

Housing Authority of the City of Elk City, Oklahoma

1510 West Ninth

P.O. Box 647

Elk City, Oklahoma 73644 (580)225-0129

Mark D. Norton, Executive Director



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To be eligible for admission to public housing and put on the Waiting List, an applicant must:

1. To be eligible for admission to public housing and put on the Waiting List, an applicant must:

- (a) Have an Annual Income at the time of admission that does not exceed the **INCOME LIMITS** established by HUD that are posted in EHA offices; *if there are no eligible families on the waiting list and notice of available unit has been published, families above the limit may be housed; however, they must vacate the unit if an eligible family applies.*
- (b) Meet the HUD requirements on **CITIZENSHIP** or immigration status, providing original **Birth Certificates** for all members included on the Application.
- (c) Provide documentation of original **SOCIAL SECURITY CARDS (MUST BE HANDED IN WHEN HANDING IN APPLICATION IF NOT THEN THE APPLICATION WILL AUTOMATICALLY BE DENIED.)** for all family members, or certify that they do not have Social Security numbers; provide original **Picture Identification or Driver's License** for all family members, age 18 and older.
- (d) Sign all **CONSENT FORMS** as needed to collect information relevant to the family's eligibility and level of assistance.

2. Undergo EHA's Screening Process, which includes:

- 1. Past performance in meeting financial obligations
- 2. Previous records of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents (this includes alcohol abuse)
- 3. History of criminal activity involving crimes of physical violence to persons or property; possession, sale or use of illegal substances; or any other criminal acts that adversely affect the health, safety or welfare of themselves or other residents.

PERSONS CONVICTED OF DRUG-RELATED CRIMINAL ACTIVITY FOR MANUFACTURE OR PRODUCTION OF METHAMPHETAMINES – OR – PERSONS SUBJECT TO A LIFETIME REGISTRATION REQUIREMENT UNDER A

**STATE SEX OFFENDER REGISTRATION PROGRAM ARE PERMANENTLY
PROHIBITED FROM ADMISSION**

3. Eligible applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences. Each applicant who meets the above qualifications, will be notified of eligibility and ultimately offered a suitable unit. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list.

4. Applicants with disabilities may seek assistance with the completion of the application at the Admissions office, 1510 W. 9th Street, Elk City, OK 73648

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- ✓ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ✓ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ✓ a person has taken adverse action against you because of information in your credit report;
 - ✓ you are the victim of identify theft and place a fraud alert in your file;
 - ✓ your file contains inaccurate information as a result of fraud;
 - ✓ you are on public assistance;
 - ✓ you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- ✓ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ✓ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ✓ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- ✓ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- ✓ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor.

insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- ✓ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ✓ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- ✓ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ✓ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture

Office of Deputy
Administrator - GIPSA
Washington, DC 20250 -
7051



APPLYING FOR HUD HOUSING ASSISTANCE? E?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



November 2004

Things You Should Know

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

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

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

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

- You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:
- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
 - Any move in or out of a household member; and,
 - All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

- You should be aware of the following fraud schemes:
- Do not pay any money to file an application.
 - Do not pay any money to move up on the waiting list;
 - Do not pay for anything not covered by your lease;
 - Get a receipt for any money you pay; and,
 - Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



APPLICATION for PUBLIC HOUSING

ELK CITY HOUSING AUTHORITY



INSTRUCTIONS FOR COMPLETING FORM:

Complete this form in ink in your own handwriting. Use the legal name for each person who will reside in the rental unit as it appears on his/her Social Security card. All persons **aged 18 and over** must sign this application certifying the information pertaining to them is correct. **Do not leave any section of the application blank**. Any required information not received by the Public Housing Agency (PHA) within 10 business days of the date of this application will result in denial of the application.

APPLICATION HEAD of HOUSEHOLD INFORMATION:

Applicant Name _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address Where You Currently Reside: _____

Home Phone# _____ Work Phone# _____ Cell Phone# _____

Email Address _____

CURRENT HOUSING

Is any household member a veteran? Yes No If yes, name _____

Are you seeking housing due to a Presidentially Declared Disaster? Yes No

Current housing Circumstances (check all that apply) fleeing/attempting to flee violence not displaced

displaced by government action lack a fixed nighttime residence displaced by private action

SOCIAL SECURITY

Is any household member legal name different than the name on his/her Social Security card? Yes No

If yes, who? _____

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used (Include Maiden names)? Yes No

If yes explain _____

COMMUNICATIONS

- Mark this box if you read or speak English.
- Marque esta casilla si lee o habla español. (Spanish)
- I do not require any alternate means of communication.
- in another format (*explain*): _____
- I require oral communication in another format (*explain*): _____

HOUSEHOLD COMPOSITION: (List all persons who will live in the rental unit. No person may reside in subsidized unit whose residency has not been previously approved by the PHA)

Please Note: No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.

