CFR 5.609(b))

The following income sources are excluded from rent calculations:

- **Financial Aid for Tuition:** including Pell Grants and scholarships.
- **Aid and Attendance benefits.**
- **Insurance One-time charitable cash assistance from organizations.**
- **Foster care, adoption, and kinship care payments, including state/tribal guardianship care.**
- **Income earned on accounts placed in a Family Self-Sufficiency (FSS) account.**
- **Veterans settlements, civil action recoveries, and loan proceeds.**
- **Distributions from Special Needs Trusts and Irrevocable Trusts outside the family’s control.**
- **Achieving a Better Life Experience (ABLE) accounts and 529 education savings account.**
- **Deferred Social Security benefits and VA disability payments if received as lump sums.**
- **Property tax refunds and rebates.**
- **Resident Services stipends up to \$200/month.**

How These Changes Affect You – If your income includes any of the excluded sources above, it will no longer count against your rent calculations.

Family Member Receiving Income	Source of Income	Hourly/Weekly/Monthly/ Actual Amount
	<input type="checkbox"/> Employment (list name and address of employer): _____ _____	
	<input type="checkbox"/> Employment (list name and address of employer): _____ _____	
	<input type="checkbox"/> Employment (list name and address of employer): _____ _____	
	<input type="checkbox"/> Employment (list name and address of employer): _____ _____	
	<input type="checkbox"/> Social Security, SSI, SSP, EADC, TANF, Veteran’s Benefits, pension distributions, etc. (Circle any you receive) List amounts: _____ _____	
	<input type="checkbox"/> Social Security, SSI, SSP, EADC, TANF, Veteran’s Benefits, pension distributions, etc. (Circle any you receive) List amounts: _____ _____	
	<input type="checkbox"/> Social Security, SSI, SSP, EADC, TANF, Veteran’s Benefits, pension distributions, etc. (Circle any you receive) List amounts: _____ _____	
	<input type="checkbox"/> Social Security, SSI, SSP, EADC, TANF, Veteran’s Benefits, pension distributions, etc. (Circle any you receive) List amounts: _____ _____	
	<input type="checkbox"/> Is an absent parent obligated to pay Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you waived a Child Support order? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes from what agency: _____	



- C. List your family's total income from last year as shown on your Federal Income Tax return (if you did not file taxes last year, write "did not file"): \$ _____
- D. List all assets held by all members of your home, including savings & checking accounts, retirement accounts, C/Ds, CASH App/Venue/Zelle, bonds, stocks, real estate owned by any family member, life insurance policies with a cash surrender value (do not include burial policies), business interest.

Family Member Asset Belong To	Type of Asset	Name of Financial Institution	Account #	Account Value/Balance
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			

NOTE: You will need to attach 3 most recent original statements for all savings/checking/IRA/CD account(s) listed above.

- E. Do you pay for childcare for the care of your family members under the age of 13, or attendant for a disabled family member, so that you or another household member can attend school or work or seek employment?
 YES NO If Yes, what amount per week? _____ per month? _____ Please list name, address, and phone number of caregiver: _____
- F. Are you or any of your dependents over the age of 18 living with you and attending school full-time?
 YES NO
 If Yes, please complete the following information for those dependents:

Last Name, First Name, MI	Name of School Attended	Address of School

- G. Have you or any member(s) of your household ever been arrested, charged, or convicted of any crime other than traffic violations (misdemeanor or felony)? YES NO
 If yes, please explain: _____
- H. Are you or any member(s) of your household subjected to registration as a sex offender in this or any other state?
 YES NO



I. **Have you or any member(s) of your household ever committed fraud in a federally assisted housing program or been made to repay money for misrepresenting information on such a program?**

YES NO

If yes, please explain: _____

NOTE: By signing this document you and all adult members of your family are granting permission for this PHA to obtain a copy of criminal history records (arrests and convictions) for each and all adult family members.

