HAMLIN HOUSING AUTHORITY
200 S.E. AVENUE A
HAMLIN, TEXAS 79520

A $15.00 NON-REFUNDABLE APPLICATION FEE FOR EACH ADULT MEMBER OF THE HOUSEHOLD MUST ACCOMPANY THE COMPLETED APPLICATION TO COVER THE COST OF PROCESSING. YOU MUST FILL OUT BOTH APPLICATIONS.

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. THIS INCLUDES ALL PERSONS 18 YEARS OF AGE OR OLDER FOR ELEGIBILITY PURPOSES. USE THE CORRECT LEAGAL NAME FOR EACH PERSON AS IT APPEARS ON SOCIAL SECURITY CARD. AN AUTHORIZATION FORM MUST ALSO BE SIGNED BY ALL MEMBERS OF THE HOUSHOLD18+.

A COMPLETED APPICATION INCLUDES:

1. SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER
2. BIRTH CERTIFICATE FOR EACH HOUSEHOLD MEMBER
3. DRIVERS LICENSE FOR EACH HOUSEHOLD MEMBER
4. MARRIAGE LICENSE OR DIVORCE DECREE
5. INCOME VERIVICATION FOR EACH HOUSEHOLD MEMBER
6. INSURANCE ON AUTO

APLLICAITON SCREENING PROCESES:

1. PRIOR LANDLORDS' REFERENCES
2. INCOME VERIFICAITON
3. CHILDCARE VERIFICATION
4. MEDICAL EXPENSE VERIFICATION (ELDERLY & HANDICAPPED)
5. ASSET VERIFICATION
6. CRIMINAL BACKGROUND CHECK
7. FAMILY COMPOSITION VERIFICATION
8. PROOF OF CITIZENSHIP
9. CREDIT HISTORY

FORMS MUST ME COMPLETED IN FULL AND SIGNED BY ALL ADULT PERSONS IN THE HOUSEHOLD. FAILURE OF THE APPLICANT OR PARTICCIPANT TO SIGN THE APPLICATION CONSTITURES GROUNDS FOR DENIAL OR ELIGIBILITY OR TERMINATION OF ASSISTANCE OR TENANCY. ALL APPLICATIONS MUST BE UPDATED WITH THE HOUSING AUTHORITY EVERY 6 MONTHS OR APPLICANTS WILL BE REMOVED FROM THE WAITING LIST.

UNDER TITILE 18, SECTION1001 OF THE U.S. CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO $10,000 OR IMPRISIONED UP TO 5 YEARS OR BOTH.

Hamlin Housing Authority
200 S. E. Avenue A
Hamlin, Texas 79520
325-576-3964

APPLICATION for PUBLIC HOUSING

Instructions: Please read Carefully. Incomplete applications will not be processed

This application is valid for all public housing properties operated by the Hamlin Housing Authority hereinafter referred to as "PHA".

To be qualified for admission to public housing an applicant must:

a. Be a family as defined in PHA's Admission and Continued Occupancy policy;

b. Document citizenship or eligible immigration status;

c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA office.

d. Provide documentation of Social Security numbers for all family members;

e. Meet or exceed the Applicant Selection Criteria;

f. Pay any money owed to PHA or any other housing authority;

g. Not have had a lease terminated by a PHA in the past 12 months;

h. Be able and willing to comply with the PHA lease;

i. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;

j. Not have any family members subject to a lifetime sex offender registration in any state.

k. Pay any money owed to a utility supplier;

l. Have sufficient income to pay monthly resident supplied utilities;

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size.

Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer, the applicant will be withdrawn from the waiting list and may re-apply at any time.

Applicants with disabilities will be given assistance, if requested, with the completion of the application at PHA's office at the address above.

PHA will conduct a criminal record check on all adult applicants or those for whom adult records are available.