Family Composition:(list all persons who will occupy the unit as H=Head, S=Spouse, K=Co-Head, F=Foster Child, Y=Youth (Anyone under the age of 18 yrs that is not a foster child), E=Adult Full Time Student (Anyone that is a fulltime student over the age of 18 yrs), L=Aide, A=(Other)

Full Name as it Appears on Social Security Card			Date of Birth mm/dd/yyyy	Social Security#	Relation TO HOH	Sex M=Male F=Female D=Decline to disclose	Race	Dis- abled Yes/No
First					HOH			
Middle	/	/	-	-				
Last								
First								
Middle	/	/	-	-				
Last								
First								
Middle	/	/	-	-				
Last								
First								
Middle	/	/	-	-				
Last								
First								
Middle	/	/	-	-				
Last								

Full Name as it Appears on Social Security Card	Date of Birth mm/dd/yyyy	Social Security#	Relation TO HOH	Sex M=Male	Race	Dis-abled Yes/No
				F=Female D=Decline to disclose		
First						
Middle	/ /	- -				
Last						
First						
Middle	/ /	- -				
Last						
First						
Middle	/ /	- -				
Last						
First						
Middle	/ /	- -				
Last						
First						
Middle	/ /	- -				
Last						

THIS SPACE WAS INTENTINALLY LEFT BLANK

Household Composition (Continued)

1. Is any household member over the age 18 (other than the head of household, spouse of the head of household, or co-head) a full-time student? Yes No

If yes, list name and the school he/she attends _____

2. Is the *Spouse of the Head of Household* temporarily absent from the home? Yes No

If yes, where is he/she? _____

When does the person return? _____

Does absent spouse have income? Yes No

If yes, list all his/her income below:

a. \$ _____ Source: _____

b. \$ _____ Source: _____

3. Does anyone in your household require any special accommodations (*such as: a ramp, handrails, etc.*) due to a handicap or disability? Yes No

If yes, list requirements: _____

4. Does any elderly or disabled family member require a live-in-aid? Yes No

Is so please fill out the information below for criminal, background check.

Name	SS#	DOB Date of Birth	How many hrs a week will this person be in the rental unit	Agency Name

INCOME AVAILABLE TO HOUSEHOLD

All families must be income eligible to receive housing assistance. Check Yes or No for each type of income, and list **gross amount of income** received before any deductions are withheld.

Type of Income	Yes	No	Name of Family Member with this Type of Income	Source	Gross Income	Paid H, W, BW, M Ann.
Wages or Earnings					\$	
SNAP						
TANF					\$	
Pension or Retirement					\$	
SSI					\$	
Social Security					\$	
Unemployment Benefits					\$	
Worker's Compensation					\$	
Regular Gifts, Payment, or Contributions from persons outside household					\$	
Military Income					\$	
Self Employed <i>Lawn care, hair stylist, manicures, childcare, etc.)</i>					\$	
Temporary/Seasonal Work					\$	
Student Financial Assistance (<i>Grants, scholarships, Work Study, etc.)</i>					\$	
Lump Sum Payments					\$	
Veterans Benefits					\$	
Do you feel like you are a zero income. (Community Service requirements for Zero Income)						
Other _____					\$	

Previous Year's Tax Return. Indicate the amount of gross income shown by each family member residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer:	Date of Return:	Gross Income: \$	Received Tax Return Amt.	Paid In Taxes Amt.	Did not File
Taxpayer:	Date of Return:	Gross Income: \$	Received Tax Return Amt.	Paid In Taxes Amt.	Did not File

1. Does anyone outside the household help with bills on a regular basis? Yes No

If yes, list name each person or agency that assists with bills or contributes to your household:

a. _____

b. _____

2. Is any household member aged 18 or older participating in a job training program? Yes No

If yes, list his/her and the specific job training program _____

3. Has anyone in your household applied for any benefits that are in the process of being approved? Yes No

If yes, explain _____

4. Has any family member been awarded Child support? Yes No If yes, amount _____

5. Has any family member been awarded Spousal Support? Yes No If yes, amount _____

ASSETS

1. Do you own a home? Yes No If yes, what is its present value? \$ _____ What will you do with the house if you move into a rental housing? _____

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? Yes No If yes, what was its market value? \$ _____ How much did you receive? \$ _____

3. Check *Yes* or *No* for each type of asset owned by any family member and list its value and amount of income generated by the asset.

