

STARK METROPOLITAN HOUSING AUTHORITY APPLICATION FOR HOUSING ASSISTANCE

Applicant Name: _____ Phone #: _____
 Current Mailing Address: _____ Cell Home Message
 City, State, Zip code: _____ Email Address: _____

PERSONAL HISTORY

	Household Member's Full Name (Please list only those that will be living in the assisted household)	Relation to Head	Age	Race	Ethnicity: Are you Hispanic? Yes or No	Sex	Has household member ever been arrested and/or have a criminal record?
1		SELF					
2							
3							
4							
5							
6							
7							
8							

1. Is any household member required to register as a sex offender? Yes No
2. If yes, are they subject to lifetime registration? Yes No
3. Which household member(s) are subject to any registration requirement(s)? _____
4. Have you listed everyone that will be living with you once you receive housing through SMHA? Yes No

INCOME AND ASSET INFORMATION

Does any member of your household:

- Yes No Work full-time, part-time or seasonally?
- Yes No Work for someone who pays them cash?
- Yes No Now receive or expect to receive unemployment benefits?
- Yes No Now receive or expect to receive child support any time over the next year? (include sporadic payments)
- Yes No Now receive or expect to receive alimony?
- Yes No Now receive or expect to receive public assistance (welfare), cash benefits?
- Yes No Now receive or expect to receive Social Security benefits or SSI? ? Disability
 Survivor/Widow Retirement Dependent of Disabled Adult
- Yes No Now receive or expect to receive income from a pension or annuity?
- Yes No Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No. Do you have a life insurance policy with a **cash value**?
- Yes No Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- Yes No Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No Have you sold or given away real property or other assets (including cash) in the past two years? If yes, describe and list value. _____

INCOME

For every "Yes" checked above, list the following income details for all income for all household members:

Member Name	Source / Type of Income	Monthly Income

ASSETS

Does any member of your household:

- Yes No own real estate?
 Yes No sold or given away any property or assets in the past two years?
 If yes, what was it, when was it and list value: _____
 Yes No have a checking account?
 Yes No have a savings account?
 Yes No own a Certificate of Deposit?
 Yes No own stocks or bonds?
 Yes No have an IRA or Keogh account?
 Yes No have a life insurance policy with a cash value (you can cash it in)?
 Yes No have any other assets not specified on this list? _____

For every "Yes" checked above, list the following asset details for all assets for all household members:

Member Name	Bank Name or Investment Source	Type of Account	Balance

POTENTIAL DEDUCTIONS

- Yes No Do you have expenses for child care of a child ages 12 or younger while you work or attend school?
 What is the weekly cost to you for the child care? \$ _____
 Yes No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work or attend school?
 What is the cost to you for the care attendant and/or the equipment? \$ _____
 Yes No Does any member of the household PAY child support to someone not in the household?

If the Head of Household or spouse is either a person with disabilities or aged 62 or older, they may qualify for additional deductions.

- Do you pay any premiums for Medicare or any other medical insurance coverage? Yes No
 Do you pay **out-of-pocket** or **co-pays** to physicians or other medical providers? Yes No
 Do you have outstanding medical bills that you are currently making **out-of-pocket** payments on? Yes No
 Do you pay **out-of-pocket** or **co-pays** for your prescriptions? Yes No

RENTAL HISTORY

- Have you ever lived in housing where rent was based on your income (subsidized housing)? Yes No
 If yes, when? _____
 Who was the landlord or Housing Authority? _____
 What was your address? _____
 If more than one, please list additional subsidized housing here:
 When? _____
 Who was the landlord or Housing Authority? _____
 What was your address? _____

While living in subsidized housing, did you ever receive benefit from the Earned Income Disallowance? Yes No

If your lease would require you to have gas and/or electric in your name, would you be able to do so? Yes No

ADDITIONAL INFORMATION Will be used to help determine preferences you may qualify for

Yes No Do you currently meet the HUD definition of being homeless (lack a fixed, regular and adequate nighttime residence)?

If yes, where are you staying? _____

Yes No *Is head of household or spouse a person with disabilities?
*If yes, do you need a change in the way we communicate with you, change in any rule, policy, services or procedure, or accessibility features that are necessary for your household to have equal access to, and enjoyment of, SMHA's housing program(s): _____

Military Service: Active Member Veteran Widow of Veteran No Service

*These questions are solely for the purpose of calculating total tenant payment and determining the family's need for an accessible unit.

PARTICIPANT CERTIFICATION

I/We certify that the information given to the **Stark Metropolitan Housing Authority** on household composition, income, net family assets, and rental history is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for denial of housing assistance and termination of tenancy/rental assistance.

