



Indiana Housing First Program “Moving On” Policy

Applicability of the “Moving On” Limited Preference to the Indiana Housing First Program

As of January 1, 2023, the Indiana Housing and Community Development Authority (“IHCDA”) expanded eligibility for the Moving On limited preference to include Indiana Housing First Program participants. This policy is detailed in IHCDA’s Housing Choice Voucher 2023 Administrative Plan. Excerpt from the “2023 Admin Plan”:

Moving On

Each year IHCDA will have a limited preference for households moving out of CoC supportive housing and participants in the IHCDA Housing First program. Household must have a letter of commitment and referral from a service provider to provide services to support the household in their transition. For CoC participants the service provider may not provide a referral until the tenant has resided in CoC supportive housing for at least one year. For Housing First participants the service provider may not provide a referral until the household is reaching the end of their eligibility for the Housing First program and the referral must include a letter from the Housing First program manager stating the participant is eligible for the Moving On limited preference. Services must include housing search assistance and assistance in understanding HCV program rules. This preference will be limited to the first 50 referrals in a calendar year. (p. 55)

Eligibility for the Moving On Limited Preference

An Indiana Housing First Program participant (“participant”) will be eligible for referral to the Moving On limited preference when they are “reaching the end of their eligibility for the Housing First Program”. Participants must have received at least 20 months of rental assistance to initiate the process of requesting a Housing Choice Voucher through the Moving On limited preference. Participants are not required to have engaged in supportive services offered by the Indiana Housing First Program to be eligible for the Moving On limited preference.

Recipients should refer to the [Housing Choice Voucher 2023 Admin Plan](#) to review the general Housing Choice Voucher eligibility criteria prior to submitting a referral. To be eligible for a referral, participants must have an annual household income equal to or below 50% of the area median income.

Process for Requesting a Voucher through the Moving On Limited Preference

To initiate a referral, Housing First Program recipients must submit the following information to the Indiana Housing First Program staff:

- Letter of commitment from recipient to offer/provide services to the participant during their transition to the voucher. If the recipient does not intend to provide services to the participant after they exit the Housing First Program, then the recipient must submit documentation demonstrating a plan for continuity of services by other parties.
 - Services provided must include housing search assistance (if applicable) and assistance in understanding Housing Choice Voucher Program Rules.
- Written description of how the recipient has used the Critical Time Intervention model to provide tailored assistance to the participant and explanation of participant’s need for a Housing Choice Voucher. Narrative is limited to one page. Recipient must attach the following supporting documentation:
 - CTI Phase Plan or comparable documentation
 - CTI Closing Note or comparable documentation
 - Documentation that the participant has been connected to mainstream benefits:
 - SSI/SSDI determination letter
 - Health insurance/Medicaid
 - SNAP
 - If above are not available/applicable, statement by recipient that participant has been connected to appropriate benefits/resources (please list)

Recipient may provide information and/or supporting documentation in addition to that listed above to support their referral. The referral packet submitted by the recipient should demonstrate that the recipient has made every attempt to stabilize the participant during their enrollment in the Indiana Housing First Program and the participant requires the long-term subsidy provide by the Housing Choice Voucher. IHCDCA will review all documentation submitted by recipient and will request additional information as needed or if omitted.

IHCDCA’s Housing First Program staff will review the referral packet within 15 business days of receipt. During this period, staff will request additional information or issue the referring recipient a letter stating that the participant is eligible for referral to the Moving On limited preference. See Exhibit A for a sample copy of the referral letter. The Housing First Program staff will send a copy of this letter to the recipient and to IHCDCA’s Director of Housing Choice Programs. Once this letter is received, the recipient will need to work with the participant to complete the attached referral packet and submit it to section8@ihcda.in.gov

Parameters of Assistance

Recipients are encouraged to provide Indiana Housing First Program-paid supportive services to the participant through the end of their term of assistance to facilitate their transition from the Program to the voucher, if applicable. Indiana Housing First Program funds can be used to pay for the costs of helping participants apply for a Housing Choice Voucher. However, the recipient may not use Indiana Housing First Program funds to pay for housing costs associated with a participant’s move to a different unit to utilize their voucher, such as security deposits, utility deposits, moving fees, background checks, application fees, or holding fees, without prior written approval from IHCDCA.

Porting Assistance

IHCDCA may consider porting a Moving On limited preference Housing Choice Voucher into another PHA’s jurisdiction if that PHA is unable to provide a Housing Choice Voucher to the participant due to lack of resources or existing policy restrictions. IHCDCA has no control over another PHA’s screening criteria, and a referral may be screened as ineligible by another PHA for criminal history or previous debts owed to the PHA even if IHCDCA initially determined them eligible. Please contact IHCDCA’s Housing First Program staff to discuss this option.

