

# Eligibility Application Form

(Office Use Only): Interview Date \_\_\_\_\_ Time \_\_\_\_\_

Who is the Head of Household? <i>(Legal Name)</i> :				Do you require a specific accommodation due to a disability?				
Last		First		Middle		<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please complete the attached Request for a Reasonable Accommodation. Please note that if you qualify, you may experience a longer waiting period due to unit availability.		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian or Pacific Islander			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					
Which of the following housing programs are you applying for?								
<input type="checkbox"/> Public Housing								
What is your present address? <b>(Address is required)</b>								
Street Address:				City:		State:	Zip:	
Mailing Address:				City:		State:	Zip:	
Telephone 1: (       )			Telephone 2: (       )			Fax: (       )		
What was your street address before you moved to where you live now?								
Street Address:				City:		State:	Zip:	
Have you ever paid rent to a landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you or any other family member ever lived in any type of income based or assisted housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current Landlord's <b>Name and Address</b>				Previous Landlord's <b>Name and Address</b>				
If we are unable to reach you, whom may we contact locally?								
Name:				Address:				
Phone: (       )				Relation:				
Household Members: <i>(List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors oldest to youngest, and then any other adults.)</i>								
No.	Legal Name	Sex M/F	Rel to Head	Citizen	Social Security Number	Date of Birth	Age	Place of Birth
1.			HEAD					
2.								
3.								
4.								
5.								
6.								
7.								

Do you currently have a household income? ☐ Yes ☐ No

If so, complete the following:

Income Information: (Example: Wages, Families First Benefits, Foodstamps, Social Security or SSI)				
Family Mem.	Type of Income	Rate/Frequency	Name and Address	Yearly Income
				\$
				\$
				\$
				\$

Did you file a federal income tax return for the most recent year? ☐ Yes ☐ No

Does anyone outside of your household pay any of your bills or expenses, or give money regularly? ☐ Yes ☐ No

If yes, explain:

Asset Information: (Example: bank accounts, trust funds, stocks, bonds, money markets, CDs, property or real estate)

Family Member	Asset Description	Current / Disposed	Market Value	Cash Value	Interest Rate	Annual Income
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$

Bank Information: (Example: Checking or Savings accounts)

Name of Bank	Type	Account Number	Joint/Indiv	Balance	
				Current	6-mo Avg
				\$	\$
				\$	\$

Expenses (Example: Disability Assistance, Child Care, Prescriptions, Medical)

Family Member	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Veteran ☐ Yes ☐ No

Student Status

Are you or any other adult in the household, currently a full or part-time student? ☐ Yes ☐ No

If yes, please check type of school or program you are attending: ☐ High school ☐ College ☐ GED ☐ Job Training

Name and Address of School or College or Program: \_\_\_\_\_

Do you receive any educational scholarships, grants or financial aid? ☐ Yes ☐ No

Do you claim any of the following preferences?

- ☐ Homeless
- ☐ Displaced by Government Action or Disasters (i.e., fire)
- ☐ Elderly or Disabled
- ☐ Victims of Domestic Violence

**Program Integrity Information**  
**PLEASE ANSWER ALL QUESTIONS**

Do you expect anyone to move in or out of your household within the next 12 months? ☐ Yes ☐ No  
Are you or any member of your family currently pregnant? ☐ Yes ☐ No

Does anyone live with you now who is not listed above? ☐ Yes ☐ No

Have you ever used a name other than the one you are using now? ☐ Yes ☐ No

If yes, what name?

Have you ever used a Social Security number other than the one you listed above? ☐ Yes ☐ No

If yes, what is it?

Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of a controlled substance? ☐ Yes ☐ No

	<i>When?</i>	<i>What?</i>
<i>If yes, Who?</i>		

Does anyone in your household currently use a controlled or illegal drug? ☐ Yes ☐ No

If yes, explain:

Have you ever been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of other residents or neighbors in the vicinity of your residence? ☐ Yes ☐ No

If yes, please explain:

Have you or are you currently living in income based or assisted housing? \_\_\_\_\_  
If you have ever lived in any type of income based or assisted housing, please answer the following questions:

Under what name or head of household? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been evicted from public or assisted housing for violent criminal or drug-related activity?  
☐ Yes ☐ No

Have you ever violated a family obligation in a HUD-assisted housing program? ☐ Yes ☐ No

If yes, which PHA? \_\_\_\_\_

Do you owe money to a public housing agency or HUD-assisted housing program? ☐ Yes ☐ No

If yes, which PHA or Entity? \_\_\_\_\_

Have you ever been placed on the trespass list with the Johnson City Housing Authority? ☐ Yes ☐ No



### **Authorizations, Representations, and Certifications**

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**

*NOTICE: Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under T.C.A. 39-3-94.5.*

I do hereby certify that I have reviewed all answers and certifications with applicant prior to signatures.	PHA Representative initial here:
PHA Representative:	Date:
Head of Household Signature:	Date:
Spouse / Co-Head Signature:	Date:
If either Head or Co-Head is not present, why?	

