

## THE HOUSING AUTHORITY OF APALACHICOLA APPLICATION INSTRUCTIONS

1. Read over the application carefully (front and back) before filling in blanks. Please use a blue or black ink pen. Answer all questions. Put N/A in the blank when the question does not apply to your household. Read all forms, date and sign. **PLEASE NOTE: ALL REQUIRED DOCUMENTS LISTED IN SECTION 2 MUST BE TURNED IN WITH APPLICATION OR YOUR APPLICATION WILL BE DENIED.**

### 2. REQUIRED DOCUMENTS

- a. **SOCIAL SECURITY CARD** for each household member.
- b. **PICTURE ID** for each household member over 18.
- c. **CERTIFIED BIRTH CERTIFICATE** containing parent's name for each household member.
- d. **SCHOOL REGISTRATION** for each household member attending school.
- e. **CURRENT CAR REGISTRATION.**
- f. **PROOF OF PREGNANCY** (Estimated due date letter from Doctor).
- g. **AFFIDAVIT** (must be notarized).
- h. **CERTIFIED LEGAL DOCUMENTS.** Marriage certificate if currently married, divorce/legal separation (each occurrence) custody/guardianship/adoption of minors.
- i. **INCOME** for current month of employment and prior month pay check stubs, proof of child support, current award letter from social security/SSI/VA/GI, unemployment/workers compensation, retirement pension, educational grants, Aid to Families with Dependent Children (AFDC). AFDC award letter of current month AFDC check stub or last IRS 1040 tax form, current statements for checking and savings accounts, money market, credit union, certificates of deposit accounts and all tocks and bonds. These documents should include your name, address, amount and type of benefits.

### 3. GENERAL INFORMATION

- a. Eligibility cannot be determined until all the above documents applicable to your household have been submitted. **You are reminded that the Affidavit enclosed must be notarized before your application will be accepted.**
- b. Prior to being offered housing assistance an interview will be conducted to verify income, family composition, eligibility, unit size, and any additional information necessary.
- c. If any applicant turns down housing assistance without good cause, their name will be placed at the bottom of the waiting list or removed from the waiting list.

# HOUSING AUTHORITY OF THE CITY OF APALACHICOLA

## APPLICATION FOR ADMISSION

DATE OF APPLICATION: \_\_\_\_\_ TIME OF APPLICATION: \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ DRIVER LICENSE NO: \_\_\_\_\_

MARRIED \_\_\_\_\_ UNMARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ HOW LONG \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_

APPLICANTS PLACE OF EMPLOYMENT \_\_\_\_\_ HOW LONG \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT \_\_\_\_\_ HOW LONG \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OTHER FAMILY MEMBER PLACE OF EMPLOYMENT \_\_\_\_\_ HOW LONG \_\_\_\_\_

PERSONS WHO WILL OCCUPY APARTMENT (* INDICATES FULL TIME STUDENT OVER 18)					
NAMES (Enter Applicant Line#1)	SEX	DOB	SOCIAL SEC. #	RELATION	SALARY
1					
2					
3					
4					
5					
6					
7					

OTHER INCOME \_\_\_\_\_ SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_

OTHER INCOME \_\_\_\_\_ SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_

MEDICAL EXPENSES (Elderly Only) \$ \_\_\_\_\_ CHILD CARE EXPENSE \$ \_\_\_\_\_

MEDICAL DISABILITIES \_\_\_\_\_ FAMILY MEMBER \_\_\_\_\_

MEDICAL DISABILITIES \_\_\_\_\_ FAMILY MEMBER \_\_\_\_\_

CREDIT REFERENCES \_\_\_\_\_

BANK \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

OTHER \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: NAME \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

