

IMPORTANT! PLEASE READ CAREFULLY!!!



Please Take Notice

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 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.
5. ALL FAMILY MEMBERS 18 YEARS OLD OR OLDER MUST SIGN THE REQUIRED DOCUMENTS.
6. 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.
7. PLEASE ALLOW 10 DAYS FOR US TO VERIFY INFORMATION AND TO PROCESS YOUR APPLICATION.
8. APPLICATIONS ARE ACCEPTED ON THURSDAYS ONLY!
9. The document entitled Criminal & Sexual Offender Background Information must be completed by anyone listed on the application that is **18 years old or older**.
10. ALL APPLICATIONS FOR HOMELESS STATUS MUST HAVE AN AGENCY LETTER ATTACHED IN ORDER TO CLAIM HOMELESS STATUS.

WILSON HOUSING AUTHORITY

INITIAL PRE-APPLICATION

FRH WFH EBJ

Name:		Date:
Address		Time:
Phone:		City:
Emergency Contact		Phone:

Have you ever lived in public housing? _____ If so, which public housing agency? _____

Complete for ALL household members (including head of household, all adults and all minors):

Name	Relationship to Head of Household	DOB, age	Social Security Number	Full Time Student? (circle)		Employed? (circle)		Disabled? (circle)	
				Yes	No	Yes	No	Yes	No

List ALL source of income for all members of the household you have disclosed on page 2 of this questionnaire:

Name of Household Member	Source of Income	Mailing Address	Phone # & Contact Person	Gross Amount (list by week, month, etc.)

List ALL assets for all members of the household you have disclosed on page 2 of this questionnaire:

Name of Household Member	Type of Asset (Checking, savings, CD's, etc.)	Mailing Address	Phone # & Contact Person	Gross Amount (list by week, month, etc.)

Deductions from Annual Income

	Circle	
If the head, co-head, spouse or sole member is 62 or older or disabled, do you pay out-of-pocket medical expenses?	Yes	No
Do you have out-of-pocket child care expenses not paid or reimbursed from any source, for children under age 13 year?	Yes	No

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Wilson Housing Authority at 252-291-2245.

I certify that the information listed above is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Public Housing regulations.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Initial _____

Continuation of Pre-Application

Applicant Name _____ Date _____

Preferences: ___ Involuntary Displacement ___ Veteran/Homeless ___ Working Family *

*(defined as being self-employed, working an average of 20 hours or more a week for at least 11 months, or being seasonally employed for 2 years with the current employer and working 20 hours a week or more). Includes persons 62 years or older.

Enter One ___ 1=White 2=Black 3= American Indian 4= Asian or Pacific Islander

Enter One ___ 1=Hispanic ___ 2=Non-Hispanic

Have you or any member of your household ever been evicted or terminated from any Public Housing or Section 8 Program? Yes ___ No ___

If yes, provide the following information: When? _____

Where? _____

For what reason? _____

Do you owe any money to Wilson Housing Authority or any other federally funded agency?

Yes ___ No ___ if yes please explain _____

Applicants have the right to request special assistance for a disability or limited English proficiency. WHA does not discriminate because of race, color, religion, familial status, disability, limited English proficiency or national origin.

I certify that the information listed above is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Signature: _____

Date: _____

WHA Representative: _____

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?
2. Do you or any other family member currently use illegal drugs or abuse alcohol?
3. Are you or any other family member currently subject to a lifetime registration requirement under a state sex offender registration program?
4. Have you or any other family member been charged with or convicted of any drug-related crime within the past three years?
5. Have you or any other family member been charged with or convicted of a felony or misdemeanor within the past three years?
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?
7. Have you or any other family member been charged with or convicted of any crime involving violence within the last three years?
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? 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)

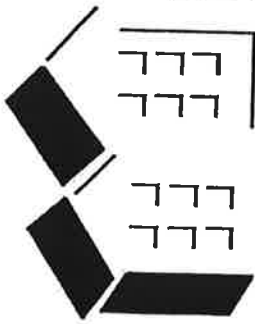
WHA ONLY:

Request to Process Property Date



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/pih/programs/bt/hipliv.cfm>.

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

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

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

Signature

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

WILSON HOUSING AUTHORITY
 P.O. BOX 185
 WILSON, NC 27894-0185

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

Signature

Date

Printed Name

Please circle YES or NO for every item listed below and indicate amount under the appropriate HH member's name.

Does any Household Member have any:	Member (Head)			#2			#3		
	Yes	No	\$	Yes	No	\$	Yes	No	\$
Checking Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Saving Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Certificates of Deposits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Money Market Funds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Stocks/Bonds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Treasury Bills	Yes	No	\$	Yes	No	\$	Yes	No	\$
IRA/Keough Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Company Retirement Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Life Insurance Policies (Whole Life)	Yes	No	\$	Yes	No	\$	Yes	No	\$
Pension Funds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Trust Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
If yes, is it irrevocable?	Yes	No	\$	Yes	No	\$	Yes	No	\$
Cash held in Safety Deposit Boxes, etc.	Yes	No	\$	Yes	No	\$	Yes	No	\$
House/Real Estate	Yes	No	\$	Yes	No	\$	Yes	No	\$
Rental Property	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other Investments	Yes	No	\$	Yes	No	\$	Yes	No	\$
Have you received any lump sum payments such as the following:	Potential Assets								
Inheritances	Yes	No	\$	Yes	No	\$	Yes	No	\$
Lottery or other Winnings	Yes	No	\$	Yes	No	\$	Yes	No	\$
Insurance Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Workers' Compensation Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Social Security Disability Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Unemployment Compensation Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
VA Disability Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Severance Pay	Yes	No	\$	Yes	No	\$	Yes	No	\$
Capital Gains	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other	Yes	No	\$	Yes	No	\$	Yes	No	\$
Have you disposed of any assets for less than fair market value in the past 2 years?	Yes	No	\$	Yes	No	\$	Yes	No	\$
Do you receive any of the following:									
Wages, Salary, etc. thru Employment	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from a Business or Profession	Yes	No	\$	Yes	No	\$	Yes	No	\$
Social Security	Yes	No	\$	Yes	No	\$	Yes	No	\$
SSI	Yes	No	\$	Yes	No	\$	Yes	No	\$
WFFA, Food Stamps or other Public Assistance	Yes	No	\$	Yes	No	\$	Yes	No	\$
Alimony	Yes	No	\$	Yes	No	\$	Yes	No	\$
Child Support	Yes	No	\$	Yes	No	\$	Yes	No	\$
Unemployment Compensation Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Workers' Compensation Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Severance Pay	Yes	No	\$	Yes	No	\$	Yes	No	\$
Retirement Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Annuities Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Insurance Policies Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Disability or Death Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from Rental Property	Yes	No	\$	Yes	No	\$	Yes	No	\$
Regularly Recurring Monetary Gifts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Financial Assistance/Higher Education	Yes	No	\$	Yes	No	\$	Yes	No	\$