**NOTICE: You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the address you have listed on this application, your name may be removed from the waiting list, and you will have to re-apply.** \_\_\_\_\_  
Initials



## DECLARATION OF ASSETS

Does any household member have a savings or checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What Bank? _____ Account Type: _____ Current Balance: _____ Interest Rate: _____
Does any household member own or have a legal interest in any type of real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____
Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____
Does any household member own stocks or bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____ Interest Rate: _____
Does any household member have savings certificates, money market funds or trust funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____ Interest Rate: _____
Does any household member have any type of retirement account (company, IRA, Keogh)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____ Interest Rate: _____
Does any household member have any inheritances, lottery winnings, or lump-sum payments from any source? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____
Do any household members have any life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____
Have you disposed of any assets for less than fair market value within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asset Description: _____ Market Value: _____ Cash Value: _____

I certify that the information provided in this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**WARNING:** Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

## Personal Declaration

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of this household must sign below certifying the information pertaining to them. Please print.

- I. **Household Composition** List all persons who will be living in your home, listing Head of Household first.

Adults (legal name)	DOB	Relationship to Head of Household	Social Security Number	Indicate If: Married(M) Widowed (W) Separated (S) Divorced (D)
1.				
2.				
3.				
4.				

Children (Name as it appears on Social Security Card)	DOB	Relationship to Head of Household	School Name	Absent Parent's Name and Address
1.				
2.				
3.				
4.				
5.				
6.				

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

Name:
Street Address:
City, State, Zip:

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

### List Amounts Received Below:

Household Member	Employer	Total Weekly Wages	AFDC/ Child Support monthly	Social Security Benefits	Unemployment Benefits	All other income	Food Stamps
1.							
2.							
3.							
4.							



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Johnson City Housing Authority  
901 Pardee Street  
P.O. Box 59  
Johnson City, TN 37605-0059

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

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

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

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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



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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410





## 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.

<b>This Notice was provided by the below-listed PHA:</b>	<b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice:</i></b>	
	<b>Signature</b>  <b>Printed Name</b>	<b>Date</b>



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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.

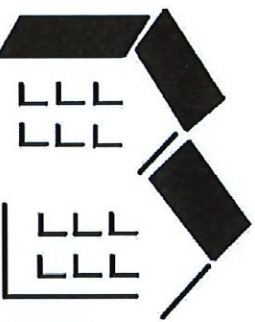
**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RHIP**

## RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# *What You Should Know About EIV*

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

### What is EIV?

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

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

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

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

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

### What is the EIV information used for?

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

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

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

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

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

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

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

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

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

### What are my responsibilities?

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



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

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

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

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

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

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

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

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

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

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

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

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

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

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](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/pri/programs/eiv/index.cfm>.

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

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

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

Signature

Date



# JOHNSON CITY HOUSING AUTHORITY

901 Pardee Street

P.O. Box 59

Johnson City, TN 37605-0059

Office (423) 232-4784 • Fax (423) 232-4789

## Citation

TN ST 39-3-945

T.C.A. 39-3-945

## TENNESSEE CODE ANNOTATED

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### TITLE 39 CRIMINAL OFFENSES

### CHAPTER 3 OFFENSES AGAINST PROPERTY

### Part 9-Fraud and False Dealing

39-3-945. False statements of financial condition for purposes of obtaining or maintaining occupancy in housing projects or rent subsidies.

- a. Any person who makes or causes to be made, any false statement in writing, knowing it to be false and with the intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in:
  1. A housing project provided by a housing authority established under the Housing Authorities Law, compiled in Chapter 20 of Title 13:
  2. A housing project provided by a housing authority established under any special statute; or
  3. A unit in a privately-owned publicly subsidized housing development; or for the purpose of establishing or attempting to establish eligibility or for a reduction in housing rental charges, or any rent subsidy shall be guilty of a misdemeanor.
- b. Notice of this section shall be printed in all public housing and privately-owned publicly subsidized housing application forms, and shall be displayed in each office where such application is made.

