



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## *What You Should Know About EIV*

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

#### **What is EIV?**

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

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

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

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

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

#### **What is the EIV information used for?**

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

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

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

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

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

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

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

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

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

#### **What are my responsibilities?**

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

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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](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

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

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

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

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

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

Signature

Date



**DETROIT HOUSING COMMISSION**  
 Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
**PERSONAL DECLARATION CHECKLIST**

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked YES. Provide address, phone number, fax number, and additional information for all yes answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance. **NOTE:** DHC has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. DHC will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:		
Are you currently or ever been:  Married: <input type="checkbox"/> Yes <input type="checkbox"/> No    Separated: <input type="checkbox"/> Yes <input type="checkbox"/> No Divorced: <input type="checkbox"/> Yes <input type="checkbox"/> No    Widowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number:		Social Security No.
	If previously married, lists names used and date of marriage/separation/ divorced/ widowed: Names used: _____ Marriage Date(s)      Separation Date(s)      Divorce Date(s)      Widowed Date(s)		

**Each item must be fully completed. Please print clearly using black ink.**

**Section A – Income**

	<b>Yes</b>	<b>No</b>	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, type of business _____ . Date started: _____
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I currently have a job(s) and receive money/wages. How many jobs do you have? _____ (List each job separately)
			Name of Employer: 1) _____ 2) _____
			Street Address: _____
			City, State, ZIP: _____
			Contact Person _____
			Telephone: _____ fax _____
			Date started : _____
			Wages received:      Hours      Hourly      Hours      Hourly. per week:      per week:      Rate:\$      per week:      Rate:\$
			(If more than two jobs provide additional information on a separate sheet.)
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, how much per week?    \$ _____
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits. I have been receiving benefits since _____ (date). \$ _____ amount bi-weekly
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months.
			If yes, New job date: _____      Wage increase date: _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$ _____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$ _____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$ _____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). <input type="checkbox"/> Federal Amount \$ _____ <input type="checkbox"/> State Amount \$ _____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many do you receive? _____
			Source Name: _____      Contact Person: _____
			Street Address: _____      Telephone: _____
			City, State, ZIP: _____      Fax#: _____
			Amount:    \$ _____ per _____
			If received from more than one source, provide additional information on a separate sheet.
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits <b>other than Social Security</b> .
			If yes, from how many sources? _____ (List each source separately) \$ _____
			Source Name: _____      Contact Person: _____
			Street Address: _____      Telephone: _____
			City, State, ZIP: _____      Fax#: _____
			E-mail address: _____      Account #: _____



## CHECKLIST (continued)

	Yes	No	
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Family Independence Agency (FIA). # of people on Grant _____ FIA Caseworker Name: _____ Amount: \$ _____ Street Address: _____ FIA Case Number: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax#: _____
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a <b>CASH</b> Public Assistance grant (FIP, SDA, RAP). # of people on Grant _____ FIA Caseworker Name: _____ Amount \$ _____ bimonthly Street Address: _____ FIA Case Number: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax#: _____
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support in the amount \$ _____ per month From how many sources/ Friend of the Court(s) do you receive support? _____ If yes, from how many persons do you receive support? _____ Court(s) do you receive support? _____ If yes, is child support paid directly to Family Independence Agency (FIA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to FIA: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount \$ _____ per _____
			If received from more than one Friend of the Court, provide additional information on a separate sheet.
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. From how many court orders do you receive alimony? _____ If yes, from how many persons do you receive alimony? _____ If yes, is alimony paid directly to Family Independence Agency (FIA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to FIA: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount \$ _____ per _____
			If received from more than one source, provide additional information on a separate sheet.
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____
			If received from more than one source provide additional information on a separate sheet.
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____
			If received from more than one source provide additional information on a separate sheet.
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ Amount \$ _____ per _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____
			If received from more than one source provide additional information on a separate sheet.
A-22	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from lottery winnings. Amount \$ _____ per _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____



## CHECKLIST (continued)

If received from more than one source, provide additional information on a separate sheet.

