PRE-APPLICATION FOR HOUSING
LIBERTY HILL APARTMENTS

11/25

CONSUMER NOTICE

THIS IS NOT A CONTRACT

Robin Truitt, Manager, hereby states with respect to this property, **Liberty Hill Apartments**, I am acting in the following capacity:

____ (i) owner/landlord of the property;
____ (ii) a direct employee of the owner/landlord;
__x__ (iii) an agent of the owner/landlord pursuant to a property management exclusive leasing agreement.

I acknowledge that I received this notice: _____ _____
(Applicant) *(Date)*

I certify that I have provided this notice: _____ _____
(Manager or Assistant Manager) *(Date)*

****

Office Use Only: Should an Applicant refuse to sign this Consumer Notice, please note the following:
Name of Applicant: _____ Date of Refusal: _____

Included with this Pre-Application for Housing are the following publications.

RECEIPT FOR HUD ASSISTED RESIDENTS
PROJECT-BASED SECTION 8
"How Your Rent is Determined"
FACT SHEET
Office of Housing
September 2010

Applying for HUD Housing Assistance?
"Is Fraud Worth It?"
Form HUD-1141
(12/2005)

EIV & YOU
Office of Housing
July 2009

I hereby acknowledge that I have received the above referenced publication.

_____ _____
Date Applicant Signature

Official Use Only:
Date Out: _____
Date/Time In: _____

EQUAL HOUSING OPPORTUNITY

Please answer each question completely.
If item does not apply to you, please write in N/A or None
Please return this application in its entirety.

HOUSEHOLD INFORMATION

Applicant Name: _____
Last Name Middle

Co-Adult Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) ____- _____ Work Telephone: (____) ____- _____

Please list the names, address and telephone numbers of two friends or relatives that we may contact if we are unable to reach you:

Name: _____ Name: _____

Street Address: _____ Street Address: _____

City: _____ State: _____ Zip:_____ City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____ Telephone: (____) ____ - _____

As of November 1, 2009, Liberty Hill Apartments is a smoke free building. Do you or any other person listed on this application smoke? _____

Please complete the following for each individual who will occupy the unit, including yourself. Please list Head of Household first.

Name	Relationship	Birth Date	Age	Sex	Social Security Number
	Head				

Are you disabled? ☐ Yes ☐ No

Were you age 62 or older on 1/31/10 and did not have a social security number and was receiving HUD Rental Assistance at another location on January 31, 2010? ☐ Yes ☐ No

HOUSEHOLD INFORMATION (Cont.)

Do you plan to have anyone living with you in the future who is not listed above? ☐ Yes ☐ No
If yes, please explain: _____

_____.

Are there any special accommodations that the household will require? ☐ Yes ☐ No
If yes, please explain: _____

Are you a full or part-time student? ☐ Yes ☐ No

RENTAL HISTORY

Have you ever been evicted or violated your lease? ☐ Yes ☐ No
If yes, please explain: _____

_____.

DO NOT COMPLETE THIS SECTION IF YOU HAVE LIVED IN YOUR OWN HOME FOR THE PAST THREE YEARS

If applicable, provide the names, addresses and telephone numbers of all your landlords for the past three years below:

Current Landlord Name: _____ Telephone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
How long have you lived at this address: _____

Previous Landlord Name: _____ Telephone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
How long did you live at this address: _____

Previous Landlord Name: _____ Telephone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
How long did you live at this address: _____

EMPLOYMENT

List all full or part-time employment for all household members, including yourself.

