

LIBERAL HOUSING AUTHORITY

Phone: (620) 624-5501 – Fax: (620) 624-8044
1401 N. New York Liberal, Kansas 67901

Dear Applicant,

Thank you for submitting an application for housing assistance. Your application is now entering the first phase of the eligibility process. If your application is eligible to continue we will need additional information. The Housing Authority requires information that is used to determine eligibility for housing assistance. Please understand that we are aware that obtaining required documentation takes time, therefore we are supplying you with a brief list of the items that will be needed. Please be aware that NO application will be accepted with partial information.

Items you will need:

1. Original birth certificates – state issued – **not hospital records for household members**
2. Original social security cards for all household members or alien registration numbers
3. Picture ID or driver's license for all household members over the age of 18
4. Proof of income – SRS, Social Security, SSI letters, Unemployment award letter and/or last 3 pay check stubs.
5. For Disabled or Elderly individuals
 - Prescriptions print out for the last 12 months
 - Supplemental health insurance payments (AARP, BCBS, etc)
 - Any medical bills that you are making monthly payments on
6. For Applicants with child care expenses
 - Name of childcare provider with address and telephone number
7. Citizenship papers if applicable – if born outside of United States
8. Appraiser's current tax evaluation of any real property – if any owned
9. 1099's for last year for Royalties, Pensions, etc.
10. Proof of child support income
11. Most current bank(s) statements



INSTRUCTIONS FOR FILLING OUT THE APPLICATION FOR HOUSING ASSISTANCE

There are several important pieces of information that you should know when filling out an application for housing assistance.

The Liberal Housing Authority offers Public Housing.

Important Notice: All Liberal Housing Authority Housing is waiting list based; we do not provide emergency housing.

- ❑ YOU MUST FILL OUT THE APPLICATION **COMPLETELY**.
- ❑ LEAVE **NO** BLANK SPACES.
- ❑ IF A QUESTION IS **NOT** APPLICABLE WRITE N/A.
- ❑ INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. THEY WILL BE RETURNED TO THE APPLICANT.

THE LIBERAL HOUSING AUTHORITY WILL PROCESS ONLY COMPLETE APPLICATIONS. To be complete, the application must have:

- A. All forms filled out, including:
 1. Liberal Housing Authority Application for Public Housing and Personal Declaration Form
 2. Form HUD 9886, Privacy Act Form
 3. Liberal Housing Authority Application PHA Form
 4. Housing Agency Disposal of Asset Certification Form
 5. Applicant/Tenant Emergency Contact Form

- B. Income and Identification Documents (for all documentation, send **COPIES ONLY**. **DO NOT** send originals):
 1. Social Security Cards for all household members.
 2. Birth certificates for all household members. Other official documentation of identity such as valid driver's license may be substituted for an adult if a birth certificate cannot be provided.
 3. You must include documentation of all income and assets that apply to your situation. Documentation may include a letter from employer, if working, or TANF, Social Security, SSI printout if receiving government assistance, letter from Kansas Department of Human Resources if receiving Unemployment Compensation, current documents on child support or alimony, or any other form from the entity which is providing income to the household such as retirement or pension income. Copies of bank statements, or letters from your bank and personal property tax statements are examples of information you must provide in order for us to process your application.
 4. Photo ID for all adult household members.

It is important that you double check to make sure your application is complete, all forms signed and dated, and all documentation of identity and income are attached. Incomplete applications will not be accepted.

Persons with disabilities who need assistance completing this application are entitled to request a reasonable accommodation under the Liberal Housing Authority's Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the Liberal Housing Authority offices.

What We Do When We Receive Your Application:

The Liberal Housing Authority only accepts completed applications. If you turn in an incomplete application it will be returned to you for completion.

If you owe this agency any past due monies we will be unable to process your application.

Once we receive your completed application we complete local and national background checks. Local and National Background Checks are completed. If there is no possible criminal or otherwise negative history we will review your application for initial eligibility factors, including, but not limited to the following:

1. Family must be within income guidelines.
2. Family must meet the definition of a family.
3. Family member must be U.S. Citizens or have INS documentation of eligible immigration status.
4. Have no family members who, as previous participants in federal housing programs, has been evicted or had their housing assistance terminated for illegal drug activity or program/lease violations in the past 3 years.
5. Family must not owe a debt to any housing agency.
6. Family must not have committed fraud against a federal housing program.
7. Have no family member with a history of violent or drug-related criminal activity.
8. Family has not provided false or misleading information on a housing application.
9. The head of household and spouse (if applicable) must be at least 18 years old.