Acts 1980 (Adj.S), ch. 608 s 1; T.C.A., s 39-1989.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date



# JOHNSON CITY HOUSING AUTHORITY

901 Pardee Street  
P.O. Box 59  
Johnson City, TN 37605-0059  
**Office (423) 232-4784 • Fax (423) 232-4789**

## TENNESSEE CODE ANNOTATED TITLE 39 CRIMINAL OFFENSE

39-14-104. Theft of services (effective November 1, 1989) – A person commits theft of service who:

1. Intentionally obtains services by deception, fraud, coercion, false pretense or any other means to avoid payment of services;
2. Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto;
3. Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to, hotels, motels and restaurants, without payment or a bona fide offer to pay. (Acts 1989, ch. 591, section 1.).

I also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any Department or Agency of the United States as to any matter within its jurisdiction.

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Signature of Head of Household

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Date

---

Signature of Adult

---

Date

---

Signature of PHA Representative

---

Date

**JOHNSON CITY HOUSING AUTHORITY**

901 Pardee Street

Post Office Box 59

Johnson City, TN 37605-0059

Phone (423) 232-4784

TDD/TTY 1-800-545-1833 ext. 762

Fax (423) 232-4789

**REQUEST FOR REASONABLE ACCOMMODATION**

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

TDD/Phone: \_\_\_\_\_

1. The following member of my household has a disability (*A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarding as having such an impairment*)

NAME \_\_\_\_\_

RELATIONSHIP OR ASSOCIATION WITH YOU<sup>1</sup>

\_\_\_\_\_

Receiving social security disability for this condition? ☐ yes ☐ no

2. Please state the problem which you are currently having with your existing facility or the problem you would have with a standard facility offered by the Authority:

\_\_\_\_\_

\_\_\_\_\_

3. Please state any reasonable accommodation which you believe would accommodate your disability: (*please check one or more boxes below*):

( ) A change in my apartment or other part of the housing development. Please specify: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> If on behalf of a minor child, please indicate whether you are the parent or guardian.



( ) A change in the following rule, policy, or procedure. *(Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met)* Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Other. *(For example, a change in the way the Johnson City Housing Authority communicates with you)* Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please state whether there is an immediate threat to your health or safety due to your present facility. If yes, please describe and give any time frame given to you by your physician for such an accommodation.

\_\_\_\_\_  
\_\_\_\_\_

Unless the disability is observable or otherwise evident, I authorize the Johnson City Housing Authority ("Authority") to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information, the Authority may contact the following physician or Medical Professional/ qualified services to the disabled

Name: \_\_\_\_\_  
Title of Professional or Expert: \_\_\_\_\_  
Agency, Facility, or Institution *(if any)*: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**I understand that the information obtained by the Johnson City Housing Authority will be kept confidential.**

*(Please return this form as promptly as possible so that the Authority may make a determination on this request.)*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Head of Household or Authorized Representative

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** *Where the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.*

**SUBMIT COMPLETED APPLICATION TO—**  
**APPLICANTS:**

**Eligibility Occupancy Specialist**  
Johnson City Housing Authority  
901 Pardee Street, PO Box 59  
Johnson City, TN 37605-0059

**RESIDENTS:**

**Admissions and Occupancy Department**  
Johnson City Housing Authority  
901 Pardee Street, PO Box 59  
Johnson City, TN 37605-0059



**JCHA** Johnson City  
Housing Authority

901 PARDEE STREET

P. O. BOX 59

JOHNSON CITY, TN 37605

PHONE: 423-232-4784 FAX: 423-232-4789

TDD: 1-800-545-1833, EXTN. 762

To: \_\_\_\_\_  
Physician, Medical Professional/Qualified Service Provider

\_\_\_\_\_  
Address

Re: \_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

**MEDICAL INFORMATION RELEASE**

I, \_\_\_\_\_, have submitted a request for a Reasonable Accommodation to the Johnson City Housing Authority ("Authority"). As part of the process, the Authority may verify the information substantiating my request. The above listed physician or medical professional/qualified service provider is the person who has diagnosed and/or is treating me for my disability or its effects.

I hereby authorize the above physician or medical professional/qualified service provider to complete the attached medical report and to discuss and/or provide additional reports regarding the diagnosis, treatment, care, restrictions, and/or limitations of \_\_\_ (patient's) disability with any duly authorized representative of the Authority.

A photocopy of this authorization may be accepted with the same authority as the original.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

If not the patient, state your relationship to the Patient: \_\_\_\_\_

\_\_\_\_\_  
WITNESS