Type of Asset		Value	Income Generated Asset per Year
Real Estate (house, land)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Retirement/Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Insurance Settlement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Other (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

PREVIOUS HOUSING ASSISTANCE

Has any household member lived in Public Housing or participate in the Section 8 Housing Choice Voucher Program after reaching the age of 18? Yes No

If yes, under what name(s): _____

List Information about each Housing Agency where any family member has lived:

1. Housing Agency _____ From: _____ to _____

Why did you move? _____

Were any wage disregards in calculating your rent? Yes No Do not Know

2. Housing Agency _____ From: _____ to _____

Why did you move? _____

Were any wage disregards in calculating your rent? Yes No Do not Know

CRIMINAL HISTORY

1. Has any household member been arrested, charged, or convicted for any of the following?

a. Violent criminal activity Yes No

If yes, give details: _____

b. Domestic Violence, dating violence, sexual assault or stalking? Yes No

If yes, give details: _____

c. Alcohol-related activity Yes No

If yes, give details: _____

d. Manufacture of methamphetamines Yes No

If yes, give details: _____

e. Possession, sale, or distributing of illegal drugs Yes No

If yes, give details: _____

f. If required to report, list name and telephone number of probation/parole officer.

Name: _____ Phone# _____

2. Has any household member participated in drug rehabilitation during the past 12 months? Yes No

If yes, explain: _____

3. Is any household member required to register in any state as a Sex Offender? Yes No

If yes, list Name and State: _____

4. Has any household member been evicted from federally assisted housing in the past 3 yrs? Yes No

If yes, who? _____

Where and why? _____

MEDICAL AND DISABILITY ASSISTANCE *(Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older)*

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

Type of Expense	Amount	Type of Expense	Amount
Medical insurance	\$	Doctor Visit(s)	\$
Prescription Medicine	\$		\$
	\$		\$
	\$		\$

2. Do you pay for attendant care or any auxiliary apparatus for any disabled household member in order for his/her or any other adult family member can work? Yes No

CHILD CARE

1. Do you pay for Child Care for children aged 12 or younger while you work, attend school, or seek employment? If yes, to whom are expenses paid: _____ Yes No

How much do you pay a month \$ _____ Is any Portion reimbursed Yes No

2. Address of Child Care provider: _____

3. What amount is reimbursed? _____ Source _____

RENTAL HISTORY

1. Current Landlord: _____

Address: _____ City _____ State _____ Zip _____

Contact# _____ Email _____

Dates of Occupancy from: _____ to _____

Rental Property Address _____ City _____ State _____ Zip _____

Were you ever late paying rent: Yes No Were you evicted or asked to move? Yes No

2. Previous Landlord: _____

Address: _____ City _____ State _____ Zip _____

Contact # _____ Email address _____

Were you ever late paying rent: Yes No Were you evicted or asked to move? Yes No

CREDIT HISTORY/PERSONAL REFERENCES

1. List a business where you have made payments in the past 12 months: _____

List a credit card you have made charges/payments on in the past 12 months: _____

2. List two (2) references (to whom you are not related by blood or by marriage) who have knowledge of your ability and willingness to abide by lease agreements.

Name: _____ Phone: _____ Number of yrs you have known him/her: _____

Name: _____ Phone: _____ Number of yrs you have known him/her: _____

MISCELLANEOUS INFORMATION

1. Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault or stalking?

If yes, who? _____ Name of Perpetrator: _____

2. List all vehicles that household members will park on PHA owned property.

Make _____ Model: _____ Color: _____ License Plate# _____

Make: _____ Model: _____ Color: _____ License Plate# _____

3. Do you have a pet:

If yes, list type and breed: _____

4. How did you learn about this program? _____

RANKING PREFERENCES FOR EHA WAITING LIST ARE AS FOLLOWS,

APPLICANT MUST CHECK ONE.