The Housing Authority is an Equal Housing Provider

APPLICATION for PUBLIC HOUSING

Date Application: Picked up:_____ Returned:_____

Date & Time Application: Complete/Approved _____

Received by:_____ Unit Size_____

1. Name of head of household:_____
2. Name of adult co-head of household:_____
3. Current address, Street, Apt. #_____

   Current City, State and Zip_____

   Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: ☐ Caucasian/White ☐ African American/Black ☐ Asian or Pacific Islander ☐ Native American/ Alaska Native ☐ Pacific Islander/Hawaiian Native
5. Ethnicity of Head: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Family Information

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
1				___ ___ ___	Head			
2				___ ___ ___				
3				___ ___ ___				
4				___ ___ ___				
5				___ ___ ___				
6				___ ___ ___				
7				___ ___ ___				
8				___ ___ ___				

Family Income Information

7. Please list the source and amount of **all income expected for the coming 12 months for all family members**, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, pension, Child Support, etc. Example: Wages, $150/week, SSI, $421/month

Family Member Name	Income Source	Amount $	Frequency, Per
			❒ Week ❒ Month ❒ Year
			❒ Week ❒ Month ❒ Year
			❒ Week ❒ Month ❒ Year
			❒ Week ❒ Month ❒ Year

8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc? ❒Yes ❒No If yes, describe the type of asset(s) please: _____
   What is the market value of all assets? _____
9. Do you own any real estate? ❒Yes ❒No If yes, what is the address? _____
   _____
10. Have you sold any real estate in the past two years? ❒Yes ❒No If yes, what was the address? _____
    _____
11. Current Landlord's name and phone # _____
    Current Landlord's Address _____
    Date Family Moved to this location _____
12. Most recent former address, Street, Apt. # _____
    Most recent former City, State and Zip _____
    Most recent former Area Code and Phone # _____

Screening

13. Have you ever been evicted from housing? ❒Yes ❒No If yes, why? _____
    _____
14. Have you ever lived in public housing before? ❒Yes ❒No If yes, where? _____
    Dates: From _____ To _____ Name of Lessee: _____
    Do you owe any money to the housing authority? ❒Yes ❒No
15. Do you have any past due utility bills? ❒Yes ❒No If yes, please describe and give amount owed:
    _____
16. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ❒Yes ❒No If yes, please explain the problem and who was involved:
    _____
17. Is anyone in your household currently on parole or probation? ❒Yes ❒No If yes, please explain:
    _____

Qualifying for Deductions in Calculating Rent

18. Is the head of household or spouse age 62 or older or a person with a disability? ☐Yes ☐No If yes, please answer the following questions. If no, please skip down to question # 21
19. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? ☐Yes ☐No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses:

    Type of expense:_____

    _____

    Monthly medical expense:$_____Name, address & phone # of person who can verify expense:_____
20. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? ☐Yes ☐No If yes, describe the nature of the expense and the monthly amount:_____ _____ Name, address & phone # of someone who can verify the expense:_____

    _____
21. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? ☐Yes ☐No If yes, Name, address and phone # of childcare provider:

    _____

    Monthly unreimbursed child care cost: $_____
22. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability? ☐Yes ☐No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member:_____ Name, address & phone # of someone who can verify this information:_____

    _____
23. Drivers License or State ID #: Applicant:_____ Co-applicant:_____ Automobile: Year:_____ Make:_____ Model:_____ License:_____
24. Do you want an apartment at an all elderly complex? ☐Yes ☐No (Head or spouse over 62)
25. Do you want to have a pet in your apartment? ☐Yes ☐No

PHA will be contacting all former landlords.

_____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

_____

Applicant Signature Date

_____

Co-applicant Signature Date

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

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or HA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

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

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

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

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

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination* Notice:**
HAMLIN HOUSING AUTHORITY P.O. BOX 67 HAMLIN, TEXAS 79520	**Signature** **Date** **Printed Name**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

ATTENTION!!!

HAS TO BE FAXED

SIGN ONLY

THE NEXT FORMS REQUIRES APPLICANT'S SIGNATURE ON THE LAST PAGE ONLY. THE OFFICE WILL BE RESPONSIBLE FOR COMPLETION OF THE FORMS

HAMLIN HOUSING AUTHORITY
200 S. E. AVENUE A
P. O. BOX 67.

