

Date/Time Received: _____ By: _____

Pejepscot Terrace Housing Application

36 PEJEPSCOT TERRACE, BRUNSWICK, MAINE 04011

PHONE (207) 729-8006 FAX (207) 406-2656

*** EQUAL HOUSING OPPORTUNITY ***

***** PEJEPSCOT TERRACE IS A SMOKE FREE FACILITY *****

Please complete this application in full and return it to the address listed above. Be sure to include a copy of the social security card and birth certificate for all household members listed on the application. (Individuals who were 62 and older as of January 31, 2010, and can provide verification that they have established eligibility with HUD at another facility as of January 31, 2010 do not need to provide a copy of a social security card. Additionally, Individuals not contending eligible immigration status do not need to provide a social security card.) If you have any questions while filling out this form, please call our office.

*******Incomplete applications will be returned. Please be sure to fill in all blanks.*******

A. GENERAL INFORMATION:

List ALL persons who will live in the apartment. List Head of Household first:

HEAD OF HOUSEHOLD NAME:

First

Middle

Last

Mailing Address _____

Physical Address _____

Street

Apt.#

City/Town

State

Zip

DRIVER'S LICENSE #:

BIRTHDATE:

SOCIAL SECURITY #:

STATE DRIVER'S LICENSE ISSUED:

PLACE OF BIRTH:

SPOUSE/OTHER NAME:

First

Middle

Last

DRIVER'S LICENSE #:

BIRTHDATE:

SOCIAL SECURITY #:

STATE DRIVER'S LICENSE ISSUED:

PLACE OF BIRTH:

Telephone Number: _____ Message Number: _____

Some of our units at Pejepscot Terrace do not have Rental Assistance. Do you want to be offered a unit that does not have Rental Assistance? YES ___ NO ___

Type of unit requested: (check all that apply)

1 Bedroom _____

1st Floor _____

Unit Designed for

2 Bedroom _____

2nd Floor _____

Mobility Impaired _____

Applicant can be rejected based on, but not limited to, income not meeting federal guidelines, negative credit rating, personal references, evidence of a crime or criminal behavior, negative landlord references or unfavorable interview.

WARNING:
**TO OBTAIN, OR ATTEMPT TO OBTAIN, HOUSING ASSISTANCE BY COMMITTING FRAUD IS A
 CRIMINAL OFFENSE UNDER FEDERAL AND STATE LAW.**

B. REFERENCE INFORMATION:

Do you own – or – rent your current dwelling? (Circle one)

Current Landlord/Owner:

Name	Phone
Landlord's Address	
How long have you lived at your present address? Date of move-in: _____ move-out _____	

Previous Landlords and addresses for past five years:

Name	Phone
Landlord's Address	
Dates you lived there	
Your Address & Apt. # Where you lived	
Name	Phone
Landlord's Address	
Dates you lived there	
Your Address & Apt. # Where you lived	
Name	Phone
Landlord's Address	
Dates you lived there	
Your Address & Apt. # Where you lived	

C. INCOME INFORMATION: LIST ANY AND ALL SOURCES OR GROSS INCOME

FAMILY MEMBER'S NAME	TYPE	GROSS MONTHLY AMOUNT
	SOCIAL SECURITY	\$
	SOCIAL SECURITY	\$
	PENSION/ RETIREMENT	\$
	PENSION/ RETIREMENT	\$
	ANNUITY	\$
	SSI BENEFITS	\$
	VETERANS BENEFITS (VA)	\$
	EMPLOYMENT/WAGES Employer:	\$
	SELF-EMPLOYMENT INCOME	\$
	ALIMONY	\$
	CHILD SUPPORT	\$
	DISABILITY/ OTHER ASSISTANCE	\$
	OTHER	\$
	INTEREST & DIVIDEND INCOME (Bank, Insurance, Annuities, Investment, etc.)	\$

C. INCOME INFORMATION CONTINUED:

- Yes No • Do you anticipate any changes in this income in the near future?
 If yes, explain _____
- Yes No • Do you regularly receive gifts of money, clothing, food, utilities?
 Yes No • Do you file an income tax return?

D. ASSET INFORMATION: LIST ALL ASSETS & ACCOUNTS WITH YOUR NAME INCLUDING JOINT ACCTS

ACCOUNT TYPE	INSTITUTION / BROKER	ACCOUNT NUMBER	BALANCE/ VALUE
CHECKING			\$
CHECKING			\$
SAVINGS			\$
SAVINGS			\$
CD			\$
CD			\$
MUTUAL FUNDS			\$
TRUST/ANNUITY			\$
STOCKS			\$
STOCKS			\$
IRA/RETIREMENT			\$
401K/403B			\$
SAVINGS BONDS			\$
OTHER			\$
CASH ON HAND			\$

Yes No • Do you have Whole Life or Universal Life Insurance?

Current CASH VALUE \$ _____

Yes No • Do you own any property or hold a mortgage or deed of trust?

If yes, type of property _____ Location _____

Market Value \$ _____ Mortgage Balance Due _____

Annual Taxes Paid \$ _____ Annual Home Insurance Paid _____

Yes No • Have you sold/dispensed of any property in the last 2 years?

If yes, type of property _____ Location _____

Market Value when sold/dispensed \$ _____

Amount sold/dispensed for \$ _____ Date of transaction _____

Yes No • Have you disposed of any other assets in the last 2 years?

(Example: Given money away to relatives, set up Irrevocable Trust Accounts, etc.)