1. Will there be any children under 12 years of age left unattended at any time? \_\_\_\_\_
2. Do you have any pets? \_\_\_\_\_ Specify \_\_\_\_\_
3. Do you own a motorcycle or any other vehicular apparatus? \_\_\_\_\_
4. Will you have any musical instruments? \_\_\_\_\_ Specify \_\_\_\_\_
5. How many cars do you have? \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
6. Do you plan to keep a boat, trailer or camper on the premises? \_\_\_\_\_
7. Have you ever had any suits, judgments or collections filed against you? \_\_\_\_\_
8. Have you ever been convicted of a felony? \_\_\_\_\_
9. Have you ever had a house or car repossessed? \_\_\_\_\_
10. Have you ever been evicted or refused housing elsewhere? \_\_\_\_\_

Official Use

PROG. \_\_\_\_\_ CODE \_\_\_\_\_ BDRM: \_\_\_\_\_ ELDERLY \_\_\_\_\_ ETHNIC \_\_\_\_\_

## DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

Box #1 ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

Box #2 ☐ I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or

Box #3 ☐ I have eligible immigration status, and have reached the age of 62. Attach proof of age; or

Box #4 ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)

☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)

☐ Permanent residence under §249 of INA; or

☐ Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or

☐ Parole status under §212(d)(5) of the INA; or

☐ Threat to life or freedom under §243(h) or the INA; or

☐ Amnesty under §245A of the INA

Box #5 ☐ I do not have eligible immigration status; or

Box #6 ☐ I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for a NON-CONTENDING FAMILY MEMBER FORM.

\_\_\_\_\_  
(Signature of Family Member)  
Responsible Adult to sign for minor

\_\_\_\_\_  
(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: \_\_\_\_\_

**\*\*WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly 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 United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF FRANKLIN

Selection to be filled in by applicant:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Applicant deposes and says:

1. That applicant has full legal rights or capacity and competent to testify to the facts herein of his/her own personal knowledge.
2. That applicant is the head of the household, and has filed as such, an application for Housing Assistance with the Housing Authority of Apalachicola, 141 15<sup>th</sup> Street, Apalachicola, FL 32320.
3. That applicant nor any member of the household listed on the application for Assisted Housing, has never been charged, arrested, pleaded no contest, nor incarcerated, nor has a record listed with the National Crime Information Center, with the past (3) three years in relation to any of the following: Drug or Controlled Substance Abuse, Fraud, Sex Offenses, Alcohol Abuse, Deadly Weapons, Firearms, Violent Criminal Activity, or served time in a Federal or State Institution of Corrections.
4. That applicant should not sign this affidavit knowing if guilty or any of the subject matter referenced in item (3) three of this instrument and should notify the Housing Authority of Apalachicola of such, so that those National Crime Information Center records may be obtained, as required by the Housing Authority.
5. That applicant does hereby authorize any city, county, state or federal agency to release any information in their files under the above name or names, and understands and realizes that the information released may prove unfavorable and he/she agrees to hold liability resulting from the release of this information.
6. That upon signing this Affidavit, applicant has sworn to the whole truth, and any information found to the contrary will result in cancellation of Housing and Urban Housing Assistance, with no right of recourse, and no further application for housing assistance shall be accepted on their behalf for a period of (10) ten years, by the Housing Authority of Apalachicola.

FURTHER AFFIANT SAYETH NO MORE

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification, and who did or did not take an oath.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary Public

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVERYONE 18 YEARS OR OLDER WHO WILL LIVE IN UNIT MUST READ  
AND SIGN THIS FORM**

**ONE STRIKE AND YOU ARE OUT POLICY**

1. **PURPOSE.** It is the policy of the Housing Authority of Apalachicola that all residents shall enjoy decent, safe and sanitary living conditions.
2. **AUTHORITY.** Drug-related criminal activity, other criminal activity and alcohol abuse in public housing/assisted housing community's increases resident fear and decreases unit marketability. Therefore, The Housing Authority of Apalachicola will not tolerate such behavior from its applicants or residents.
3. **DEFINITIONS.** Drug-related criminal activity is the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance.
4. **PROCEDURES FOR APPLICANTS.** The Housing Authority shall screen out and deny admission to any applicant where by either the applicant or authorized occupants proposed by applicants:
  - A. Has a recent history or criminal activity involving crimes to persons/or other criminal acts that effect the health, safety or right to peaceful enjoyment of the premises by either residents.
  - B. Was evicted from assisted housing within three years of the projected date of admission because of drug-related criminal activity. This requirement may be waived if:
    1. The person demonstrates successful completion of rehabilitation program approved by the Housing Authority.
    2. The circumstances leading to the eviction no longer exist. For example, the individual involved in drugs is no longer in the household because the person is incarcerated.
  - C. The Housing Authority has determined you to be illegally using a controlled substance.
  - D. The Housing Authority has determined to be abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
  - E. The Housing Authority has determined that there is reasonable cause to believe the applicant's pattern of illegal use of a controlled substance or pattern of abuse of alcohol may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.

