

**EATMON TOWNHOMES APPLICATION
IMPORTANT! PLEASE READ CAREFULLY!!!**



PLEASE FOLLOW THE FOLLOWING DIRECTIONS:

1. ALL INFORMATION MUST BE PRINTED AND LEGIBLE.
2. IF WE CAN NOT READ IT, IT WILL BE DENIED.
3. MAKE SURE ALL FORMS FRONT & BACK ARE SIGNED AND RETURNED WITH THE PACKET.
4. MAKE SURE THERE IS A COPY OF THE FOLLOWING IN THE PACKET:
 - PHOTO ID OF ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER
 - A BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH PERSON LISTED ON THE APPLICATION. APPLICATION CAN NOT BE ACCEPTED WITHOUT THESE DOCUMENTS.
 - ALL FAMILY MEMBERS 18 YEARS OLD OR OLDER MUST SIGN THE REQUIRED DOCUMENTS.
5. RETURN ALL DOCUMENTS AT THE SAME TIME. YOU CAN NOT BRING ANYTHING BACK IN TO SUBMIT WITH THAT APPLICATION. YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE.
6. PLEASE ALLOW 10 DAYS FOR US TO VERIFY INFORMATION AND TO PROCESS YOUR APPLICATION.
7. RETURN TO WHITFIELD HOMES OFFICE AT 633 S. WALNUT ST WILSON NC 27893.
APPLICATIONS ARE ACCEPTED ON TUESDAY THURSDAYS 9A-4P ONLY!
8. The document entitled Criminal & Sexual Offender Background Information must be completed by **anyone listed** on the application that is **18 years old or older**.
9. **ALL APPLICATIONS FOR HOMELESS STATUS MUST HAVE AN AGENCY LETTER ATTACHED IN ORDER TO CLAIM HOMELESS STATUS.**

WILSON HOUSING AUTHORITY

SECTION 8 HCV PROGRAM

DECLARATION OF HOUSEHOLD COMPOSITION & FAMILY INCOME

Type: ☐ New Admission

☐ Annual:

☐ Interim:

Section A

Name & Mailing Address of Head of Household:	Living address if different from Mailing:	Return by:
County:	Telephone:	Date Mailed by WHA:
		Cell Phone:
		Email Address:

Required Documents: Head of Household Must Collect and Submit the following Documents:

☐ Authorizations/Consent to Release Information (HUD 9886) required every year — This form must be signed by every member of the household who is 18 years of age or older who will reside in the assisted unit.

☐ Other: _____

Section B – New Admissions and New Household Members Only

All new household members must provide a copy of a Birth Certificate and Social Security Card at the time of admission.

At the time of admission to the program, all household members (18 years of age or older) who will reside in the unit must also complete either a Declaration 214 or 213 to declare Proof of Citizenship. The Head of Household must complete a new Declaration 214 or 213 when adding a household member younger than 18 years of age. If a Declaration 214 or 213 is needed, please request one from your Housing Coordinator.

Section C – Household Members/Family Composition

FAMILY COMPOSITION (List yourself and all other persons who will live in the unit with you, including Live-In Aide):
When listing dependents, name only those who will occupy the unit 50% or more of the time. All members of your household must also be listed on your lease agreement.

Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head	Birth Date	Age	Sex M/ F	Hispanic or Latino? Yes/No	Disabled? Yes/No	*Race Code #s	US Citizen? Yes/No
1.		Head of Household							
2.									
3.									
4.									
5.									
6.									
7.									
8.									

*Race Code #s (enter one or more):

1 – White 2 – Black/African American 3 – American Indian or Native Alaskan 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

Wilson Housing Authority – Declaration of Household Composition and Family Income

	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If a member in the family is disabled, under the age of 62, and does not receive SSI, list the knowledgeable medical professional who will verify the disability:
F6	Household Member	Knowledgeable Professional	Address, city, state, zip of source
1.			
2.			

Respond Yes or No to every question in Sections D, E, F, and G with information for all household members. You must provide ORIGINAL verification (not photocopies) as indicated for items checked YES. Provide address, phone number, fax number, and additional information for items checked YES as requested. Failure to comply may result in the denial/termination of assistance. All adult household members must sign this form on Page 8.

NOTE: HUD and WHA have entered into cooperative agreements with other agencies to obtain information on wages, unemployment compensation and other income information through a computer matching operation.