A-23   I am a full-time student. Date of current enrollment \_\_\_\_\_ # of Credit Hours Enrolled: \_\_\_\_\_

Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If attending more than one school, provide additional information on a separate sheet.

A-24   I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? \_\_\_\_\_ (List each source separately)

Source Name: \_\_\_\_\_ Amount \_\_\_\_\_ Per \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

**To be filled out on Head-of-Household's (Voucher Holder) form only - Leave blank if you are not the Head-of-Household -**

A-25   I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26   I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

**Section B – Assets**

B-1   I have the following accounts check  Savings  Checking  IRA's or Keogh  Other \_\_\_\_\_ which one(s):

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: <sup>1)</sup> \_\_\_\_\_ <sup>2)</sup> \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax#: \_\_\_\_\_

Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.

B-2   I own real estate. Describe: \_\_\_\_\_

B-3   I have a land contract(s). Describe: \_\_\_\_\_

B-4   I own a mobile home. Describe: \_\_\_\_\_

B-5   I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_

B-6   I receive income from Indian Trust Land. Describe: \_\_\_\_\_

B-7   I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.) Describe: \_\_\_\_\_

B-8   I have Treasury Bills, Stocks or Bonds. Check which one(s):  Treasury Bills  Stocks  Bonds

How many do you have? \_\_\_\_\_ (List each separately)

Name of each source: <sup>1)</sup> \_\_\_\_\_ <sup>2)</sup> \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_



## CHECKLIST (continued)

Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account #: \_\_\_\_\_

If more than two, provide additional information on a separate sheet.

B-9   I have a life insurance policy **with a cash surrender value**. The cash surrender value is currently \$ \_\_\_\_\_

Source Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

If received from more than one source provide additional information on a separate sheet.

B-10   I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.

List items: \_\_\_\_\_ Sale amount \$ \_\_\_\_\_

B-11   I have income/assets from sources **other** than those listed above. Describe: \_\_\_\_\_

Source Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

**To be filled out on Head-of-Household's (Voucher Holder) form only - Leave blank if you are not the Head-of-Household**

B-12   I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: <sup>1)</sup> \_\_\_\_\_ <sup>2)</sup> \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.



# CHECKLIST (continued)

## Section C – Expenses

Yes No

C-1   My monthly Social Security payments are reduced to pay for Medicare premiums **and** I am elderly (age 62 or older) or disabled. I pay \$ \_\_\_\_\_ per month for Medicare premiums.

C-2   I am elderly (age 62 or older) or disabled **and** I pay medical insurance premiums, other than Medicare. How many companies do you pay? \_\_\_\_\_ (List each separately)

Name of Insurance Company: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax#: \_\_\_\_\_

Account #: \_\_\_\_\_ If paid to more than one company, provide additional information on a separate sheet.

C-3   I am elderly (age 62 or older) or disabled **and** I pay for medical expenses or services that are not reimbursed by insurance or FIA/other Agency. How many providers do you pay? \_\_\_\_\_ (List separately each pharmacy, licensed health care, and chore care provider who you pay directly to meet your medical/health/disability/handicap needs)

Name of Provider: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax#: \_\_\_\_\_

Account #: \_\_\_\_\_

If paid to more than two providers, provide additional information on a separate sheet.

C-4   Family Independence Agency (FIA) or other Agency pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or to further my education.

If yes, FIA/other Agency pays:  Full  Partial payment.

FIA Caseworker

Name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Street Address: \_\_\_\_\_ FIA Case Number: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax#: \_\_\_\_\_

C-5   I pay child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or to further my education. How many providers do you pay? \_\_\_\_\_ (List each separately)

NOTE: Expense is not deductible if provider is a member of the household.

Name of Child Care Provider: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If paid to more than one provider, provide additional information on a separate sheet.

C-6   I pay handicap care expenses for a disabled family member in order to be gainfully employed.

How many providers do you pay? \_\_\_\_\_ (List each separately)

Name of Care Provider: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If paid to more than one provider, provide additional information on a separate sheet.

Yes No

C-7   I pay handicap equipment expenses for a disabled family member.

