

Please Read Before Filling out Application

Application Information

Please fill out the application accurately and completely. **Do NOT leave anything blank unless it absolutely does not apply to you.** Incomplete applications will not be put on the waiting list. You are applying for public housing, income-based housing.

All adult members of the household must sign and date in appropriate places. **Adults are ALL members who are over the age of 18.** You must keep all your contact information current so that we can reach you or you may be passed by on the waiting list or removed due to no response.

You must provide three past landlords for each adult and give ADDRESSES and PHONE NUMBERS. We must be able to contact the landlords for references. These cannot be people who are related to you. If you do not have three past landlords for each adult, then you will need to provide three personal references. These can be employers, pastors, or anyone who can speak to your character. **Friends and relatives cannot be used for personal references as they really would like for you to get what you want.** Failure to give reliable references will delay or prevent your application process. You should be aware that it is a **Federal offense to fraudulently obtain housing by using false information or by withholding information.** On the next page, you can find details outlining the process.

IF your application is approved:

IF approved, you will need to provide ORIGINAL Social Security cards for all persons that will reside in the dwelling unit. Also, we will need ORIGINAL driver's licenses or an official form of identification for all adults and Birth Certificates for all children. Office personnel will make appropriate copies upon verification.

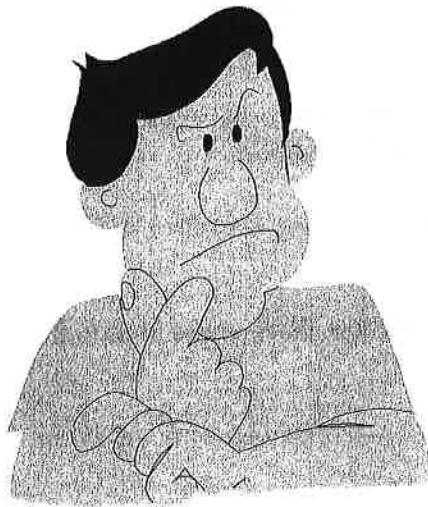
Rent will be determined by all sources of your family income. Including someone paying for your utilities, cell phone, insurance, etc. You will be required to verify all sources of income (including employment, SRS/DCF Cash Assistance, Pension, Social Security, Unemployment, Child Support, family support and/or earned income), medical expense (of persons over 62 or disabled), and/or daycare expense. A security deposit will be required that is equivalent to one month's rent but no less than \$200 for a 1-bedroom unit, \$300 for a 2-bedroom unit, and \$400 for a 3-bedroom unit.

The dwelling unit size will be determined by family size and need. We can house one (1) to two (2) people in a 1-bedroom unit, two (2) to four (4) people in a 2-bedroom unit, and three (3) to six (6) people in a 3-bedroom unit.

All utilities at Kingswood Housing must be changed into Residents name prior to moving into the dwelling unit.

Pets will be allowed only with prior approval from the Lyons Housing Authority according to the Pet Policy and payment of \$200 Pet Deposit. **They may not be brought into the unit until Pet Deposit is paid in full.**

By Federal Law, both Park Place and Kingswood are designated as non-smoking dwelling units.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><input type="checkbox"/> Evicted from your apartment or house;<input type="checkbox"/> Required to repay all overpaid rental assistance you received;<input type="checkbox"/> Fined up to \$ 10,000;<input type="checkbox"/> Imprisoned for up to 5 years; and/or<input type="checkbox"/> Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
<hr/>	
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"><input type="checkbox"/> All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);<input type="checkbox"/> Any money you receive on behalf of your children (child support, social security for children, etc.);<input type="checkbox"/> Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);<input type="checkbox"/> Earnings from second job or part time job;<input type="checkbox"/> Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none"><input type="checkbox"/> All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application	<ul style="list-style-type: none">▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
Recertifications	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none">▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.▫ Any move in or out of a household member; and,▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none">▫ Do not pay any money to file an application;▫ Do not pay any money to move up on the waiting list;▫ Do not pay for anything not covered by your lease;▫ Get a receipt for any money you pay; and,▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
Reporting Abuse	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>



**LYONS HOUSING AUTHORITY**

PARK PLACE APARTMENTS
KINGSWOOD HOUSING

215 S. Bell Ave.
Lyons, KS 67554

(620) 257-5241
Fax: (620) 257-2605

Application Instructions: You must complete this form and return it to the Lyons Housing Authority office. Please print and use ink. All adult members must sign. Failure to complete this form will result in delays in processing your application. The information you give regarding household composition, income, family assets, and deductions must be accurate and complete to the best of your knowledge and belief. Applicants with disabilities may seek assistance with the completion of the application at the above address.