EXHIBIT A



Indiana Housing First Program Recipient
123 Broadway Street
Indianapolis, IN 46000

Subject: Indiana Housing First Program Referral for Moving On Limited Preference

Dear [Recipient Name]:

Thank you for submitting a referral for [Participant Name], a current Indiana Housing First Program participant. IHCD A has reviewed the following documentation submitted by [organization]:

-
-
-

The Housing First Program staff has determined that this participant is eligible to be referred for a voucher through the Moving On limited preference. Please complete the attached packet and submit it to section8@ihcda.in.gov.

Please feel free to contact me if you have any additional questions.

Sincerely,

Name
Housing First Program Staff



ADDRESS 30 South Meridian Street, Suite 900, Indianapolis, IN 46204
PHONE 317 232 7777 **TOLL FREE** 800 872 0371 **WEB** www.ihcda.IN.gov

EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

State of Indiana
Lieutenant Governor
Suzanne Crouch



Dear Referring Partner,

Beginning on January 1, 2023 the IHCDA Housing Choice Voucher Program Administrative Plan was amended to create a limited preference for up to 50 referrals from local Balance of State Continuum of Care SH Projects and Housing First (HF) recipients each year. Households referred through the limited preference will be provided a Housing Choice Voucher if they are determined eligible for the program.

This letter and the attached forms serve as guidance on eligibility criteria and how a referral can be made from a CoC SH Project or HF partner . The partner providing the referral must commit to assisting the household in their housing search and allow them to remain in their current unit until they successfully identify a new unit.

For a household to be eligible for a referral to the HCV program they must meet the following criteria:

- Have lived in their current SH/HF property for at least 1 year.
- Have no household member subject to a lifetime sex offender registration requirement in any state
- Have never been convicted for the production of methamphetamine on the premises of federally assisted housing

If a household meets the above eligibility criteria a referral may be made to IHCDA. The below list of forms are attached to this letter and should be included in referral packets sent to IHCDA.

- **Referral letter** (template attached)
- **Tenant Information Form** (fill out & sign)
- **Declaration of Citizenship** (needed for all adults in household, signature on pg 1 & 2)
- **Release of Authorization** (1 page & 2 page forms, needed for all adults in household)
- **Criminal Background Search Authorization** (needed for all adults in household)
- **Verification of Disability/ Request for Reasonable Accommodation, if applicable** (filled out by a knowledgeable professional other than the applicant, i.e. a case worker, nurse, aide)
- **EIV Brochure** (read & sign)
- **Supplemental Contact Form**
- **Copy of Social Security Card or Letter from the Social Security Administration** (adults & children)
- **Copy of Birth Certificate or Other Proof of Citizenship** (adults & children)
- **Copy of State-Issued Photo ID** (clear and legible copies) (adults)



- **Proof of Income & Assets Such as Bank Accounts, Investments, Savings** (adults)
- **Zero Income Affidavit** (if applicable)

A referral can be made without a copy of social security cards, birth certificates, and photo ID if the household can demonstrate they are in the process of obtaining them. Referrals and questions can be submitted to IHCDA via secure email, fax, or mail at:

**IHCDA Attn: Jeff Zongolowicz 30 S
Meridian St. Suite 900 Indianapolis,
IN 46204
Fax: (317) 232-1257
Email: jzongolowicz@ihcda.in.gov**

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Zongolowicz". The signature is written in a cursive style with a large initial "J".

Jeff Zongolowicz
Director of Housing Choice Programs

Sample referral letter

Referring agency letter head

Date

Dear IHEDA Housing Choice Voucher staff,

I am referring **(enter full name)** to the IHEDA HCV program under the Moving On preference. I certify that the household has resided in the property for at least one year and will be provided with housing search assistance. Additionally, as long as the household remains eligible, they may reside in their current unit until they successfully find new housing.

The household would like to live in **(insert City and/or County)**.

Attached to this letter you will find the following forms and documents:

- ____ Tenant Information Form (completed and signed)
- ____ Declaration of Citizenship (for each adult in household)
- ____ Release of Authorization (for each adult in household)
- ____ Criminal Background Search Authorization (for each adult in household)
- ____ Verification of Disability/Request for Reasonable Accommodation (if applicable)
- ____ EIV Brochure (Signed by head of household)
- ____ Supplemental Contact Form
- ____ Copy of Social Security Card or Letter from Social Security Administration (all household members)
- ____ Copy of Birth Certificate or Other Proof of Citizenship (all household members)
- ____ Copy of State-Issued Photo ID (for each adult in household)
- ____ Proof of Income & Assets Such as Bank Accounts, Investments, Savings (if applicable)
- ____ Zero Income Affidavit (if applicable)

If you have any questions, please contact me at **(insert email and phone number)**.

Signed,

Signature

Printed name

Title and Agency

TENANT INFORMATION FORM

Tenant ID

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
S = Spouse (Married)

K = Co-Head (Not Married)
F = Foster Child/Adult

Y = Youth Under 18
E = Full Time Student Over 18

L = Live-in Aide
A = Other Adult

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

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 <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary

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 <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

DECLARATION OF CITIZENSHIP

Tenant ID

July 26, 2018

PLEASE COMPLETE THIS FORM AND RETURN TO: IHCDA

Indiana Housing and Community Development Authority
 30 South Meridian Street, Suite 900
 Indianapolis, IN 46204

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.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	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.

