



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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.

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

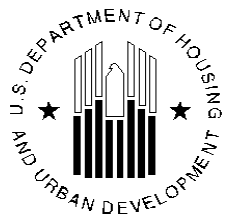
The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

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

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

Signature

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

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)

IHA requesting release of information: **(Cross out space if none)**

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.

APPLICANTS INFORMATION

ALL APPLICANTS MUST PROVIDE THE FOLLOWING:

Applications are taken between the hours of

9:00am-4:00pm Monday – Thursday

Beginning January 1, 2018, The Housing Authority of the City of Soperton will implement a “smoke free” policy banning the use of prohibited tobacco products in all housing properties.

In order for the Housing Authority to determine your need for housing and the appropriate size unit for your family, the following items must be completed or submitted when your formal application is accepted.

1. *Certified birth certificates of the household including the head and spouse.*
2. *Proof of all income and verification of family assets of all family members.*
3. *Social security cards of all members of the family.*
4. *Picture ID (everyone 18 years or older)*

I understand that this application we be attached to and become a part of my lease if I am admitted into Public Housing.

The Housing Authority has adopted the “ONE STRIKE AND YOU’RE OUT” Policy. Current law gives PHA’s authority and obligations to deny occupancy on the basis of illegal drug-related activity and alcohol abuse when there is reasonable cause to believe that such person’s use and abuse may interfere with the health, safety or personal enjoyment of the residents.

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 OF HOUSING AND URBAN DEVELOPMENT.

WARNING! THE OFFICIAL CODE OF GEORGIA, SECTION 16-9-55, AS AMENDED, STATES THAT A PERSON IS GUILTY OF A MISDEANOR FOR FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN PUBLIC HOUSING OR REDUCTION IN PUBLIC HOUSING RENT.

NOTICE: Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud or any act of assistance to such attempt is a crime under Georgia Code Section 16-9-55 and U.S. Title 18, Section 1001, punishable by a fine of up to \$10,000 or imprisonment of up to 5 years or both.

I/We understand, do hereby swear and attest that all of the information above is true and correct. I/We also understand that I/we are required to report all changes in the income or composition of my family members to the housing authority within 10days of the change. I understand that this is not a contract and does not bind either party as to furnishing an apartment or accepting an apartment if offered.

Applicant

Co-Applicant

HOUSING AUTHORITY OF THE CITY OF SOPERTON, GEORGIA

7414 EASTMAN ROAD

PHONE: 912-529-4596

SOPERTON, GEORGIA 30457

FAX: 912-529-6494

To: _____

TO WHOM IT MAY CONCERN:

I AUTHORIZE THE HOUSING AUTHORITY OF THE CITY OF SOPERTON, GEORGIA, TO RECEIVE ANY INFORMATION REGARDING MY HOUSING RECORD, MY RENT PAYING HABITS, MY CREDIT HISTORY, AND MY POLICE OR CRIMINAL RECORD FROM ANY AND ALL SOURCES POSSIBLE. I UNDERSTAND THAT THIS INFORMATION WILL BE DETERMINING MY ELIGIBILITY FOR ADMISSION OR CONTINUED OCCUPANCY. SUCH INFORMATION WILL BE HELD IN CONFIDENCE AND WILL BE USED ONLY BY THE HOUSING AUTHORITY AS LEGALLY NECESSARY.

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

DATE: _____

WITNESS: _____

HOUSING AUTHORITY AGENT

VERIFICATION OF CITIZENSHIP/LEGAL ALIEN STATUS

1. Is every member of the household applying for Public Housing a citizen of the United States of America?

_____ YES

_____ NO

2. If the answer to question #1 is “**no**”, list those household members who are **not** United States Citizens and provide documentation regarding their alien status (i.e. INS Form 151, or 551; INS Form 1-327; INS Form 1-94; etc.)