J. **Are any members of your household who are 18 years of age or older, who are not permanently disabled or handicapped, not employed or full-time students?**

YES NO

If yes, please list those family members: _____

THIS SECTION APPLIES ONLY TO FAMILIES WHO HEAD OF HOUSEHOLD, SPOUSE, OR CO-HEAD WHO ARE ELDERLY OR DISABLED

K. **Do you have any medical expenses not covered by insurance, medicare, etc., or reimbursed by any source?**

YES NO If yes, please explain: _____

Name of Medical Source (Doctor, Pharmacy, Hospital, etc.)	Street Address	City/State/Zip	Type of Expense

FAMILY'S CERTIFICATION

I/We hereby certify that all the information I/we have provided on this form is true, correct, and complete to the best of my/our knowledge. I/We have no objection to inquiries being made for purposes of verifying any and all information provided herein. I/We understand that I/we must inform the Housing Authority promptly of any changes in income or family composition and that my/our tenant portion (rent) will be based on the verified family income. I/We declare under penalty or perjury under the laws of the United States of America and the State of Penal Code that information contained in this statement of facts is true, correct, and complete. /We understand that false statements or information are punishable by the Federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We also understand that false statements or information are grounds for termination of housing, termination of tenancy, and/ or retroactive rent increases.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head/Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

REASONABLE ACCOMMODATION

A reasonable accommodation is a modification or change we can make to our apartments or procedures that will allow an eligible tenant with a handicap or disability to enjoy and use rental housing. If you, or a member of your household, have a disability or handicap and as a result need a reasonable accommodation, you must request it, we reserve the right to request documentation of the tenant's disability to substantiate the requested accommodation and why the accommodation is necessary. We are not obliged to provide as a reasonable accommodation a service we do not otherwise provide at the property or for someone who is not a tenant of the property.



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:

ADDRESS:

SOCIAL SECURITY NUMBER: - - -

I, the above-named individual have authorized the Newton Housing Authority to verify the accuracy of the information that I provided to the Newton Housing Authority, from the following sources (do not fill in the boxes below):

BANKS AND OTHER FINANCIAL INSTITUTIONS

COURT, LAW ENFORCEMENT AGENCIES, CORI

CREDIT BUREAUS, CREDIT PROVIDERS

LANDLORDS AND EMPLOYERS, PAST AND PRESENT

PROVIDERS OF:

Alimony, Child Care, Child Support, Disability Payments, Martial Status, School, Colleges, Postal Services, U.S. Social Security Administration. U.S. Department of Veterans Affairs, Utility Companies, Welfare Agencies, Retirement and Pension Agencies

I hereby give you permission to release this information to the Newton Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Authority within five (5) days following the receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance in this matter.

Head of Household Signature

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE

IMPORTANT INFORMATION

THE FOLLOWING FORMS
MUST BE
SIGNED BY ALL HOUSEHOLD
MEMEBERS 18 YEARS OR OLDER

FAMILY OBLIGATIONS UNDER THE HOUSING VOUCHER PROGRAM

1. The family must supply any information determined by the PHA or HUD to be necessary for the administration of the program, such as:
 - a. Evidence of citizenship or eligible immigration status
 - b. Documentation of household income or verification of \$0 household income
 - c. Documentation of household composition
 - d. Documentation of social security numbers of all household members
 - e. Release of Information Authorization
 - f. Drug Free Certification
 - g. Request for Court Records
 - h. Sign and submit consent forms for obtaining information
 - i. All information provided must be true and complete
2. The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
3. The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
4. Any information supplied by the family must be true and complete.
5. The family is responsible for any deficiencies under the National Standards for the Physical Inspection of Real Estate (NSPIRE) may be held responsible for a breach of housing quality standards caused by the family's failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond ordinary wear and tear caused by any member of the household or guest.
6. The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
7. The family must not commit any serious or repeated violation of the lease.
8. The family must notify the PHA and the owner before moving out of the unit or terminating the lease. The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice to the PHA at the same time the owner is notified.
9. The family must promptly give the PHA a copy of any owner eviction notice.
10. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
11. The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.
12. The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
13. If the PHA has given approval, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when PHA consent may be given or denied. The family must not sublease the unit, assign the lease, or transfer the unit.
14. The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
15. The family must promptly notify the PHA when the family is absent from the unit. Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.
16. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
17. The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).

18. Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
19. Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
20. Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises
21. An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
22. A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
[Form HUD-52646, Voucher]

WARNING! You can be fined up to \$500.00 or imprisoned up to five (5) years or both. Be sure to give correct information. Kentucky Revised Statute 514.040 Theft by Deception makes it a crime to knowingly give false information to get a lower rent, or to receive aid or benefits under any state or federally funded assistance program. I, the undersigned, certify that I have attended a briefing session on the Section 8 Program, that I have read the above statement, or it has been read to me, and that I understand and agree to abide by the Family Obligations. I understand that violation of any of the above items is grounds for termination from the Section 8 Program and loss of eligibility for Rental Assistance and that I am entitled to an Informal Hearing to settle disputes with the Section 8 office.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head/Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____





Newton Housing Authority
82 Lincoln Street
Newton Highlands, MA 02461

****To be completed by all household members over 18 with zero-income.**

Tel: (617) 552-5501
Fax: (617) 964-8387

Michael Lara
Executive Director

ZERO-INCOME WORKSHEET

Participant Name: _____ Date: _____
 Families are required to submit documentation of the amounts claimed.

Household Income Information

1. Does anyone (other than the participants family) make contributions to your household in the form of cash (money for food, clothing, cars, internet, etc.) and/or products (purchases of food, grooming products, cigarettes, etc.)?
 Yes No

2. If yes, complete the table below.

Item Contributed	Who Made the Contribution	Cash Amount or Value of the Contribution
		\$
		\$
		\$
		\$
	TOTAL	\$

3. Have you applied, been approved and/or do you receive benefits from any of the following programs?

Programs/Benefits	Applied Yes or No	Approved Yes or No	Currently Receive Benefits Yes or No	Amount of Benefits Per Month
Public Assistance				\$
Social Security				\$
SSI				\$
Unemployment				\$
Welfare				\$
Child Support				\$
Alimony				\$
Pension/Annuity				\$
Food Stamps				\$
Other				\$

4. If you have applied for benefits, what is the status of the application?

Vehicle Information

5. Do you have the use of or own a car(s)? Yes No If yes, complete the information below.
- Vehicle Number 1: Make: _____ Model No: _____ Year: _____
 Own Lease Rent
- Vehicle Number 2: Make: _____ Model No: _____ Year: _____
 Own Lease Rent

Weekly Expenses

6. How much do you spend a week on the following?

Item	Weekly Expense	Method of Payment
Food		
Paper products		
Personal grooming products		
Cleaning products		
Car payments		
Car use and maintenance costs		
Transportation costs (if no car is owned)		
Cable TV		
Internet		
Entertainment (movies, lottery, sporting events, video rental, vacations, etc.)		
Clothing		
Cigarettes/Cigars		
Telephone (home)		
Cell phone		
Utilities		
Mortgage or rent		
Unreimbursed medical expenses		
Unreimbursed childcare expenses		
Unreimbursed job expenses		
Charitable contributions (church, charity, etc.)		
TOTAL		

Verification of Expenses:

- **Food:** The family should bring in at least one month's worth of grocery receipts to verify the expenditure.
- **Cleaning supplies, grooming products & paper products:** The family should bring in at least one month's worth of receipts to verify the expenditure on cleaning supplies, grooming products, and paper products.
- **Auto expenses:** (for families with cars): The family should bring in one month's gas receipts, proof of insurance, and proof of car payment (if applicable).
- **Transportation:** A family without a car should provide a statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.
- **Entertainment:** The family should bring in two monthly bills for cable TV, plus receipts for other entertainment costs.
- **Clothing:** The family should provide information that shows when clothing and shoes are purchased and the amounts spent (receipts should be provided where possible). Remember that children will need more clothing and shoes than adults because they are growing. Clothing acquired from clothing banks or given to the family secondhand is not counted as income.
- **Smoking:** The family should document the brand of cigarettes/cigars smoked and the staff will impute cost.
- **Communications:** The family should bring in at least two month's worth of bills for telephone, beeper/pager and internet services, as applicable. Review the bills carefully to determine the average monthly cost for communications services.
- **Shelter:** The family should bring in documentation of their actual cost for housing and utilities.
- **Medical:** The family should bring copies of receipts for unreimbursed medical expenses.
- **Misc.:** The family should bring in copies of bills, paid receipts, etc. to verify miscellaneous expenses.

PARTICIPANT CERTIFICATION

I certify that the above estimates provided by me are true to the best of my knowledge. I understand that willful misrepresentations of the facts are grounds for disqualification for assistance.

Head of Household Signature

Date

Spouse Signature

Date

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Newton Housing Authority
82 Lincoln Street
Newton Highlands, MA 02461

Contact: Brittany Jancarik, Director of Leased Housing
617-552-5501

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 you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



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



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only one home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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.	

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

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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.



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