

Recertification and Interim Compliance Approval Checklist Pontiac Housing Commission

Carriage Circle

Woodland Heights

HOH NAME: _____

RECERT INTERIM

EFFECTIVE DATE: _____

ANNUAL RECERTIFICATION

- HUD 50058
- Family Summary Sheet
- Eligibility Certification Form (each HH member 18 yrs & older)
- Authorized Release form – HUD 9886 (each HH member 18 yrs & older)
- Income calculation worksheet – showing all calculations
- Income Verifications (SSA, employment, pension, TANF, SSI)
- Third Party Asset Verification over \$5k or Under \$5k form
- Real Estate Asset Worksheet
- State Paid SSI Self-Certification form, if applicable
- Certification of Zero Income, if applicable
- Zero Income Questionnaire, if applicable
- Non Employed Affidavit, if applicable
- Miscellaneous (divorce decrees, property tax statements, bank statements, unemployment verifications, tax returns, etc.)
- Medical Expenses, if applicable
- Childcare Expenses
- EIV
- Lead based paint disclosure
- HUD Forms Acknowledgement Sheet
- PHA Official Statement
- Community Service Letter
- Community Service Checklist
- Sex Offender Search Results
- Renewal/Recertification Reminder Notice(s)

Please certify to the following: (initial)

_____ Social Security Card & Birth Certificates

for all HH members are present in file

_____ Citizenship declaration for all HH

members is documented in file

_____ VAWA Letter and Cert given to resident

SEND FOR FINAL APPROVAL:

- 50058 (signed and dated)
- Income Calculation Worksheet
- Rent Election (signed and dated)

_____ _____
Initial Date

INTERIM

- Request for Interim Review – must clearly state reason for interim
- 50058
- Income Calculation Worksheet – if income changed
- EIV
- Include all documentation to support interim
- Community Service Checklist

Management Signature

Date

Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head			HOH		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, marital status, actual or perceived gender identity, sexual orientation, or any other protected category in admission or access to any community. A Coordinator has been designated to monitor Section 504 compliance and inquiries can be made to (248) 593-4500 or TTY 711.



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

exp 07/31/2021

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

PONTIAC HOUSING COMMISSION
120 N. EDITH STREET PONTIAC, MI 48342
248.334.3505/248.550.0310

STEPHANIE ROUSELL

Date: _____

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

XX
XX
XX
XX
XX
XX
XX
XX
XX
XX
XX
XX

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(1)(7)(A) of the Internal Revenue Code.)

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

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

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that 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 expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date		
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

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

Pontiac Housing Commission
 120 N. Edith Street • Pontiac, MI 48342
 (248) 334-3505/(248) 550-0310

SUBJECT: ELIGIBILITY CERTIFICATION CHECKLIST

Resident Name: _____

I have the following assets

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Checking Account(s)
How many? _____ | <input type="checkbox"/> | <input type="checkbox"/> | Savings Account(s)
How many? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificates of Deposit/Time Certificates
How many? _____ | <input type="checkbox"/> | <input type="checkbox"/> | Money Market Funds/Treasury
Bills/Savings Bonds
How many? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | IRA's/Keogh Accounts/Retirement Funds
How many? _____ | <input type="checkbox"/> | <input type="checkbox"/> | Stocks/Bonds/Mutual Funds |
| <input type="checkbox"/> | <input type="checkbox"/> | Inheritances | <input type="checkbox"/> | <input type="checkbox"/> | Trusts (Revocable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash on Hand/In safe Deposit Boxes | <input type="checkbox"/> | <input type="checkbox"/> | Lump Sum or One-Time Receipts
(Lottery Winnings) |
| <input type="checkbox"/> | <input type="checkbox"/> | A Mortgage or Deed Trust | <input type="checkbox"/> | <input type="checkbox"/> | I have disposed of assets for less than Fair
Market Value in the last 2 years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal property held as an Investment
(Jewelry, Coins, Antique Cars, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | I have Land Contracts.
If yes, how many? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Whole Life or Universal Life Insurance
Policies | <input type="checkbox"/> | <input type="checkbox"/> | Real Estate, if yes how many? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 401K Account | <input type="checkbox"/> | <input type="checkbox"/> | Mobile Home |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | | | |

I have the following expenses:

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am Elderly (age 62 or older),
handicapped or disabled <u>and</u> pay
Medicare premiums | <input type="checkbox"/> | <input type="checkbox"/> | I pay child care expenses for a child age
12 or under in order to be gainfully
employed or to further my education.
If yes, is your child care provider paid the
entire amount directly by FIA?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | I am Elderly (age 62 or older),
handicapped or disabled and pay medical
insurance premiums other than Medicare | <input type="checkbox"/> | <input type="checkbox"/> | I pay handicap care expenses for a
handicapped/disabled family member in
order to be gainfully employed |
| <input type="checkbox"/> | <input type="checkbox"/> | I am Elderly (62 or older), handicapped or
disabled and pay medical or prescription
expenses which are not reimbursed by
insurance | <input type="checkbox"/> | <input type="checkbox"/> | I pay handicap equipment expenses for a
handicapped/disabled family member
which are not covered by insurance. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have provided proof of Social Security
number (or certification) for all
household members five (5) years of age
and older. (The certification for
individuals 18 years of age will be
executed by a parent or guardian) | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

I receive income from the following sources:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Wages, Salaries |
| <input type="checkbox"/> | <input type="checkbox"/> | Tips, Bonuses |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security or Railroad Retirement Act |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unearned income from family members age 17 or under |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability or Death Benefits, other than SSI |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Active Duty Allotments |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers Compensation |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Policies |
| <input type="checkbox"/> | <input type="checkbox"/> | Annuities |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support (If yes, is support paid directly by FIA? _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Real or Personal Property |
| <input type="checkbox"/> | <input type="checkbox"/> | Severance Pay |
| <input type="checkbox"/> | <input type="checkbox"/> | Education Assistance/Scholarships or Grants |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a member of an Indian Tribe Receiving gaming payments |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Public Assistance (AFDC or GA) |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplementary Security Income (SSI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Admin/GI Bill Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Compensation |
| <input type="checkbox"/> | <input type="checkbox"/> | Pension and/or Retirement Funds |
| <input type="checkbox"/> | <input type="checkbox"/> | Trusts |
| <input type="checkbox"/> | <input type="checkbox"/> | Alimony |
| <input type="checkbox"/> | <input type="checkbox"/> | Adoption Assistance Payments |
| <input type="checkbox"/> | <input type="checkbox"/> | Ownership of business or profession |
| <input type="checkbox"/> | <input type="checkbox"/> | Strike Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Interest/Dividends |
| <input type="checkbox"/> | <input type="checkbox"/> | Lottery Winnings |
| <input type="checkbox"/> | <input type="checkbox"/> | Support from persons not residing in the unit, such as monetary gifts, food, clothing, payment of bills, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have been awarded judgement for child support but have not been receiving payments |
| <input type="checkbox"/> | <input type="checkbox"/> | I anticipate or plan to take legal action on an unpaid child support claim within the next 12 months |

Other:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a student at an institute of higher education |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen of the United States or a permanent legal resident |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed (list type of jobs):
_____ |

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I need a sight impaired apartment |
| <input type="checkbox"/> | <input type="checkbox"/> | I need an apartment with accessibility features |
| <input type="checkbox"/> | <input type="checkbox"/> | I need a hearing impaired apartment |

I certify that to the best of my knowledge all statements are true and that when circumstances change, I will notify the resident manager to determine my continued eligibility for a federally assisted housing program in accordance with the regulations of the Department of Housing and Urban Development.

Applicant/Resident Signature

Date

Management Signature

Date



INCOME CALCULATION WORKSHEET

FAMILY MEMBER	TANF	WAGES	CSEA/Alimony	SS / SSI	Pension / Other	Frequency	TOTALS
Annual Income							\$

Allowable Deductions (ALL):

Medical out of Pocket	\$
Rx/Medical Expenses	\$
Other medical Expenses	\$
Total medical Expenses	\$
3% medical threshold	\$
Allowable medical (sub-total)	\$
Dependent(s) \$480 X	\$
Childcare Expenses	\$
Elderly / Disabled \$400	\$
Income Exclusions	\$
Other	\$
TOTAL	\$

ASSETS:

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Imputed Assets (>.06%/Actual) (>\$5,000)	\$
Actual Interest (<\$5,000)	\$
Use the greater amount when Asset is greater than \$5,000	
GROSS INCOME	\$
TOTAL DEDUCTIONS	\$
sub-total	\$
Adjusted income div by 12	\$
30%	\$
UTILITY ALLOWANCE	\$
MONTHLY RENT AMOUNT	\$

Earned Income
Disallowance:
Effective Date:

Date Interim Completed: _____

**Staff
Completing
Calculations:**

(Name)

Head of Household: _____
Address: _____

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000
Complete only one form per household; include assets of children

Household Name: _____ Unit No. _____

Development Name: _____ Effective Date: _____

Complete all that apply for 1 through 3:

1. My/our assets include:

(A) Fair Market Value	(B) Int. Rate	(A*B) Annual Income	Source	(A) Fair Market Value	(B) Int. Rate	(A*B) Annual Income	Source
a. \$ _____	_____	\$ _____	Savings Account	m. \$ _____	_____	\$ _____	Checking Account
b. \$ _____	_____	\$ _____	Cash on Hand	n. \$ _____	_____	\$ _____	Safety Deposit Box
c. \$ _____	_____	\$ _____	Certificates of Deposit	o. \$ _____	_____	\$ _____	Money market funds
d. \$ _____	_____	\$ _____	Stocks	p. \$ _____	_____	\$ _____	Bonds
e. \$ _____	_____	\$ _____	IRA Accounts	q. \$ _____	_____	\$ _____	401K Accounts
f. \$ _____	_____	\$ _____	Keogh Accounts	r. \$ _____	_____	\$ _____	Trust Funds
g. \$ _____	_____	\$ _____	Equity in real estate	s. \$ _____	_____	\$ _____	Land Contracts
h. \$ _____	_____	\$ _____	Lump Sum Receipts	t. \$ _____	_____	\$ _____	Capital investments
i. \$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
j. \$ _____	_____	\$ _____	Other Retirement Pension Funds not named above:				_____
k. \$ _____	_____	\$ _____	Personal property held as an investment*:				_____
l. \$ _____	_____	\$ _____	Other (list):				_____
TOTAL. Add [(a) through (t)]				Fair Market Value	Annual Income		

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts that are

*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred); or
- I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
3. I/we do not have any assets at this time.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date

SUBJECT: **NON-EMPLOYMENT AFFIDAVIT**

DATE: _____

COMMUNITY NAME: _____

APPLICANT/RESIDENT NAME: _____

ADDRESS: _____

You have applied to live in an apartment or currently reside in an apartment that is governed by the Low Income Housing Tax Credit Program or a Program of the U.S. Department of Housing and Urban Development (HUD). Federal Regulations required us to certify all of your income, asset and eligibility information as part of determining your household's eligibility or level of benefits. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility or level of benefits and, if such eligibility or level of benefits is granted, each subsequent year you remain in the unit.

Initial/Move-In Certification Date of Expected Move-in: _____

Recertification Interim Effective Date: _____

I, _____, certify that:

I am not employed and have not been employed since _____

My last employer was _____

Whose address is _____

I stopped working because _____

I am currently

- seeking employment
 not seeking employment because

Status of Unemployment Benefits:

- I am receiving or have applied for unemployment insurance benefits.
 I am not receiving unemployment insurance benefits and do not intend to apply for them.

I hereby state that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease. I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Applicant/Resident Signature

Date

Management Signature

Date

SUBJECT: STATE PAID PORTION OF SSI

APPLICANT/RESIDENT: _____

APPLICANT/RESIDENT ADDRESS: _____

Personal Testimony of Receipt of State Amount of S.S.I:

(Please check ONE box)

- I attest to the fact that I **DO NOT** receive the state amount of S.S.I.
- I attest to the fact that I **DO** receive the state amount of S.S.I. This amount is paid quarterly and the amount received is \$42.00.
- I attest to the fact that I receive state amount of S.S.I. but the amount that I receive quarterly is not \$42.00 but \$ _____.

The following signature states that the above information is true and accurate. I also understand that if this information is in conflict with any other information obtained, I must show documentation of the above statement.

Signature _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).

Disclosure of Information on Lead-Based Paint and/or 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 managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

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

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

(ii) _____ 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 (i) or (ii) below):

(i) _____ 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).

