



SAGINAW HOUSING COMMISSION

Saginaw Housing Commission Housing Choice Voucher (Section 8) Program Request to Add Additional Household Members Form

Date _____ Voucher # _____ Housing Specialist _____

Participant Name _____

Address _____ Telephone Number _____

Reason for Requesting Person to be Added as Household Members _____

Person(s) Requesting to be Added to the Household:

(Use other side if additional space is needed)

Name _____ Relationship to HOH _____

Current Address _____

Social Security Number _____ Date of Birth _____

Source(s) of Income _____ Amounts Received _____
(weekly, bi-weekly, monthly)

You must provide a copy of the Birth Certificate, Social Security Card, Photo ID (if over 18 years old), and sign a Declaration of US Citizenship for every person you are requesting to be added BEFORE your requested can be completed.

All person(s) 18 years or older requesting to be added to the household MUST be approved by the SHC BEFORE moving into the unit or becoming a household member. ALL income of household members requesting to be added must be documented and verified PRIOR to moving into the unit and a criminal background check MUST be completed before approval to add additional household member can be given by the SHC.

The SHC MAY deny any additional persons to be added to the household due to the finding of the income verification process and/or the criminal background check. The maximum family composition and bedroom size of your original voucher will be taken into consideration upon the request to add any additional persons as additional household members. YOUR VOUCHER SIZE MAY NOT CHANGE DUE TO THE REQUEST TO ADD ADDITIONAL PERSONS AS HOUSEHOLD MEMBERS.

If you allow additional persons to move into the unit before you have been given SHC approval, you will be in violation of your family obligation under your voucher and you will be subjected to termination due to the violation.

I understand by signing this form, I understand that my changes will not take effect until I have signed all necessary forms, provided documentation of all the changes I am requesting, and all changes in household composition/household income have been verified/calculated by the SHC. **ALL Interim Rent Adjustments are not effective until the first of the month following the month the changes were reported after all documentation has been provided.**

Signature _____ Date _____



"Changing the Face of Public Housing Without Changing the Faces In It"

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SAGINAW HOUSING COMMISSION

Household, Income, Asset, and Expense Declaration

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Type: New Admission

Annual Re-Examination

Interim Re-Examination

Next Annual Re-Examination Date: _____

Name & Mailing Address of Head of Household:	Living address if different from Mailing:	Return by:
		Date sent to Tenant:
County and Zip Code:	Telephone:	Cell Phone:
		Email Address:

Section A – Required Documents

Authorizations/Consent to Release Information (HUD 9886) required every year — This form must be signed by every member of the household who is 18 years of age or older who will reside in the assisted unit.

Other: _____

Section B – New Admissions and New Household Members Only

Send the following for every new household member who will reside in the assisted unit: SHC must have these documents on file for every household member.

Birth Certificates — Send copies of proof of birth for all household members [Birth Certificate or Cradle Roll]

Social Security Number — Send copies of Social Security cards for all household members.

Citizenship — Send the applicable form: Declaration of 214 Status (SHC 214) or Citizenship Information Packet (SHC 213), including list of Non-Contending Household Members – These forms must be completed and signed by every member of the household who is 18 years of age or older, who will reside in the assisted unit.

Section C – Household Members/Family Composition

FAMILY COMPOSITION (List yourself and all other persons who will live in the unit, including Live-In Aide): **NOTE:** List only the people who will reside in the unit 51% or more of the time and they must also be listed on your lease agreement.

Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head of Household	Birth Date	Age	Sex M/F	Hispanic or Latino? Yes/No	*Race Code #’s	US Citizen? Yes/No	SHC Use Date Passed Criminal Screening
1.		Head of Household							
2.									
3.									
4.									
5.									
6.									
7.									

*Race Code #'s (enter one or more):
 1 - White 2 – Black/African American 3 – American Indian or Native Alaskan 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

“Your Housing Choice Voucher assistance is a privilege, not a right. If you abuse this privilege you may lose your voucher.”

Respond Yes or No to every question in sections D, E, F, and G with information for all household members. You must provide ORIGINAL verification (not photocopies) as indicated for items checked **YES**. Provide address, phone number, fax number, and additional information for items checked **YES** as requested. Failure to comply could result in the denial/termination of assistance. **All adult household members** must sign this form on Page 8.

NOTE: SHC has cooperative agreements with other agencies to obtain information on wages, unemployment compensation and other income information through a computer matching operation.