Household Member	Name & Address of Employer	Gross Current Monthly Earnings	Gross Anticipated Monthly Earnings
		$ per month	$ per month
		$ per month	$ per month
		$ per month	$ per month

OTHER SOURCES OF INCOME

List all monthly income of all household members in addition to employment who will reside with you below: **DO NOT INCLUDE INCOME FROM ASSETS IN THIS SECTION**

Source	Amount per Month	Claim Number
Gross Social Security (include Medicare Premium)	$ per month	
Gross Social Security (Co-Adult/Spouse)	$ per month	
Supplemental Security Income (SSI)	$ per month	
Supplemental Security Income (SSI) (Co-Adult/Spouse)	$ per month	
Veteran's Pension	$ per month	
Veteran's Pension (Co-Adult or Spouse)	$ per month	
Black Lung Benefits	$ per month	
Black Lung Benefits (Co-Adult or Spouse)	$ per month	
Miner's Pension	$ per month	
Miner's Pension (Co-Adult or Spouse)		
Railroad Retirement	$ per month	
Railroad Retirement (Co-Adult or Spouse)	$ per month	
Gross Private Pension (before deductions) Name of Source: _____ Mailing Address: _____ City: _____ State _____ Zip _____	$ _____ per month	_____
Gross Private Pension (before deductions) Name of Source: _____ Mailing Address: _____ City: _____ State _____ Zip _____	$ _____ per month	_____
Gross Private Pension (before deductions) Name of Source: _____ Mailing Address: _____ City: _____ State _____ Zip _____	$ _____ per month	_____
Alimony	$ per month	
Alimony (Co-Adult/Spouse)		
Unemployment Benefits	$ per month	
Unemployment Benefits (Co-Adult/Spouse)		
Public Assistance/Welfare (Do not include food stamps)	$ per month	
Public Assistance/Welfare (Co-Adult/Spouse)	$ per month	
Other Source:	$ per month	
Other Source:	$ per month	

ASSETS

Please list all cash held in savings and checking accounts, safety deposit boxes, trusts, stocks, bonds, treasury bills, certificates of deposit, money market funds, IRA & Keough accounts, investments portfolios, personal property held as investment below.

DO NOT INCLUDE PERSONAL PROPERTY SUCH AS CARS, OR FURNITURE

Type of Asset	Bank Name	Account Number	Average Monthly Balance	Current Interest Rate
Checking Acct.			$	%
Checking Acct.			$	%
Savings Acct.			$	%
Savings Acct.			$	%
Christmas Club			$	%
.				
Cert. of Deposit			$	%
Cert. of Deposit			$	%
Cert. of Deposit			$	%
Cert. of Deposit			$	%
Cert. of Deposit			$	%
Money Market			$	%
Money Market			$	%
IRA/Keough/401k			$	%
IRA/Keough/401k			$	%
Other:			$	%
Other:			$	%
Other:			$	%
Investment Portfolio				
Investment Portfolio				

Type of Stock	Company Name	No. of Shares	Current Value	Annual Dividends
			$	
			$	
			$	

Type of Bond	No. of Bonds		Current Value	Annual Income if any
			$	
			$	
			$	
			$	

TRUST ACCOUNTS

Do you have a revocable trust agreement? ☐ Yes ☐ No

If yes, please state the Current Value of the trust account: $_____

REAL ESTATE

Do you currently own your own home? ☐ Yes ☐ No

If yes, please state the "Net" estimated value of your home: $ _____

(To arrive at the net estimated value, please subtract any liens, mortgages, or costs to sell such as realtor's fees, etc from the estimated market value.)

Do you currently own investment property? ☐ Yes ☐ No

If yes, please state the "net" estimated value of this property: $ _____

Do you currently own any other type of real estate? ☐ Yes ☐ No

(This includes vacant land, camps, etc.)

If yes, please state the "net" estimated value of this property: $_____

LIFE INSURANCE POLICIES

Do you have life insurance? ☐ Yes ☐ No

If yes, please list below.

Name of Insurance Provider	Policy Number	Type of Policy (whole, term, universal, etc.)	Current Cash Value, if any	Annual Dividends & Interest
			$	$
			$	$
			$	$
			$	$

BURIAL ACCOUNTS

Do you have a burial account? ☐ Yes ☐ No

If yes, do you receive interest from your burial account? ☐ Yes ☐ No

Check here if it is Revocable. ☐ Check here if it is Irrevocable. ☐

(If it is Revocable, please list it in the Asset Section on previous page.)