Section D – Income

D1	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A member(s) of the household is employed. List all jobs below and gross amount earned weekly (before deductions).			
Household Member	Employer	Employer's Address, city, state, zip	Phone	How often paid	Gross Amount per Pay Period	
1.					\$	
2.					\$	
3.					\$	
4.					\$	

If you answer yes to this section, attach at least two (2) most recent and consecutive ORIGINAL pay stubs for each job.

D2 YES NO A member of the household is self-employed. If yes, describe _____
☐ ☐ How much per week? \$ _____

If yes, attach the prior year income tax return and/or a notarized statement of income and expenses.

D3 YES NO A member of the household receives tips.
☐ ☐ If yes, who: _____ How much per week? \$ _____

If yes, attach a signed statement declaring weekly tip amount.

D4 YES NO A member of the household receives unemployment benefits.
☐ ☐ If yes, who _____ How much per week? \$ _____

Last day worked _____ Date benefits began _____ Date benefits will end _____

If yes, attach the ORIGINAL most recent award letters or payment stubs.

D5 YES NO A member of the household receives monthly federal Social Security (SS), Supplemental Security Income (SSI), or State Disability Allowance (SDA). List state and federal separately.

Household Member	Type SS, SSI, SDA	Amount	Household Member	Type SS, SSI, SDA	Amount
1.			5.		
2.			6.		
3.			7.		
4.			8.		

If yes, attach the ORIGINAL most recent award letter. If it is not dated within the last 60 days or if you don't have one, you must call Social Security Office (1-800-772-1213) or go on-line at www.socialsecurity.gov and request a currently dated proof of income letter.

Wilson Housing Authority – Declaration of Household Composition and Family Income

D6 YES NO A member of the household is disabled and has a new job or wage increase in the last 12 months.
☐ ☐

If yes, who: _____ New job date: _____ Wage increase date: _____

D7 YES NO A member of the household receives military active duty allotments or Veterans Administration benefits.
☐ ☐

If yes, who: _____ Amount Received \$ _____ per (mo, week): _____

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D8 YES NO A member of the household receives payments from retirement funds or pensions. If yes, monthly amount:
☐ ☐

Household Member	Source	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D9 YES NO A member of the household receives worker's compensation, disability or death benefits **other than Social Security**. If yes, list monthly amount: \$ _____
☐ ☐

Household Member	Source	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D10 YES NO The family receives any type of public assistance from DSS such as: grants, TANF, or Work First. If yes, list monthly amount:
☐ ☐

Program/Type of assistance	Amount	Program/Type of assistance	Amount
1.		3.	
2.		4.	

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D11 YES NO A member of the household receives **Adoption** assistance or **Foster** payments. Please check which one you receive:
☐ ☐ **Adoption** ☐ or **Foster** ☐

Household Member	Source	Address, city, state, zip of source	Phone	Fax	Monthly Amount
1.					
2.					

If yes, attach the ORIGINAL most recent check stub and/or award letter.

Wilson Housing Authority – Declaration of Household Composition and Family Income

D12 YES ☐ NO ☐ A member of the household receives child support and/or alimony. If yes, list monthly amount:

Household Member	County	Child	Docket #	Court Award amount	Actual amount
1.					
2.					
3.					

☐ Yes ☐ No Is child support paid directly to DHS?

Friend of the Court Name: _____ Contact Person: _____

Street Address: _____ Telephone: _____

City, State, ZIP: _____ Fax#: _____

E-mail address: _____ PIN#: _____

If yes, attach the ORIGINAL payment disbursements printout for the past 6 months.

D13 YES ☐ NO ☐ A member of the household receives periodic payments from a trust, lottery, annuity, inheritance or insurance policies. If yes, list yearly amount:

Household Member	Account Type	Bank/institution	Address, city, state, zip of source	Phone	Fax	Annual Amount
1.						
2.						
3.						

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D14 YES ☐ NO ☐ An adult member of the household (age 18 or older) is a student. If yes, complete:

Household Member	School	Address, city, state, zip of school	Phone	Fax	Credit hrs
1.					
2.					
3.					

If yes, attach the ORIGINAL most recent transcript or schedule from the educational institution.

D15 YES ☐ NO ☐ A member of the household receives income for educational assistance (Pell grants, scholarships, federal work study program, and private sources). This includes payments that others make on your behalf for tuition, books, or other schooling expenses. If yes, list monthly amount:

Household Member	Describe	Third Party Name, Address, city, state, zip of source	Phone	Fax	Monthly Amount
1.					
2.					
3.					