- |                                |      |
|--------------------------------|------|
| Signature of Head of Household | Date |
| Signature of Spouse            | Date |
| Signature of other Adult       | Date |

**PHA OFFICIAL'S CERTIFICATION FOR TENANT FILE**

PHA OFFICIAL STATEMENT

I certify that:

- (1) The information given to the Apalachicola Housing Authority Housing Agency by the household of \_\_\_\_\_ on household composition, income, net family assets, and allowances and deductions have been verified as required by Federal Law.
- (2) The family was eligible at admission.
- (3) The family has certified that it has given our agency.

\_\_\_\_\_  
Signature of PHA Official



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Everyone 18 years or older who will live in unit must read and sign this form**

**DRUG-FREE PUBLIC HOUSING**

1. The tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in criminal activity, including drug-related criminal activity, on or near public housing premises.
2. Any violation of paragraph 1 is a serious violation of a material term of the lease, and is good cause for termination of the lease.
3. The PHA may terminate the lease, in accordance with paragraph 1, for criminal activity by the tenant or member of the tenant's household, whether such activity occurs in the project where the tenant's dwelling unit is located, or on other public housing premises.
4. Public Housing Premises means any public housing, wherever located.
5. The tenant shall use the dwelling unit solely as a private dwelling for the tenant and members of the tenant's household as identified in this lease ("authorized occupants"), and shall not use or permit use of the dwelling unit for any other purpose.
6. The tenant shall not permit any person other than an authorized occupant to reside in the unit.
7. The tenant shall not permit use of the unit for any criminal activity, including use of the unit for any drug-related criminal activity.
8. The tenant shall not engage in or permit any use of the unit for business or commercial purposes, other than use, with written approval of the PHA for business or commercial purposes incidental to the primary use of the unit as a private dwelling for the authorized occupants.

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other tenant over age 18

\_\_\_\_\_  
Date

TO ALL APPLICANTS FOR HOUSING AND ALL TENANTS OF THE HOUSING AUTHORITY OF APALACHICOLA:

- 1) Florida Statutes, Chapter 409.325 makes it punishable by fines of \$50.00 to \$5,000.00 or by imprisonment for up to (5) five years, or both, if a housing applicant or tenant deliberately makes false statements about his/her income, or fails to disclose a material fact affecting income or rent.
- 2) Section 1001 of Title 18, United States Code, makes it a crime punishable by fines up to \$10,000.00 or by imprisonment of up to (5) Five years, or both, for making any false fictitious, or fraudulent document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or tenant knowingly give the Housing Authority of Apalachicola false information about your income, or fail to report changes in your family composition or income in person within (10) ten days of a change, you may be charged with fraud under the above listed statutes.

If, as a results of committing fraud, withholding information, falsifying documents, or making a misrepresentation, which also includes anyone residing in your unit, who is not listed on the lease, and you receive any rental assistance or lower rent to which you are not entitled, you will be responsible for restitution (repayment) in full, and will be subject to local, state, and federal prosecution. This could result in fines, imprisonment, or both, as well as loss of eligibility for (5) five years of any of this agency's housing programs.

I have read, (or had it read and explained to me), and understand the consequences of not correctly reporting my family composition and all my income.

