



8933 Interchange Dr.  
Houston, Texas 77054  
Tel: 713-578-2100  
Fax: 713-669-4594

## **APPLICATION FOR THE HUD-VASH HOUSING CHOICE VOUCHER**

### **Important Information about your Annual Reexamination:**

- Answer all questions on the Reexamination form. Do not leave any questions blank. If a question does not apply to you, such as “*What is your telephone number?*”, and you do not have a telephone, write “none”.
- Please print all answers.
- Use the full legal name of each member of your household as it appears on the social security card.
- All yes/no questions must be answered “yes” or “no”.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/co-head (if any) must sign and date the reexamination form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this form must be true and complete. It is a violation of Federal and State criminal law to make false statements on an application for housing assistance, or to omit information that is known to you. If you do not understand a question, please ask your housing representative.

*If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the HCHA office at 713-578-2100.*



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## TENANT INFORMATION FORM: APPLICATION FOR THE HUD-VASH HCV PROGRAM

### Part 1: Identifying Information

Current Address:	Home Telephone:  Work Telephone:  Cell Phone:	Relative Telephone:  Other Contact Telephone:  Email Address:
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Start on the first line with the head of household. Complete the information for all adults and children that will be living in the housing unit to be assisted. List adults first, then children. **You must include all persons who are living with you.** In box 6 enter one of the below codes to identify the relationship of each household member to the head of household.

H = Head of household    K = Co-Head (not married)    Y = Youth under 18    E = Full time student over 18  
S = Spouse (married)    A = Other Adult    F = Foster Child    L = Live-in aide

<b>1</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M    F <input type="checkbox"/> <input type="checkbox"/>	6. Relation  H	7. Disabled Yes    No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander			9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number	
<b>2</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M    F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes    No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander			9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number	
<b>3</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M    F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes    No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander			9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number	
<b>4</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M    F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes    No <input type="checkbox"/> <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander			9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number	



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<b>5</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation	7. Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
<b>6</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation	7. Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
<b>7</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation	7. Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
<b>8</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation	7. Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
<b>9</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation	7. Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
<b>10</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation	7. Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		
<b>11</b>	1. Last Name (include Jr, Sr, etc)	2. First Name	3.M.I.	4. Birth date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation	7. Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.Race (check one box) ___ White ___ American Indian/Alaska Native ___ Black ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		10. Social Security Number		



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## Part 2: Information about members of the household:

1. Does anyone outside of the home share custody of any of the children? Yes ☐ No ☐  
If yes, who? \_\_\_\_\_
2. Is anyone who will be living in the home currently married? Yes ☐ No ☐  
If yes, who? \_\_\_\_\_
3. Is anyone who will be living in the home expecting a child? Yes ☐ No ☐  
If yes, who? \_\_\_\_\_
4. Is anyone who will be living in the home divorced? Yes ☐ No ☐  
If yes, who? \_\_\_\_\_
5. Is there any family member who is temporarily absent? Yes ☐ No ☐  
If yes, who? \_\_\_\_\_
6. Is anyone who will be living in the home who is 18 or over a full-time student? Yes ☐ No ☐

*If yes, below list who, and provide the name and address of the school attended*

Student Name:	Student Name
Name and Address of School:	Name and Address of School

7. Have any household member been arrested for any crime in the past 12 months? Yes ☐ No ☐

*If yes, complete below. Attach separate sheet if needed.*

Family member name _____	Year arrested _____
What crime(s)? _____	Number of arrests _____
City and State arrested _____	

Family member name _____	Year arrested _____
What crime(s)? _____	Number of arrests _____
City and State arrested _____	

### Part 3: Information about the Assets of all Family Members

*(An asset is something of value that can be converted to cash)*

Do you or any family member have any of the following Assets? Write "yes" or "no" as appropriate.