If yes, attach the ORIGINAL most recent award letter for any grants, scholarships, loans, etc. from the educational institution.

Wilson Housing Authority – Declaration of Household Composition and Family Income

D16	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the household receives cash contributions or gifts or has bills paid on their behalf (includes rent, groceries, car payments, or utility payments) on an ongoing basis from person(s) not living in the household. If yes, list monthly amount:			
Person's Name	Describe Contribution(s)	Third Party Name, Address, City, State, Zip of source	Phone	Fax	Amount
1.					
2.					
3.					

If yes, attach the ORIGINAL most recent receipt, certification, award letter, or other documentation.

Section E – Assets

E1	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the household has assets such as, savings, checking, stocks, bonds, IRAs, etc. If yes, list account and current balance:				
Household Member	Account Type	Bank/Institution	Address, city, state, zip of source	Phone	Fax	Current Balance
1.						
2.						
3.						
4.						
5.						
6.						

If yes, attach the ORIGINAL statement(s). For checking accounts send most recent two (2) months of ORIGINAL bank statements.

E2	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the household has a life insurance policy with a cash surrender value. If yes, list source and balance (do not include burial policies):			
Household Member	Insurance Company	Address, city, state, zip of source	Phone	Policy #	Value
1.					
2.					

If yes, attach the ORIGINAL statement(s).

E3	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the household has sold, given away, or otherwise transferred ownership of assets within the last two (2) years, valued over \$1,000 (do not include personal vehicle). List items: _____ Sale amount \$ _____
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Section F- Expenses

Medical Expenses: If the head of household, spouse, or co-head is elderly or disabled, the family may qualify for medical expenses. Check the appropriate box below and then follow the related instructions:						
<input type="checkbox"/> The head of household, spouse, or cohead is elderly (62 or older) or disabled and our family has medical expenses. Answer questions F1 through F4.						
<input type="checkbox"/> The head of household, spouse, or cohead is elderly (62 or older) or disabled, but our family has no qualifying medical expenses. Skip to F5.						
<input type="checkbox"/> The head of household, spouse, or cohead is not elderly (62 or older) or disabled. Our family does not qualify for medical expenses. Skip to F5.						
F1	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the family pays out-of-pocket, unreimbursed medical insurance premiums, other than Medicare. If yes, complete:				
Family Member	Insurance Company	Address, city, state, zip of source	Phone	Fax	Monthly Amount	
1.						
2.						

If yes, attach the ORIGINAL premium statement(s) showing amount and frequency of payment.

Wilson Housing Authority – Declaration of Household Composition and Family Income

F2	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the family pays Part D (drug) insurance premium expense. If yes, complete:			
Family Member	Insurance Company	Address, city, state, zip of source	Phone	Fax	Monthly Amount
1.					
2.					

If yes, attach the ORIGINAL premium statement(s) showing amount and frequency of payment.

F3	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the family pays medical expenses or services, or handicap equipment, and is not reimbursed by insurance or DHS/other Agency. (List separately each pharmacy, licensed health care, and chore care provider who you pay directly to meet your medical/health/disability needs. Estimate the monthly amount). If yes, list monthly amount not paid by DHS.			
Family Member	Provider	Address, city, state, zip of source	Phone	Fax	Monthly Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					

If yes, attach the ORIGINAL listing of annual expenses or statement from the provider.

F4	YES <input type="checkbox"/> NO <input type="checkbox"/>	A family member has monthly Social Security payments reduced to pay for Medicare Insurance Premiums.	
Family Member	Amount deducted per month		
1.			
2.			

Child Care Expenses: If a family member pays for child care for a child that is 12 or under, and the child care expenses enable a family member to work, seek work, or attend school, the family may qualify for child care.

F5	YES <input type="checkbox"/> NO <input type="checkbox"/>	Childcare expenses are paid (by me or someone else on my behalf) for a member of the household in order to be gainfully employed or to further my education. NOTE: Expense is not deductible if provider is a member of the family. If yes, list monthly amount(s) not paid by DHS/Other Agency:			
Family Member	Care Provider	Address, city, state, zip of provider	Phone	Fax	Amount
1.					
2.					

If yes, attach ORIGINAL most recent receipts for the care provider payments.