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative

\_\_\_\_\_  
Date

**Apalachicola Housing Authority**  
**2019 Low Income Housing Income Limits**  
**2020 Fair Market Rent**

**2019 Low Income Limits**

Persons	1	2	3	4	5	6	7	8
Income Limit	\$28,950	\$33,100	\$37,250	\$41,350	\$44,700	\$41,520	\$51,300	\$54,600

**2020 Fair Market Rent**

Bedroom Size	1	2	3	4
Fair Market Rent	\$691	\$786	\$1,134	\$1,380



**Stephnia Turrell**  
**Executive Director**

HUD Effective Date: 4-24-2019

Source: 2019 Income Limits and Rent Limits  
and 2020 Fair MarketRent Documentation System  
Provided by the United States Department of Housing and Urban Development

# Authorization for the Release of Information/ Privacy Act Notice

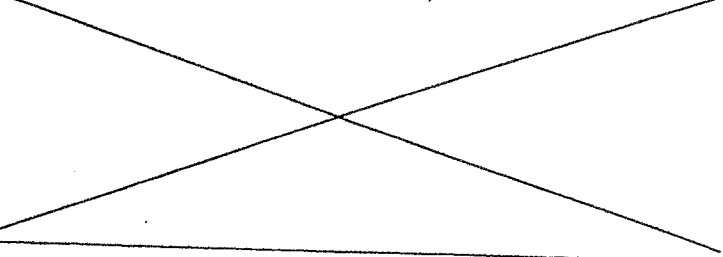
to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

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

Apalachicola Housing Authority  
141 15th Street  
Apalachicola, FL 32320  
Phone: 850-653-9304  
Fax: 850-653-2473

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



**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

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

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

## Sources of Information To Be Obtained

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

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

January 2010

The information in this brochure pertains to:

Applicants and participants of the following HUD – PIH rental assistance programs:

1. Public Housing (24 CFR 960)
2. Section 8 Housing Choice Voucher (HCV), Including Disaster Housing Assistance Program (DHAP) (24 CFR 982)
3. Section 8 Moderate Rehabilitation (24 CFR 882)
4. Project Based Voucher (24 CFR 983)

This brochure was provided to you by the below-listed PHA:

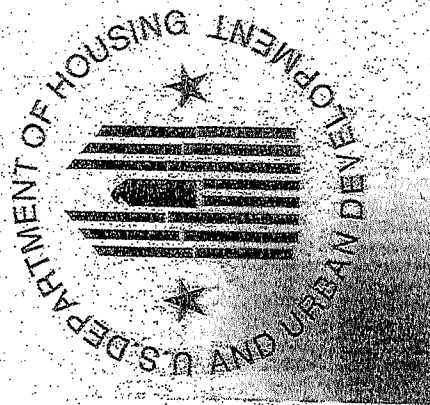
Apalachicola Housing Authority  
141 15th Street  
Apalachicola, FL 32320

I hereby acknowledge that I received a copy of this brochure from the PHA and that I have read this brochure.

Signature \_\_\_\_\_

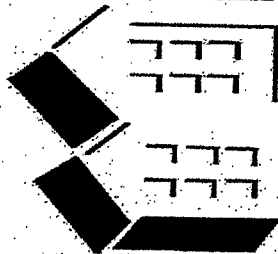
Printed Name \_\_\_\_\_

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



Office of Public and Indian Housing (PIH)

Office of Public Housing & Voucher Programs



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

**Enterprise Income  
Verification (EIV)  
System**

***What You should Know  
About EIV***

## Additional Information in EIV

Data collected from your local PHA is also compared to SSA databases to confirm your personal identifiers (Name, DOB, and SSN) as reported by you to your local PHA. This is HUD's process to confirm your identity and ensure that the SSN, name, and date of birth (DOB) match SSA's records. EIV displays the results of your identity verification status as Pending, Verified, Failed, or Deceased.

**Debts Owed to PHAs & Termination Information.** The following information is collected once your participation in a PIH rental housing program has ended or 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 or other charges); and
2. Whether or not you have entered and/or defaulted on a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have filed for bankruptcy; and
4. The negative reason for your end of participation in the rental housing program (for example: abandoned unit, fraud, criminal activity, failure to comply with lease or program requirements, etc.).