After we have determined initial eligibility and you are near the top of the waiting list we begin to verify income sources, assets, benefits, rental history and other items to determine renters suitability. Failure to provide the information necessary to verify these items may result in the application being returned as incomplete.

Within **30** days of receiving your application you will receive notification of denial for housing assistance, request for further information or action or a notification of your placement on the appropriate waiting list. If you receive a denial for housing assistance letter you will be given the information needed in order to request a review with a staff member.

Please refer to the attached checklist to assure you have completed and attached all necessary information.

**The Liberal
Housing Authority**

**APPLICATION FOR PUBLIC HOUSING AND
PERSONAL DECLARATION OF INFORMATION**

Administrative Office, 1401 N. New York, Liberal, KS 67901--Phone: 620-624-5501

Please Type or Print in Ink...Thoroughly read the instructions on the back page of this form

Note: The Liberal Housing Authority needs all previous names. *If a household member's name has changed, please note this by use of parentheses. e.x. Smith (Jones)*

Date: ____/____/____

Head of Household (include all previous names): _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Head of Household Marital Status: Single Separated Married Divorced Widowed

Head of Household Certifies it has received the brochure detailing the Violence Against Women's Act (VAWA)

Head of Household Signature

SECTION 1: HOUSEHOLD MEMBERS AND PERSONAL DATA

PART A: List all people who will live in the assisted household: Use additional sheets if necessary. *Include all previous names.*

| Household Members Name(s) | Date of Birth | Sex | Relationship | Place of Birth (City, State) | Social Security Number |
|---------------------------|---------------|-----|--------------|---------------------------------|------------------------|
| | / / | | | | - - |
| | / / | | | | - - |
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| | / / | | | | - - |

PART B: Provide race/ethnicity and disability information for ALL household members. (Please use the following race classifications: *White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, other race*): Use additional sheets if necessary. **We appreciate your cooperation in providing this information, however it is voluntary.**

| Household Members Name(s) | Ethnicity | Race | Legal U.S. Citizen? | Does this person require special assistance due to disability? |
|---------------------------|---|------|--|--|
| | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Does anyone listed in Part A or Part B have a Guardian/Conservator? YES NO

If YES, give name and address of Guardian or Conservator:



PART C: Please answer the following question (if applicable):

1. Do you have residential custody of all minors listed above? YES * NO N/A

If NO, give NAME AND ADDRESS of person with residential custody of the minor: _____

*If YES, documentation of custody must be submitted with this application.

2. Do you pay for childcare that enables you or another family member to work or go to school? YES* NO

*If YES, continue, otherwise go to question 3.

2a. How much and how often do you pay the childcare provider? \$_____ per _____

2b. Are your childcare expenses reimbursed by any person or agency? YES NO

2c. If YES, what agency or person reimburses you? _____

2d. At what rate is the reimbursement provided? \$_____ per _____

2e. Provide the name and address of your childcare provider _____

3. Is the Head of Household or Spouse of this household 62 years old or older, handicapped or disabled? YES* NO

*If YES, continue, otherwise go to SECTION II: SOURCES OF INCOME.

3a. Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family that is necessary to permit that person or someone else in the family to work? YES NO

3b. If YES, please describe the expenses: _____

3c. Does any household member have Medicare? YES NO

If YES, Do you pay a Medicare premium? YES \$_____ or I do not pay the premium

3d. Does any household member have any other kind of medical insurance? YES NO

If YES, what is the medical insurance premium \$_____

3e. Does any household member take prescription medicines on a regular basis? YES NO

If YES, what is the monthly amount spent for prescriptions? \$_____ (attach pharmacy print-off)

3f. Does any household member receive medical assistance through the welfare department? YES NO

3g. Does any household member have outstanding medical bills on which you make regular payments? YES NO

3h. Do you expect to incur any medical expenses during the next twelve (12) months? YES NO