Disability Assistance Expenses: If a family member pays for attendant care or for an auxiliary apparatus (such as wheelchair, service animal), and the expenses enable a family member to work, the family may qualify for disability assistance expenses.

F6	YES <input type="checkbox"/> NO <input type="checkbox"/>	Disability assistance expenses are paid by a family member and expenses allow a family member to work. If yes, list monthly amount(s) not paid by DHS/Other Agency:			
Family Member	Provider Name	Address, city, state, zip of provider	Phone	Fax	
1.					
2.					

If yes, attach ORIGINAL most recent receipts for the expenses.

G2	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you or any member of your household been convicted of a drug related or violent criminal activity, or is a lifetime registered sex offender? If Yes, list the name of the family member, and describe the activity.	
Household Member	When?	Describe	
1.			
2.			

G3	YES <input type="checkbox"/> NO <input type="checkbox"/>	A member of the household is pregnant. If yes, due date: _____
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Wilson Housing Authority – Declaration of Household Composition and Family Income

G4	YES <input type="checkbox"/> NO <input type="checkbox"/>	I have a member of the household(s) age 5 or under who has an <i>identified</i> Environmental Intervention Blood Lead Level (EIBLL).
List their names: _____		
If yes, attach documentation indicating EIBLL. _____		
G5	Use this space to provide any additional general information to WHA or to complete questions above. To complete questions indicate the Question number and the information that was requested.	
Question #	_____	

I certify that only the people listed in section C, on page one of this form will occupy the unit. I hereby attest that I have reviewed this entire form and that all of my family information, income, assets and expenses have been accurately reported. I understand that providing false information will result in termination of benefits.

I certify that only the people listed on my lease Agreement will occupy the unit. I certify that the unit listed will be my primary residence and that I will not obtain duplicate federal housing assistance while I am receiving assistance from WHA. I will not live anywhere else without notifying WHA immediately in writing. I will not sublease my assisted residence.

I understand I must report income, family size, and/or student status changes within 10 calendar days to my WHA assigned Housing Coordinator.

(Print Head of Household Name Above)

(Print Co-Head of Household Name Above)

X _____
(Signature Head of Household Above)

Date

X _____
(Signature Co-Head of Household Above)

Date

(Print Name of Other Adult Above)

(Print Name of Other Adult Above)

X _____
(Signature of Other Adult Above)

Date

X _____
(Signature of Other Adult Above)

Date

Please complete this form and return to:

Si usted no puede leer este documento porque no lee Ingles, o requiere que esta comunicacion sea interpretada o traducida y nadie que usted conoce se la puede traducir, por favor llame a nuestra oficina para una interpretacion o traduccion gratuita. El numero de telefono de nuestra oficina es (____)-____-____.

If you or a member of your household is a disabled person and require a reasonable accommodation in order to participate in WHA's affordable housing program(s) or services please submit your request to: _____. We prefer that your request be submitted in writing. If you are unable to submit a written request for a reasonable accommodation you may contact your Housing Coordinator for additional assistance in making your request by calling (____)-____-____.

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; 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 a signed verification consent form.
 - ☐ () Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - ☐ () Permanent residence under §249 of INA 4/; or
 - ☐ () Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - ☐ () Parole status under §§212(d)(5) of the INA 6/; or
 - ☐ () Threat to life or freedom under §243(h) of the INA 7/; or
 - ☐ () Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

- ☐ () Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1/ 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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

- 2/ 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.
- 3/ 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.
- 4/ 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*].
- 5/ 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 on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ 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*].
- 7/ Threat to life or freedom under §243(h) 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*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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), HA must enter INS/SAVE Verification Number and date that it was obtained. A 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" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

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I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

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- ☐ () I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; 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 a signed verification consent form.
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 - ☐ () Parole status under §§212(d)(5) of the INA 6/; or
 - ☐ () Threat to life or freedom under §243(h) of the INA 7/; or
 - ☐ () Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

- ☐ () Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

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- 3/ **Immigrant status under §§101(a)(15) or 101(a)(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.
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- 5/ **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 on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **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*].
- 7/ **Threat to life or freedom under §243(h) 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*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

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DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

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In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; 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 a signed verification consent form.
 - ☐ () Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - ☐ () Permanent residence under §249 of INA 4/; or
 - ☐ () Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - ☐ () Parole status under §§212(d)(5) of the INA 6/; or
 - ☐ () Threat to life or freedom under §243(h) of the INA 7/; or
 - ☐ () Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

- ☐ () Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1/ **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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

- 2/ **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.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(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.
- 4/ **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*].
- 5/ **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 on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **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*].
- 7/ **Threat to life or freedom under §243(h) 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*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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), HA must enter INS/SAVE Verification Number and date that it was obtained. A 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" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for 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.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

WILSON HOUSING AUTHORITY
P.O. BOX 185
WILSON, NC 27864-0185

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

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information other than tax return information for certain routine uses, such as to other government agencies for law enforcement purposes, to other 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(I)(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.