Type of Asset	Yes	No	If yes, which family member(s) own the asset(s)?
Checking Account?			
Savings Account?			
Bonds?			
Trust fund(s)?			
Pension funds?			
Individual Retirement Accounts?			
Life insurance policy (ies)?			
Real Property (real estate)?			
Any other type of capital investment?			
Personal property held as an investment (coins, antique cars, etc)			

Have you or any family member sold or given away any assets within the past 2 years for less than their fair market value? Yes ☐ No ☐

If yes, what was the asset? \_\_\_\_\_

What was the fair market value of the asset? \$ \_\_\_\_\_

How much was received for the asset? \$ \_\_\_\_\_

What was the date the asset was sold or given away? \_\_\_\_\_

**ASSETS** Answer all questions about assets:

<b>1</b>	Who holds the asset?	Type of asset:	Account Number, if any	Current Balance or Value
	Does this asset pay interest or dividends?	If this asset pays interest dividends, what is the interest rate?	Does this asset generate any other income?	If this asset generates other income, how much a year?
	Name of Financial Institution, if any	Address		Phone #
<b>2</b>	Who holds the asset?	Type of asset:	Account Number, if any	Current Balance or Value
	Does this asset pay interest or dividends?	If this asset pays interest dividends, what is the interest rate?	Does this asset generate any other income?	If this asset generates other income, how much a year?
	Name of Financial Institution, if any	Address		Phone #
<b>3</b>	Who holds the asset?	Type of asset:	Account Number, if any	Current Balance or Value
	Does this asset pay interest or dividends?	If this asset pays interest dividends, what is the interest rate?	Does this asset generate any other income?	If this asset generates other income, how much a year?
	Name of Financial Institution, if any	Address		Phone #
<b>4</b>	Who holds the asset?	Type of asset:	Account Number, if any	Current Balance or Value
	Does this asset pay interest or dividends?	If this asset pays interest dividends, what is the interest rate?	Does this asset generate any other income?	If this asset generates other income, how much a year?
	Name of Financial Institution, if any	Address		Phone #



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## Part 4: Information about the Income of all Family Members

*Income includes all money or contributions from any and all sources paid to or on behalf of any family member.*

Did you or any family member file a federal or State income tax return last year? Yes ☐ No ☐  
If yes, what member(s)? \_\_\_\_\_

*Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Answer every question Yes or No.*

Type of Income	Yes	No	If yes, who receives?
Wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from an employer? (Full time or part time). This includes Military Pay.			
Income from the operation of a business? (self-employment)			
Social Security income?			
Welfare assistance payments (TANF)?			
Food Stamp assistance?			
Income from retirement funds or pensions?			
Income from unemployment compensation?			
Child support payments?			
Alimony payments?			
Income from disability benefits?			
Income from death benefits?			
Income from insurance policies?			
Income from an annuity or other investment?			
Interest, dividends or other income from real or personal property?			
Regular contributions or gifts from anyone?			
Does anyone outside the home pay any of your bills or living expenses?			

This section is for all EARNINGS/WAGES received, or check: NONE [ ]

Indicate below all wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from any and all employers, including Military Pay. The two most recent paystubs will be required.

1	Who receives income?	How often paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (every 2 weeks) <input type="checkbox"/> Semi-Monthly (twice monthly) <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	Hours worked per pay period:	Gross pay per pay period:
	Average overtime hours per pay period:	Average tips/commissions per pay period:	Is vacation paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many weeks vacation are taken a year?
	Name of employer	Employer Address		Phone #
2	Who receives income?	How often paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (every 2 weeks) <input type="checkbox"/> Semi-Monthly (twice monthly) <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	Hours worked per pay period:	Gross pay per pay period:
	Average overtime hours per pay period:	Average tips/commissions per pay period:	Is vacation paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many weeks vacation are taken a year?
	Name of employer	Employer Address		Phone #
3	Who receives income?	How often paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (every 2 weeks) <input type="checkbox"/> Semi-Monthly (twice monthly) <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	Hours worked per pay period:	Gross pay per pay period:
	Average overtime hours per pay period:	Average tips/commissions per pay period:	Is vacation paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many week's vacation are taken a year?
	Name of employer	Employer Address		Phone #
4	Who receives income?	How often paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (every 2 weeks) <input type="checkbox"/> Semi-Monthly (twice monthly) <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	Hours worked per pay period:	Gross pay per pay period:
	Average overtime hours per pay period:	Average tips/commissions per pay period:	Is vacation paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many weeks' vacation are taken a year?
	Name of employer	Employer Address		Phone #