**Multiple Rental Subsidies.** Data collected from your local PHA is compared to HUD's various data systems to determine if you are receiving multiple rental assistance or participating in more than one HUD Rental Assistance Program. If you are receiving multiple rental assistance, EIV will display the addresses of each subsidized unit you are listed as a resident.

## What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by the PHA) before, during, and after your admission to the program, interim and annual reexamination of family income for the following purposes:

## What is EIV?

The EIV system is a web-based computer system, which contains employment and income information of individuals (including you) 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 the Social Security Administration (SSA) and the U.S. Department of Health and Human Services (HHS).

Below is a summary of the income information contained in the EIV System, the originator of the data and the source who provides HUD with this data.

Income Type	Originator of Information	Source
Wages	Employer	HHS
Unemployment Benefits	State Workforce Agency	HHS
Social Security Benefits: <ul style="list-style-type: none"><li>• Social Security (SS)</li><li>• Supplemental Security Income (SSI)</li></ul>	SSA	SSA

1. Verifying your reported income sources and amounts.
2. Confirming your name, DOB, and SSN with SSA.
3. Confirming your participation in only one HUD rental assistance program.
4. Following 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 assistance at another address. EIV will also alert PHAs if you owe an outstanding debt to any PHA and if you were voluntarily or involuntarily terminated from the Public Housing or Section program. This information is used to determine your eligibility for assistance at the time of application.

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

## 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're 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.

**Note:** If you or your adult household members refuse to sign 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:

1. Disclose your complete and accurate: full name, SSN, and DOB; and
2. Report complete and accurate income information; and
3. Certify that your reported household income and expense information is true to the best of your knowledge.

## What are the penalties for providing false information?

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

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

- Eviction
- Termination of assistance
- Repayment of overpaid rental assistance or underpaid tenant rent contribution.
- Fines up to \$10,000
- Imprisonment for up to 5 yrs
- Prohibited from receiving any future HUD rental assistance for a period of up to 10yrs
- State and Local government penalties

## Protect yourself, follow HUD reporting requirements

When completing applications and reexaminations, 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 (SI) 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 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 or originator of EIV information may make an error when submitting or reporting information about you. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Employment and wage information** reported in EIV originates from the employer. The employer reports this information to the local State Workforce Agency (SWA), who in turn, reports the information to HHS' National Directory of New Hires (NDNH) database. If a participant of a HUD rental assistance program disputes this information, he or she should contact the employer directly in writing to dispute the employment and/or wage information and request that the employer correct erroneous information. If employer resolution is not possible, the program participant should contact the local SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the local State Workforce Agency (SWA). If a participant of HUD rental assistance disputes this information, he or she should contact the SWA directly, in writing to dispute the unemployment benefit information, and request that the SWA correct erroneous information.

**SS and SI benefit information** reported in EIV originates from the SSA. If a participant of a HUD rental assistance program disputes this information, he or she should contact the SSA at (800) 772-1213, or visit your local SSA

office. SSA office information is available in the government pages of your local telephone directory or online at <http://www.socialsecurity.gov>.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA. If a current or former participant of a HUD rental assistance program disputes this information, he or she should contact the PHA directly in writing to dispute this information and provide any documentation that supports the dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes more than one person may use your SSN, either on purpose or by accident. SSA does not require you to report a lost or stolen SSN card, and reporting a lost or stolen SSN card to SSA will not prevent the misuse of your SSN. However, a person using your SSN can get other personal information about you and apply for credit in your name. 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 1-800-772-1213); file an identity theft complaint with the Federal Trade Commission (call FTC at 1-877-438-4338, or you may visit their website at: <http://www.ftc.gov/bcp/edu/microsites/idtheft/>); and you should also monitor your credit reports with the three national credit reporting agencies (Equifax, Transunion, and Experian).

## 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 or you may read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/ph/rhlp/uliv.cfm>.

