ihcda

Indiana Housing & Community Development Authority

BRIEFING CERTIFICATION

I, _____ certify that I was given an oral briefing for the Section 8 Housing Choice Voucher Program. I received the following information as required by 24 CFR 982.301(a) including how the Section Housing Choice Voucher Program works. I also received an information packet containing the following information:

Head of Household must initial each line to show receipt of information.

_____ Voucher (HUD 52646)

_____ Request for Tenancy Approval (HUD form 52517)

_____ Tenancy Addendum (HUD 52641-A)

_____ A Good Place to Live

_____ Protect Your Family from Lead in Your Home

_____ EIV Brochure

_____ Right to Appeal

_____ Housing Complaint Form (HUD 903)

_____ Resident Advisory Board Invitation

_____ Family Right and Obligations Agreement

_____ Utility Schedule

_____ Voucher Payment Standard & 40% Limits

_____ Copy of Calculation of Assistance

_____ Inspection Checklist

_____ VAWA Forms (HUD 5380 & 5382)

_____	_____
Printed name of Applicant	Printed name of Section 8 Representative
_____	_____
Signature of Applicant	Signature of Section 8 Representative
_____	_____
Date	Date

CoAc
CoAction
5240 Fountain Drive

Phone: 219-794-1829
Fax: 219-794-1860
Toll Free (In State Only: (800) 872-0371)
www.coaction.care

EQUAL HOUSING OPPORTUNITY

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Authorization for the Release of Information

HA requesting release of information:

CoAc
CoAction
5240 Fountain Drive
Crown Point, IN 46307

219-794-1829

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Social Service Agencies
State Unemployment Agencies
State Wage Information Collection Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies
Internal Revenue Service

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.
This consent form expires 15 months after signed.

Signatures:

_____ Date
Social Security Number (if any) of Head of Household

_____ 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
Other Family Member over age 18

_____ Date
Other Family Member over age 18

Document ID: 11487559259

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 this form is restricted to the purposes cited above. 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.

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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: 2577-0295
exp. 01/31/2025

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
CoAc **CoAction** **5240 Fountain Drive** **Crown Point, IN 46307** **219-794-1829**	

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 the 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(1)(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:

_____	_____ 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

Document ID: 11480159359

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 (42U.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.

DECLARATION OF CITIZENSHIP

PLEASE COMPLETE THIS FORM AND RETURN TO:

CoAc
CoAction
5240 Fountain Drive
Crown Point, IN 46307

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	**I am a citizen or national of the U.S.**		**I am a noncitizen with eligible immigration status.**	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be 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.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

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Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

(1) Form I-551, Alien Registration Receipt Card
(2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
(3) Form I-688, Temporary Resident Card
(4) Form I-688B, Employment Authorization Card
(5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

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State Form: xxxxx (R/02/04/2004)
Approved by State Board of Accounts 2004

EQUAL HOUSING OPPORTUNITY

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

CRIMINAL HISTORY AUTHORIZATION AND CONSENT FOR THE RELEASE OF INFORMATION

This authorization is to allow the Indiana Housing and Community Development Authority (IHCDA) and/or its agents to conduct criminal history background investigations as authorized by the Department of Housing and Urban Development under CFR Section 5, Part 902. This section requires you to sign a consent form authorizing the Indiana Public Housing Agency to request a criminal records check on all applicants applying for the Section 8 Housing Choice Voucher program. In signing this form you are authorizing IPHA to request criminal records from any duly authorized law enforcement agency.

- The applicant may request a copy of the criminal history report if the applicant challenges that the criminal history record is not theirs.
- If you do not agree with information contained in the criminal history report a fingerprint verification request will be made to the Federal Bureau of Investigation. You will be required to provide a complete set of fingerprints to IHCDA, at your expense.
- Applicants may request an Informal Review if you think your denial of assistance was based on erroneous information contained in the criminal history reports.
- The record will be destroyed once the purpose for the record request has been accomplished, including the period for filing a review and/or any disposition of related hearings.

We may disclose the criminal history information to Local Subcontracting Agencies (LSA) who administer the Section 8 Housing Choice Voucher Program and other authorized representatives of IHCDA who have job related needs to access the information.

Each member of your household who is over the age of eighteen must sign this consent form. Additional signatures must be obtained from new adult members or whenever a member reaches the age of eighteen.