If YES, please explain: _____

SECTION II: SOURCES OF INCOME

PART 1: For each type of income received, give the name of the member who receives the income, and the source of the income (income includes: wages, unemployment benefits, child support, alimony, public assistance such as TANF, Social Security, pension/annuity, organizational contributions, income from assets such as checking or savings accounts, financial aid, wages in the form of cash and all other received forms of income). List the address of the source and the amount of income that can be expected from the source during the next twelve months. PROVIDE DOCUMENTATION OF ALL SOURCES

| Family Member | Source/Type of Income | Name & Address of Source (Street/City/State/Zip Code) | Yearly Amount | Frequency (Weekly, Monthly etc.) |
|---------------|-----------------------|---|---------------|----------------------------------|
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PART 2:

1. Does any household member have any of the following assets: IRA's, Keogh Plan, Money Markets, Certificates of Deposits or bank accounts? YES NO If YES, Please List

List the current value and the person in the household to whom it belongs (for bank accounts include bank name and account number):

| Name of Household Member | Type of Account | Value | Bank Name/Account Number |
|--------------------------|-----------------|-------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

2. Has any household member disposed of any asset or property for less than fair market value during the past two years? YES NO If YES, please briefly describe: _____

If no income is reported, please sign here to certify that you and members of your household receive **ABSOLUTELY NO** income:

Signature: _____

INCOME INFORMATION

- 1. Is any member of your household employed full-time, part-time or seasonally? YES NO
- 2. Does any member of your household expect to work for any period during the next twelve months? YES NO
- 3. Does any member of your household work for someone who pays him or her in cash? YES NO
- 4. Is any member of your household on leave of absence from work due to a lay-off or medical, maternity or military leave? YES NO
- 5. Does any member of your household now receive or expect to receive unemployment benefits? YES NO
- 6. Does any member of your household now receive or expect to receive child support payments? YES NO
- 7. Is any member of your household entitled to child support that he/she is not now receiving? YES NO
- 8. Does any member of your household now receive or expect to receive alimony/maintenance payments? YES NO
- 9. Is any member of your household entitled to alimony/maintenance payments that he/she is not now receiving? YES NO
- 10. Does any member of your household receive or expect to receive welfare assistance? YES NO
- 11. Does any member of your household receive or expect to receive Social Security or SSI benefits? YES NO
- 12. Does any member of your household receive income from a retirement, pension or annuity? YES NO
- 13. Does any member of your household receive regular cash contributions from an organization or individuals not living in your unit? YES NO
- 14. Does any member of your household receive income from assets, including interest on checking or saving accounts, interest and dividends from life insurance policies, or certificates of deposit, stocks or bonds, or income from the rental of property? YES NO
- 15. Does any member of your household own real estate or any assets for which there is not income (e.x. non-interest bearing checking accounts, cash etc.)? YES NO
- 16. Has any member of your household sold or given away real property or other assets (including cash) in the past two years? YES NO
- 17. Has any household member received any lump sum payments such as:
 - Inheritances YES NO
 - Lottery Winnings YES NO
 - Insurance Settlements YES NO
 - Capital Gains YES NO
 - Social Security, SSI, Unemployment Compensation YES NO
 - Other: (Please Explain): _____ YES NO

SECTION III: RESIDENTIAL HISTORY

1. **Previous Housing Assistance:** Has any member ever lived in any type of federally subsidized housing (including: Public Housing, Section 8, Public Indian Housing, and ALL other forms of federally subsidized housing)? YES NO If YES, provide information below:

Former Address: _____

City: _____ State: _____ Zip Code: _____

Housing Authority/Agency's Name: _____ Date Moved in: _____ to _____

Does he/she owe a debt to this housing program? YES NO If YES, have arrangements been made to pay it back YES NO



2. **Residential History:** Please list the addresses of all places the adults in your household have lived in the past five (5) years, starting with where you are now. Include all permanent residences and temporary places you have stayed. Use additional pages if you need more space. Mailing or other contact information for each residence must be provided. Explain any gaps in the time between addresses in a separate letter and enclose it with your application.