Signature of Head of Household _____

Date _____

Signature of other adult household member _____

Date _____

***If you are a person with disabilities and require accommodations to access or fully utilize the program, you have the right to make a verbal or written request for a Reasonable accommodation. If you need assistance completing this form, please let the Intake staff person that interviews you know of your need for assistance and we will gladly provide it to you.**

NOTE TO PARTICIPANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at (800) 669-9777.

APPLICATION IS NOT COMPLETE UNTIL ALL APPLICABLE RELEASE FORMS HAVE BEEN SIGNED.

SMHA OFFICE USE ONLY:

Initials of Interviewer:

Date: _____

Time: _____

Unit Size Assigned: 0/1 2 3 4 5

Disabled/Handicapped

Veteran

Homeless

Elderly

Victim of Domestic Violence

Has applicant been given form HUD-52675

Date: _____

Telephone #: _____

Applicant Name: _____

Application #: _____

ADDITIONAL RENTAL HISTORY

1.

Current Landlord

Address

Reason for Moving

City

Do you owe any money? Yes No

Length of Residency _____ Phone _____

Previous Landlord

Address

Reason for Moving

City

Do you owe any money? Yes No

Length of Residency _____ Phone _____

Previous Landlord

Address

Reason for Moving

City

Do you owe any money? Yes No

Length of Residency _____ Phone _____

2. Have you ever made an application for housing with any other housing authority?

YES NO

If yes, when? _____

What was the outcome? _____

3. Have you ever applied or lived in housing where the rent was based on your income (SMHA, Victory, CHIPS, Skyline Terrace, or another housing authority)?

YES NO

Do you owe any money from the tenancy?

YES NO

Why did you move? _____

4. Have you ever lived in a shelter? Yes No

If yes, when and where? _____

Why were you in a shelter? _____

5. Have you ever lived outside Stark County? Yes No

If yes, when and where? _____

6. Do you have any relatives or friends who live in SMHA housing? YES NO

If yes, give name, address, and relationship? _____

7. Have you ever had gas or electricity in your name or has someone ever used your name on the account? YES NO

Have you ever had your gas or electric shut off? If yes, explain. YES NO

Do you currently have an outstanding utility bill? YES NO

8. Have you ever been evicted? YES NO

If yes, who was the landlord, why were you evicted, when was the eviction, etc.?

I understand that this is not a contract and is not legally binding to either party. I certify that the above is true to the best of my knowledge. I understand that false statements or information are punishable under Federal law, and will result in denial of the application. I have no objections to inquiries for the purpose of determining eligibility as described in the SMHA Leasing and Occupancy Policy. I hereby waive any and all rights I have against any sources of such information by reason of their furnishing such information, if any.

Applicant Signature

Date

SMHA Representative

Date

THINGS TO DO NOW:

Thank you for completing your application interview. Over the next few weeks, we will be hard at work completing your application file by processing your background check(s) and other screening and verifying all your information. In the meantime, you can do the following:

- 1) You will not be permitted to sign a lease if you fail to return any requested information to our office in a timely manner. Please gather any requested information and return it to us by the deadline indicated during your interview.
- 2) If applicable to the unit you are offered, you will not be permitted to sign a lease if you are unable to have the required utilities turned on. Make sure you will be able to get utilities turned on in your name at the time of lease-up. Please contact utility companies and resolve old balances now.
- 3) You will not be permitted to sign a lease if you are unable to pay your security deposit and first month's rent. Your first month's rent will be pro-rated depending on your move in date. Please start saving money for this now.

Thank you in advance for your cooperation in this process.

Stark Metropolitan Housing Authority

Applicant: _____ (Head of household name)

By signing below, this household acknowledges awareness of the requirements described above. I/we further acknowledge that my/our failure to meet all the requirements listed above may result in adverse actions by Stark Metropolitan Housing Authority, up to withdrawal of my/our application.

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date



Authorization to Release Criminal/Background Information

I, _____, hereby authorize the release to the Stark Metropolitan Housing Authority any information which they may request to determine suitability for SMHA Housing. Information may include, but is not limited to, records maintained by employers, landlords, banks, credit agencies, courts and police departments.

I hereby waive my privileges I may have to said information only to the extent necessary to permit the release of this information to the Stark Metropolitan Housing Authority.

SMHA is using a Federal Crime Computer to search your background. You may be required to return for fingerprinting.

You are responsible to reveal all criminal convictions. A criminal conviction is any offense where you served jail or prison time, were placed on probation, did community service and/or paid a fine. This includes any offense where you plead no contest, guilty or not guilty. You may also have a conviction even if you were never arrested or never given any jail time. If you are not certain, ask for clarification.