WILSON HOUSING AUTHORITY
P. O. BOX 185
WILSON, N. C. 27894-0185
252-291-2245 FAX 252-291-0984

General Authorization and Consent

I/we, the undersigned, do hereby authorize the Wilson Housing Authority and its staff to contact any agencies, offices, groups, or organizations to obtain any information or material which is deemed necessary to complete my application for participation in or my recertification for continued participation in the Wilson Housing Authority's housing programs; and I/we consent to the release of this information to the Wilson Housing Authority.

This consent form expires 15 months after signed.

Head of Household _____ Date _____

Spouse _____ Date _____

Family Member 18 and over _____ Date _____

Family Member 18 and over _____ Date _____

Family Member 18 and over _____ Date _____

Witness: _____
WHA Staff Member

WILSON HOUSING AUTHORITY
P. O. BOX 185
WILSON, N. C. 27894-0185
252-291-2245 FAX 252-291-7267

AUTHORIZATION FORM TO RELEASE INFORMATION TO
WILSON COUNTY DEPARTMENT OF SOCIAL SERVICES

Wilson Housing Authority will refer all verified fraud information to the Wilson County Department of Social Services on residents that are receiving benefits through that agency.

The above information has been explained to me and I understand the Wilson Housing Authority will give any verified fraud activity information to the Wilson County Department of Social Services.

Resident
Signature _____

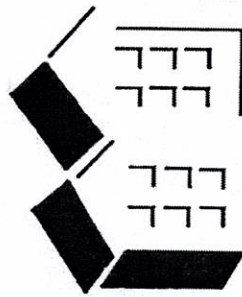
Date _____

WHA
Representative _____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

Debts owed to PHAs and termination information

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

Employment and wage information reported in EIV

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

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

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

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

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

Identity Theft.

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pio/pa/pa02arstphivinfo.cfm>.

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.

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

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

Printed Name

Date

WHA CONSUMER NOTIFICATION OF REASONABLE ACCOMMODATION/

504 SERVICE AVAILABILITY

It is the policy of the WHA to provide courteous and efficient service to all applicants for housing assistance. In that regard, the WHA will endeavor to accommodate persons with disabilities, as well as those persons with language and literacy barriers including making referrals to local agencies.

WHA applicants and families have the right to request needed services such as sign language interpreter, English Translator and any other reasonable accommodation either written or verbally.

This policy is applicable to all situations described in this Admissions and Continued Occupancy Policy when a family initiates contact with the WHA, when the WHA initiates contact with a family including when a family applies, and when the WHA schedules or reschedules appointments of any kind.

It the policy of this WHA to be service-directed in the administration of our housing programs, and to exercise and demonstrate a high level of professionalism while providing housing services to the families within our jurisdiction.

The WHA's policies and practices will be designed to provide assurances that all persons with disabilities will be provided reasonable accommodation so that they may fully access and utilize the housing program and related services. The availability of specific accommodations will be made known at application, move-in orientation and annual re-examination. All requests will be verified so that the WHA can properly accommodate the need presented by the disability.

The following are documents that will be translated in another language: WHA lease, Rent Change Notification, VAWA, Earned Income Disallowance, and Grievance Procedure and Application.

Name _____ Date _____

WHA Staff _____ Date _____

WILSON HOUSING AUTHORITY

Criminal & Sexual Offender Background Information

Federal Law requires us to get drug, criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Wilson Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- =====
1. Have you or any other family member been evicted from federally assisted housing for drug related criminal activity within the past three years? ☐ yes ☐ no
 2. Do you or any other family member currently use illegal drugs or abuse alcohol? ☐ yes ☐ no
 3. Are you or any other family member currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ yes ☐ no
 4. Have you or any other family member been charged with or convicted of any drug-related crime within the past three years? ☐ yes ☐ no
 5. Have you or any other family member been charged with or convicted of a felony or misdemeanor within the past three years? ☐ yes ☐ no
 6. Have you or any other family member been charged with or convicted of any crime involving fraud or dishonesty within the past three years? ☐ yes ☐ no
 7. Have you or any other family member been charged with or convicted of any crime involving violence within the last three years? ☐ yes ☐ no
 8. Please list all states in which you and other family members have lived.