| | | | | |
|------------------------------------|--------------|-----------------|----------------------|--|
| Current Address: _____ | | | | <input type="checkbox"/> Family Member |
| City: _____ | State: _____ | Zip Code: _____ | Date Moved in: _____ | Out: _____ |
| Contact Person and position: _____ | | Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ | Phone: (____) _____ | |
| <hr/> | | | | |
| Former Address: _____ | | | | <input type="checkbox"/> Family Member |
| City: _____ | State: _____ | Zip Code: _____ | Date Moved in: _____ | Out: _____ |
| Contact Person and position: _____ | | Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ | Phone: (____) _____ | |
| <hr/> | | | | |
| Former Address: _____ | | | | <input type="checkbox"/> Family Member |
| City: _____ | State: _____ | Zip Code: _____ | Date Moved in: _____ | Out: _____ |
| Contact Person and position: _____ | | Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ | Phone: (____) _____ | |
| <hr/> | | | | |
| Former Address: _____ | | | | <input type="checkbox"/> Family Member |
| City: _____ | State: _____ | Zip Code: _____ | Date Moved in: _____ | Out: _____ |
| Contact Person and position: _____ | | Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ | Phone: (____) _____ | |
| <hr/> | | | | |
| Former Address: _____ | | | | <input type="checkbox"/> Family Member |
| City: _____ | State: _____ | Zip Code: _____ | Date Moved in: _____ | Out: _____ |
| Contact Person and position: _____ | | Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ | Phone: (____) _____ | |

SECTION IV: CHARACTER REFERENCES

Each applicant family must provide at least five (5) character references. These references should be people who know you and **MUST NOT BE RELATED TO YOU BY BLOOD, ADOPTION OR MARRIAGE**. You **must** supply a **complete name, address and phone number for each reference**. If you do not know this information, either find out what it is or choose a different person as a reference. The Housing Authority staff **will not** make any attempt to contact a reference for which we **do not** receive complete and accurate information. That is the applicant's sole responsibility.

| | | |
|-------------------|----------------------------------|--------------|
| Name of Reference | Street Address, City, State, Zip | Phone Number |
| Name of Reference | Street Address, City, State, Zip | Phone Number |
| Name of Reference | Street Address, City, State, Zip | Phone Number |
| Name of Reference | Street Address, City, State, Zip | Phone Number |
| Name of Reference | Street Address, City, State, Zip | Phone Number |



SECTION V: CRIMINAL HISTORY/ELIGIBILITY

Please answer YES or NO to the following questions:

- 1. Has any household member been arrested? YES NO
- 2. Has any household member been convicted of a felony? YES NO
- 3. Is any household member a Registered Sex Offender? YES NO
- 4. Has any household member been convicted of manufacture or sale of methamphetamine? YES NO
- 5. Has any household member been evicted from a federal housing program in the past for lease violation? YES NO
- 6. Has any household member been evicted from a federal housing program in the past 3 years for illegal drug activity? YES NO

If you answered YES to any of the above questions, please explain here (list date, charges, and location for all arrests or convictions. List Question Number): _____

SECTION VI: APPLICANT CERTIFICATION

I/We certify that all the information given to the Liberal Housing Authority as part of this application is accurate and complete to the best of my/our knowledge and belief. I/We further certify that the Character References provided in Section IV are not related to me/us by blood, adoption or marriage. I/We understand that false statements or information are punishable under Federal Law. I/We understand that providing false, misleading, and/or incomplete information is grounds for denial of eligibility for the waiting list and termination of tenancy.

Signature of Head of Household: _____ Date: _____
 Signature of Spouse/Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____
 Signature of Person Assisting Applicant: _____ Date: _____
 Agency's Name: _____ Phone: (_____) _____

SECTION VII: APPLICANT RELEASE OF INFORMATION AMOUNG HOUSEHOLD MEMBERS

I/We certify that all the information given to the Liberal Housing Authority as part of this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that providing false, misleading, and/or incomplete information is grounds for denial of eligibility for the waiting list and termination of assistance. I/We understand that by signing this application I/We give the LIBERAL Housing Authority the right to discuss/release all information related to the application/assistance process with all other adult household members who have signed this application, including but not limited to past credit, residential, criminal and information related to the application/assistance process.

Signature of Head of Household: _____ Date: _____
 Signature of Spouse/Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____
 Signature of Other Adult: _____ Date: _____

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line (800) 424-8590. Revised 10/2003



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) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table> | | <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 | |
| <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. Form HUD- 92006 (05/09)



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

PHA requesting release of Information; **(cross out space if none)**

Liberal Housing Authority
1401 N. New York
Liberal, KS 67901

IHA requesting release of Information; **(cross out space if none)**

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 the 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 Certification
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration(HUD only) (This consent is limited to wage and self employment information and payments of retirement income as referenced at Section 61401(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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

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

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and the fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will effect 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 purpose cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

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



**Declaration of U.S. Citizenship
Or Non-Citizen With Eligible Immigration Status**

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). **United States Citizen(s)**
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

| Name | Sex | Age | Relationship | A | B | C | Signature of Head of Household |
|-----------------------------|-----|-----|---------------|---|---|---|--------------------------------|
| Head of Household | | | Head | | | | |
| Spouse | | | Spouse | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Additional Household Member | | | | | | | |
| Additional Household Member | | | | | | | |

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

WARNING! Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.