Have you ever been convicted for any of the following? (Answer YES or NO)

- 1) a DUI Yes No
- 2) a misdemeanor crime Yes No
- 3) a felony crime Yes No
- 4) a drug offense Yes No
- 5) classified as a sex offender Yes No

6) Have you ever lived in Public Housing, Section 8 housing or had a housing Voucher? Yes No

7) Have you ever been evicted from Public or terminated from Section 8/Voucher housing? Yes No

IF THE ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST COMPLETE THE FOLLOWING SECTION OF THIS FORM.

PLEASE BE SPECIFIC ON ALL CRIMINAL CONVICTIONS AS TO YEAR, CITY, COUNTY, AND STATE. If you are not sure what you were convicted of, please write "Not Sure." If you write "Not Sure," SMHA may request more information to complete this application.

Be sure to include any and all charges; even those not local to Stark County.

Convicted of: _____

Year: _____ City/State: _____

Convicted of: _____

Year: _____ City/State: _____

Convicted of: _____

Year: _____ City/State: _____

Convicted of: _____

Year: _____ City/State: _____

Please list additional charges on a separate piece of paper.

Previous subsidized housing address: _____
City/State: _____

Previous subsidized housing address: _____
City/State: _____

Have you ever lived anywhere outside of Stark County, Ohio since you have been an adult? Yes No

If yes, where? City/State: _____
City/State: _____
City/State: _____

Have you ever had criminal charges filed against you anywhere outside of Stark County, Ohio? Yes No

If yes, where? City/State: _____
City/State: _____
City/State: _____

Please accept my signature on this document as evidence that I grant permission to your agency to release any and all records which may be in your possession concerning me to the Stark Metropolitan Housing Authority (SMHA), a political sub-division of THE STATE OF OHIO.* I voluntarily waive my right of privacy specifically to the Stark Metropolitan Housing Authority in accordance with Federal and State Statutes and waive any and all claims against you, your department, or any officers or employees which may arise out of your furnishing such record.

Any misrepresentation or false statement on a government application is a federal offense. If you fail to disclose any convictions, or misrepresent any information, you will be denied housing for falsification and/or fraud.

Signed Date

SMHA Employee Requesting Report

* The Stark Metropolitan Housing Authority is a political sub-division of the State of Ohio and as such is mandated by Federal and State statutes to receive information regarding applicants or Federal Housing programs and is responsible for the safeguarding of this information in accordance with Title 28, USC and all applicable statutes and laws.

FOR SMHA OFFICE USE ONLY- Please print, using capital letters.			
Name: _____			
(Last)	(First)	(Middle)	
Social Security Number: _____		Date of Birth: ____/____/____	
Maiden Name: _____		Sex: _____	Race: _____
Current Address: _____		City and State: _____	

.....
FOR SECURITY/INVESTIGATIONS OFFICE USE ONLY – PLEASE CHECK THE BOX TO INDICATE THE SOURCE OF THE BACKGROUND SEARCH THAT WAS CONDUCTED:

LEADS: Stark County CJIS: Other County CJIS: OPENOnline:

SECTION 214 DECLARATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable - from INS Form I-94, Departure Record) (Country to which you owe legal allegiance- may or may not be country of birth)

DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here) []

If you sign this box, no further information is required.

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature _____ Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here) []

If you sign this box, you must go on to complete the reverse side including the Verification Consent.

REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, 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 _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here) []

If you sign this box, you must go on to complete the reverse side including the Verification Consent.

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

Signature _____ Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here) []

If you sign this box, no further information is required. You are NOT eligible for housing assistance.

THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: _____

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 **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



SECTION 214 DECLARATION FORM (continued)

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes **MUST** be checked:

- 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- 4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- 6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 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"
 - d. "Paroled pursuant to Section 212(d)(5) of the INA"
- 3. If Form I-94, Arrival-Departure Record, is not annotated, then 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 INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- 6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- 7. Form I-152, Alien Registration Receipt Card.

VERIFICATION CONSENT

CONSENT: I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **NOTIFICATION:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____

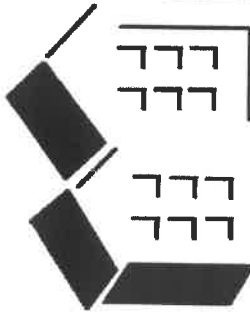
Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here)





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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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



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: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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 or such other period consistent with State Law.