(ii) _____ 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. 4852(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 they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

FACT SHEET

“How Your Rent Is Determined”

For Public Housing And Housing Choice Voucher Programs

Office of Public and Indian Housing

November, 2002

This Fact Sheet is a general guide to inform the Public Housing Agency (PHA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification. Since some of the requirements vary by program, residents should consult their PHA to determine the specific policies that apply.

Why Determining Income and Family Payment Correctly is Important

The Department of Housing and Urban Development's studies show that many resident families pay the incorrect amount of rent. The main causes of this problem are:

- under-reporting of income by resident families, and
- PHAs not granting exclusions and deductions to which resident families are entitled.

PHAs and residents all have a responsibility in ensuring that the correct family payment is paid. Paying the correct amount eliminates fraud, waste, and abuse.

PHAs' Responsibilities:

- Obtain accurate income information
- Verify residents' income
- Ensure that residents receive the exclusions and deductions to which they are entitled
- Accurately calculate family payment
- Recalculate family payment when changes in family composition and income are reported between annual recertifications (in accordance with PHA policy)
- In Public Housing, execute a lease with the tenant
- In the Housing Choice Voucher program, provide a copy of the required lease language
- Provide tenant a copy of PHA determination of income and family payment
- Provide information on PHA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining family payment
- Terminate tenancy for grounds allowed by federal law

Residents' Responsibilities:

- Provide accurate information on family composition
- Report all income at admission and annually (or as required by PHA policy)
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income between annual recertifications (in accordance with Public Housing and Housing Choice Voucher PHA policy)
- Sign consent for income verification and criminal history checks
- Comply with lease and House Rules

What is Total Income?

A family's income before any taxes or other exclusions or deductions have been taken out of it.

What is Annual Income?

Total Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Allowable Income Deductions = Adjusted Income

Family Payment (Total Tenant Payment)

The amount of rent a family will pay is the highest of the following amounts:

- 30% of the family's monthly adjusted income;
- 10% of the family's monthly income;
- Welfare rent (in States where applicable); or
- Minimum Rent (\$0 - \$50 set by the PHA)

Annualization of Income

If it is not feasible to anticipate a level of income over a 12-month period (as in the case of seasonal or cyclic income), or the PHA believes that past income is the best available indicator of expected future income, the PHA may annualize the income anticipated for a shorter period, subject to a re-determination at the end of the shorter period.

What Counts as Annual Income for Calculation of Family Payment?

Annual income means all amounts, monetary or not, which:

- Go to, or on behalf of, the family head of household or spouse (even if temporarily absent) or to any other family member; or
 - Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
 - Which are not specifically excluded.
- Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

Annual income includes, but is not limited to:

- The full amount, before any payroll deductions of wages and salaries, overtime pay, Commissions, fees, tips and bonuses, and other compensation for personal services;
- The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is

reimbursement of cash or assets invested in the operation by the family;

- Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in above section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.
- Payments in place of earnings, such as unemployment and disability compensation, worker's compensation and severance pay.
- Welfare assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of: (i) the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus (ii) the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities.
- Periodic and determinable allowances, such as Alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
- All regular pay, special pay and allowances of a member of the Armed Forces.

Annual income does not include the following:

- Income from employment of children (including foster children) under the age of 18 years;
- Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses.
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- Income of a live-in aide, as defined in §5.403;
- The full amount of student financial assistance paid directly to the student or to the educational institution;
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- Amounts received under training programs funded by HUD;
- Amounts received by a person with a disability that are disregarded for a limited time purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;
- Incremental earnings and benefits resulting to any family member from participation in quality State or local employment training

programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;

- Temporary, nonrecurring or sporadic income (including gifts);
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
- Adoption assistance payments in excess of \$480 per adopted child;
- Deferred periodic amounts from supplemental security benefits that are received in a lump sum amount or in prospective monthly amounts.
- Amounts received by the family in the form of refund or rebates under State or local law for property taxes paid on the dwelling unit;
- Amounts paid by a State agency to a family with a member who has a development disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
- Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions are set forth.