PERSONAL DECLARATION**APPLICANT FAMILY:**

APPLICANT NAME	ADDRESS/APT	CITY, STATE	ZIP	PHONE #	WORK #
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Person to call in case we have a problem contacting you:

NAME OF FRIEND/RELATIVE	ADDRESS/APT	CITY, STATE	ZIP	PHONE #	WORK #
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A. HOUSEHOLD ADULT MEMBERS: (List children in Part B)

List yourself and all other adults, age 18 and over, who are part of your application. Print clearly.

1.

Last Name	First Name	MI	SSN
Birthplace/City, State	Birth Date	Identification/Driver's License Number/ State	
Check all that apply:	<input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed	<input type="checkbox"/> Female <input type="checkbox"/> Separated <input type="checkbox"/> Handicapped <input type="checkbox"/> Retired	Relation to Head of Household: SELF

If you are separated or divorced, complete the following:

Spouse/Ex-Spouse Name	Address
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Social Security Number	Birth date
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2.

Last Name	First Name	MI	SSN
Birthplace/City, State	Birth Date	Identification/Driver's License Number/ State	
Check all that apply:	<input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed	<input type="checkbox"/> Female <input type="checkbox"/> Separated <input type="checkbox"/> Handicapped <input type="checkbox"/> Retired	Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-Spouse Name	Address
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Social Security Number	Birth date
------------------------	------------

3.

Last Name	First Name	MI	SSN
Birthplace/City, State	Birth Date	Identification/Driver's License Number/ State	
Check all that apply:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Widow	<input type="checkbox"/> Student	<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired

If you are separated or divorced, complete the following:

Spouse/Ex-Spouse Name	Address
Social Security Number	Birth date

B. CHILDREN IN HOUSEHOLD: List all children who will live/stay with you. You will need to provide proof of custody of children listed.

1.

Last Name	First Name	MI	Relation to Head of Household:
Social Security Number	Sex	Birth Date	

Birthplace	School Name	Address	Zip Code
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Mother's Name	Social Security Number	Birth Date	Address
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Father's Name	Social Security Number	Birth Date	Address
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2.

Last Name	First Name	MI	Relation to Head of Household:
Social Security Number	Sex	Birth Date	

Birthplace	School Name	Address	Zip Code
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Mother's Name	Social Security Number	Birth Date	Address
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Father's Name	Social Security Number	Birth Date	Address
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3.

Last Name	First Name	MI	Relation to Head of Household:
Social Security Number	Sex	Birth Date	

Birthplace	School Name	Address	Zip Code
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Mother's Name	Social Security Number	Birth Date	Address
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Father's Name	Social Security Number	Birth Date	Address
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4.

Last Name	First Name	MI	Relation to Head of Household:
Social Security Number	Sex	Birth Date	
Birthplace	School Name	Address	Zip Code
Mother's Name	Social Security Number	Birth Date	Address
Father's Name	Social Security Number	Birth Date	Address

5.

Last Name	First Name	MI	Relation to Head of Household:
Social Security Number	Sex	Birth Date	
Birthplace	School Name	Address	Zip Code
Mother's Name	Social Security Number	Birth Date	Address
Father's Name	Social Security Number	Birth Date	Address

C. FOSTER CHILDREN: Is anyone living in your home a foster child? Yes No
If yes, list complete name for each foster child:

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

Student's Name	Name and Address of School
Student's Name	Name and Address of School
Student's Name	Name and Address of School

E. WORKING: Is anyone working or expecting to work in the next six months? Yes No
If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name	Occupation	Gross Wages Per Month			
Employer's Name	Address	City, State, Zip	Phone		
Do you receive any of the following:					
Overtime Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	Tips Commission	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month		
Employer's Name	Address	City, State, Zip		Phone
Do you receive any of the following:				
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes
				<input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month		
Employer's Name	Address	City, State, Zip		Phone
Do you receive any of the following:				
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes
				<input type="checkbox"/> No

F. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received.