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, subject to 24 CFR Part 16.
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?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

STARK METROPOLITAN HOUSING AUTHORITY
400 E TUSCARAWAS ST
CANTON OHIO 44702

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

-----N/A-----

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



400 East Tuscarawas Street - Canton, OH 44702

PH: 330-454-8051 FX: 330-580-9000 RELAY 1-800-750-0750

www.starkmha.org



Release of Information

By my signature below, I hereby authorize Stark Metropolitan Housing Authority to verify all information I have provided to the housing authority relating to my application for or participation in SMHA housing programs.

I understand and agree that this authorization and/or the information obtained with this authorization may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also authorize SMHA to share information with and obtain information from other Federal, State or Local agencies, individual(s) or professionals as deemed necessary in the provision of assisted housing and in administering and enforcing program rules and policies in accordance with HUD regulations.

**Past and Present Landlords
Law Enforcement Agencies
Banks & Financial Institutions
Welfare Agencies, Social Offices
Employment & Unemployment Bureaus
Qualified Third Party Professionals
Homeless Management Information System (HMIS)**

**Courts & Post Offices
Schools & Colleges
Utility Companies
Creditors & Credit Bureaus
Veterans' Affairs & Offices
Medical Providers
Other: _____**

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in any subsidized housing program that SMHA administers and that I am applying for or participating in.

I agree that a photocopy of this authorization may be used for the above-stated purposes. The original of this authorization is on file with Stark Metropolitan Housing Authority.

Head of Household

Date

Other family member over age 18

Date

Other family member over age 18

Date

Other family member over age 18

Date

SMHA Representative

Date

This authorization is valid for a period of 15 months from the date of signature

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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



Stark Metropolitan Housing Authority

400 East Tuscarawas Street
Canton, OH 44702
PH: 330-454-8051 FAX: 330-580-9000
Relay: 1-800-750-0750
www.starkmha.org



LANDLORD REFERENCE

Applicant Name: _____

Address & Date of Occupancy Reported: _____

Dear Landlord:

The Department of Housing and Urban Development (HUD) allows Stark Metropolitan Housing Authority (SMHA) to verify an applicant's previous and/or current landlord references. In addition, regulations require SMHA to screen all applicants that apply for the public housing program. Therefore, we would appreciate your completing **ALL** sections below, and returning this form in the envelope provided.

STARK METROPOLITAN HOUSING AUTHORITY

Intake Department

Date: _____

SECTION ONE:

- Is this a current or previous tenant? Current Previous
- Are you a relative or friend of this applicant? Relative Friend Neither
- Date of move-in: _____ Date vacated: _____
- Amount of rent charged per month: \$ _____ Does this amount include utilities? Yes No Some
- Is/Was the tenant receiving any ongoing rent assistance by any government program (i.e. Public Housing, Project Based Section 8, Housing Choice Voucher, other Section 8 assistance, etc.)? Yes No
- If this applicant received rental assistance from a government program, have they used any portion of the time allowed for the Earned Income Disallowance? Yes No
If yes, when did their 48 month clock start? _____
How many months have they used the 100% disallowance? _____ 50% disallowance? _____

7. Please include all persons that lived in the household & their relationships:

	Name	Relationship
1.		
2.		
3.		
4.		
5.		
6.		

OVER

SECTION TWO – Please complete as it applies to current resident or previous resident prior to their move-out:

1. Rent Payment

- a. Is the resident current on rent? Yes No
- b. Has the resident ever been late with rent? Yes No
If yes, how frequently? Every month Often Sometimes Rarely
- c. Does the resident have a history of NSF checks? Yes No

2. Care of Unit

- a. Does the resident keep the unit clean and sanitary? Yes No
- b. Has the resident, family members or guests damaged or vandalized the apartment or property? Yes No
If yes, how frequently do damages occur? Often Sometimes Rarely
- c. Has the resident paid for the damage? Yes No

3. General

- a. Does the resident permit persons other than those on the lease to live in the unit? Yes No
- b. Does the resident, family members or guests interfere with the rights and quiet enjoyment of other residents? Yes No
If yes, describe how: _____
- c. Have you ever filed eviction proceedings against this resident? Yes No
If yes, what for? _____
If yes, what is the status of the eviction? In process Cancelled Writ Issued
- d. Does this tenant currently have an outstanding balance owed to you? Yes No
If yes, what is the balance owed to you? _____
What is the balance owed for? Rent /late fees Damages Court Costs
 Other: _____
- e. Would you lease to this resident again? Yes No
If no, why not? _____

Additional Comments: _____

(Landlord Signature)

(Date)

I have authorized SMHA to receive information regarding my housing records.

(Applicant Signature)

(Date)