Describe: \_\_\_\_\_

C-8   I pay medical expenses greater than 3% of my income.



**CHECKLIST (continued)**

**Section D – Other Information**

Yes No  
 D-1   I am disabled and receive Supplemental Security Income (SSI).  
 D-2   I am **disabled and do not receive SSI**. If yes, my disability was verified by:  
 Licensed Health Care Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**To be filled out on Head-of-Household's (Voucher Holder) form only - Leave blank if you are not the Head-of-Household -**

Yes No  
 D-3   I have a family member(s) age 5 or under who has an *identified* environmental intervention blood lead level (EIBLL). List their names: \_\_\_\_\_

Yes No  
 D-4   Have you or any family member lived in any other type of Public Housing or participated in any other federally subsidized housing Program? If yes, please explain where you lived and year(s) on program(s)

D-5   Have you or any family member ever committed any, fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? If yes explain, \_\_\_\_\_

D-6   Have you or any family member (s) been arrested or convicted for any crime within the last 10 years? If yes, list all arrests & convictions, include all charges, sentences, appropriate dates and list in the City & State of occurrence:

Name	Conviction/Arrests/ Charges/Sentence	Date	City & State

Yes No  
 D-7   Are you or any family member currently on probation or parole in any state? If yes, supervising official information:

Name	Contact Information/ Supervising Official	City and State

Yes No  
 D-8   Have you or any family member been registered as a sex offender? If yes, provide the following information:

Name	City and State	Lifetime registrant?
		Yes No
		Yes No

Please return to:

Detroit Housing Commission  
 2211 Orleans  
 Detroit, Mi 48207

**Certification:**

I certify to the best of my knowledge that all statements reporting in the personal declaration are accurate and true. I understand that providing false information will result in denial or termination of benefits.

**Warning:** Title 18, US code Section 1001, states that a person knowingly and willing makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

\_\_\_\_\_  
 Signature of Adult Date

\_\_\_\_\_  
 Email Address





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.

<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:</b> (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	
<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.	

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

--	--

**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.

# 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)

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.



**DETROIT HOUSING COMMISSION-HOUSING CHOICE VOUCHER PROGRAM  
APPLICANT/PARTICIPANT AUTHORIZATION – CERTIFICATION & CONSENT**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Failure to comply could result in termination or denial of benefits.

- The undersigned authorize the Detroit Housing Commission (DHC) and/or its agent, to contact any agencies, offices, groups, or employers to obtain, and agencies to release information that is pertinent to eligibility, level of benefits or continued participation in Housing Choice Voucher Programs. This includes the Social Security Administration (SSA), Immigration and Naturalization Services (INS), and the State of Michigan Department of Human Services, including the Medicaid and Food Assistance Program. I understand I have the opportunity to contest the immigration status determination with the INS or DHC. DHC may use this authorization and the information obtained with it to administer and enforce program rules and policies.
- I authorize DHC to conduct a criminal history record check for warrants, convictions including sexual offenses, lifetime sex offender registration requirements [24 CFR 982.553(a) (2)(i)] and alcohol abuse pursuant to CFR 982.307 at admissions and continuously during my active program participation. If a record is located, I have the right to request of a copy for review. **I understand that I may request an informal review/hearing within 10 business days in writing.**
- I certify that only the people listed on my lease agreement will occupy the unit. I certify that the dwelling will be my principal residence while I am receiving assistance from DHC. I will not live anywhere other than indicated on my lease agreement or sublease my assisted residence. All household members and I will maintain the subsidized address on Government identification, school records, etc. I will maintain all utilities that I am responsible for under the lease agreement and will not enter into side agreements/deals. I understand DHC must approve all changes to the lease and utilities prior to any changes with the owner.
- I certify that the information given to DHC on all household members, income, net family assets, allowances and deductions is accurate and true. **I understand that I must report in writing income and family size changes within 30 days to my assigned Housing Specialist.** Failure to do so may result in repayments of funds, termination and/or referral to the Office of Inspector General.
- I understand that DHC as required may report outstanding money owed to DHC if my assistance terminates to the national HUD Debts Owed to PHA database. DHC may also uses collection services to obtain money owed and/or may refer my case to the Office of Inspector General for federal prosecution for program fraud.
- I understand that false statements or information are punishable by imprisonment for up to 5 years, or by a fine of up to \$10,000, and are grounds for termination of housing assistance under State and Federal Law.