Release of Information

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

PHA requesting release of Information; **(cross out space if none)**
(Full address, name of contact person and date)
LIBERAL HOUSING AUTHORITY
1401 N NEW YORK AVENUE
LIBERAL, KS 67901

This form cannot be used to request a copy of a tax return. Instead Use
IRS Form 4506, Request for a Copy of Tax Form

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- | | |
|---|---|
| Low-income Rental Indian Housing | Section 23 and 10(c) Leased Housing |
| Low-Income Public Housing | Section 23 Housing Assistance Payments |
| Mutual Help Homeownership Opportunity Program | Section 202 |
| Rental Assistance Program (RAP) | Section 221(d)(3) Below Market Interest Rate |
| Rent Supplement | Turnkey III Homeownership Opportunities Program |
| Section 8 Housing Assistance Payments Program | |

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered:

- | | |
|---|---------------------------------|
| Child Care Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions, and Assets | Residences and Rental History |
| Federal, State, Tribal, or Local Benefits | |

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- | | | |
|--|------------------------|--------------------------------------|
| Banks and Other Financial Institutions | Providers of: | Handicapped Assistance |
| Courts | Alimony | Medical Care |
| Law Enforcement Agencies | Child Care | Pensions/Annuities |
| Credit Bureaus | Child Support | Schools and Colleges |
| Employers, Past and Present | Credit | U.S. Social Security Administration |
| Landlords | Handicapped Assistance | U.S. Department of Veteran's Affairs |
| | Welfare Agencies | |

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- | | | |
|-------------------------------------|----------------------------|---------------------------------------|
| U.S. Office of Personnel Management | U.S. Department of Defense | State Employment Security Agencies |
| U.S. Social Security Administration | U.S. Postal Service | State Welfare and Food Stamp Agencies |

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the LIBERAL Housing Authority.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

Signatures:

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Original is retained by the Requesting organization

Application Form PHA



Release of Information

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

PHA requesting release of Information; (cross out space if none)

This form cannot be used to request a copy of a tax return. Instead Use IRS Form 4506, Request for a Copy of Tax Form

I(Full address, name of contact person and date)

LIBERAL HOUSING AUTHORITY
1401 N NEW YORK AVENUE
LIBERAL, KS 67901

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- | | |
|---|---|
| Low-income Rental Indian Housing | Section 23 and 10(c) Leased Housing |
| Low-Income Public Housing | Section 23 Housing Assistance Payments |
| Mutual Help Homeownership Opportunity Program | Section 202 |
| Rental Assistance Program (RAP) | Section 221(d)(3) Below Market Interest Rate |
| Rent Supplement | Turnkey III Homeownership Opportunities Program |
| Section 8 Housing Assistance Payments Program | |

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered:

- | | |
|---|---------------------------------|
| Child Care Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions, and Assets | Residences and Rental History |
| Federal, State, Tribal, or Local Benefits | |

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- | | | |
|--|------------------------|--------------------------------------|
| Banks and Other Financial Institutions | Providers of: | Handicapped Assistance |
| Courts | Alimony | Medical Care |
| Law Enforcement Agencies | Child Care | Pensions/Annuities |
| Credit Bureaus | Child Support | Schools and Colleges |
| Employers, Past and Present | Credit | U.S. Social Security Administration |
| Landlords | Handicapped Assistance | U.S. Department of Veteran's Affairs |
| | Welfare Agencies | |

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- | | | |
|-------------------------------------|----------------------------|---------------------------------------|
| U.S. Office of Personnel Management | U.S. Department of Defense | State Employment Security Agencies |
| U.S. Social Security Administration | U.S. Postal Service | State Welfare and Food Stamp Agencies |

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the LIBERAL Housing Authority.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

Signatures:

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Original is retained by the Requesting organization

