

ITEMS NEEDED FOR ELIGIBILITY

1) Copy of most recent Federal income tax return, if applicable.

2) Information about your Income and Assets

A. Employment Income – For every member of your family that works, provide the following information:

- ✓ Pay stubs - Provide the two (2) most recent pay stubs.
- ✓ Information about any changes that you expect in your pay or the number of hours you will work during the next 12 months.
- ✓ If self employed, provide a copy of your last income tax return.
- ✓ Other types of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.

B. Benefit and Support Income- If any member of your family receives the following types of income, provide all documentation associated with the income source. This includes award letters and/or computer print-outs. Failure to provide this information could result in a delay in processing your file:

- ✓ Unemployment Compensation
- ✓ Social Security
- ✓ Supplemental Security Income (SSI)
- ✓ Social Security Supplement (SSP)
- ✓ Disability Income
- ✓ Workman's Compensation
- ✓ Alimony
- ✓ Child Support
- ✓ Welfare or public assistance
- ✓ Regular support from family members or friends
- ✓ Veteran Benefits
- ✓ Support for Foster Children
- ✓ Trade Union Benefits

C. Checking Accounts, Savings Accounts, Certificate of Deposit, IRA and KEOGH Accounts- If you have any of these accounts, you must provide the latest statement. These can be computer generated. Failure to provide the statements could result in a delay in processing your application.

- D. **Real Estate You Own** - Provide information about the current value of the property. If you own or rent it, provide the address of the property and information about how much income you receive and what expenses you have for the property (last year's schedule E from your tax forms).
- E. **Stocks, bonds, Trusts and Other Investments** – Provide all documentation for any investments you may have.
- F. **If you have sold or given away assets in the past two (2) years**, such as property or an amount of money to another family member, provide all documentation about those assets.
- G. **Life Insurance Policies** – Provide documentation to show the cash value of a life insurance policy. The cash value is the surrender value.

3) Information about family members

- A. **Social Security Cards** – Provide Social Security Cards for each household member. A print out from the Social Security office is acceptable.
- B. **Age** – Provide a Birth Certificate or Photo ID for each household member.
- C. **Full- Time Students** – If any family member is 18 years of age or older and still attending school full- time, provide proof of full time credits.
- D. **Handicap or Disability** – If any member of your family is handicapped or disabled and not receiving social security benefits, you must provide documentation from a health care provider.

4) Expenses

- A. Provide all receipts and information about the following expenses you have had during the last twelve (12) months:
 - ✓ **ELDERLY OR DISABLED** – Please submit all receipts for out-of-pocket medical expenses not covered by your health insurance. This includes pharmacy print-outs, doctor bill receipts, insurance co-pays, over the counter drugs as prescribed by a doctor, and prescription plan. Please note that if you do not give us the documentation, we may not be able to use the expense as a deduction.
 - ✓ **CHILD CARE** – Please provide receipts for child care expenses while you work or go to school. You are required to give us any documentation or receipts if you want us to use these amounts as deductions.
 - ✓ **Expenses to care for a handicapped or disabled family member while you work.**

INSTRUCTIONS FOR COMPLETING RECERTIFICATION PROCESS

Please read these instructions carefully. They give you information about how to complete your recertification packet. If you do not fill out your packet correctly, we may terminate your assistance.

- 1) Answer every question on colored Tenant Information Form and sign and date on page 4. Do not leave any questions blank. If something does not apply, write N/A.**
- 2) Also, please send back all proof/documentation of all income, assets and medical or child care expenses, if claimed.**
- 3) All members of the household 18 and over must sign the required forms and provide proof of all income, assets and proof of full time student status if applicable.**

Statement of Family Obligations 24CFR 982.551

The Department of Housing and Urban Development requires a Public Housing Agency to inform applicants and participants of the specific rules and regulations for participation in the Section 8 Program. The following conditions apply to any household member applying for or continuing their participation in the Section 8 program:

1) The Family MUST

- a) Supply any information that CCHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in regularly scheduled re-examination or interim re-examination of family income, and criminal history.
- b) You must keep appointments as they are scheduled, complete paperwork, return forms, and sign documents by the deadline imposed by the Housing Authority staff. Missed appointments are considered a breach of family responsibility.
- c) Provide current, reliable, mailing address if different from assisted dwelling unit to help ensure receipt of HA correspondence.
- d) You must report any change in household income within 10 days of the change.
- e) Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- f) Notify CCHA in writing within 10 days if any family member is no longer in the unit.
- g) Notify CCHA in writing within 10 days when the family or a family member is away from the unit for an extended period of time (10 days or more). This includes stays in a nursing home.
- h) Notify CCHA and the owner in writing 30 days before moving out of the unit or terminating the lease.
- i) Allow CCHA to inspect the unit at reasonable times and after reasonable notice. Missed appointments for inspection are considered a breach of this family responsibility.
- j) Use the assisted unit for residence by the family. The unit must be the family's only residence.
- k) Notify CCHA in writing within 10 days of the birth, adoption, or court-awarded custody of a child.
- l) Request CCHA written approval to add any other family member as an occupant of the unit (should receive landlord's permission first). Additional family members must not move in to the unit until approved by CCHA.
- m) Give CCHA a copy of all notices including any owner eviction notice within 10 days of receipt.
- n) Pay utility bills and supply appliances that the owner is not required to supply under the lease.
- o) You may have guests, but such guests may not occupy the premises for more than 30 consecutive days or more than 60 non consecutive days in any 12-month period. You may not have any series of guests who exceed these limits without CCHA approval. The assistance you receive is for your immediate family, not for friends and relatives.

2) The Family (including Each Family Member) Must Not:

- a) Commit any serious or repeated violations of the lease. (IE: non-payment or late payment of rent, poor housekeeping, disturbing the peaceful enjoyment of neighbors etc.)
- b) Commit fraud, or bribery or any other corrupt or criminal act in connection with the program.
- c) Participate in illegal drug or violent criminal activity.
- d) Sublease or sublet the unit.
- e) You must not own or have a financial interest in the unit, unless it is a cooperative.
- f) Receive Housing Choice programs tenant-based housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local Housing assistance program.
- g) Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
- h) Engage in threatening, abusive or violent behavior toward any CCHA personnel.
- i) Be related to the landlord (owner). The landlord cannot be the parent, child, grandparent, grandchild, sister or brother of any member of the participating family including minors. The only exemption that may be approved by CCHA is if a family member is a person with disabilities.
- j) Engage in illegal use of a controlled substance; or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

Any information the family supplies must be true and complete.

I hereby agree to comply with the Section 8 rules and regulations, and certify that I have received a copy of the Statement of Family Obligation. I understand that failure to comply with any of the obligations is grounds for denial or termination of section 8 assistance. *All household members over 18

1. _____ DATE: _____

2. _____ DATE: _____

3. _____ DATE: _____

4. _____ DATE: _____

Tenant Information Form

Last Name: _____ First Name _____ MI _____
 Current Address _____
 Telephone Number (_____) _____

Household Composition and Characteristics

List the Head of Household and all other members who are living in the unit. Give the relationship of each family member to the head of household.

<u>Member Name</u>	<u>Relationship To Head</u>	<u>Date of Birth</u>	<u>Elderly/ Disabled</u>	<u>Social Security</u>	<u>Full time Student</u>

Has anyone moved in or out of your household in the last 12 months?
 Yes No

Please list: _____

Have you or any member of the household ever been evicted/ terminated from a Federally Assisted Housing Program?
 Yes No

Please list: _____

Have you or any member of your household been arrested for illegal use of a controlled substance or activities related to violent crimes?
 Yes No

Please explain: _____

Income and Asset Information

Please answer the following questions. For each "yes," please provide details.

Does any member of your household:

- Work full time, part time or seasonally? Yes No
- Work for someone who pays in cash? Yes No
- Receive unemployment benefits? Yes No
- Receive child support? Yes No
- Receive public assistance? Yes No
- Receive Social Security or SSI benefits? Yes No
- Receive income from a pension or annuity? Yes No
- Receive regular contributions from organizations or from individuals not living in the unit?
 Yes No

Receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposits, stocks or bonds or income from rental property?

Own real estate or any asset for which you receive no income?
 (Property, Checking account, Cash) Yes No

Does anyone receive grants, scholarships or income for educational purposes?

- Yes No

Have you sold or given away real property or other asset, including cash, in the last 2 years?

- Yes No

Do you file a Federal Tax Return?