Other Income Exclusions

Federally Mandated Income Exclusions –

The following statutory exclusions apply to HUD-assisted and other government programs:

- The value of the allotment provided under the Food Stamp Act of 1977.
- Payments to volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act (cash including cash dividends on stock received from a Native Corporation and on bonds received from a Native

- Corporation to the extent that it does not in the aggregate exceed \$2,000 per individual per year)
- Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes
- Income Home Energy Assistance Program
- Payments received under programs funded under the Job Training Partnership Act (Workforce Investment Act of 1998)
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians. The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965 (including Federal Work Study program or Bureau of Indian Affairs (BIA) Student Assistance programs)
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in Re Agent-product liability
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments received on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation under the Victims of Crime Act

- Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998

Earned Income Disallowance for certain Public Housing Residents and Housing Choice Voucher Family members with Disabilities

Certain amounts will not be counted in determining a qualifying family's rent for a specific period of time. A qualifying family is one whose annual income increases as a result of:

- Employment of a family member who was unemployed for at least 12 months prior to employment;
- New or increased earnings during participation in an economic self-sufficiency or other job training program;
- New or increased earnings during or within 6 months after receiving Temporary Assistance to Needy Families (TANF).

During the first 12 months after a qualified family member starts working, 100 percent of the incremental increase of that family member's income is disallowed. The incremental increase is the amount of earned income that exceeds that family member's income prior to starting work.

In the second cumulative 12-month period after the date of first employment, 50 percent of the incremental increase in income is disallowed. Total time of benefit is limited to a lifetime 48-month period.

NOTE: For Public Housing Only, PHAs may offer to establish Individual Saving Accounts (ISA) for eligible families in place of the earned income disallowance. If offered, the family makes the choice whether or not to participate.

What are deductions from income?

Deductions are amounts that are subtracted from a family's Annual Income to produce Adjusted Income. There are two types of deductions: mandatory and permissive.

Mandatory Deductions:

- \$480 for each member of the family (excluding head of household or spouse) who is less than 18 years of age or who is a student or person with a disability
- \$400 for any elderly family or disabled family
- The sum of the following to the extent the sum exceeds 3% of annual family income:
 - Unreimbursed medical expenses of any elderly family or disabled family
 - Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work. This deduction may not exceed the income received.
- Any reasonable childcare expenses (children under 13 years old) necessary to enable a member of the family to be employed or to further his or her education.

Permissive Deductions (Public Housing Only):

PHAs may establish other deductions as they wish but should understand that HUD does not provide any additional operating subsidy and the PHA must establish a written policy for the deductions.

Other Provisions

Hardship Exceptions: PHAs must waive the minimum monthly rent requirement for any family unable to pay due to financial hardships as described in the PHA's written policies.

HUD has specified some circumstances that would constitute hardship which are:

- Switch from flat rent to income-based rent because of hardship.
- A family that is paying a flat rent may at any time request a switch to payment of income-based rent (before the next annual option to select the type of rent) if the family is unable to pay flat rent because of financial hardship. The PHA must adopt written policies for determining when payment of flat rent is a financial hardship for the family.
- If the PHA determines that the family is unable to pay the flat rent because of financial hardship, the PHA must immediately allow the requested switch to income-based rent. The

PHA shall make the determination within a reasonable time after the family request.

- The PHA's policies for determining when payment of a flat rent is a financial hardship must provide that financial hardship include the following situation.
- The family has experienced a decrease in income because of changed circumstances including loss or reduction of employment, death in the family, or reduction in or loss of earnings or other assistance;
- The family has experienced an increase in expenses, because of changed circumstances, for medical costs, child care, transportation, education, or similar items; and
- Such other situations determined by the PHA to be appropriate.

Maximum Initial Rent Burden (Housing Choice Voucher Only):

The family's share may not exceed 40% of the family's monthly adjusted income when the family initially moves into the unit or signs the first assisted lease for a unit. The maximum initial rent burden applies only when the gross rent for the unit selected exceeds the applicable payment standard.

Flat Rent (Public Housing Only): Annually at recertification families must be offered a choice of a flat rent or an income-based rent. If a family elects to pay a flat rent a PHA can (if desired) recertify family income as infrequent as every three (3) years instead of annually. Family composition must be recertified annually. Flat rent is based on the market rent charged for comparable units in the private unassisted rental market and will not increase or decrease as changes in income occur. A family can request a switch to an income-based rent at any time due to a financial hardship.