 9. Have you or any other family member ever used or been known by any other name? ☐ yes ☐ no
If yes, please list names used:

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the Wilson Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Wilson Housing Authority, or to an agency contracted by the Wilson Housing Authority to conduct criminal background checks.

Applicant's Name (Please print full name) _____

Applicant's Signature _____ Date: _____

If Family Member, Head of Household's Name: _____

Address: _____ SS # _____ DOB _____

_____ Phone # (_____) _____

_____ (County)

WHA ONLY:

Request to Process _____ Property _____ Date _____

**EXHIBIT 16-1: NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE
AGAINST WOMEN ACT, FORM HUD-5380**

Wilson Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that public housing is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under public housing, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Protections for Tenants

If you are receiving assistance under public housing, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under public housing solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

The Wilson Housing Authority may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the Wilson Housing Authority chooses to remove the abuser or perpetrator, the Wilson Housing Authority may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the Wilson Housing Authority must allow the tenant who is or has been a victim and other household members to remain in the unit for 30 days, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the Wilson Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, the Wilson Housing Authority may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, the Wilson Housing Authority may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the Wilson Housing Authority may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the Wilson Housing Authority may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

1. **You are a victim of domestic violence, dating violence, sexual assault, or stalking.**

If the Wilson Housing Authority does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

2. **You expressly request the emergency transfer.** The Wilson Housing Authority may choose to require that you submit a form, or may accept another written or oral request.
3. **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The Wilson Housing Authority will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The Wilson Housing Authority's emergency transfer plan provides further information on emergency transfers, and the Wilson Housing Authority must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

The Wilson Housing Authority can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the Wilson Housing Authority must be in writing, and the Wilson Housing Authority must give you at least 14 business days (Saturdays, Sundays, and federal holidays do not count) from the day you receive the request to provide the documentation. The Wilson Housing Authority may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the Wilson Housing Authority as documentation. It is your choice which of the following to submit if the Wilson Housing Authority asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by the Wilson Housing Authority with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the Wilson Housing Authority has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the Wilson Housing Authority does not have to provide you with the protections contained in this notice.

If the Wilson Housing Authority receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the Wilson Housing Authority has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the Wilson Housing Authority does not have to provide you with the protections contained in this notice.

Confidentiality

The Wilson Housing Authority must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The Wilson Housing Authority must not allow any individual administering assistance or other services on behalf of the Wilson Housing Authority (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable federal, state, or local law.

The Wilson Housing Authority must not enter your information into any shared database or disclose your information to any other entity or individual. The Wilson Housing Authority, however, may disclose the information provided if:

- You give written permission to the Wilson Housing Authority to release the information on a time limited basis.
- The Wilson Housing Authority needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the Wilson Housing Authority or your landlord to release the information.

VAWA does not limit the Wilson Housing Authority's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the Wilson Housing Authority cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the Wilson Housing Authority can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1. Would occur within an immediate time frame, and
2. Could result in death or serious bodily harm to other tenants or those who work on the property.

If the Wilson Housing Authority can demonstrate the above, the Wilson Housing Authority should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with the Requirements of This Notice

You may report the Wilson Housing Authority for violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Wilson Housing Authority's President and CEO at 252-291-2245 ext. 250 or with the HUD Field Office for North Carolina.

For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the Wilson Housing Authority must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your housing manager.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the Wesley Shelter at 252-291-2344.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact the Wilson Police Department officer assigned to the Wilson Housing Authority at 252-399-2385 or the Wilson Police Department at 252-399-2323.

Victims of stalking seeking help may contact the Wilson Police Department officer assigned to the Wilson Housing Authority at 252-399-2385 or the Wilson Police Department at 252-399-2323.

Attachment: Certification form HUD-5382

The above information has been explained to me and I understand my rights under the Violence Against Women Act as stipulated.

Resident Signature _____

WHA Staff Representative _____

Date: _____

**EXHIBIT 16-2: CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION,
FORM HUD-5382**

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



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

EXHIBIT 12-1: STATEMENT OF FAMILY OBLIGATIONS

Following is a listing of a participant family's obligations under the HCV program:

- The family must supply any information that the WHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the WHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.