Name	Documentation

3. I understand that “a person who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes a false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of State Government, or of the Government of any County, City or other political subdivision of this State shall be punished by a fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, or both.” Georgia Code Annotated 26-2408. On behalf of the household, I declare to the best of my knowledge the above information is a true and accurate statement of my household composition which is applying for Public Housing.

Signature of Applicant

Applicant’s Social Security Number

Date

Signature of Housing Authority Representative

Date

Housing Authority of the City of Soperton

7414 Eastman Road
Soperton, Georgia 30457
Phone (912) 529-4596
Fax (912) 529-6494

• **TO BE COMPLETED BY YOUR PREVIOUS LANDLORD**

Date: _____

I hereby authorize the release of the information requested below:

Signature of Applicant

Applicant Date of Birth

Applicant Social Security Number

Applicant's Current Address

1. How long did the referenced applicant reside at this address? _____
2. Was the applicant ever late in the payment of monthly rent? _____ If yes, how many times? _____
3. How many times was Dispossessory filed? _____
4. What type of housekeeping did the applicant keep? Please check:
____ Good ____ Fair ____ Poor
5. Have any complaints been filed against the applicant or any member of their household for any of the following:

Disturbance of Neighbors _____ Yes ____ No

Destruction of Property _____ Yes ____ No

Sale or use of illegal drugs or alcohol _____ Yes ____ No

Serious criminal act _____ Yes ____ No

Other _____

6. Did you receive proper notice of intent to vacate from the applicant? _____
7. Did you ever have any problems with live-ins? _____
8. Does the applicant owe your agency a balance? _____ If yes, the balanced owed: \$ _____
9. Would you rent to the applicant in the future? _____
10. Additional Comments: _____

Print Name of Person Supplying Information

Signature of Person Supplying Information

Title of Person Supplying Information

Name of Agency

Date

Telephone Number



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 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:

- Evicted from your apartment or house:
- 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.

Your State and local governments may have other laws and penalties as well.

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**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):
 - Any money you receive on behalf of your children (child support, social security for children, etc.);
 - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
 - Earnings from second job or part time job;
 - Any anticipated income (such as a bonus or pay raise you expect to receive)
- Assets**
- 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

- 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

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:

- 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

You should be aware of the following fraud schemes:

- 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

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.

Signature _____ Date _____



June Harrell , Chairman
John Taylor, Co-Chairman
Jerry Walden

Housing Authority of the
City of Soperton

7414 Eastman Road
Soperton, GA 30457

Floyd Brantley
Executive Director

Phone (912)-529-4596
Fax (912)-529-6494

Date

WARNING:

TITLE 18, SECTIONS 1001 AND 1010 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 OF AGENCY OF THE UNITED STATES OR TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. GEORGIA SECTION 16-9-55 MAKES IT A CRIME FOR ANY PERSON TO OBTAIN OR ATTEMPT TO OBTAIN ELIGIBILITY FOR PUBLIC HOUSING, REDUCTION IN PUBLIC HOUSING RENTAL, OR RENT SUBSIDY ON THE BASIS OF FALSE STATEMENTS, FAILURE TO DISCLOSE INFORMATION, IMPERSONATION OR OTHER FRAUDULENT SCHEME OR DEVICE. ANY PERSON INTENTIONALLY AIDING OR ABETTING IN SUCH ATTEMPT IS ALSO GUILTY OF CRIMINAL CONDUCT.

BE SURE YOU GIVE US COMPLETE AND CORRECT INFORMATION.