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## **Fair Housing Amendments Act of 1988**

The Fair Housing Amendments Act of 1988 establishes an administrative enforcement mechanism, provides stiffer penalties than the present act, and expands its coverage to include disabled persons and families with children. The act, among its more important provisions:

- bars discrimination in the sale or rental of housing on the basis of a disability, and requires the design and construction of new covered multifamily dwellings to meet certain adaptability and accessibility requirements
- bars discrimination in the sale or rental of housing because there are children in a family, but exempts housing for older persons, e.g., Section 202 housing
- modifies the definition of a discriminatory housing practice to include acts of interfering, coercing, threatening or intimidating a person in the exercise or enjoyment of his/her rights as protected by Sections 804, 805 and 806 of this act
- provides HUD with the ability to initiate complaints
- gives an aggrieved person one year after an alleged discriminatory housing practice in which to file a complaint with HUD, and two years to file a complaint in court
- requires HUD to complete a Title VIII investigation and conciliation efforts within 100 days after the filing of the complaint, unless it is impracticable to do so. HUD can also seek preliminary or temporary relief including temporary restraining orders where such actions are necessary to carry out the purpose of the law
- gives HUD new enforcement authority for handling complaints of discrimination in the sale or rental of housing
- if after investigation HUD finds reasonable cause to believe that a violation has occurred, the department issues a charge on behalf of the aggrieved person
- after HUD issues a charge, the parties have the option to elect the forum, i.e., the option of a proceeding before an Administrative Law Judge (ALJ) with an appeal to a federal appeals court, or a trial in federal district court. The election must be made not later than 20 days after service of the charge.
- if the administrative hearing is elected and discriminatory conduct is found, the ALJ is authorized to issue an order for relief as may be appropriate, including actionable damages and injunctive or other equitable relief and civil penalties. The ALJ's order maybe reviewed by HUD within 30 days after issuance; otherwise, the order becomes final.
- if a jury trial is elected, the complainant will be represented by an attorney from the U.S. Department of Justice. In these cases, the relief that may be granted includes permanent or temporary injunction, restraining order or other relief including monetary damages and civil penalties.
- expands Department of Justice (DOJ) litigation authority from pattern and practice cases to include individual acts of discrimination
- the authority of DOJ to commence a civil action for appropriate relief with respect to breach of a conciliation agreement is clarified.

- on those civil actions handled by DOJ, the relief that may be granted includes permanent or temporary injunction, restraining order or other relief including monetary damages and civil penalties.
- DOJ may intervene in a private action if the case is of general public importance
- provides that any state or local fair housing agency may become certified if HUD determines that (1) the substantive rights protected by the agency, (2) the procedures followed, (3) the remedies available and (4) the availability of judicial review are substantially equivalent to that of Title VIII
- state and local agencies certified, prior to enactment of the act, will be grand fathered into the referral process for up to 40 months (which the secretary may, in certain circumstances, extend for 8 additional months). This certification does not apply to referral of cases received under the two new protected classes. (Note: the term "certified" includes all fully recognized and interim referral status agencies).
- clarifies that federal agencies with regulatory supervisory authority for financial institutions, e.g., FDIC, are also required to cooperate with HUD by administering their programs in a manner to affirmatively further fair housing
- requires HUD to prepare an annual report to the congress on progress in eliminating housing discrimination
- requires HUD to make data available to the public on the race, color, religion, sex, national origin, age, disability, and family characteristics of persons and households eligible for or assisted by HUD programs
- requires HUD to issue regulations implementing this act within 180 days of enactment

Housing services that are currently offered by all the centers for independent living are listed below. As an established part of their program, they:

- provide outreach assistance to distribute information and materials
- identify persons with disabilities who need housing and make referrals
- provide technical assistance in development and construction of barrier free designs
- supply housing data from specific surveys and ongoing assessment
- provide training to persons with disabilities to facilitate their efforts to live independently and maintain a housing unit
- provide counseling to persons with disabilities, regarding their responsibilities in housing
- offer consultation services to support the development of accessible housing resources