Describe Asset _____

Date of disposition _____

Amount disposed \$ _____

Yes No • Do you have any other assets not listed above that are held for investment purposes? (Examples: gems, jewelry, coins)

If yes, list _____

E. MEDICAL EXPENSES:	
MEDICAL	MONTHLY AMOUNT
Medicare Premium(s):	\$
Medical Health Insurance Premium(s):	\$
Anticipated Medical/Drug/Prescription cost <u>NOT</u> covered by insurance <u>NOR</u> reimbursed:	\$
Do you owe medical bills you are making payments for? Yes _____ No _____	\$
BALANCE DUE: \$ _____	
All other medical expenses <u>NOT</u> covered by insurance <u>OR</u> reimbursed (<i>eye care, dental expenses, physical therapy, etc.</i>):	\$

F. DISABILITY ASSISTANCE EXPENSES:

Complete ONLY if disability expenses allow the disabled person or another household member to work.
List type of expenses, weekly amount, paid to whom: _____

G. PROGRAM INFORMATION:

Pejepscot Terrace is housing for the elderly. Rural Development and the Dept. of Housing & Urban Development defines an Elderly Family as follows: A household where the tenant or co-tenant is at least 62 years old. In certain circumstances, the definition may mean a tenant or co-tenant that has not yet reached the age of 62, but has a disability.

- Yes No • Do you meet the above definition?
- Yes No • Do you or a member of your household have mobility impairment that requires the special features of a unit designed for the mobility impaired?

List ALL states where household members have resided: _____

- Yes No • Do you own any pets? (Service animals are not considered pets)
If yes, list _____
- Yes No • Are you currently living in subsidized housing?
- Yes No • Have you ever been evicted?
- Yes No • Do you deal in or use illegal drugs/controlled substances?
- Yes No • Do you currently use marijuana?
- Yes No • Are you currently engaged in illegal activity?
- Yes No • Have you ever been convicted of a crime?
- Yes No • Are you or any member of your household subject to a lifetime registration requirement under the state sex offender program?
- Yes No • Will you plan to be away from your apartment for a period longer than 60 days, i.e. go south for the winter?

I/we certify that the housing to be occupied will be my/our permanent residence. I/we hereby certify that I/we will not maintain a separate subsidized rental unit in a different location.

I/we further certify that the above information is true to the best of my/our knowledge. I/we hereby certify that I/we have answered the questions on this application truthfully and have no income and no assets other than those claimed on this form. I/we understand that under Federal Law if I/we commit fraud by submitting false or incomplete information, I/we may be: evicted from my/our apartment, required to repay all overpaid rental assistance I/we received, fined up to \$10,000, imprisoned up to 5 years, and/or prohibited from receiving future assistance.

I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, income changes, poor credit or personal references, evidence of a crime or criminal behavior, poor landlord references, or poor interview.

I/we understand that this application does not obligate me/us to the Manager/Owner in any way. I/we further understand that the information herein is to be treated as confidential. I/we hereby authorize United Pejepsco Housing, Inc./Pejepsco Housing, Inc. to process this application with any bank, loan/finance company, employer, credit bureau, any state or local agencies, companies, police departments, municipal governments, social organizations and/or any other source as may be required by you to obtain the necessary information to complete my/our application.

Applicant's *signature* _____ Date _____

Co-Applicant's *signature* _____ Date _____

Disclosure Statement

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ White
_____ Native Hawaiian or Pacific Islander

Sex: _____ Male _____ Female

Information supplied by: Applicant _____ Management _____

The information solicited on this application is requested by United Pejepsco Housing, Inc. & Pejepsco Housing, Inc. in order to assure the Federal Government, acting through its FmHA/USDA Rural Housing Service and Dept. of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant/applicants on the basis of race, color, national origin, religion, sex, sexual orientation, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. *However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

In accordance with Federal and State Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, sexual orientation, ancestry, receipt of any kind of federal, state or local public assistance, physical or mental disability, religion, familiar status. To file a complaint of discrimination, write to, Boston Regional Office FHEO, U.S. Department of Housing and Urban Development, Thomas P. O'Neill, Jr. Federal Building, 10 Causeway Street, Room 321, Boston, Massachusetts, 02222-1092 (617)994-8300 1-800-827-5005 TTY (617) 565-5453. Other enforcement agencies may be involved. Pejepsco Terrace is an equal opportunity provider and employer.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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

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

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Signature of Applicant

Date

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

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

DECLARATION OF SECTION 214 STATUS

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

Instructions to Family Member For Completing Form: Fill out separate form for each family member. Print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

I, _____, certify, under penalty of perjury, 1 that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2; or
I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3 or
Permanent residence under §249 of INA 4; or
Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5 or
Parole status under §§212(d)(5) of the INA 6 or
Threat to life or freedom under §243(h) of the INA 7; or
Amnesty under §245A of the INA 8.

(Signature)

(Date)

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

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

[See reverse side for footnotes and instructions]

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

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C., 1101(a)(20 and 1101(a)(15)), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



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

- The Social Security Administration:
- Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

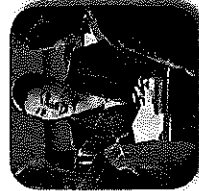
When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

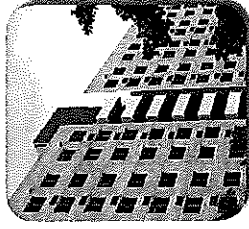
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfm/rhiip/eiv/eivhome.cfm.



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