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

Have you disposed of any assets for less than fair market value within the past two years?

☐ Yes ☐ No

If yes, please list below the value and specify the date it was disposed of:

$ _____ Date: ____/____/____

$ _____ Date: ____/____/____

$ _____ Date: ____/____/____

If yes, was it to establish a burial account: ☐ Yes ☐ No

MEDICAL EXPENSES

Do you receive Medicare benefits? ☐ Yes ☐ No

If yes, do you have a Medicare supplement such as Blue/Cross/Blue Shield? ☐ Yes ☐ No

If no, do you have any other medical/hospitalization insurance? ☐ Yes ☐ No

If yes, is this a payroll deduction or a deduction from your pension? ☐ Yes ☐ No

---

Please estimate the following medical expenses your household incurs on a regular basis.

Average "Out of Pocket" Monthly Expense for Physician Services: $ _____
("Out of Pocket" is costs paid by you; not reimbursed by insurance or agency. This expense includes all physicians: General Practice, Dentists, Podiatrists, Chiropractors, Optometrists, etc. and Health Care facilities.)

Monthly Payments on accumulated Medical bills: $ _____

Average Monthly Prescription Cost: $ _____

Monthly cost of Nonprescription medicines that have been prescribed by a physician: $ _____

Excluding Medicare, your Monthly Cost for Health Insurance Premiums: $ _____

Monthly Live-in or periodic medical assistance costs such as nursing services: $ _____

Monthly costs for an assistance animal and its upkeep: $ _____

Monthly cost of Medical care of a permanently institutionalized family member: $ _____
(Include this expense only if his/her income is included in income section.)

AUTOMOBILES

Do you own an automobile or truck? ☐ Yes ☐ No

PETS

Do you have a pet that you wish to bring with you to Liberty Hill Apts.? ☐ Yes ☐ No

If yes, please specify what kind of animal such as cat, dog, bird, etc.: _____
If dog or cat, please state approximate size and weight: _____ Height _____ Weight

ETHNICITY AND RACIAL DATA

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Liberty Hill Apartments	033EH026	107 Liberty Street, Clarion, PA 16214
Name of Property	**Project No.**	**Address of Property**

Developac, Inc.	Section 811 PRAC
Name of Owner/Managing Agent	**Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature **Date**

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Form HUD-27061-H (9/2003)

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Exhibit 3-3: Owners Notice No. 1

Dear Applicant,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U. S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

a. Section 8 Housing Assistance Payments programs;
b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
c. Section 101/Rent A Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U. S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. *Complete a Family Summary Sheet, using the attached format, (identified as Exhibit 3-5) to list all family members who will reside in the assisted unit.*
2. *Each family member (including you) listed on the Family Summary Sheet must complete a Declaration (see Exhibit 3-6). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.*
3. *Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence along with this application to:*

Robin Truitt, Manager
Liberty Towers
624 Liberty Street
Clarion, PA 16214

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Robin Truitt at (814) 226-9473. She will be happy to assist you. Also, if you are unable to provide the required documentation when you return this pre-application, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Exhibit 3-4: The Family Summary Sheet
(Include only Members who will reside in Unit)

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head 1			Head of Household		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

PLEASE NOTE: *If applying for more than one household member, additional copies of the following Exhibit 3 - 5: Declaration Format" found on page 13 through page 15 will be mailed to you for completion upon receipt of pre-application.*

Exhibit 3-5: Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Family Summary Sheet.

Last Name: _____

First Name: _____

Relationship to Head of Household _____ Sex _____ Date of Birth _____

Social Security No. _____ - _____ - _____ Alien Registration No. _____

Admission No. _____ if applicable, (*this is an 11-digit number found DHS Form I-94, Departure Record*)

Nationality _____ (*Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.*)

Save Verification No. _____
(to be entered by owner if and when received.)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3.

