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513 West Broadway
Bardstown, KY 40004
502-348-3525 Voice
502-348-4165 Fax
1-800-648-6056 Hearing Impaired Only

Housing Authority of Bardstown

This is an application packet for the Public Housing Program with the Housing Authority of Bardstown. **You must fill out the application completely before returning it to the office.** If you have any questions, please contact the office and someone will be glad to assist you.

Required documents that you must bring back with the application:

**SOCIAL SECURITY CARDS
PROOF OF INCOME
VALID DRIVER'S LICENSE OR
PHOTO I.D. For everyone over age 18**

You must have the head of household's social security card in order for your application to be made active. If your application is filled out completely and you turn in required information you will be placed on the waiting list according to the date and time the application is returned to this office. Everyone in the household 18 years and older must sign all paperwork.

YOU MUST COME IN TO THE OFFICE TO CHECK YOUR STATUS ON THE WAITING LIST. NO INFORMATION WILL BE PROVIDED TO YOU OVER THE PHONE.

If we can assist you in any way please contact the office at any time Monday – Friday from 7:30 a.m. until 4:30 p.m.

Sincerely,

Myra B. Houck

Occupancy Specialist

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513 West Broadway
Bardstown, KY 40004
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Housing Authority of Bardstown

******* IMPORTANT PLEASE READ *******

This is an application packet to apply for Public Housing with the Housing Authority of Bardstown.

****You must fill out the application completely before returning it to the office.****

◆ If you need any help, please feel free to contact the office and we will be glad to assist you.

◆ You must also bring in copies of your household's Social Security Cards and documentation of any income that you have.

◆ If you do not have the Head of Household's Social Security card and proof of income when you bring your application in, your application will not be active.

◆ If you have all information required you will be placed on the waiting list according to the time and date that your application is turned in to this office.

◆ Anyone over the age of 18 in the household must also sign all of the paperwork.

*****IF THE APPLICATION IS NOT FILLED OUT COMPLETELY IT WILL NOT BE PROCESSED.*****

If we can assist you in any way please contact the office any time Monday through Friday from 8:00 a.m. until 4:00 p.m.

Thanks,

Myra B. Houck
Occupancy Specialist

.....

HOUSING AUTHORITY OF BARDSTOWN
513 WEST BROADWAY
BARDSTOWN, KY 40004
(502) 348-3525

ision

For Office Use Only

Applicant SSN _____

Applicant Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____

Work Telephone _____

Message Telephone _____

Household Size _____
Emancipated Minor Yes No

Accessibility features requested?

Vision _____

Hearing _____

Wheelchair _____

Physical _____

Pet Information

Cats _____ Dogs _____ Other _____
Comments _____

Mailing address same as current address?

YES NO

Mailing Address _____

City, State, Zip _____

Current Information

Lived there from _____ to _____

Number of bedrooms _____ Rent _____

Reason for Moving

About to be or without housing Sub-Standard housing Displaced Due to Government Action Other (Please specify) _____

Current Landlord

Address _____

City, State, Zip _____ Telephone _____

Current Utility Information

Gas Company _____ Deposit _____

Electric Company _____ Deposit _____

Water Company _____ Deposit _____

Previous Address

City, State, Zip _____

Lived there from _____ to _____

Number of bedrooms _____ Rent _____

Previous Landlord

Address _____

City, State, Zip _____ Telephone _____

Previously lived in Public Housing?

YES NO

Previous HA Name _____

Address _____

City, State, Zip _____ Telephone _____

Lived there from _____ to _____

For Office Use Only

Waiting List Applied For	Application Number	Application Date / Time	Beds Applied
--------------------------	--------------------	-------------------------	--------------

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? YES NO
 If yes: Who? When? For What? _____

2. Does anyone in your household currently use a controlled or illegal drug? YES NO
 If yes, please explain. _____

3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? YES NO
 If yes: Who? When? For What? _____

4. Does anyone outside of your household pay for any of your bills or expenses? YES NO
 If yes: Who? When? For What? _____

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(mark as needed)

	Birth Place	Gender (M/F)	Race					Ethnicity Hispanic?	Eligibility				Alien Registration	Handicap	Disabled
			1	2	3	4	5		EC	EN	IN	PV			
Head															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Eligibility Codes: EC = Eligible Citizen
 EN = Eligible Noncitizen
 IN = Ineligible Noncitizen
 PV = Eligibility Pending

Race Codes: 1 = White
 2 = Black/African American
 3 = American Indian/Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

Enter each type of income that any household member will have in the next year.