Welfare Sanctions: If the welfare agency reduces the welfare payment because of fraud of a family member in connection with the welfare program or non-compliance with economic self-sufficiency requirements, the PHA must still include the amount of the reduction in the Annual Income that is used to calculate total tenant payment.

Reference Materials

Legislation:

- United States Housing Act of 1937, 42 USC 1437, et seq. as amended

Regulations:

- General HUD Program Requirements; Waivers, 24 CFR Part 5
- Admissions to, and Occupancy of, Public Housing, 24 CFR Part 960
- Section 8 Tenant-Based Assistance: Housing Choice Voucher Program, 24 CFR Part 982
- Determining Adjusted Income in HUD Programs Serving Persons with Disabilities: Requiring Mandatory Deductions for Certain Expenses; and Disallowance for Earned Income, 66 FR 6218, issued January 19, 2001: 24 CFR Parts 5, 92, et al. (effective April 20, 2001)

Notices:

- "Federally Mandated Income Exclusions" Notice 66 FR 4669, April 20, 2001
- "Improving Income Integrity in Public and Assisted Housing" Notice PIH 2001-15, issued May 2, 2001
- Frequently Asked Questions about the Admissions and Occupancy Rule:
http://www.hud.gov/offices/pih/phr/about/ao_faq2.cfm#2c

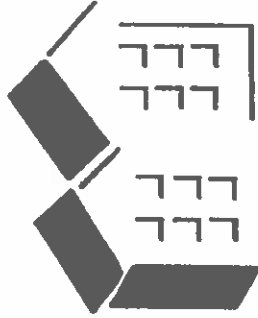
For Additional Information:

Contact your Public Housing Authority (PHA) in your area. In addition, you can find information about HUD's programs on HUD's Internet homepage at <http://www.hud.gov> or call the Public and Indian Housing Information Resource Center at 1-800-955-2232.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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 _____

Pontiac Housing Commission

HUD FORMS ACKNOWLEDGEMENT SHEET

I HEREBY ACKNOWLEDGE AND AGREE THAT I HAVE RECEIVED A COPY OF THE FOLLOWING FORMS:

1. FACT SHEET "How Your Rent Is Determined"
2. Is Fraud Worth It?
3. RHIP What You Should Know About EIV

APPLICANT/RESIDENT SIGNATURE

DATE

APPLICANT/RESIDENT SIGNATURE

DATE

Pontiac Housing Commission

APPLICANT/RESIDENT CERTIFICATION, FEDERAL PRIVACY ACT AND PHA OFFICIAL STATEMENTS

APPLICANT/RESIDENT CERTIFICATION

I/We certify that the information I/we provided on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or false information are punishable under Federal law. I/We also understand that false statements or false information are grounds for termination of housing assistance and termination of tenancy.

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you provided to this community at time of application and reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents provide the PHA with SSN(s) of all household members six (6) years of age and older. If you are an applicant and you have been issued or use SSN(s) and you do not provide proof, we are required to reject your application for housing assistance.

Signatures:

Head of Household

Date

Other Adult

Date

PHA OFFICIAL STATEMENT

I certify that:

- (1) The information provided by the household of _____ has been verified as required by Federal Law.
- (2) The family was eligible at admission.
- (3) The family has certified that it has given our office accurate and complete information.

Signature of Management Representative

Date

Pontiac Housing Commission

COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY

Public Housing Authority

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) Public Housing adult residents (18 – 62 years of age) contribute to community service (Volunteer work) or participate in training, counseling, classes or other activities that help an individual toward self-sufficiency and economic independence for a total of 96 hours per recertification year (contributions may be eight (8) hours per month or aggregated across the recertification year).

Community Service (24CFR 960.601):

The performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increases resident self-responsibility in the community. Community service is not employment and may not include political activities.

Volunteer work, which includes, but is not limited to:

- Work at a local institution including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- Work with a non-profit organization that serves PHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls clubs, 4-H program, PAL, Garden Center, Community cleanup programs, beautification programs, other youth or senior organizations;
- Work at the Authority to help improve physical conditions;
- Work at the Authority to help with children's programs;
- Work at the Authority to help with senior programs;
- Helping neighborhood groups with special projects;
- Working through resident organization to help other residents with problems, serving as an Officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may perform volunteer activities.

NOTE: Political activity is excluded.