Section D – Income					
D1 YES <input type="checkbox"/> NO <input type="checkbox"/> A member of the household is employed. List all jobs below and gross amount earned weekly (before deductions).					
Household Member	Employer	Employer's Address, city, state, zip of source	Phone	Fax	Amount
1.					\$
2.					\$
3.					\$
4.					\$

If yes, attach six - eight (6-8) most recent consecutive ORIGINAL pay stubs for each job.

D2 YES NO A member of the household is self-employed.
 If yes, describe _____ How much per week? \$ _____

If yes, attach the prior year income tax return and/or a notarized statement of income and expenses.

D3 YES NO A member of the household receives tips.
 If yes, who: _____ How much per week? \$ _____

If yes, attach a signed statement declaring weekly tip amount.

D4 YES NO A member of the household receives unemployment benefits.
 If yes, who _____ How much per week? \$ _____

Last day worked _____ Date benefits began _____ Date benefits will end _____

If yes, attach the ORIGINAL most recent award letters or payment stubs.

D5 YES NO A member of the household receives monthly federal or state Social Security, Supplemental Security, or State Disability. List state and federal separately. If the payment is reduced to pay for Medicare put "x" in Medicare column.

Household Member	Type SS, SSI, SDA	Medicare	Amount	Household Member	Type SS, SSI, SSD	Medicare	Amount
1.				5.			
2.				6.			
3.				7.			
4.				8.			

If yes, attach the ORIGINAL most recent award letter. If it is not dated within the last 60 days or if you don't have one, **you** must call your local Social Security Office (or 1-800-772-1213) and request a currently dated proof of income letter.

D6 YES NO
 A member of the household is disabled and has a new job or wage increase in the last 12 months.
 If yes, who: _____ New job date: _____ Wage increase date: _____

D7 YES NO
 A member of the household receives military active duty allotments or Veterans Administration benefits.
 If yes, who: _____ Amount \$ _____ per _____
 If yes, attach the ORIGINAL most recent check stub and/or award letter.

D8 YES NO
 A member of the household receives payments from retirement funds or pensions. If yes, monthly amount:

Household Member	Source	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D9 YES NO
 A member of the household receives workman's compensation, disability or death benefits **other than Social Security**. If yes, monthly amount:

Household Member	Source	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL most recent check stub and/or award letter

D10 YES NO
 The family receives any type of public assistance from DHS such as: grants, cash payments, food assistance, or daycare. If yes, list monthly amount:

Program/Type of assistance	Amount	Program/Type of assistance	Amount
1.		3.	
2.		4.	

DHS Caseworker Name: _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____

DHS Case Number: _____
 Telephone: _____
 Fax#: _____

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D11 YES NO
 A member of the household receives adoption assistance payments. If yes, list monthly amount:

Household Member	Source	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D12 YES NO A member of the household receives child support and/or alimony. If yes, list monthly amount:

Household Member	County	Child	Docket #	Court Award amount	Actual amount
1.					
2.					
3.					

Yes No Is child support paid directly to DHS?

Friend of the Court Name: _____ Contact Person: _____

Street Address: _____ Telephone: _____

City, State, ZIP: _____ Fax#: _____

E-mail address: _____ PIN#: _____

If yes, attach the ORIGINAL payment disbursements printout for the past 6 months.

D13 YES NO A member of the household receives periodic payments from a trust, lottery, annuity, inheritance or insurance policies. If yes, list yearly amount:

Household Member	Account Type	Bank/institution	Address, city, state, zip of source	Phone	Fax	Amount
1.						
2.						
3.						
4.						

If yes, attach the ORIGINAL most recent check stub and/or award letter.

D14 YES NO An adult member of the household is a student. If yes, complete:

Household Member	School	Address, city, state, zip of school	Phone	Fax	Credit hrs
1.					
2.					
3.					

If yes, attach the ORIGINAL most recent transcript or schedule from the educational institution.

D15 YES NO A member of the household receives grants, scholarships or contributions such as cash, food, or supplies. This includes payments that others make on your behalf for tuition, schooling, or other expenses (including monthly bills). If yes, list monthly amount:

Household Member	Describe	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					
3.					
4.					

If yes, attach the ORIGINAL most recent receipt, award letter, or other documentation.

D16 YES NO A member of the household has income earned or unearned not previously listed. If yes, list monthly amount:

Household Member	Describe	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					
3.					

If yes, attach the ORIGINAL most recent documentation.

Section E – Assets

E1 YES NO A member of the household has assets such as, savings, checking, stocks, bonds, IRA's etc. If yes, list account and current balance:

Household Member	Account Type	Bank/Institution	Address, city, state, zip of source	Phone	Fax	Balance
1.						
2.						
3.						
4.						
5.						
6.						