325-576-3964
FAX 325-576-3931
HAMLIN, TEXAS 79520

LANDLORD VERIFICATION FORM

Name of Applicant: _____

Previous Address: _____

Current Address: _____

Name of Landlord _____

Are you a relative or friend of the applicant? ___Yes ___No

If so, please describe relationship: _____

Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

Does (Did) the Applicant have a lease? θ YES θ NO

1. **Rent Payment**
   A. Amount of monthly rent: $_____
   B. Does (did) applicant pay rent on time? θ YES θ NO
   C. Has(had) he/she ever paid l late? θ YES θ NO
      How late?_____ How often?_____
   D. Have (had) you ever begun/completed eviction for non-payment? θ YES θNO
   E. Was a Court judgment rendered in your favor for eviction for non-payment? θ YES θ NO
   F. Do you provide any of the utilities for the unit? θ YES θ NO
   G. Have tenant-paid utilities ever been disconnected? θ YES θ NO
2. **Caring for the Unit**
   A. Does (did) the applicant keep the unit clean, safe and sanitary? θ YES θ NO
   B. Has (had) the applicant damaged the unit? θ YES θ NO
      Describe:_____
      Cost to repair? $_____ How often?_____
   C. Has (had) the applicant paid for the damage? θ YES θ NO
   D. Will (did) you keep any security deposit? θ YES θ NO
   E. Does (did) the applicant have problems with insect/rodent infestation? θ YES θ NO
   F. Does (did) the applicant's housekeeping contribute to infestation? θ YES θ NO
   G. Did the applicant make any alterations to the unit without your permission? θ YES θ NO
3. **General**
   A. Is (was) the applicant listed on the lease for the unit? θ YES θ NO
   B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? θ YES θ NO

      Describe:

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? θ YES θ NO

If Yes, Describe:_____

D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? θ YES θ NO

If yes, Describe:_____

E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? θ YES θ NO

If yes, Describe:_____

F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? θ YES θ NO

If yes, Describe:_____

G. Has (had) the applicant given you any false information? θ YES θ NO

If yes, Describe:_____

H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? θ YES θ NO

If yes, Describe:_____

I. Would you rent to this applicant again? θ YES θ NO

If not, why?_____

Signature of Landlord _____ Date _____

(Name of authorized project staff: telephone verification)_____ Date_____

APPLICANT RELEASE

I, _____ hereby authorize the release of the requested information.

Signature _____ Date_____

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____

We are an equal opportunity provider and employer

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to
Director, Office of Adjudication, 1400 ...

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200 S.E. AVENUE A
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325-576-3964
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HAMLIN, TEXAS 79520

POLICE RECORD VERIFICATION
CITY OF HAMLIN, TEXAS 79520

Police Department:_____ Date: _____

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, the PHA wishes to avoid admitting a family any one of whose members is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants.

If you could fill out the form below and return it to the **HAMLIN** Housing Authority at **P.O. BOX 67 HAMLIN, TEXAS 79520** or fax it to **325-576-3931** within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

1. Homicide/Murder
2. Rape or child molesting
3. Burglary/Robbery/Larceny/Theft
4. Threats or Harassment
5. Destruction of Property/Vandalism
6. Assault or fighting
6. Drug Trafficking/Use/Possession/Manufacture
7. Child Abuse/Domestic Violence
8. Public Intoxication./Drunk & Disorderly
9. Receiving Stolen Goods
10. Fraud
12. Prostitution
13. Disorderly conduct

Family Member Names	S.S #	D.O.B.	Crime(s)#	Status/Disposition

---

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature_____ Date_____

Applicant's Signature_____ Date_____

Applicant's Signature_____ Date_____

Applicant's Signature_____ Date_____

Notice of Accountability

Please read this carefully.