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.

Please call **Carol Farzetta** at 317-233-0137 to arrange for delivery and copying of original documents.

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.

Authorization for the Release of Information

Tenant ID _____

HA requesting release of information:

IHCDA
Indiana Housing and Community Development Authority 30
South Meridian Street, Suite 900
Indianapolis, IN 46204

(317) 232-7777

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.

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	
_____	_____
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

Document ID: 15163438886

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.

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. 07/31/2017

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

IHCDA
Indiana Housing and Community Development
Authority 30 South Meridian Street, Suite 900
Indianapolis, IN 46204

(317) 232-7777

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 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: 15164438986

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.



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.





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: Records: Housing and Community Services Section, 402 West Washington Street, Room W-381, PO Box 6116, Indianapolis, Indiana 46206 -6116.

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.

Table with 3 columns: Signature, Date of Birth, Date. Rows include Applicant Signature, Co-applicant Signature, and three Household Member Eighteen or Over entries.

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.





Indiana Housing & Community Development Authority

DISABILITY/REASONABLE ACCOMMODATION VERIFICATION

To: _____

From: IHCDA
Indiana Housing and Community Development
Indianapolis, IN 46204

Fax: _____

Fax: (317) 232-7778

SUBJECT: Verification of Information Supplied by an Applicant/Participant

Name: _____

Date of Birth: _____

Name of Person Requiring a Reasonable Accommodation _____

I hereby authorize release of my medical information to the above names source.

Signature of Applicant/Tenant

Date

The above named person has applied for housing assistance under a program of the US Department of Housing and Urban Development (HUD). HUD requires the Public Housing Authority to verify all information that is used in determining this person's eligibility or level of benefits.

If you have first hand knowledge that one or more of the following conditions exist, please complete this questionnaire and return directly to the agency/person listed above.

We ask your cooperation in providing the following information and returning it to the person listed on the top of this page. Your prompt return of this information will help assure timely processing of the application for assistance. The applicant/tenant has consented to a release of medical information as shown above.

This verification is required for the applicant/tenant to receive allowances and or exemptions available only to households whose Head, Spouse, or sole member is disabled and/or to determine if accommodations requested by the a disabled applicant/participant will eliminate barriers to housing that prevent full participation in the Housing Choice Voucher Program.

Does the above named person meet one of the following definitions of disability? Please indicate all that apply by checking yes or no.

Yes ___ No ___ 1. A person having physical or mental impairment that:
● is expected to be of long-continued indefinite duration
● substantially impeded the person ability to live independently; and
● is such that the person's ability to live independently could be improved by more suitable housing conditions.

Yes ___ No ___ 2. A person has a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act. (42US 6002(7)) generally provided as follows:
● is attributable to a mental and/or physical impairment or combination of mental and physical impairments;
● is likely to continue indefinitely;
● results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care; receptive and responsible language, leaning mobility; self-direction; capacity for independent living; and economic self-sufficiency; and

Revised 7/21/2016



- reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong, or extended duration and are individually planned and coordinated.

Yes ____ No ____ 3. A person who has a chronic mental illness, i.e., if he/she has a severe and persistent mental or emotional impairment that seriously limits his/her ability to live independently (e.g. limiting functional capacities relative to primary aspects of daily living, such as personal relations, living arrangements, work, recreation, etc.) and whose impairment could be improved by more suitable housing conditions.

Yes ____ No ____ 4. A person who is institutionalized, or at risk of institutionalization, is living in or at risk of being placed in a nursing facility, long term rehabilitation center or hospital.
Risk of Institutionalization is defined as households with a disability whose functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment. The disability is severe and persistent and may limit their capacities for engagement in primary activities of daily living, interpersonal relationships, homemaking, self-care, employment or recreation. The disability may limit their ability to seek or receive local, state, or federal assistance such as housing, medical, and dental care, rehabilitation services, income assistance, and food stamps, or protective services.

Yes ____ No ____ 5. Does this household require the assistance of a live in aide to accomplish activities of daily living, including personal care, which the applicant/tenant cannot perform because of his/her disability?

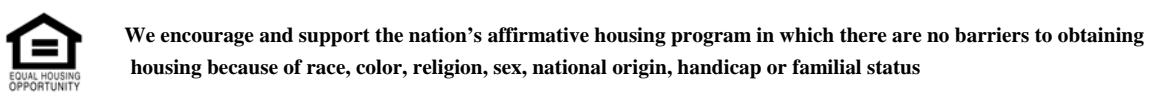
Accommodation Requested By Participant/Applicant:

Please provide specifics on how the accommodation requested above will benefit the applicant/participant:

Under penalty of perjury, I/we certify that the information presented in this verification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the Section 8 Housing Choice Voucher program.

 Signature of Person Completing this form _____
 Date

 Please Print Name and Title _____
 Telephone



Revised 07/21/2016



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.

--	--

Signature of Applicant

Date

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

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



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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