- 1. Violence Against Women Act (VAWA); or
- 2. Veteran, Elderly, a Person with a disability; or
- 3. Family the Head of Household and/or spouse are **EMPLOYED**; or
- 4. Single Head of Household is **EMPLOYED**; or
- 5. Family **NOT EMPLOYED**; or
- 6. Single Head of Household is **NOT EMPLOYED**; or
- 7. I do not claim an admission preference as described above.

FEDERAL PRIVACY ACT NOTICE FOR PUBLIC HOUSING PROGRAMS

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

Use: HUD uses 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 furnished. HUD or a Public Housing Agency may conduct a computer match to verify the information you provided. 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 the information requested by the Public Housing Agency, including all social security numbers you and all household members have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in delay or rejection of eligibility approval.

Authority for Information Collection: The following laws authorize the collection of this information by HUD or the Public Housing Agency: The U.S. Housing Act of 1937 (42 USC, 1437 ct Seq), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 USC 3542) requires applicants and residents to submit the social security numbers of all household members.

APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information: I certify all information provided on household composition, income, family assets, and items for allowances and deductions are accurate and complete to the best of my knowledge. I have reviewed the application form or the HUD 50058, whichever applies to me, and certify the information shown is true and correct.

Reporting Prior Housing Assistance: I certify I have disclosed where I have received any previous Federal Housing assistance and whether or not any money is owed. I certify for any previous assistance, I did not commit any act of fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings and completing and signing needed forms. I understand failure, or refusal, to do so may result in delays, termination of assistance, or eviction.

FCRA COMPLIANCE

I, the undersigned consumer, do hereby authorize the Elk City Housing Authority (EHA) by and through Online Rental Exchange, to procure a consumer report on me. This report may include, but is not limited to, my personal credit history based on reports from any credit bureau; criminal history/records; my driving history, including any traffic citations; social security number verifications; information discerned through employment and education verifications; present and former addresses; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to EHA by and through Online Rental Exchange, including but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release EHA, Online Rental Exchange, their successors and assigns, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or personal representatives, successors, assigns, or others making such claim or demand on my behalf, for providing a consumer report hereby authorized.

I understand that this Notice/Authorization and Release form shall remain in effect for the duration of housing assistance; I give permission to investigate any incidents and/or general misconduct or criminal activity for which I might be alleged to have been involved during my employment and/or lease. Further, I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application and/or lease will be terminated based on any false, omitted or fraudulent information.

REQUIRED SUPPLEMENTS TO APPLICATION

The following documents must be executed along with this application form for the application to be considered complete:

- a. Citizenship Declaration HOH
- b. Form HUD-92006, Emergency Contact Form
- c. Form HUD-9886 for Authorization for the Release of Information
- d. EHA Release for information for criminal, credit, previous landlord, tenancy, income verification, dependent, medical expense allowances, student or disability status. For each adult household member
- e. Form HUD-62675, Debt Owed to PHA's signed by each adult household member
- f. RHIP Form What you should know about EIV form

APPLICATION CERTIFICATION

All family members aged 18 or older must certify to the accuracy of the information provided and sign this application.

I/we certify that the information provided in this application is accurate and complete to the best of my (our) knowledge and belief.

I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my application, as well as termination of housing assistance and eviction after leasing a dwelling unit.

I/we understand that all information provided in this application and required supplements and during the eligibility interview is subject to verification.

I/we further understand that any changes to information provided in this application must be provided to the PHA within 14 days for this application to remain valid.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct. *(Application must be signed by all adults who will live in the rental unit.)*

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKEING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

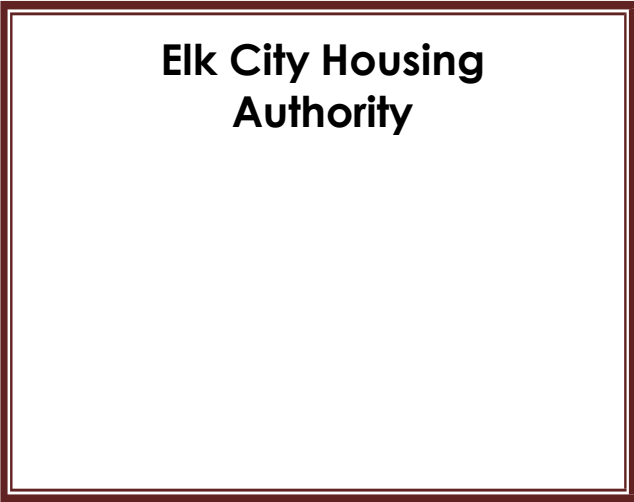
If you believe you have been discriminated against, you may call Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777

Thank you for your interest in living at EHA, we look forward to serving you and your family!