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Complete for all **SELF EMPLOYMENT INCOME**, or check: **NONE [ ]**

Also provide a copy of your previous tax return.

<b>1</b>	Who receives income?	Monthly Gross income from business:	Business Expenses:		
	Type of business:		Type	Amount	Frequency (monthly weekly, annually)
	Address of business:		_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
<b>2</b>	Who receives income?	Monthly Gross income from business:	Business Expenses:		
	Type of business:		Type	Amount	Frequency (monthly weekly, annually)
	Address of business:		_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____

Complete for all **UNEMPLOYMENT INCOME**, or check: **NONE [ ]**

Also provide a document / statement to verify unemployment income.

<b>1</b>	Who receives income?	Monthly Gross income from business:	Business Expenses:		
	Type of business:		Type	Amount	Frequency (monthly weekly, annually)
	Address of business:		_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
<b>2</b>	Who receives income?	Monthly Gross income from business:	Business Expenses:		
	Type of business:		Type	Amount	Frequency (monthly weekly, annually)
	Address of business:		_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____



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Complete for all **SOCIAL SECURITY (SS)**, and/or **SUPPLEMENTAL SECURITY INCOME (SSI)** received for all house hold members,  
or check: NONE [ ]

Also provide a document / statement to verify income.

<b>1</b>	Who receives income?	How often received?
	Type of income: SS    Yes <input type="checkbox"/> No <input type="checkbox"/> SSI   Yes <input type="checkbox"/> No <input type="checkbox"/> VA    Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS    \$ _____ SSI   \$ _____ VA    \$ _____
<b>2</b>	Who receives income?	How often received?
	Type of income: SS    Yes <input type="checkbox"/> No <input type="checkbox"/> SSI   Yes <input type="checkbox"/> No <input type="checkbox"/> VA    Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS    \$ _____ SSI   \$ _____ VA    \$ _____
<b>3</b>	Who receives income?	How often received?
	Type of income: SS    Yes <input type="checkbox"/> No <input type="checkbox"/> SSI   Yes <input type="checkbox"/> No <input type="checkbox"/> VA    Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS    \$ _____ SSI   \$ _____ VA    \$ _____
<b>4</b>	Who receives income?	How often received?
	Type of income: SS    Yes <input type="checkbox"/> No <input type="checkbox"/> SSI   Yes <input type="checkbox"/> No <input type="checkbox"/> VA    Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount received? SS    \$ _____ SSI   \$ _____ VA    \$ _____



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Complete for all other money or contributions received from anyone outside of the household, **or check:** **NONE** [ ]

**Also provide a document / statement to verify income**

<b>1</b>	Who receives income?	How often received	Amount received, or value of goods:
	Type of Income:	Type of Contribution:	
	Payor Name:	Payor's Address	Payor's Phone #
<b>2</b>	Who receives income?	How often received	Amount received, or value of goods:
	Type of Income:	Type of Contribution:	
	Payor Name:	Payor's Address	Payor's Phone #

## Part 5 Information about Expenses

### Childcare Expenses:

Does any family member pay childcare expenses for care of a child age 12 or younger?

Yes ☐ No ☐

If yes, does the childcare allow a family member to work, attend school, or seek employment?

Yes ☐ No ☐

*(If yes to both questions above, complete the below)*

Child's Name	Care Provider Name	Address	Phone Number	Amount paid monthly

Is any portion of the childcare costs reimbursed from an outside agency or person?