IHCDA and its sub-contracting agency's employees are subject to penalties for unauthorized disclosures or improper use of the criminal history information that is obtained by this consent form.

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EQUAL HOUSING OPPORTUNITY

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

Your failure to provide this consent and/or, to complete this form and provide truthful and complete information, may lead to termination or denial of assistance under 24 CFR 982.551. Information concerning this record can be obtained by writing to: Housing Choice Voucher Program, IHCDA, 30 S. Meridian St., Suite 900, Indianapolis, IN 46204.

I/WE consent to allow the IHCDA or the LSA to request and obtain a Criminal History records check or conduct a Criminal History background investigation for the purposes of verifying my eligibility for HUD's assisted housing programs.

▲ Applicant Signature	Date of Birth	Date
▲ Co-applicant Signature	Date of Birth	Date
▲ Household Member Eighteen or Over	Date of Birth	Date
▲ Household Member Eighteen or Over	Date of Birth	Date
▲ Household Member Eighteen or Over	Date of Birth	Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than $10,000 or imprisoned for not more than five years or both.

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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 record keeping 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 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
	Signature **Date**
	Printed Name

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

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 <u>one</u> 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.

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

What are my responsibilities?

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

February 2010

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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/mic/iv.cfm.

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

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

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

Signature **Date**

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Housing Choice Voucher (HCV) Family Rights and Obligations

Head of Household: _____

Family Members:

Local Subcontracting Agency (LSA) Name: CoAction

Name of LSA Contact Person: _____

Obligations of the Indiana Housing and Community Development Authority (IHCDA) and the Local Subcontracting Agency

The IHCDA will make the housing assistance payment on your behalf directly to the owner of your unit so long as you are eligible. The IHCDA and/or the LSA will provide an annual reexamination of your eligibility, an annual inspection to assure that your unit meets Housing Quality Standards under the program, and other services that may be available to you as a participant.

Obligations of HCV Applicant Families and Assisted Households

Rights and Obligations under the HCV program extend to all members of the assisted household with the exception of a request for an informal hearing as this right may only be exercised by the Head of Household (HoH) or their representative.

All applicant families and participating assisted households must comply with specific program obligations to start or continue receiving HCV assistance. Applicant families and assisted households are obligated to:

1. Provide true, complete, and accurate information to the Public Housing Agency (PHA) within 30 calendar days of a change in circumstances or of a request by the PHA. This includes providing information regarding family income, family assets, family composition, family citizenship, family crime history, or other information as required for eligibility determination.

2. Establish citizenship or legal immigration status for any household member.

3. Take responsibility for the care of the assisted housing unit including maintenance of utility services for which you have responsibility. This includes correcting family-caused breach of the Housing Quality Standards (HQS).

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Obligations of HCV Applicant Families and Assisted Households (Cont'd)

4. Report any violation of HQS to the PHA and to your landlord.

5. Cooperate in attending all appointments scheduled by the PHA.

6. Complete and sign all required forms for the PHA. Required forms include but are not limited to the Tenant Information Form (TIF), the Authorization for Release of Information Form, and other forms related to initial and ongoing eligibility for benefits.

7. Supply any information that the PHA deems to be necessary for all household members, including the submission of birth certificates, social security cards, and picture IDs for adult household members.

8. Remain in the initial assisted unit for twelve months of assistance under the HCV program. Thereafter, remain in the unit for the period of time specified in the lease.

9. Use the assisted unit only for the purpose of residence.

10. Comply with the terms of the lease with the owner.

11. Report all changes in writing to your LSA caseworker including changes in household income, assets, household composition, or other changes in your living conditions to the LSA within 30 calendar days of the occurrence.

12. Cooperate in establishing agreements to repay assistance that was incorrectly paid out on your behalf under any federal housing program. Also, repay assistance as agreed upon with the PHA.

13. Not engage in criminal activities or allow/permit criminal activity by any guest or any other person on or about the premises of the unit.

14. Obtain permission from the PHA and the landlord prior to allowing someone to move into the unit.

15. Allow the PHA to inspect your unit at a reasonable time after you have receiving reasonable notice.

16. Notify the PHA in writing anytime the HoH is going to be absent from the unit for 30 or more consecutive calendar days.