I, _____ DO HEREBY CERTIFY THAT I HAVE NO OTHER INCOME.
INCOME I RECEIVE:

- | | |
|---|------------------|
| 1. AFDC | 8. ALIMONY |
| 2. SSI | 9. RETIREMENT |
| 3. SOCIAL SECURITY | 10. UNEMPLOYMENT |
| 4. CHILD SUPPORT | 11. EMPLOYMENT |
| 5. V A BENEFITS | 12. ALLOTMENTS |
| 6. ASSETS | |
| 7. DONATIONS (Money, clothes, food, insurance paid, utilities paid by someone other than those living in my household, telephone, etc.) | |

Name

Housing Authority of the City of Soperton

Date

Social Security Number

ATTACHMENT 3
APPLICANT/TENANT CERTIFICATION

APPLICANT (S)'S / TENANT (S)'S STATEMENT

I/We certify that the information* given to the City of Soperton, Georgia Housing Agency 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 also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590.

*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about this use.

June Harrell, Chairman
John Toler, Co-Chairman
Jerry Walden

Housing Authority of the
City of Soperton
7414 Eastman Road
Soperton, GA 30457

Floyd Brantley
Executive Director

Phone (912)-529-4596
Fax (912)-529-6494

**AUTHORIZATION
for Release of Information**

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the **HOUSING AUTHORITY OF THE CITY OF SOPERTON** any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Housing Assistance Program, Section 8 voucher program, and/or Low-Income Housing Programs. The information needed may include verification or inquires regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; past or present employers; Social Security Administration; welfare and food stamp agencies; Veteran's Administration; court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; and credit providers. I understand that the Department of Housing and Urban Development (HUD) may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD in the administration and enforcement of program rules and regulations and that HUD may in the course of its duties obtain such information from other Federal, State or Local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration; and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the Purposes stated above.

Signature

Date

Social Security Number

**AUTHORIZATION FOR THE
HOUSING AUTHORITY OF THE CITY OF SOPERTON
TO RELEASE INFORMATION**

I, _____ (legal name), do hereby authorize the Housing Authority of the City of Soperton to release to any governmental agency, office, group, or organization any information or materials which are deemed necessary to complete and verify my application for participation and or to maintain my continued assistance under any Federal, State or Local governmental program. Such information may include verification inquiries regarding my identity, household members, employment and income, assets, allowances, or preferences I have claimed, and residency. These organizations are to include, but are not limited to: The Social Security Administration, Department of Family and Children Services, Veteran's Administration, Court Clerks, Workman's Compensation Payers, Public and Private Retirement Systems, Law Enforcement Agencies and any other agency or person I have authorized to make inquiries of the Housing Authority of the City of Soperton.

It is with my understanding and consent that this authorization is to remain in my File and may be used for the stated purpose.

Signature

Date

Social Security Number

June Harrell, Chairman
 John Toler, Co-Chairman
 Jerry Walden

Housing Authority of the City of Soperton

7414 Eastman Road
 Soperton, GA 30457

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Executive Director

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PERSONAL DECLARATION

THIS FORM MUST BE COMPLETE IN YOUR OWN HANDWRITING, YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE FOLLOWING INFORMATION PERTAINING TO THEM. PLEASE PRINT.

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home listing head of household first.

ADULTS (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if Married (M) Widowed (W) Separated (S) Divorced (D)
1.				
2.				
3.				
4.				

CHILDREN (Name as it appears on SS Card)	Date of Birth	Relationship to Head of Household	School Name	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name

Street Address

City, State, Zip

Social Security Number (if known)

Name

Street Address

City, State, Zip

Social Security Number (if known)

II. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your Household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW:

Household Member	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income
1.							
2.							
3.							
4.							

III. **ASSETS:** If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two years? _____ Do you own any stocks or bonds? _____ Do you have savings accounts? _____ If yes, give bank account numbers and amounts.

Do you own a car? _____ Model/Year _____
 Tag No. _____ Do you own a second car? _____ Model/Year _____
 Tag No. _____

- Does anyone of your household pay for any of your bills or give you money? Yes/No _____ If yes, explain.

- Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes/No _____ If yes, explain. _____

- Have you or any member lived in any assisted housing? Yes/No _____ If yes, list where and when below.