Yes ☐ No ☐

### Disability Assistance Expenses:

Does any family member pay a care attendant to provide care for a disabled family member so that another family member can work?

Yes ☐ No ☐

*(If yes, complete the below)*

Care provided for:	Care Attendant Name	Address	Phone Number	Amount paid monthly

Does any family member pay for any equipment that enables a disabled family member to work?

Yes ☐ No ☐ If yes, what is the monthly cost? \$ \_\_\_\_\_



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**Medical Expenses:** *(These questions only apply if the head of household, spouse or co-head is 62 years of age or older, or disabled).* List the medical expenses anticipated to be paid or incurred for each family member over the coming 12 months. Medical expenses include items such as prescription/non prescription medicines prescribed by a doctor, health insurance premiums, regular payments on past-due medical bills, etc. *(See IRS Publication 502 for more information on qualifying medical expenses. This publication may be found at [www.irs.gov](http://www.irs.gov).)*

Also provide receipts for medical expenses paid/incurred in the past 12 months.

Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>	Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ Reimbursed/ paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>	Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ Reimbursed/paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>	Family member Name _____ Monthly Expense Amount \$ _____ Provider: _____ Address: _____ Reimbursed/ paid for by another? Yes <input type="checkbox"/> No <input type="checkbox"/>



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**Living Expenses:** Indicate the dollar amount for your monthly living expenses as listed below:

Expense Item	Monthly Amount	LAST DATE PAID	PAID BY WHOM
Rent			
Electric			
Gas Heat			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			
Other expense			



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### Certification of Head of Household (Spouse/Cohead)

I hereby certify that all information I have provided on this application is true and complete. I understand that I am required to notify the housing authority of any changes in my income and family members in writing within ten (10) business days of such change, and that I cannot permit any person to live in my unit without prior approval of the Harris County Housing Authority. I understand that making false statements, misrepresentations or omitting information that is known to me in order to obtain housing assistance is a criminal violation of Federal and State law.

**WARNING: Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

### Certification of HCHA Representative

I certify that I have explained all questions on this form and reviewed the answers provided by the head of household to ensure that each question was fully understood.

\_\_\_\_\_  
Signature of HCHA Representative

\_\_\_\_\_  
Date

*If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the HCHA office at 713-578-2100.*

## Authorization for the Release of Information/ Privacy Act Notice

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

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

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

Harris County Housing Authority  
8933 Interchange  
Houston, Texas 77054

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions 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.

# Authorization for the Release of Information

Tenant ID \_\_\_\_\_

HA requesting release of information: \_\_\_\_\_

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

**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 review and hearing procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

Previous Landlords (including Public Housing Agencies)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Support and Alimony Providers  
Past and Present Employers  
Social Service Agencies  
State Unemployment Agencies  
State Wage Information Collection Agencies  
Social Security Administration  
Medical and Child Care Providers  
Veterans Administration  
Retirement Systems  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus  
Utility Companies  
Internal Revenue Service

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

## 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 this 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 HA or the owner responsible for the unauthorized disclosure or improper use.



## Lead Based Paint and Lead Poisoning

There is a possibility that housing constructed before 1978 may contain lead-based paint.

Children get lead poisoning when they eat bits of paint that contain lead. If a child eats enough lead paint, his brain will be damaged. The child may become mentally retarded or even die.

- If your child is under 7 years of age and you live in a house built prior to 1978, we strongly recommend that you contact a doctor or local health clinic to have your child screened for lead in blood.
- If your child is under 7 and has been found to have an elevated lead blood level, you should notify the Harris County Housing Authority at once.
- If the unit you live in or want to live in was built before 1978 ask the landlord if it has been tested for lead-based paint.

Older houses and apartments often have layers of lead paint on the wall, ceilings and woodwork. Outdoor, lead paints and primers may have been used in many places, such as on walls, fences, porches, and fire escapes. When the paint chips off or when the plaster breaks, there is real danger for babies and young children.