17. Notify the PHA and the property owner/landlord in writing at least 30 calendar days prior to terminating the lease on an assisted unit.

18. Promptly give the PHA a copy of any eviction notice received from the property owner/landlord.

19. Never sublease, assign, transfer, or rent out rooms in the unit or otherwise re-rent the unit.

20. Never withhold rent for any reason while being assisted under the HCV program.

Grounds for Termination

The PHA may deny or terminate your HCV assistance if the applicant family or the assisted household:

1. Violates any family obligations (see number 1 through 20 above);

2. Commits fraud, bribery, and/or any other corrupt or criminal acts in connection with any federal housing programs;

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3. Participates in illegal drug activity (notable including drug-related activity with methamphetamine), violent activity, abuse of alcohol, and/or sexual offenses;

Grounds for Termination (Cont'd)

4. Pays any money to a property owner/landlord over and above the amount of contracted rent approved for participation in the HCV program;

5. Receive HCV program assistance for the unit while receiving other ongoing rental assistance for the unit;

6. Uses the assisted unit for purposes other than residence;

7. Aside from normal wear and tear on the unit, damages the unit and/or allows any guest of the household to damage the unit;

8. Allows anyone to move into the assisted unit without the express written permission of the PHA;
IHCDA defines "guest" as anyone not on the lease. A guest can remain in the unit no longer than 30 consecutive days or a total of 90 cumulative cal days during any 12 month period.

9. Rents a unit from a property owner/landlord who is related to you or any member of your family by blood or marriage including wife, husband, parent, child, grandparent, sister, or brother unless you receive the express written approval of the LSA and/or the IHCDA.

Increases in household income, assets, or changes in household composition could also affect your eligibility.

HoH Initials: _____

Illegal Discrimination

If you or a member of your family have reason to believe that in your search for suitable housing you have been discriminated against on the basis of age, race, color, sex, disability, national origin, and/or familial status, you may file a housing discrimination complaint with any Department of Housing and Urban Development (HUD) office. Upon request, the LSA will provide a form (HUD 903.1 Housing Discrimination Complaint) and appropriate information on file.

HoH Initials: _____

Informal Review/Hearing Process

If the PHA sends a denial letter or a notice of terminated titled "Transmittal Termination or Denial", the letter or notice will contain a brief explanation of the reason for denial of your application for assistance or termination of program participation. You have fifteen calendar days from the date of the letter or notice to request an informal review (applicant family) or informal hearing (assisted household) if you disagree with the letter or notice. Requests must be made in writing and addressed to your PHA. Your request must state why you are requesting the informal review or informal hearing.

At the hearing, you will be given an opportunity to present written or oral objections. The hearing officer will notify you of the final decision in writing and provide a brief explanation for the decision. The PHA is not bound by the decision of the hearing officer if the decision exceeds the authority of the hearing officer or if it is contrary to HUD regulation or federal, state, and/or local laws.

For certain types of decisions, the PHA is not required to provide an opportunity for an informal review or informal hearing.

HoH Initials: _____

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Certification by Head of Household

I, _____, certify that I have been briefed by the PHA designated agency staff (LSA representative) in person about how the program works. The briefing includes information about my obligations under the program, my right not to be discriminated against, and my right to an informal review or informal hearing. I certify that I fully understand my rights and obligations for the HCV program. I certify that I fully understand this document and that all of my questions concerning this document have been fully explained to my satisfaction prior to signing.

_____ _____

Signature of Head of Household **Date (month, day, year)**

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TENANT INFORMATION FORM

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if different than above) _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other_____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other_____

E-mail Address _____ ☐ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household
K = Co-Head (Not Married)
Y = Youth Under 18
L = Live-in Aide
S = Spouse (Married)
F = Foster Child/Adult
E = Full Time Student Over 18
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**-		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**-		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No

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TENANT INFORMATION FORM

Part 1: Household (Continued)

1.	Does your family lack a regular nighttime residence, live in a shelter, or other non residential place?	☐ Yes ☐ No
2.	Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing?	☐ Yes ☐ No
3.	Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years?	☐ Yes ☐ No
4.	Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation?	☐ Yes ☐ No
5.	Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?	☐ Yes ☐ No
6.	Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program?	☐ Yes ☐ No
7.	If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:	