DECLARATION

I, _____, hereby declare under penalty
(print or type first name, middle initial and last name)
of perjury, that I am:

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is check on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

IF YOU HAVE CHECKED THAT YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, PROCEED TO CRIMINAL HISTORY SECTION, (Page 15)

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

Note: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (Exhibit 3-7)

AND

b. One of the following documents:

(1) Form I-551 – *Permanent Resident Card or Alien Registration Receipt Card.*

(2) Form I-94 – *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";
(b) "Section 208" or "Asylum";
(c) "Section 243(h)" or "Deportation stayed by Attorney General", and
(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA".

(3) If Form I-94, *Arrival-Departure Record,* is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);
(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
(c) A court decision granting withholding or deportation; or
(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A' or "Section 210".

(5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b above are not currently Available, complete the Request for Extension block below.

Signature _____ Date _____

Check here if adult signed for a child: ☐

9REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____ Date _____

Check here if adult signed for a child: ☐

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: ☐

CRIMINAL HISTORY

1. The owner **MUST** prohibit admission of applicants if any household member was evicted from federally-assisted housing for drug-related criminal activity.

   Have you or any member of the applicant family ever been evicted from federally-assisted housing for drug-related criminal activity?

   YES _____ NO _____

   If "Yes", the owner **MAY** admit such household if the family member has successfully completed an approved supervised drug rehabilitation program or the circumstances leading to the eviction no longer exist. Please explain:

   _____
   _____
   _____
   _____.

2. The owner **MUST** prohibit admission of applicants if any household member is engaged in the illegal use of drugs, or if the owner has reasonable cause to believe that a household member's illegal use of a drug or pattern of illegal use may interfere with health, safety and right to peaceful enjoyment of other residents.

   Are you or any member of your household currently engaged in the use of illegal drugs?

   YES _____ NO _____

3. The owner **MUST** prohibit the admission of persons subject to lifetime registration requirements under a State sex offender program.

   Are you or any member of your household subject to lifetime registration requirements under a State sex Offender program?

   YES _____ NO _____

Please list all addresses and "States" where you and other household members have previously resided:

Street Address	City	State	Zip
City	County	State	
City	County	State	
City	County	State	
City	County	State	

4. An owner **MUST** prohibit admission if there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety or peaceful enjoyment of the premises of other residents.

   Do you or any member of your household abuse alcohol?

   YES _____ NO _____

5. An owner **MAY** prohibit admission for 1) drug-related criminal activity; 2) violent criminal activity; 3) other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or 4) other criminal activity that would threaten the health, safety of the owner or any employee, contractor, subcontractor, or agent of the owner who is involved in the housing operations. An owner has established five years as a "reasonable time" in which the applicant must not have engaged in these activities before admission.

   (NOTE: The Basis for Rejection for all other screening requirements should already be a part of the Tenant Selection Plan. This Addendum only covers screening for drugs and criminal activity.)

   Basis of Rejection (one or more of the following):

   Crimes against persons: conviction within the past seven (7) years;
   Crimes against property: conviction within the past five (5) years;
   Drug-related criminal activity: conviction for the manufacture, sale or distribution, or for possession with the intent to manufacture, sell or distribute, a controlled substance within the past five (5) years:
   Illegal firearms: conviction for possession of an unregistered firearm

or an illegal weapon with the past five (5) years; OR
Pattern of criminal behavior: as evidenced by reports of repeated disturbances involving the police.

Note: Drug-related criminal activity does not include the use or possession of a controlled substance if the applicant can demonstrate:

Applicant has an addiction, a records of such an impairment, or is regarded as having such an impairment; AND,
Has evidence of recovery via proof of completion of an accredited rehabilitation program;
Has not used or possessed a controlled substance for at least one (1) year; AND,
Does not currently use or possess a controlled substance.

Do you or any member of your household have a record of criminal activity?

YES _____ NO _____

If so, please explain: _____
_____
_____
_____
_____.

6. An owner **MAY** admit an applicant who was previously denied admission for criminal activities but now has sufficient evidence that the household member was not involved in criminal activity for a reasonable length of time. The owner's criteria will be written evidence from a law enforcement agency.