Family Member _____ Source/Company _____
 Income Type _____ Position _____
 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year _____ City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____

Income Amount _____
 Family Member _____ Source/Company _____
 Income Type _____ Position _____
 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year _____ City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____

Family Member _____ Source/Company _____
 Income Type _____ Position _____
 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year _____ City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____

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 Income Per _____ Hour _____ Week _____ Month _____ Year _____ City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____

Family Member _____ Source/Company _____
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 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year _____ City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____

Income Amount _____
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 Income Per _____ Hour _____ Week _____ Month _____ Year _____ City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____

Family Member _____ Source/Company _____
 Income Type _____ Position _____
 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year _____ City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____

Income Type Codes:
 P = Pension S = SSI G = General Assistance I = Indian Trust/per capita
 B = Own Business F = Federal Wages W = Other Wages N = Other Non-wage Source
 SS = Social Security T = TANF C = Child Support E = Medical Reimbursement
 M = Military Pay HA = PHA Wages U = Unemployment Benefits IW = Annual Imputed Welfare Income

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.
 Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name _____ Source _____
 Description of Asset _____ Contact _____
 Cash Value _____ Address _____
 Annual Income _____ City, State, Zip _____
 Telephone _____

Family Member Name _____ Source _____
 Description of Asset _____ Contact _____
 Cash Value _____ Address _____
 Annual Income _____ City, State, Zip _____
 Telephone _____

Family Member Name _____ Source _____
 Description of Asset _____ Contact _____
 Cash Value _____ Address _____
 Annual Income _____ City, State, Zip _____
 Telephone _____

Family Member Name _____ Source _____
 Description of Asset _____ Contact _____
 Cash Value _____ Address _____
 Annual Income _____ City, State, Zip _____
 Telephone _____

Family Member Name _____ Source _____
 Description of Asset _____ Contact _____
 Cash Value _____ Address _____
 Annual Income _____ City, State, Zip _____
 Telephone _____

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member _____ Payee _____
 Type of expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ City, State, Zip _____
 Telephone _____

Family Member _____ Payee _____
 Type of expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ City, State, Zip _____
 Telephone _____

Family Member _____ Payee _____
 Type of expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ City, State, Zip _____
 Telephone _____

Family Member _____ Payee _____
 Type of expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ City, State, Zip _____
 Telephone _____

Family Member _____ Payee _____
 Type of expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ City, State, Zip _____
 Telephone _____

Family Member _____ Payee _____
 Type of expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ City, State, Zip _____
 Telephone _____

Enter references that can be contacted to determine housing suitability

Bank References

Bank 1
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Bank 2
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Credit References

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Personal References

Emergency Contact
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

IX Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____

Co-applicant _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

For Office Use Only

Management Code _____ Caseworker _____

Offers/Vouchers

Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): HOUSING AUTHORITY OF BARDSTOWN 513 W. BROADWAY BARDSTOWN, KY 40004 (502) 348-3525	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
---	---	--

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

X Head of Household _____ Date _____	_____ Date _____	_____ Other Family Members 18 and Over _____ Date _____	_____ Date _____
_____ Spouse _____ Date _____	_____ Date _____	_____ Other Family Members 18 and Over _____ Date _____	_____ Date _____
X _____ Other Family Members 18 and Over _____ Date _____	_____ Date _____	_____ Other Family Members 18 and Over _____ Date _____	_____ Date _____
_____ Other Family Members 18 and Over _____ Date _____	_____ Date _____	_____ Other Family Members 18 and Over _____ Date _____	_____ Date _____

**Housing Authority of Bardstown
Participant/Applicant Drug Free Certification**

We the undersigned do hereby certify that neither the head of household nor any other members of this family, within the last year, have engaged in any drug related criminal activity. Criminal activity to be described as follows:

The illegal manufacture, sale, or distribution, or use, possession with intent to manufacture, sell, distribute or use a controlled substance.