If yes, attach the ORIGINAL statement(s). For checking accounts send most recent six (6) months of ORIGINAL bank statements.

E2 YES NO A member of the household owns real estate, mobile home or land contracts.
Describe: _____

E3 YES NO A member of the household receives income from rental of real estate or personal property.
Describe: _____ Monthly Amount \$ _____

E4 YES NO A member of the household receives income from Indian Trust Land.
Describe: _____ Monthly Amount \$ _____

E5 YES NO A member of the household has personal property held for investment purposes (jewelry, coin or stamp collections, etc.)
Describe: _____

E6 YES NO A member of the household has a life insurance policy **with a cash surrender value**. If yes, list source and balance (do not include burial policies):

Household Member	Insurance Company	Address, city, state, zip of source	Phone	Policy#	Amount
1.					
2.					
3.					

If yes, attach the ORIGINAL statement(s).

E7 YES NO A member of the household has sold, given away, or otherwise transferred ownership of assets within the last two (2) years, valued over \$1,000 (do not include personal vehicle).

List items: _____ Sale amount \$ _____

E8 YES NO A member of the household has income/assets from sources **other** than those listed above. If yes, list source and balance:

Household Member	Describe Company/Source	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL statement(s).

Section F – Expenses

F1 YES NO A member of the household who is **elderly (age 62 or older) or disabled** pays medical insurance premiums, **other than Medicare**. If yes, complete:

Household Member	Insurance Company	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL premium statement(s) showing amount and frequency of payment.

F2 YES NO A member of the household who is **elderly (age 62 or older) or disabled** and pays **Part D (drug) insurance premium** expense. If yes, complete:

Household Member	Insurance Company	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach the ORIGINAL premium statement(s) showing amount and frequency of payment.

F3 YES NO A member of the household who is **elderly (age 62 or older) or disabled** pays for medical expenses or services, or handicap equipment that are not reimbursed by insurance or DHS/other Agency. (List separately each pharmacy, licensed health care, and chore care provider who you pay directly to meet your medical/health/disability needs. Estimate the monthly amount) If yes, list monthly amount not paid by DHS.

Household Member	Provider	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					

If yes, attach the ORIGINAL listing of annual expenses or statement from the provider.

F4 YES NO I pay childcare or handicap care expenses for a member of the household in order to be gainfully employed or to further my education. **NOTE:** Expense is not deductible if provider is a member of the household. If yes, list monthly amount:

Household Member	Provider	Address, city, state, zip of source	Phone	Fax	Amount
1.					
2.					

If yes, attach ORIGINAL most recent (4) receipts for the care provider payments.

Section G – Other

G1 YES NO If a member in the family is disabled, under the age of 62, and **does not** receive SSI, list the licensed health care provider who will verify the disability:

Household Member	Care Provider	Address, city, state, zip of source	Phone	Fax
1.				
2.				

G2 YES NO I have a member of the household(s) age 5 or under who has an *identified* Environmental Intervention Blood Lead Level (EIBLL).
 List their names: _____
 If yes, attach documentation indicating EIBLL.

G3 YES NO A member of the household is pregnant. If yes, due date: _____

G4 Use this space to provide any additional general information to SHC or to complete questions above. To complete questions indicate the Question number and the information that was requested.

Quest#	

OVER →
(FOR SIGNATURE PAGE)

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)

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

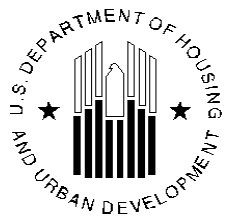
Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing 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.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. 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/pih/thiip/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



SAGINAW HOUSING COMMISSION

FRAUD LETTER

I, _____ (Print Name) understand that to obtain, attempt to obtain, or maintain assistance by committing **FRAUD** is a **CRIMINAL OFFENSE** under federal and state law.

I understand that if I do not report **ANY** or **ALL** income/assets, I must repay...it's the law. I understand that I must report **ANY** loss or gain of income (and hours) regardless of the dollar amount immediately to the Saginaw Housing Commission (SHC) in **WRITING**.

I understand that I must report **ALL** income/assets from **EVERYONE** in my household including that of **MINOR** children under the age of 18 years old within 14 business days of the change taking effect. I understand that I must report **ALL** part-time, temporary, seasonal, self-employed, side jobs, consistent monetary gifts received, or any **OTHER** type of income/assets. I understand that it is solely the responsibility of the SHC to determine if the income is included or excluded in accordance to HUD Rules and Regulations.