Part 2: Asset Information

1.	Has any member of the family given away or disposed of assets valued at more than $1,000 for less than fair market value during the past two years?	☐ Yes ☐ No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No

Attach Additional Sheets if Necessary

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TENANT INFORMATION FORM

Part 3: Income Information

1. Did you file a Federal Income Tax Return last year? ☐ Yes ☐ No

2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? ☐ Yes ☐ No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Attach Additional Sheets if Necessary

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TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) ☐ Yes ☐ No

2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? ☐ Yes ☐ No

3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? ☐ Yes ☐ No

4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.** Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? ☐ Yes ☐ No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ _____

Date

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Optional and Supplemental 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:	
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason to Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

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

Request for Reasonable Accommodation

The CoAc (HA) provides "Reasonable Accommodation" to applicants and/or participants with disabilities. A "Reasonable Accommodation" is a change, exception, or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have equal access to the HA's programs and services. The request for the accommodation must be reasonable and not an administrative or financial burden or alter the fundamental nature of the Voucher program.

If you, or anybody, in your household, has a verifiable disability and you need a reasonable accommodation, please complete this form to request the Reasonable Accommodation. All requests are reviewed on a case-by-case basis and the HA considers all information provided. The accommodation must be for a person with a disability. To be considered disabled, a person must have a disability as described below:

(1) a physical or mental problem that substantially limits one or more life activities (or)
(2) having a record of such a problem (or)
(3) being regarded as having such a problem

1. **The following member of my household has a verifiable disability as defined above:**

   Name: _____ Relationship to you: _____

2. **As a result of this disability, I am requesting the following accommodation:**

   ☐ A change in my apartment or other part of the housing development (please specify below):

   ☐ 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 below):

   ☐ Other (For example, a change in the way the Housing Authority communicates with you). (please specify below):

   _____

   _____

3. **The request for reasonable accommodation is necessary so that I (or my family member) can *(please specify)*:**

   _____

4. **I authorize the HA to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the HA may contact the following licensed professional:**

   Name: _____

   Title of professional or expert: _____

   Agency, Facility or Institution (if any): _____

   Address: _____

   Telephone: _____

I understand that the information obtained by the Housing Authority will be kept completely confidential and used solely to make a determination on my accommodation request.

X _____ Date _____

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Zero Income Self-Certification

Tenant ID

Tenant Name

Unit Address

All tenants that claim zero income must complete this form every 90 calendar days. Failure to complete this form in a timely manner may result in the termination of your housing assistance as well as your participation in the program. Additionally, any and all changes in household income and /or composition must be reported within thirty (30) calendar days of the change through the use of the Report of Change Form.

Income Source	Yes/No	Monthly	If "Yes", who receives it
Alimony Payments or Child Support		$	
Disability Benefits, Supplemental Security Income (SSI), or Death Benefits		$	
Financial assistance to attend school		$	
Military Pay		$	
Periodic Gifts		$	
Retirement Payments		$	
Self Employment		$	
Social Security Benefits or Unemployment Benefits		$	
Wages/Salaries or Worker's Compensation		$	
	TOTAL	$	

	Monthly	Paid for by (Full Name, Mailing Address, & Telephone Number/E-mail Address)
Rent and Utilities	$	
Toiletries (e.g. shampoo, soap, etc.)	$	
Food/Beverages/Cigarettes	$	
Telephone	$	
Cable/Internet/Hotspot	$	
Transport (e.g. bus, gasoline, taxi, etc.)	$	
Baby items (e.g. formula, diapers, etc.)	$	
Laundry (e.g. detergent, cleaners, etc.)	$	
Clothing	$	
Other	$	
TOTAL	$	

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	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

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Indiana Housing & Community Development Authority

RIGHT TO APPEAL

Both applicants and participants have the right to disagree with, and appeal, certain decisions of the Public Housing Authority (PHA) or Local Subcontracting Agency (LSA) that may adversely affect them. When you are notified of a decision affecting your assistance you will receive a letter with details on your right to appeal or review.

To anonymously report suspected fraud, waste, abuse or gross mismanagement in IHCDA programs or operations, please contact IHCDA at:

Phone: 317-232-7777
Website: http://form.jotform.com/IHCDA/fraud

My signature below serves as acknowledgment that I have received this document.

Tenant Name:_____

Tenant Signature:_____ Date:_____

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