We further understand that the PHA may deny or terminate assistance based on the preponderance of the evidence of drug related criminal activity regardless of whether the family member has been arrested or convicted.

We also understand that if we are denied assistance or assistance is terminated that we have the right to an informal settlement conference. Rules governing the hearing process as well as the Authority for this policy are contained in our Administrative Plan and the following Federal Regulations:

24 CFR 966.4 – Obligations of the family

24 CFR 960.205 – Grounds for denial or termination of assistance

24 CFR 966.50 et. Seq. – Grievance Procedures

Copies of the Administrative Plan and any or all of the above regulations are available from the PHA upon request.

Signature of all Participants
18 and older:

Date _____

***This document is binding on all family members regardless of whether they have signed this document or not.**

DECLARATION OF SECTION 214 STATUS

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

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - Permanent residence under §249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
 - Parole status under §§212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/.

(Signature of Family Member)

(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

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

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

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

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Disclosure Format for Target Housing Rentals and Leases

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead-based poisoning prevention.

Lessor's Disclosure (initial)

____ (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

- Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

____ (b) Records and reports available to the lessor (check one below):

- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below):

- Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

____ (c) Lessee has received copies of all information listed above.

____ (d) Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4582(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Lessor

Date

Lessor

Date

Lessee

Date

Lessee

Date

Agent

Date

Agent

Date



U.S. Department of Housing and Urban Development
Office of Housing • Office of Multifamily Housing Programs



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons"



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

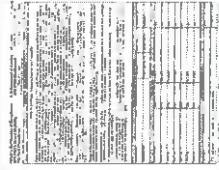
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent is Determined" which includes a listing of what is included or excluded from income



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft, someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at <http://www.ssa.gov/pubs/10064.html>

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in, and if it is not resolved



to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at 1-800-685-8470

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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at www.hud.gov/offices/hsg/mfh/rhipeiv/evhome.cfm



JULY 2009

Tenant Signature

Date



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 recordkeeping 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 08/31/2016.

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.

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

APPLICANT ACKNOWLEDGEMENT

Applicant Name: _____

Application Date: _____

_____ I understand that I must have the head of household's social security card in order to be placed active on the waiting list. I must furnish social security cards and birth certificates (Birth certificates only apply to Section 8 applicants) within 90 days of my application date. All adult members on the application must sign the appropriate forms in order to be active. Proof of income must be supplied on the application date. If it is not an acceptable form of verification, the Housing Authority will supply the proper forms to the applicant and they must be returned within five (5) days of the application date. If the above requirements are not met, I understand I will be removed from the waiting list.

_____ I certify that I have never rented from any landlord (Public Housing Applicants Only). I understand that any misrepresentation is considered fraud and will be treated accordingly.

_____ I certify that I have never committed any fraud in relation to any federally subsidized housing program.

_____ I understand that I am not allowed to call to check where I am on the waiting list. I must come in the office in person to find out what number I am on the waiting list. I also understand that no information about my application will be given out unless requested by myself. This request must be made in writing and turned in by me to the Housing Authority office. It will then be retained in my file for verification each time someone other than myself comes in to get information about my case.

_____ I understand that it is my responsibility to update all changes to the Housing Authority office. This will include, address, phone number, household changes, income changes, etc. I will come into the office and fill out proper written verification that my information has changed. I understand that if the change is not verified in writing, it will not be accepted.

_____ I understand that if I fail to follow any of the above-mentioned requirements, I will be removed from the waiting list.

I, have read, had read to me, or chose not to read, this acknowledgement that I have signed as an applicant of the Housing Authority of Bardstown and understand its contents. I have received a copy of this acknowledgement. I acknowledge that my failure to abide by any of the requirements in this acknowledgement will result in my removal from the waiting list.

Head of Household Signature

Date

Housing Authority Representative

Date