Damages beyond normal wear and tear will be considered to be damages which could be assessed against the security deposit.

- The family must allow the WHA to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of this plan.
- The family must not commit any serious or repeated violation of the lease.

The WHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction or an owner's notice to evict.

Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity. Generally, the criterion to be used will be whether or not the reason for the eviction was the fault of the tenant or guests. Any incidents of, or criminal activity related to, domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated lease violations by the victim [24 CFR 5.2005(c)(1)].

- The family must notify the WHA and the owner before moving out of the unit or terminating the lease.

The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice to the WHA at the same time the owner is notified.

- The family must promptly give the WHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.

The composition of the assisted family residing in the unit must be approved by the WHA. The family must promptly notify the WHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request WHA approval to add any other family member as an occupant of the unit.

The request to add a family member must be submitted in writing and approved prior to the person moving into the unit. The WHA will determine eligibility of the new member in accordance with the policies in Chapter 3.

- The family must promptly notify the WHA in writing if any family member no longer lives in the unit.
- If the WHA has given approval, a foster child or a live-in aide may reside in the unit. The WHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when WHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (Sections I.K and I.M), and Chapter 11 (Section II.B).
- The family must not sublease the unit, assign the lease, or transfer the unit.

Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.

- The family must supply any information requested by the WHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the WHA when the family is absent from the unit.

Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.

- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for HUD and WHA policies related to drug-related and violent criminal activity.

- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and WHA policies related to alcohol abuse.
- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the WHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]

THESE FAMILY OBLIGATIONS HAVE BEEN EXPLAINED TO ME, AND I HAVE RECEIVED A COPY. I UNDERSTAND THEY DIRECTLY EFFECT MY FAMILY'S PARTICIPATION IN THE HCV PROGRAM.

HEAD OF HOUSEHOLD SIGNATURE

DATE

HEAD OF HOUSEHOLD PRINT

DATE

SPOUSE OF OTHER ADULT

DATE

PROCEDURES FOR CONDUCTING INFORMAL HEARINGS
CONCERNING APPLICANTS AND PARTICIPANTS

APPLICANTS:

The Wilson Housing Authority shall give an opportunity for an informal review of a decision denying an applicant:

1. Placement on the WHA's waiting list
2. Issuance of a Voucher
3. Participation in the Section 8 /HCV Program

Written notice of the WHA's decision denying assistance will be provided. It will inform the applicant of the reason and that they may request an informal review in writing within ten (10) days from the date of the denial letter.

Informal review requirements do not apply to the following:

1. To review discretionary administrative determinations by the WHA or consider general WHA policy or class grievances.
2. To review the WHA's determination of bedroom size standards entered on Voucher.
3. To review the WHA's rejection of unit due to HQS noncompliance or, unit lease approval.
4. To review the WHA's decision not to approve a requested Voucher extension.

PARTICIPANTS

Participants have the right to a hearing in order to determine whether proposed decisions made by the WHA regarding their family circumstances are in accordance with the law, HUD regulations, or WHA policies.

The HA must provide participants with the opportunity for an Informal Hearing for decisions related to any of the following HA determinations:

1. Determinations of the family's annual or adjusted income and the computations of the housing assistance payment
2. Appropriate utility allowance used from schedule
3. Family unit size determination under HA subsidy standards
4. Determinations that assisted families are under housed in their current unit and a request for exception is denied.
5. Determinations to terminate assistance for any reason.

REVIEW PROCESS (Applicants and Participants)

When a determination is made by the WHA to "deny, defer, terminate or reduce" assistance, an informal hearing may be requested. The WHA will give prompt written notice of a determination and the reason for the decision. This notice shall state that the participant may request an informal hearing in writing on the decision within ten (10) business days from the date of the formal letter notifying them. Those who fail to respond are considered to have waived their rights to an informal hearing.

The Informal Hearing shall be conducted by the Hearing Officer appointed by the WHA who is neither the person who made or approved the decision with the Section 8/HCV Program Director present. The participant or his/her representative may present in writing objections within ten (10) days from the date of the formal letter notifying them. Either party may present or question any witness or evidence.

NOTE: Assisted families have the right to examine and copy documents in their file pertinent to the hearing.

SIGNED _____ DATE _____