Upon approval of your application, you MUST bring your most recent proof of income and your last Federal income tax return to the office (examples: Letter from employer, check stubs, welfare, or social security award letters, bank statements, 1099 forms, etc.).

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Who</i>	<i>Monthly Amount</i>
• Training	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Work Study	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Grants, Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• TANF	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• General Relief / Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• State Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Worker's Compensations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Pension/Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Interest/Asset	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Other, Explain	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

TANF or GR

Worker Name	Number	DCF Office Address	City, State, Zip	Phone
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TANF or GR

Worker Name	Number	DCF Office Address	City, State, Zip	Phone
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G. Do you employ the services of a Care Provider for a child 13 years or under, or for a disabled person?

Yes No If yes, complete the following:

1. Care Provider Name Amount Paid _____
Weekly or Monthly *(circle one)*

Care Provider Address Care Provider Phone

Amount Paid _____
2. Gas Paid. N. _____

Care Provider Address _____ Care Provider Phone _____

H. Does anyone receive contributions, gifts, or loans from any source? Yes No

If yes, complete the following:

Item Received **Value of Item** **Who gives the Item**

I. Does anyone own or is anyone buying real estate, such as land and/or buildings, mobile homes, etc. anywhere?

Yes No If yes, complete the following:

Type Address Estimated Value

J. Does anyone, including children, have any of the following resources? Check Yes or No for each item. If yes, list who and amount.

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Who</i>	<i>Amount</i>
• Cash	<input type="checkbox"/>	<input type="checkbox"/>		
• Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>		
How many checking accounts do you have? _____				
• Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>		
How many savings accounts do you have? _____				
• Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>		
• Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>		
• Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>		
• Certificates of Deposit or Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>		
• Notes, Mortgages, or Deeds	<input type="checkbox"/>	<input type="checkbox"/>		
• Retirement Accounts	<input type="checkbox"/>	<input type="checkbox"/>		
• Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>		
• Safe Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>		
• Real Estate	<input type="checkbox"/>	<input type="checkbox"/>		
• Other, Explain _____	<input type="checkbox"/>	<input type="checkbox"/>		

If yes to any items above, complete the following:

Type of Resource	Current Value	Name and Address of Institution	Account Number

Screening Questions: A “yes” answer will not necessarily disqualify you for admission.

K Does anyone receive **any income** from any other source, including someone outside your household paying for any of your bills (utilities) or giving you money? Yes No If yes, please explain.

L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? Yes No If yes, complete the following:

Type	License #	State	Year	Make and Model

M. Do you have a live-in aide? Yes No If yes, complete the following:

Name	Social Security Number
Do you pay for this service yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:

N. Have you or any member of your household (listed above) **ever been arrested in your lifetime** for any drug-related criminal activity? **Please note this includes any/all juvenile charges.** The charges are open record.

Yes No If yes, please give dates, charges, city, and state:

O. Have you or any member of your household (listed on this application) **ever been arrested in your lifetime** for any **criminal** activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? **Please note this includes any/all juvenile charges.** The charges are open record. Yes No If yes, please give dates, charges, city, and state:

P. Have you or any other adult member **ever used** any name(s)/social security number(s) other than the one you have listed? **This includes any MAIDEN NAMES.** Yes No If yes, explain:

Q. Have you or any other adult household member sold any business or asset in the last 2 years for less than its full value? Yes No If yes, explain:

R. Have you or any other adult household member lived in any rental assisted housing? Yes No If yes, give dates and locations:

S. Have you ever committed fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No If yes, explain:

T. MEDICAL EXPENSES – Elderly, Handicapped, or disabled families only. If an adult in the household is: a) 62 years of age or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance or prescribed medical equipment which are not reimbursed, bring in verification (receipts) of monthly/yearly costs. Be sure to bring your Medicare and insurance statements with you.

U. REGISTRATION – Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes No if yes, which states:

V. Is the applicant family displaced by: Natural Disaster (flood, hurricane, earthquake)
 Governmental action at no fault of their own Domestic Violence

If you checked one of the above, who can verify this? Please give name, address and phone number.