- Have you or anyone in your household ever been convicted of any crime other than traffic violations? _____ If yes, explain (Applies to Public Housing Applicants Only) _____

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

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

 Signature of Head of Household Date

 Signature of Spouse Date

 Signature of other Adult Date

 Signature of other Adult Date

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.

**NOTICE OF TENANT'S RIGHTS UNDER
SECTION 607 OF THE VIOLENCE AGAINST WOMEN
AND DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005**

Federal Law requires Management to give notice of your rights under Section 607 of the Violence against Women and the Department of Justice Reauthorization Act of 2005. ("The Act").

For purposes of this notice, the following definitions apply:

- (a) "**domestic violence**" has the same meaning giving that term in Section 40002 of the Violence Against Women Act of 1994;
- (b) the term "**dating violence**" has the same meaning giving that term in Section 40002 of the Violence Against Women Act of 1994;
- (c) the term "**stalking**" means:
 - (i) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or
 - (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and
 - (iii) 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 that person, a member of the immediate family of that person, or the spouse or intimate partner of that person.
The term "immediate family member" means, with respect to a person—
 - (A) a spouse, (brother or sister, or child) of that person, or an individual to whom that
 - (B) person
stands in loco parentis; or
 - (C) any other person living in the household of that person and related to that person by blood or marriage.

Federal Law provides that Management shall not deny admission to any applicant on basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission.

The Act further provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as a serious or repeated violation of a lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of the victim of such violence.

Furthermore, criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of Tenant's household or any guest(s) or other person under the Tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the Tenant or immediate member of the Tenant's family is a victim of that domestic violence, dating violence, or stalking; and provided that Management may bifurcate a lease in order to evict, remove, or terminate assistance to any individual who is a Tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a Tenant or lawful occupant.

The Act does not limit the Management's authority, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to

address the distribution of possession of property among the household members in cases where a family breaks up. Furthermore, the act does not limit the Management's authority to evict a Tenant for any violation of the lease not premised on the act or acts of violence in question against a Tenant or a member of the Tenant's household, provided that Management does not subject an individual who is or has been a victim of domestic violence, dating violence or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.

The Act does not limit Management's authority to terminate the tenancy of any Tenant if Management can demonstrate an actual and eminent threat to other tenants or those employed at or providing service to the property if that Tenant's tenancy is not terminated.

The Act does not supersede any provision of any federal, state, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

Management may request that an individual claiming the protection of the Act certify via HUD approved certification form that such individual is a victim of domestic violence, dating violence, or stalking, and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse and meet the requirements set forth in the aforementioned paragraphs. The certification shall include the name of the perpetrator. The individual shall provide such certification within fourteen (14) business days after the public housing agency requests such certification.

If the individual does not provide the certification within fourteen (14) business days after the public housing agency has requested such certification in writing, in that circumstance, the Act does not limit the authority of Management to evict any tenant or lawful occupant that commits violations of the lease. Management may extend the fourteen (14) day deadline at its discretion.

An individual may satisfy the certification requirement by providing the requesting public housing agency with documentation signed 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 the 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, dating violence, or stalking has signed or attested to the documentation; or by producing a Federal, State, tribal, territorial, or local police or court record.

The Act does not require Management to demand that an individual produce official documentation or physical proof of the individual status as a victim of domestic violence, dating violence, or stalking in order to receive any of the benefits of the Act. At Management's discretion, it may provide for benefits to an individual based solely on the individual statement or other collaborating evidence.

You should be aware that all information provided to Management (or other public housing agency) pursuant to the Act, including the fact that an individual is a victim of domestic violence, dating violence, or stalking, must be retained in confidence and shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing or required for use in an eviction proceeding or otherwise required by applicable law.

This Notice is provided to you pursuant to the Act referenced above which requires that all public housing Agencies must provide notice to tenants assisted under Section 6 of the United States Housing Act of 1937 of their right under the Act, including their right to confidentiality and the limits thereof.

SIGNATURE

DATE