Self Sufficiency Activities - activities that include, but are not limited to:

- Job readiness programs;
- Job training programs;
- GED classes;
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- Apprenticeships;
- Budgeting and credit counseling;
- Any kind of class that helps a person toward economic independence; and
- Full time student status at any school, college or vocational school.

Exempt Adult – an adult member of the family who

- Is 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is the caretaker of a disabled person;
- Is working at least 30 hours per week; or
- Is participating in welfare to work program. Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act or under any other welfare program of the State in which the PHA is located and has not been found by the State or other administering entity to be in noncompliance with such a program.

Requirements of the Program

1. The contribution hours may be eight (8) hours per month or (96) hours annually across the full recertification year and may be either volunteer work or self-sufficiency program activity, or a combination of the two.
2. The contribution of (96) hours of activity must be performed across a full recertification year. An individual must contribute a total of (96) hours per recertification year, unless special circumstances warrant special consideration. The PHA will make the determination of whether to allow or disallow a deviation from the schedule.
3. Family obligations
 - At lease execution or re-examination after February 1, 2000, all adult members (18 or older) of a public housing resident family must:
 1. Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
 2. Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.
 - At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the PHA) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
 - If a family member is found to be noncompliant at re-examination; he/she and the Head of Household will sign an agreement with the PHA to make up the deficient hours over the next twelve (12) month period.
4. Change in exempt status:
 - If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the PHA and provide documentation of such.

- If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to LCHA. LCHA will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

PHA's Obligations

1. To the greatest extent possible and practicable, the PHA will:
 - Provide names and contacts or agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (*According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement*); and
 - Provide in-house opportunities for volunteer work or self-sufficiency programs whenever possible.
2. The PHA will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
3. The PHA will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the PHA's Grievance Procedure if they disagree with the PHA determination.
4. Noncompliance of family member:
 - At least thirty (30) days prior to annual re-examination and/or lease expiration, the PHA will begin reviewing the exempt or non-exempt status and compliance of family members;
 - If the PHA finds a family member to be noncompliant, the PHA will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period;
 - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit;
 - The family may use the PHA's Grievance Procedure to protest the lease termination.



Community Service Compliance Certification Annual Renewal

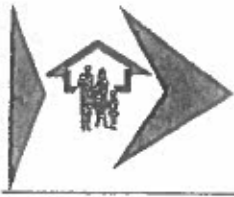
I have received and read the Community Services and Self Sufficiency Requirement. I understand that as a resident of Public Housing, I am required by law to contribute 96 hours per recertification year of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement at the time of annual recertification.

Resident Signature

Date

Resident Signature

Date



COMMUNITY SERVICE EXEMPT/NOT EXEMPT CHECKLIST

Name: _____ Address: _____

1. How many occupants are 18 years of age or older in the household? _____

2. Is anyone exempt from Community Service due to the following?	Head	Other Adult(1)	Other Adult(2)	Other Adult(3)
A. Family members who are 62 and older	_____	_____	_____	_____
B. Family members who are blind or disabled as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1)) and who certifies that because of this disability, she or he is unable to comply with the community service requirements	_____	_____	_____	_____
C. Family members who are the primary care giver who is blind or disabled as set forth in Paragraph B above.	_____	_____	_____	_____
D. Family members engaged in work activity (30+ hours)	_____	_____	_____	_____
E. Family members who are exempt from work activity under Part A, title VI of the Social Security Act or under any other State welfare program, including the welfare-to-work program.	_____	_____	_____	_____
F. Family members receiving assistance, benefits or service under a State program funded under part A title VI of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.	_____	_____	_____	_____
G. Family member is a full-time student at an institute of higher education.	_____	_____	_____	_____
H. Parent or Legal Guardian with a Child under 13 Living in Home: If there are more than one adult in the household, you must provide proof that you are the parent or legal guardian of a child under 13 living in your household (Scattered Site Family Unit Residents Only)	_____	_____	_____	_____
I. Pregnant: If you are pregnant you must provide Third Party Verification from a Doctor or other Medical Provider. (Scattered Site Family Unit Residents Only)	_____	_____	_____	_____
3. I am not exempt from community service requirements.	_____	_____	_____	_____

You will be provided the opportunity for family members to claim and explain an exempt status. Management shall verify such claim.

Resident 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.