After verification, the U.S. Dept. of Housing and Urban Development will receive the information obtained, by means of the Family Report, HUD 50058.

I agree that copies of this authorization may be used for the above-stated purposes. This consent will expire 18 months from the date signed.

_____	_____	_____
Signature of Head of Household	Social Security Number	Date
_____	_____	_____
Signature of Spouse	Social Security Number	Date
_____	_____	_____
Signature of Other Adult	Social Security Number	Date
_____	_____	_____
Signature of Other Adult	Social Security Number	Date





Housing Specialist: \_\_\_\_\_

Request to Add

New Admission HCV

Mod Rehab/ Project Based

**AUTHORIZATION FOR CRIMINAL HISTORY CHECK –Head of Household**  
**PLEASE PRINT**

Your Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Gender:  Male  Female

Race:  Black  Hispanic  White  Other

Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

State I.D. or License Number: \_\_\_\_\_

I authorized the Detroit Housing Commission to conduct a criminal history background check.  
I understand that the check will include an examination of my criminal record through the National Crime Information Center (NCIC). The results will be used in determining my eligibility to receive subsidy assistance for housing.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

-----  
**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_ **No Arrest Record on File**

\_\_\_\_\_ **Arrest Record**

LOCAL	STATE	FEDERAL

Record reviewed on \_\_\_\_\_ Result: Approved \_\_\_\_ Denied \_\_\_\_



## Change in Family Household Composition

Warning: Title 18, Section 1001 of the U. S. Code, states that any person who knowing and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

I, \_\_\_\_\_, would like to make the following change to my household:

I would like to ADD the following person to my household:

---

1. \_\_\_\_\_ DOB \_\_\_\_\_
2. \_\_\_\_\_ DOB \_\_\_\_\_
3. \_\_\_\_\_ DOB \_\_\_\_\_

---

All additions require the completion of the Declaration Status 214, copies of Birth Certificate and Social Security card and Criminal History.

I would like to remove the following person from my household:

1. \_\_\_\_\_ DOB \_\_\_\_\_
2. \_\_\_\_\_ DOB \_\_\_\_\_
3. \_\_\_\_\_ DOB \_\_\_\_\_

A copy of a lease or picture identification with the new address is required for members being removed that are over age 18.

---

I do not have any changes to report at this time. I must report all changes to my household within 30 days of occurrence.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_



**DETROIT HOUSING COMMISSION-HOUSING CHOICE VOUCHER PROGRAM  
FAMILY COMPOSITION**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Failure to comply could result in termination of benefits.

Tenant Name:		Tenant Home Phone Number:	
Unit Address:	City – Zip Code	Tenant Work Phone Number:	
Mailing Address (if different from above):	City – Zip Code	Tenant Message Phone Number:	

**FAMILY COMPOSITION (List yourself and all other persons who will live in the unit):**  
If there are new births, please send a copy of birth certificate and social security card.

											DHC Use Only
Name	Social Security Number	Relationship to Head of Household	Student ? Y/N	Birth Date MM/DD/YY	Age	Sex M/F	Disabled Y/N	Hispanic or Latino Y/N	Race Code *below	U.S Citizen Y/N	Screen Passed Date
		<b>Head of Household</b>									

\*Race Code: 1-White 2-Black 3-American Indian or Native Alaskan 4-Asian 5-Native Hawaiian/Other Pacific Islander

Head of household: Please complete following section (for statistical purposes only):	Enter Code#
Marital status codes : 1-Married 2-Single 3-Widowed 4-Divorced 5-Separated	
As a person with a disability, do you require SPECIFIC accommodation(s) in order to use our programs and services? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please list specific accommodation(s) required: _____	
_____	

**Certification:** I certify that only the people listed above will occupy the addressed unit.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**Upon completion of this form, please return to:**