   Have you or any member of your household been previously denied admission for criminal activity that has ceased to continue?

   YES _____ NO _____

   If so, please explain: _____
   _____
   _____
   _____
   _____.

The owner hereby certifies that all selection criteria is within the Final Rule on Screening and Eviction for Drug Abuse and Other Criminal Activity, as found in 24 CFR Part 5 et al, published May 24, 2001, and is consistent with Fair Housing and Equal Opportunity provisions.

_____
Authorized Signature

APPLICANT CERTIFICATION

- I/We certify that if selected to move into this project, the unit I/We occupy will be my/our only place of residence. I/we understand that the preceding information is being collected to determine my/our eligibility for Section 8 Assistance.
- I/We certify that the information I/We have provided is true and complete to the best of my/our knowledge and belief.
- I/We understand that false statements or information are punishable under federal law.

Signature of Household Head: _____ Date: _____

Signature of Co-Adult/Spouse: _____ Date: _____

FOR OFFICE USE ONLY

Total Estimated Regular Income: $_____
Total Income from Assets: $_____ *Estimated Imputed Income:* $_____
Total Estimated Annual Income: $_____

PLEASE NOTE: *If applying for more than two household members, additional copies of the following "Release of Information" form will be mailed to you upon receipt of pre-application.*

VAWA

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence, stalking or sexual assault as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence, Stalking or Sexual Assault on Form HUD-91066, or other documentation as noted on the certification form to receive protection under the VAWA.

Are you a victim of domestic violence, dating violence, stalking or sexual assault?

☐ Yes ☐ No

If yes, please request Form HUD-91066.

TENANT SELECTION PLAN

This project was designated for the elderly and those persons (elderly or non-elderly) who require the accessibility features of the unit.

Regardless of Sexual Orientation or Gender Identity ensures that HUD's core housing programs are open to all eligible persons regardless of sexual orientation, gender identity or marital status. The Owner/Agent will comply with this rule and state local laws that provide the same or similar protections.

A Tenant Selection Plan is available upon request. I would like to request a complete copy of the owner/agents resident selection criteria.

☐ Yes ☐ No

PLEASE COMPLETE FOR EACH ADULT MEMBER OF HOUSEHOLD.
RELEASE OF INFORMATION

I, _____, authorize Liberty Hill Apts./Developac, Inc., to
Printed Applicant Name
obtain a credit report, criminal history report, (including inquiries to State(s) Sex Offender Registration Program(s), if applicable), and Rental History Report.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

_____ _____
SIGNATURE OF APPLICANT DATE

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U. S. C. 408 (a) (6), (7) and (8).

Liberty Hill Apts./Developac, Inc. does not discriminate on the basis of handicap status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

RELEASE OF INFORMATION

I, _____, authorize Liberty Hill Apts./Developac, Inc., to
Printed Applicant Name
obtain a credit report, criminal history report, (including inquiries to State(s) Sex Offender Registration Program(s), if applicable), and Rental History Report.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

_____ _____
SIGNATURE OF APPLICANT DATE

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ATTACH: 92006
OMB Control # 2502-0581
Exp. (02/28/2019)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant	**Date**

FACT SHEET
For HUD ASSISTED RESIDENTS

Project-Based Section 8

"HOW YOUR RENT IS DETERMINED"

Office of Housing

September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

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

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

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by $200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:
The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

OR

- $25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of $5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to family assets, see Exclusions from Annual Income, below Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets

- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed $200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of $480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of $480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first $2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first $2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent*-product liability litigation
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- $480 for each dependent including full time students or persons with a disability
- $400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements;24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at http://www.hud.gov

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

December 2005

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

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION

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

What is EIV?

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

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

The Social Security Administration:

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

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

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

What is the information in EIV used for?

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

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

- correctly reported your income

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

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

Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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

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

What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

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

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

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

JULY 2009