Head of Household Only: Please complete: Enter the number which best describes your race.	Race _____ 1 – White 2 – Black/African American 3 – American Indian/ Alaskan Native 4 – Asian/Pacific Islander	Ethnicity _____ 1 – Hispanic 2 – Non Hispanic
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Lyons Housing Authority – Tenancy History/Information Sheet

Screening Questions: A “yes” answer will not necessarily disqualify you for admission.

Name _____ Telephone _____

1. Are you visually impaired? (optional) Yes _____ No _____

2. Are you hearing impaired? (optional) Yes _____ No _____

3. Does anyone in your family need a wheelchair? (optional) Yes _____ No _____

4. Can you live in an upstairs apartment? Yes _____ No _____

5. Will you have a pet, service animal or assistance animal? Yes _____ No _____
Verification may be required.
If yes, please describe: _____

6. Has anyone on this application ever been arrested, detained or convicted in their lifetime by the police for a crime (other than traffic violations)? Please note, this includes any juvenile charges. Juvenile charges are open record.

If yes, who? _____

Please give dates, city, state and charges: _____

Describe criminal activity
(conviction/pending): _____

Action taken / judgment:

7. Has anyone on this application ever been evicted from a rental unit within the last five (5) years? Yes No
If yes, give date, address and reason why: _____

8. Is anyone in your household currently on parole or probation? If yes, please explain: _____

Below, please list your residence history for the **past five (5) years for EACH adult**. Use additional paper, if necessary. **Failure to complete this section results in an incomplete application, meaning that your application will not be processed.**

1. Present Address:

Street	City / State	Zip Code
From: _____	To: _____	

Name of Owner/ Management Company	Telephone Number
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Street Address of Owner	City/State	Zip Code
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2. Previous Address:

Street	City / State
From: _____	To: _____

Name of Owner/ Management Company	Telephone Number
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Street Address of Owner	City/State
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Reason for Leaving:

3. Previous Address:

Street	City / State
From: _____	To: _____

Name of Owner/ Management Company	Telephone Number
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Street Address of Owner	City/State
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Reason for Leaving:

4. Previous Address:

Street	City / State
From: _____	To: _____

Name of Owner/ Management Company	Telephone Number
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Street Address of Owner	City/State
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Reason for Leaving:

5. Previous Address:

Street	City / State
From: _____	To: _____

Name of Owner/ Management Company	Telephone Number
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Street Address of Owner	City/State
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Reason for Leaving:

6. Previous Address: _____

Street	City / State
--------	--------------

From: _____ To: _____

Name of Owner/ Management Company _____ Telephone Number _____

Street Address of Owner _____ City/State _____

Reason for Leaving: _____

7. Previous Address: _____

Street	City / State
--------	--------------

From: _____ To: _____

Name of Owner/ Management Company _____ Telephone Number _____

Street Address of Owner _____ City/State _____

Reason for Leaving: _____

Financial Obligations, if applicable (i.e., car payments, loans, utilities, credit cards, etc.):

Payments To:	Monthly Amount	Payments To:	Monthly Amount
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government financial interest and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

It is mandatory to provide all the information requested by the Lyons Housing Authority, including all social security numbers, and all other household member information, 6 years of age and older. 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.

Authority for information collection: The following laws authorize the collection of this information by HUD or the Lyons Housing Authority: the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

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 or fraudulent statements to any department or agency of the United States.

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

*After verification by the Lyons Housing Authority, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, computer-generated forms). See the Federal Privacy Act Notice for more information about its use.

I/We do hereby swear and attest that all the provided information on this application for public housing about me and my household is complete and accurate. I also understand that all changes in household members or income must be reported to the Lyons Housing Authority *in writing* immediately. I/We hereby authorize the Lyons Housing Authority to verify and information regarding rental history or criminal activity, including obtaining a consumer or investigative credit report.

I/We declare under penalty of perjury under the laws of the United States of America and the State of Kansas that the information contained in this statement of facts is true, correct and complete. All adult members of the household 18 years and older must sign this application.

Signature of Head of Household _____ Date _____

Date

Signature of other adult member

Date

Date

Signature of other adult member

Date

NOTE: If form is completed by a person other than applicant/participant, please sign and complete representative information.