Names of all residents _____ Date _____

Street Address and Unit Number _____

City, State, Zip Code _____ RE: Lease dated: _____

between _____

and _____

Dear Resident(s):

As our resident, you have been registered with a nationwide consumer reporting agency. That agency is Tenant Tracker, Inc. The function of the agency is to track and maintain records on residents, including information on your credit history and your past conduct and performance as a resident. This information is then reported to future property managers, lenders, creditors, and employers as they request it.

The management of this property is our business. We will treat you in a professional, business-like manner, and we expect to be treated the same in return. It is our policy to hold all of our residents accountable for their actions — whether favorable or unfavorable. Your reputation as a resident and as a creditworthy individual is on the line. The reputation you establish here will be with you for many years to come.

Every business person and property manager who reviews your record in the future will be aware of the favorable record you establish with us. That record should prove helpful to you. If, on the other hand, you give us cause to report unfavorable information about you to the consumer reporting agency, it will eventually be reported to employers, banks, home mortgage companies, insurance companies and other creditors with whom you wish to do business and who request a report. As required by law, you are hereby notified that a negative rental and credit report reflecting on your credit and rental record may be submitted to consumer and credit reporting agencies if you fail to fulfill the terms of your rental and credit obligations. An adverse report can make it very difficult for you in the future to:

get the job you want,
rent an apartment of your choice,
get a car loan, student loan, or medical emergency loan,
buy life insurance or medical insurance for you or your family, or
obtain any gasoline credit cards or department store charge accounts.

You should also note that if you are a co-signer on the lease, you are **FULLY** responsible for performance of the entire lease, regardless of any other co-signer's lack of performance. Remember that a favorable record is a vital key to your future. Your record is now up to you. We are very pleased to have you as our resident and we want to make living in our community as enjoyable as possible. Please let us know if we can be of any service at any time.

_____
Signature of Owner's Representative

Received by: (initials of all residents below: optional)

_____

_____

Date notice was *(check appropriate)*:
___ hand delivered to resident,
___ or posted on inside of residents main entry,
___ or sent certified mail.

_____
Signature of Witness (optional)

P.S. In the event there is ever a dispute over the accuracy of information reported to Tenant Tracker, Inc., there are certain procedures which you may follow. Tenant Tracker's phone number is 1-800-658-9396. Also, the owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about the performance of lease obligations by residents. Such information may be reported at any time, and may include both favorable and unfavorable information regarding the resident's compliance with the lease, rules, and financial obligations.

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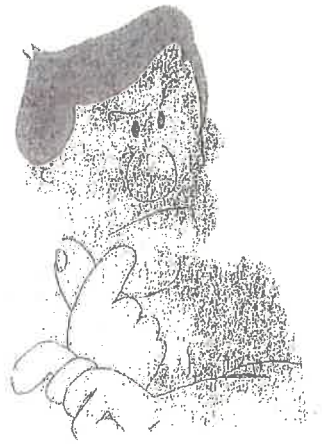
IMPORTANT NOTICE FROM THE U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

ON MARCH 26, 2002 THE U. S. SUPREME COURT RULED THAT HOUSING AUTHORITIES MAY AGGRESSIVELY PURSUE TERMINATING A RESIDENT'S LEASE FOR DRUG ACTIVITY. IF THE RESIDENT, MEMBER OF THE HOUSEHOLD, GUEST OR ANYONE THAT IS VISITING THE RESIDENT, ENGAGES IN DRUG ACTIVITY, WITH OR WITHOUT THE KNOWLEDGE OF THE LEASEHOLDER, THE ENTIRE FAMILY MAY BE EVICTED.

THE ABOVE RULING IS IN EFFECT AT THIS HOUSING AUTHORITY. RESIDENTS WILL NO LONGER BE ABLE TO STATE THAT THEY DID NOT KNOW THEIR GUEST OR FAMILY MEMBER WAS DEALING, USING, OR OTHERWISE ENGAGING IN DRUG RELATED ACTIVITY.

PLEASE REFER TO LEASE, SECTION VII, 23 (a) AND (b).



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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

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