Do NOT write below the dotted lines. Official office use ONLY

Please continue to the next page and sign all forms that are attached to this application. If you do not sign all forms your application will automatically be denied. Some signatures that are required are on the back of the form.

NOTES:



Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Elk City Housing, 1510 W 9th Street, Elk City, OK., 73644

Mark Norton, Executive Director

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines, the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines, the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

DECLARATION OF SECTION 214 STATUS

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

I, _____ certify, under penalty of perjury¹, 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 age²; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - Parole status under §§212(d)(5) of the INA⁶; or
 - Threat to life or freedom under §243(h) of the INA⁷; or
 - Amnesty under §245A of the INAs.

(Signature of Family Member)

(Date)

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

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

(See reverse side for footnotes and instructions.)

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 (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

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 "P" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "P" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

Elk City Housing Authority
 1510 W 9th St
 Elk City, OK 73648
 (580) 225-0129

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

Signature

Date

Printed Name



ELK CITY HOUSING AUTHORITY

Federal Law requires Elk City Housing Authority (EHA) to verify certain information about all members of families living in or applying for admission to public housing developments. This form has no expiration date, this form can be used as long as said person is a tenant of Elk City Housing Authority.

The person named below is a current resident or has applied for public housing at EHA. He/she is authorizing the release of information relating to:

Credit Report

Income Verification

Previous Landlord/Tenancy History

Dependent / Medical Expense Allowances

Criminal History

Student or Disability Status

The information obtained will be used only for program purposes and will be kept confidential. Your prompt return of this information is appreciated.

Sincerely,

Mark Norton

Mark Norton
Executive Director

TENANT/APPLICATION RELEASE OF AUTHORIZATION:

I HEREBY AUTHROIZE THE RELEASE OF REQUESTED INFORMATION BY THE ELK CITY HOUSING AUTHORITY THIS FOR HAS NO EXPIRATION DATE AS LONG AS TENANT RESIDES IN ELK CITY HOUSING AUTHORITY PROPERTY

SIGNATURE _____ **DATE** ____/____/____

SOCIAL SECURITY ____ - ____ - ____ **DOB** ____/____/____

PHONE# _____

SINGNATURE OF ADDITIONAL MEMBERS OF 18 OR OLDER.

NAME: _____ **DOB** ____/____/____ **SS#** ____ - ____ - ____

NAME: _____ **DOB** ____/____/____ **SS#** ____ - ____ - ____

NAME: _____ **DOB** ____/____/____ **SS#** ____ - ____ - ____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

Remember, you may receive rental assistance at only one home!

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

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

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

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

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

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

What are my responsibilities?

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

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/ph/hip/uiiv.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)

Signature

Date

February 2010

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.

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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.

Oklahoma State Question 788 Effect on Elk City Housing Authority Applicants/Residents

Many of you are aware of the passage of SQ788 which legalized medical marijuana in the State of Oklahoma and are probably wondering what effect it will have on you as a tenant in public housing.

It is the policy of the U.S. Department of Housing and Urban Development (HUD) that the manufacture, distribution, use or possession of marijuana is still illegal under federal law even if it is legal under any state law whatsoever.

Owners of federal assisted housing like the Elk City Housing Authority (EHA) are required by federal regulation to deny housing to anyone who EHA determines is illegally using a controlled substance, at the time of application.

EHA cannot create leases or policies that allow a family or individual to live in public housing who use illegal drugs. That includes marijuana. HUD requires that EHA create and enforce policies that mandate an eviction of any household with a member that is illegally using marijuana or whose use of marijuana interfered with the health, safety or right to peaceful enjoyment of the premises by other residents.

EHA may evict you for the manufacture, distribution, use (on its premises) or possession of marijuana even though it is legal in the State of Oklahoma.

This is federal mandate.

This means that EHA does not have the option to allow you or a member of your household or a guest to be on the property with marijuana.