Print Name _____ Signature of _____

Signature of Representative

Date

Address _____ City, State, Zip _____

City, State, Zip

Phone

Lyons Housing Authority Official's Certification and Notice for Tenant's File

For office use only – I certify that:

1. The information given to the Lyons Housing Authority by the household of _____ on household composition, income, net family assets, and allowance and deductions has been verified as required by Federal law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

PHA Official or Representative

Date

File Name

Social Security Number

LYONS HOUSING AUTHORITY

AUTHORIZATION FOR RELEASE OF INFORMATION

ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ AND SIGN THIS FORM

PURPOSE

The Lyons Housing Authority (LHA) herein after referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the circumstances concerning myself and all members of my household.

I/we agree that photocopies of this authorization may be used for the purpose stated herein.

INQUIRIES MY BE MADE ABOUT

Child Care Expenses	Family Composition
Handicapped Assistance Expenses	Social Security Numbers
Credit History	Employment, Income, Pensions, and Assets
Identity and Marital Status	Employment Services
Criminal History and Activity	Residences and Rental History
Law Enforcement Records	Federal, State, Tribal, or Local Benefits
Probationary Records	Community Support Assistance
Medical Expenses	Welfare Services
Educational, vocational, and training services	Social Services

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE

Banks and Other Financial Institutions	Providers of:
Local/State/Federal Courts	Alimony
Local/State/Federal Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past and Present	Credit
Schools and Colleges	Disability and/or Handicapped Assistance
Landlords	Medical Care/Services
Local Community Social Service Agencies	Pensions/Annuities
Utility Companies	Mental Health Services
State Welfare Agencies	Substance Abuse Treatment

CONDITIONS

I/We agree that permission to release information for the purposes stated above will remain in effect as long as I/We remain a participant in LHA housing programs or a resident in an LHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/We understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to LHA.

Print Name: _____

Print Name: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Lyons Housing Authority
Park Place Apartments • Kingswood Housing
215 South Bell Ave., Lyons, KS 67554
(620) 257-5241 / Fax: (620) 257-2605
exdir@lyonshousingauthority.com • LyonsHousingAuthority.com

LANDLORD AND REFERENCE STATEMENT

Applicant's name(s)

Date

Please list your **THREE (3) most recent landlords** (they can be from other states). This form is **mandatory for each adult**. Please provide the most current address, phone number and dates for occupancy.

Failure to provide usable information will delay or prevent approval of your application.

Landlord References (These Can't Be Relative or Friends)

<u>Landlord Name</u>	<u>Address, City, Zip</u>	<u>Phone #</u>	<u>Move-in/Move-out dates</u>
----------------------	---------------------------	----------------	-------------------------------

1

2

3

Adult References (NO personal friends or relatives). This can include supervisors, bosses, clergyman, bankers, co-workers, utility companies, etc.

<u>Adult Name</u>	<u>Address, City, Zip</u>	<u>Phone #</u>	<u>How do you know them?</u>
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1

2

3

I/We certify that the above statements are true and correct. I/We consent to the above information being verified with the references. I/We understand that the above information will have a direct bearing on my/our eligibility for housing at Lyons Housing Authority.

Applicant's Signature

Date

Spouse or Other Adult's Signature

Date

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

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

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

Signature of Applicant

Date

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

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



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

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

What are my rights?

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

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

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

This Notice was provided by the below-listed PHA:
 Lyons Housing Authority
 215 S. Bell Ave.
 Lyons, KS 67554
 (620) 257-5241

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

Signature

Date

Printed Name



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 EIIV 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.

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

What is EIIV?

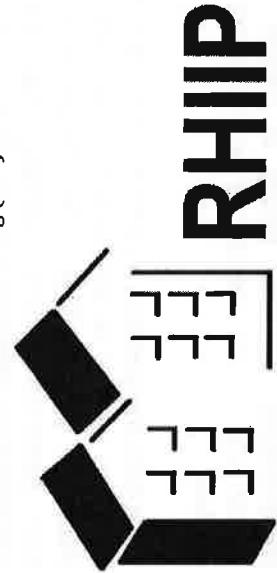
The Enterprise Income Verification (EIIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIIV system.

What information is in EIIV 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).

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 EIIV

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.

EIIV 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.

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIv information is incorrect?

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

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

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

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

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

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

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/oh/programs/ehi/ehiv.htm>.

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)

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

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.

Signature

Date