I understand that the SHC, under the guidelines of Housing Urban and Development (HUD) does **Computer Matching** of income through the use of the **Enterprise Income Verification (EIV) System**. By use of my Social Security Number, EIV will provide the SHC with income that may be reported and obtained in order to verify Third Party Verifications for program participants and household members.

I understand that any attempt to under report Income or Assets, or in any way attempt to defraud the Saginaw Housing Commission (SHC) by providing false or incomplete information will be investigated and possibly turned over to the Office of Inspector General (OIG) for prosecution.

I understand that the SHC prosecutes such cases to the full extent of the law. Any falsification of information, which results in housing anytime during my participation on the program, may subject me to criminal penalties and/or loss of my housing subsidy.

I HAVE READ AND UNDERSTAND ALL ASPECTS OF THE INFORMATION ABOVE. I CLEARLY UNDERSTAND THAT I MUST GIVE COMPLETE AND TRUE INFORMATION IN MY APPLICATION FOR ASSISTANCE, ANNUAL RE-CERTIFICATION, INTERIM RENT ADJUSTMENTS, AND ALL INTERVIEWS FOR HOUSING ASSISTANCE THROUGH THE SHC. MY FAILURE TO REPORT WILL BE CONSIDERED FRAUD, AND IS A CRIMINAL OFFENSE UNDER FEDERAL AND STATE LAW.

Signature of Participant/Applicant/Other Household Member over 18

Date

Signature of SHC Representative

Date



"Changing the Face of Public Housing Without Changing the Faces In It"

1803 NORMAN STREET ■ P.O. BOX 3225 ■ SAGINAW, MICHIGAN 48605-3225
PHONE: (989) 755-8183 ■ FAX: (989) 755-8161 ■ TDD/TTY: (989) 755-1880





SAGINAW HOUSING COMMISSION

Section 8 Housing Choice Voucher (HCV) Program Important Notice About Fraud

ATTENTION ALL HCV APPLICANT/PARTICIPANTS

The Department of Housing and Urban Development (HUD) is seriously concerned about fraud in the HCV (Section 8) Program and has asked the Saginaw Housing Commission (SHC) to send this reminder to all families in the program. The HUD Office of Inspector General (OIG) has recently identified cases of fraud by Public Housing Agencies (PHA's) and their employees, participants/applicants, owners, landlords, and management companies participating in the HCV Program.

Being in compliance with these rules will assist you in keeping your voucher and remaining in the HCV Program; as well as help the program run fairly and honestly. Not following these rules could result in referral of the matter being subjected to investigation, and you being accused of a Federal crime. You could also be terminated from participation in the program.

In order to determine eligibility before and during program participation, you will be asked to provide information about your income and family composition. This will assist us in determining if you are paying the correct rent to your landlord, and to determine the correct bedroom size for your family. Failure to supply accurate and truthful information could result in termination of your HCV assistance.

As an Applicant/Participant, you are required to report the following:

1. All income received by members of the household, and anticipated income that you expect to receive in the next year. This includes income from a second job, overtime, a part-time job, and income from Social Security Benefits, State Supplement Income from Department of Human Services, Child Support, and any additional income sources within 14 business days of the change taking effect.
2. All members living in the household must be reported. Should your family size increase or decrease, you are required to report the change within 14 business days of the change taking effect so that the appropriate voucher size may be issued and correct rent amount is charged. You are also required to request written PHA authorization BEFORE adding any additional member of the household.

The portion of the rent you pay to your landlord must not be more than the amount the SHC calculated at the time of your move in, unless you were provided something in writing from the SHC as a result of a rent adjustment or recertification. If you are ever required to pay "additional" money to your landlord for rent, please report this to the SHC immediately. This practice is illegal and appropriate action will be taken against the landlord for possible fraud. However, if you do not pay your portion of the rent and your landlord evicts you for non-payment of rent, you will be terminated from the HCV Program.

I CERTIFY THAT I HAVE READ AND/OR HAD THE INFORMATION ABOVE READ TO ME, AND FULLY UNDERSTAND THE INFORMATION PROVIDED TO ME REGARDING FRAUD. I HAVE RECEIVED A COPY OF THIS DOCUMENT FOR MY RECORDS.

Signature of Applicant/Participant/Other Adult Household Member

Date

Signature of SHC Representative

Date



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PHONE: (989) 755-8183 ■ FAX: (989) 755-8161 ■ TDD/TTY: (989) 755-1880



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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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.



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. You can write the Hotline at:



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