If you have seen your child putting pieces of paint or plaster in his/her mouth, you should take him/her to a doctor, clinic, or hospital as soon as you can. In the beginning stages of lead poisoning, a child may not seem really sick. Do not wait for signs of poisoning.

Of course, a child might eat paint chips or chew on a painted railing or windowsill while parents are not around. Has your child been especially cranky? Is he/she eating very little? Does he/she throw up or have stomach aches often? These could be signs of lead poisoning. Take him/her to a doctor's office or to a clinic. Be sure to tell the rest of your family and people who baby-sit for you about the danger of lead poisoning.

Look at your walls and ceilings and woodwork. Are there places where the paint is peeling? If so, get a broom or stiff brush and remove all the pieces of paint and plaster. Put them in a paper bag or wrap them in newspaper and put the package in the trash can. Always keep the floor clear of loose bits of paint and plaster. Children will pick loose paint off the walls, so be extra careful about keeping the lower parts of the walls free of loose paint. Report peeling to the management office immediately.

**IF THE UNIT WAS BUILT PRIOR TO 1978 AND IS OCCUPIED BY A CHILD UNDER THE AGE OF SEVEN.**

- The Housing Quality Inspector must inspect your unit for defective paint surfaces (interior and exterior surfaces which are cracking, scaling, peeling, chipping or loose).
- If any defective areas are found the owner must treat the area within 30 days and repaint.

**IF YOUR UNIT WAS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF SEVEN IS LIVING IN THE UNIT AND IS CONFIRMED TO HAVE AN ELEVATED BLOOD LEAD LEVEL (EBL):**

- Your unit must be tested for lead-based paint.

**IF THE TEST REVEALS LEAD-BASED PAINT IN THE UNIT AND IS ABOVE ACCEPTABLE LEVELS:**

Chewable surfaces include any protruding painted surface up to five feet from the floor or ground, which is readily accessible to children under the age of seven, such as corners, windowsills, and frames, corners of doors and other material having corner(s). Lead content in excess of one milligram per square centimeter is considered an unacceptable level.

If you want to know more about how to keep your child safe from lead poisoning, talk to your doctor, public health nurse, or social worker at the clinic health department.



I HAVE BEEN BRIEFED ON LEAD BASED PAINT AND LEAD  
POISONING. I HAVE RECEIVED A COPY OF THIS INFORMATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP



## **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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

December 2005



I/WE HAVE READ AND UNDERSTAND ALL THE INFORMATION GIVEN ON "THINGS YOU SHOULD KNOW" AND I/WE HAVE RECEIVED A COPY OF THIS INFORMATION.

Signature(s):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date



## **FAMILY OBLIGATIONS AND GROUNDS FOR DENIAL OR TERMINATION**

### **THE FAMILY MUST:**

1. Supply any information that Harris County Housing Authority (HCHA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by HCHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify HCHA in writing when the family is away from the unit for an extended period of time in accordance with HCHA policies.
5. Allow HCHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify HCHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify HCHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request HCHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify HCHA in writing if any family member no longer lives in the unit.
11. Give the HCHA a copy of any owner eviction notice.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

**THE FAMILY MUST NOT:**

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HCHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
10. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

## **GROUND FOR DENIALS OR TERMINATIONS**

### **YOUR SECTION 8 HOUSING ASSISTANCE WILL BE DENIED OR TERMINATED IF:**

1. If the family violates any family obligations under the program.
2. If any member of the family has been evicted from federally assisted housing in the last five years.
3. If a PHA has ever terminated assistance under the program for any member of the family.
4. If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.
5. If the family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.
6. If the family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
7. If the family breaches an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA. (The PHA, at its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to a PHA or amounts paid to an owner by a PHA. The PHA may prescribe the terms of the agreement.)
8. If a family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation.
9. If the family has engaged in or threatened abusive or violent behavior toward PHA personnel.
10. If a welfare-to-work (WTW) family fails, willfully and persistently, to fulfill its obligations under the welfare-to-work voucher program.
11. If the family has been engaged in criminal activity or alcohol abuse.