- Yes No

(If yes, please return a copy for your file)

INCOME

<u>Name</u>	<u>Source / Type of Income</u>	<u>Monthly Income</u>

ASSETS

List all checking and savings accounts, including IRA's, Keogh accounts, life insurance policies, stocks, bonds, and Certificates of Deposits for all household members.

<u>Name</u>	<u>Bank Name</u>	<u>Type of Account</u>	<u>Balance</u>

EXPENSES

Child Care/ Care Attendant

Please provide invoice or letter from provider along with your certification packet.

Do you pay for the care of a child or disabled adult in order for someone in the household to work, look for work or attend school? Yes No

If yes, whom do you pay and what is the weekly amount? _____

MEDICAL EXPENSES

****Complete only if the head of household, Co-head or spouse is 62 or older or disabled****

All receipts you wish to claim must be presented with your paperwork timely

Family Members Full Name _____
Provider Name _____ Address _____
City _____ State ____ Zip _____ Total amount \$ _____

Family Members Full Name _____
Provider Name _____ Address _____
City _____ State ____ Zip _____ Total amount \$ _____

Family Members Full Name _____
Provider Name _____ Address _____
City _____ State ____ Zip _____ Total amount \$ _____

Head of Household must sign this form certifying accuracy of Information provided

I certify that the information on this form is true to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____
Signature

Date

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature

Date



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

Fraud Affidavit
HOUSING AUTHORITY OF COLUMBIA COUNTY
Penalties For Fraud

FRAUD - Withholding information from this Agency OR providing false information to this Agency

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent - retroactively, if applicable

Resident Acknowledgement (s)

By signing below, I confirm:

1. That I have read the penalties for submitting the fraudulent information above;
2. That I understand what fraud is, and;
3. That I understand the penalties for committing fraud.

Head - _____ Date

Other Adult - _____ Date

Spouse - _____ Date

Other Adult - _____ Date

Other Adult - _____ Date

Other Adult - _____ 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:
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Name of Additional Contact Person or Organization:

Address:

Telephone No:	Cell Phone No:
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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.

**Authorization for the Release of Information/
Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

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

HOUSING AUTHORITY OF COLUMBIA COUNTY
700 Sawmill Road, Suite 101
Bloomsburg, PA 17815
570-784-9373

09/27/2021

IHA 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 from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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.

VO083-0172-04

This consent form expires 15 months after signed.

Signatures:

<u>X</u>	_____	_____	_____
		Date	
<u>X</u>	_____	_____	_____
	Social Security Number (if any) of Head of Household	Family Member over age 18 -	Date
<u>X</u>	_____	_____	_____
	Spouse -	Date	Family Member over age 18 -
<u>X</u>	_____	_____	_____
	Family Member over age 18 -	Date	Family Member over age 18
<u>X</u>	_____	_____	_____
	Family Member over age 18 -	Date	Family Member over age 18

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

Penalties for Misusing this Consent:

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

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

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

Columbia County
HOUSING AUTHORITY



700 Sawmill Rd Suite 101 • Bloomsburg, PA 17815

Phone: (570) 784-9373
Fax: (570) 387-8806
TDD: (570) 389-5745
www.columbiacountyhousing.com

RE: _____

Date: _____

I hereby authorize the Columbia County Housing Authority and its staff to contact any agencies, PP&L, UGI, water and sewer authorities, offices, groups, organizations, or individuals to obtain any information or materials which are deemed necessary to complete my application for participation or continued participation in the Section 8 Rental Assistance Program including but not limited to; income, assets, medical expenses, child care expenses, credit history, criminal history records, and references.

Signed _____

SS# _____

Signed _____

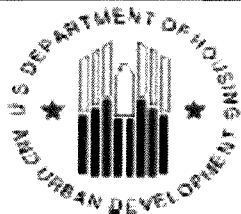
SS# _____

Signed _____

SS# _____

Signed _____

SS# _____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

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

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

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
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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;
3. and
4. Whether or not you have defaulted on a repayment agreement; and
5. Whether or not the PHA has obtained a judgment against you; and
6. Whether or not you have filed for bankruptcy; and

The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud,

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

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

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

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

HOUSING AUTHORITY OF COLUMBIA COUNTY
700 Sawmill Road, Suite 101
Bloomsburg, PA 17815
Phone: (570) 784-9373
Fax: (570) 387-8806

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

Signature

Date

Printed Name