Application Form PHA



VIOLENCE AGAINST WOMEN ACT

What Applicants, Tenants, Owners and Landlords Need to Know
Applicable to Public Housing and Section 8 Housing Choice Voucher Programs
(This information meets notification requirements of the federal Violence Against Women Act)

INFORMATION FOR APPLICANTS for PUBLIC HOUSING and SECTION 8 HOUSING CHOICE VOUCHER PROGRAMS

A public Housing Agency (PHA) owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing or housing choice voucher assistance all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence or stalking, ask if they PHA gives this preferences. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

INFORMATION FOR PUBLIC HOUSING and SECTION 8 HOUSING CHOICE VOUCHER PROGRAM PARTICIPANTS

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. THE PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

THE PHA, an owner or landlord may deny, remove or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity or good cause.

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence or stalking may request and be granted portability due to the incident or threat if they are otherwise compliant with all program obligations and the perpetrator has moved out of the dwelling unit.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in VAWA. Such certification must indicate the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.

CONFIDENTIALITY

Any information provided pursuant to the Violence Against women act (VAWA) shall neither be entered into any shared database nor provided to any related entity except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.





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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

Liberal Housing Authority
1401 N. New York
Liberal, KS 67901
620.624.5501

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

Signature

Date

Printed Name





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 Entitlement 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?

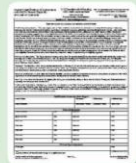
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or 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/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009



APPLICANT SCREENING (All questions must be answered)

1. How much Rent do you pay? _____ Who do you pay to? _____
2. How did you hear about Liberal Housing Authority? _____
3. Please circle where you would like to live **PARKLANE TOWERS** **PARKLANE VILLA**
4. Do you know or related to anyone at the Towers or the Villa? _____, If yes please list who and apartment numbers: _____
5. Did an organization or person refer you to us? _____
6. If you are being placed by a service such as SWGC, DCF, SDSI, LARC, or City on A Hill, What Services will they provide You and your family? _____
7. Have you ever been arrested? _____ If yes, please fill out information below:
Charges? _____ Convictions: _____
Probation? _____ How Long? _____ Name of Probation Officer? _____
8. Has anyone in your family been arrested? _____ Who? _____ Charges? _____
9. Do you wish to have an apartment with special design features for an individual with Handicaps? _____
10. What is your reason for moving from your current address? _____
11. Are all persons listed on application US Citizens? _____, If Not, Who? _____
12. Do you have a pet? _____ What kind? _____

**As of June 1, 2018 we are a “No Smoking” Facility.
We no longer offer Smoking Apartments. You can only Smoke in designated areas.**

COMMUNITY SERVICE EXEMPTION CERTIFICATE (PLEASE CHECK EXEMPTION THAT APPLIES)

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- I am 62 or Older
- I have a disability which prevents me from working (Certification of Disability Required)
- I am working
- I am participating in welfare to work program
- I am receiving TANF and am participating in a required economic self-sufficiency program or work activity.
(Required Documentation from the funding agency that you're complying with job training or work requirements)
- I am a full time student (Verification letter from school attending required)

_____ Signed _____ Date



THIS SECTION IS FOR STUDENTS ONLY

NOTICE: STUDENT ELIGIBILITY/GUIDELINES FOR PUBLIC HOUSING

ALL STUDENTS MUST MEET INCOME ELIGIBILITY REQUIREMENTS. PURSUANT TO 24 CFR 960.201 AND 982.201

1. The student must have established a household separate from his/her parents or legal guardians and or family members for at least **ONE YEAR PRIOR** to applying to public housing.
2. How much money or benefits do you receive per month? _____, Income includes regular contributions or gifts; such as financial support from parents or guardians, these amounts will be counted in determining income eligibility.
3. What are the sources of income? _____
4. Do you anticipate receiving any money or support from your parents/guardians from your parents/guardians for food, clothing, or personal items? Yes No
5. How do you pay for food, clothes, and entertainment? _____

The student must be of legal age or emancipated under state law. Each student within a household must provide a written/signed certification that the student does/does not anticipate receiving financial support from their parents/guardians and the amount of the monthly support. The student must **NOT** be claimed as a dependent by parent(s)/guardian(s) on their current IRS tax return. (Copy of parents most current year IRS tax filing may be requested as proof)

DECLARATION: I, the undersigned, student am declaring that I:

Will **Will Not** receive assistance from my parents/guardians in monthly amount of \$_____

_____ Signed

_____ Date