## **YOUR RIGHT TO A REVIEW OR HEARING**

If a decision is made to deny or terminate your assistance, you will receive a written notice. The notice will advise you of a time limit by which you may request a hearing to appeal the decision.



I/WE HAVE READ AND UNDERSTAND ALL THE INFORMATION GIVEN ON THE  
"FAMILY OBLIGATIONS AND GROUNDS FOR DENIAL OR TERMINATION".  
I/WE HAVE RECEIVED A COPY OF THIS INFORMATION.

Signature(s):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date



**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT  
REAUTHORIZATION ACT 2005 FORM HUD-50066 CERTIFICATION OF  
DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING**

**BACKGROUND:** The Violence Against Women and Justice Department Reauthorization Act of 2005 protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. These provisions apply both to public housing agencies administering public housing and Section 8 programs and to owners renting to families under Section 8 rental assistance programs.

In general, the law provides in part that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be 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. The law also provides that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will not be "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of such violence.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING:**

Among other requirements, Sections 606 and 607 of VAWA add certification and confidentiality provisions that allow for PHAs, owners or managers responding to an incident or incidents of actual or threatened domestic violence, dating violence or stalking that may affect a tenant's participation in the housing program to request in writing that an individual complete, sign and submit, within 14 business days of the request, a HUD-approved certification form. On the form, the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual shall provide the name of the perpetrator. In lieu of a certification form, or in addition to the certification form, a tenant may provide to PHAs, managers or owners, (1) a Federal, State, tribal, territorial, or local police record or court record; (2) documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, or stalking has signed or attested to the documentation.

An owner or PHA is not required to demand that an individual produce official documentation or physical proof of an individual's status as a victim of domestic violence, dating violence, sexual

assault, or stalking in order to receive the protections of VAWA. Note that, a PHA, owner or manager, at their discretion, may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence. The PHA, owner or manager should be mindful that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. Therefore, PHAs, owners and managers may require that the tenant come into the office to pick up the certification form and are encouraged to work with tenants to make delivery arrangements that do not place the tenant at risk. If the individual does not provide the form HUD - 50066 or the information that may be provided in lieu of the certification by the 14th business day or any extension of that date provided by the PHA, owner or manager, none of the protections afforded to the victim of domestic violence, dating violence or stalking by sections 606 or 607 will apply. The PHA, owner or manager would therefore be free to evict, or to terminate assistance, in the circumstances authorized by otherwise applicable law and lease provisions, without regard to the amendments made by Sections 606 and 607

**DEFINITIONS: The following definitions were incorporated into the United States Housing Act and apply to this notice.**

**Domestic Violence:** Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitated with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

**Dating Violence:** Violence committed by a person: (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.

**Stalking:** to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person; (ii) a member of the immediate family of that person; or (iii) the spouse or intimate partner of that person.

**Immediate Family Member:** a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

**NOTICE AND CONFIDENTIALITY:** VAWA requires that PHAs, must notify tenants of their rights under VAWA, which includes the existence of the attached HUD form and the right to confidentiality and limits thereof. In doing so, PHAs may make the certification form available to all eligible families at the time of admission. Also, in the event of a termination or start of an eviction proceeding, PHAs may enclose the form with the appropriate notice and direct the family to complete, sign and return the form (if applicable) by a specified date. PHAs

could also include language discussing the VAWA protections in the termination/eviction notice and request that a tenant come into the office to pick up the form if the tenant believes the VAWA protections apply. All information provided to a PHA, manager or an owner relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence, dating violence, or stalking, must be retained in confidence by the PHA or owner, and must neither be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (i) requested or consented by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or, (iii) otherwise required by applicable law. The HUD-approved certification form provides notice to the tenant of the confidentiality of the form and the limits thereof. PHAs must also notify owners and managers of their rights and obligation under VAWA. PHAs, owners and managers are encouraged to access VAWA via the Internet at the following Website addresses:

<http://www.gpoaccess.gov/plaws/index.html> or

<http://thomas.loc.gov/bss/d1099/d109laws.html> and search for Public Law 109-162 to access the text of the final law. The VAWA technical corrections bill (Public Law 109-271), was signed into law on August 12, 2006, and may be reviewed via an Internet link on Thomas (the Library of Congress Website, located at <http://thomas.loc.gov/>).



I/WE HAVE READ AND UNDERSTAND ALL THE INFORMATION GIVEN ON  
"VIOLENCE AGAINST WOMEN" AND I/WE HAVE RECEIVED A COPY OF THIS  
INFORMATION.

Signature(s):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date

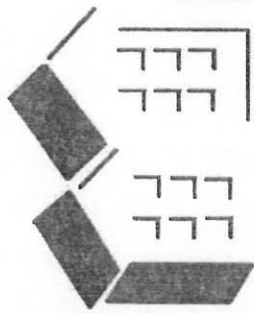
\_\_\_\_\_  
Other Household member 18 years and older

\_\_\_\_\_  
Date



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.

February 2010

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

### What are the penalties for providing false information?

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

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

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

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

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

### What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

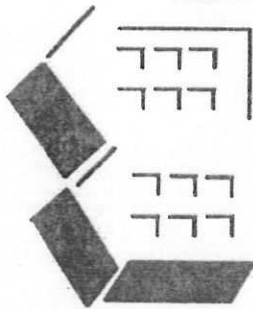
1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

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

Signature



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

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

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

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

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

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

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

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



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

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

**How long is the debt owed and termination information maintained in EIV?**

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

**What are my rights?**

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

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

**What do I do if I dispute the debt or termination information reported about me?**

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

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

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

**This Notice was provided by the below-listed PHA:**

Harris County Housing Authority TX441

**I hereby acknowledge that the PHA provided me with the  
Debts Owed to PHAs & Termination Notice:**

**Signature**

**Date**

**Printed Name**



## CONSENT FORM FOR THE RELEASE OF CRIMINAL RECORDS

I consent to allow the Harris County Housing Authority to request and obtain criminal records from any law enforcement agency for the purpose of screening my application for new admissions, portability and all other re-examinations in the Harris County Housing Authority Housing Program.

By the execution of this consent form, I consent that any law enforcement agency may release criminal records to Harris County Housing Program(s).

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Signature**

For Office Use Only:

Date of Verification \_\_\_\_\_

Case Manager \_\_\_\_\_

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE AND FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

# DECLARATION OF CITIZENSHIP

Tenant ID

A

PLEASE COMPLETE THIS FORM AND RETURN TO:

## Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X

**Warning -** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

**NOTE:** Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

## Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) 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.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

### Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

**Signature of Applicant**

**Date**

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

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



8933 Interchange Dr.  
Houston, Texas 77054  
Tel: 713-578-2100  
Fax: 713-669-4594

## HMIS Signed Consent

Use of a Homeless Management Information System (HMIS) is required by the US Department of Housing and Urban Development (HUD) for agencies that receive certain types of HUD funding. This HMIS is not electronically connected to HUD and is only used by authorized agencies. All HMIS users have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the Coalition for the Homeless of Houston/Harris County website ([www.homelesshouston.org](http://www.homelesshouston.org)>HMIS). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency sites.

I give permission to Harris County Housing Authority to collect and enter my personal and household information into the HMIS. I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs in order to provide better assistance and to improve their current or future situations.
- Improving the quality of care and service for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will not be shared outside the agency I am working with.
- I have the right to view my HMIS file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Today's Date: \_\_\_\_\_

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_