

**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 TUESDAY THURSDAYS 9A-4P 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:
Email Address:		Additional Contact #
Additional Contact		

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

Have you ever participated in the Earned Income Disallowance (EID) in Section 8 or Public Housing? \_\_\_\_\_

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: \_\_\_\_\_

Initial \_\_\_\_\_ WHA Rev. 05/27/2020

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		
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:	<b>Potential Assets</b>								
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	\$
Tuition Assistance/Higher Education	Yes	No	\$	Yes	No	\$	Yes	No	\$

## 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: \_\_\_\_\_

**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 Act<sup>1</sup>**

**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.<sup>2</sup> 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.

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

<sup>2</sup> 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: \_\_\_\_\_



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## *What You Should Know About EIV*

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

### What is EIV?

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

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

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

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

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

### What is the EIV information used for?

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

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

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

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

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

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

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

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

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

### What are my responsibilities?

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

February 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hcr/programs/pihvotiv.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 04/30/2023.

**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

Date

Printed Name



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

RENTAL HISTORY - FEDERALLY FUNDED HOUSING

Section 8 \_\_\_\_\_ Conv. Hsg.   X  

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
SS#: \_\_\_\_\_

The family indicated above has applied for Conventional Housing/Section 8 with the Wilson Housing Authority. They state that you/your agency is currently leasing to them at \_\_\_\_\_  
In order to determine the eligibility status of this family, we ask your cooperation in completing this form

1. Is this Federally funded housing?	
2. Is the family currently living in the unit?	
3. Date of move-in:	Date of move-out:
4. How much is/was the monthly rent? \$	
5. How many times was the family late paying rent?	
6. Did the family leave owing you money?	If yes, how much: \$
7. Was the family destructive to your property?	
8. Did the family get along with other neighbors or residents?	
9. Why did the family vacate? Was proper notice given?	
10. Did anyone in the family receive the Earned Income Disallowance (EID)? If yes, what years?	
11. Would you lease to this family again?	If not, please indicate the reason:

By: \_\_\_\_\_  
Owner/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning:** Under 18 U.S.C.1001, whoever willingly makes or uses a document or writing he/she knows has any false or fraudulent statement or entry, in any manner under the jurisdiction of any department or agency of the United States, may be fined up to \$10,000 or imprisoned for up to five years or both.

I hereby consent to the release of this information.

Family Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
WHA Representative: \_\_\_\_\_

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 \_\_\_\_\_

## Verification -Homeless Admission Preferences

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

The Wilson Housing Authority has adopted local preferences for its public housing and housing choice voucher programs for two groups of homeless applicants as described below. This verification must be completed before any person is assigned one of these preferences.

The undersigned hereby certifies that the applicant listed above qualifies for one of the following preferences (*please initial the applicable paragraphs*):

1. \_\_\_\_\_ *Homeless Families with Case Management Support*: The applicant above has for the last 90 days or more have been living in a place not meant for human habitation, in an emergency shelter, in transitional housing, or is exiting an institution where they temporarily resided (up to 90 days) if they were in a shelter or place not meant for human habitation before entering the institution: or is an unaccompanied youth or a family with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under the definition above, and
- \_\_\_\_\_Is receiving regular case management support from my agency and will continue to receive regular case management support after receiving a public housing or HCV voucher unit for at least one year.

**OR**

2. \_\_\_\_\_ *Homeless Victims of Domestic Violence*: The applicant above is an individual or member of a family who is fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, and
- \_\_\_\_\_The family is currently residing in a domestic violence shelter or a transitional housing program as a result of that domestic violence.

Per agency policy, the Wilson Housing Authority will only accept this letter if it is signed by a representative one of the following agencies: Hope Station, The Wesley Shelter, The Wilson County Department of Social Services, The American Red Cross, Veterans Residential Services, Wilson County Schools, Carolina Family Health Centers' Ryan White Program, Carolina Outreach Community Support Team, Stepping Stones Community Resources, the Wilson County Office of the Division of Vocational Rehabilitation Services, My Sister's House or the Carter Clinic. If you have any questions about this form please contact Timothy Rogers at the Wilson Housing Authority at 252-291-2245.

Agency: \_\_\_\_\_

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_