



Housing & Redevelopment Authority of Virginia, Minnesota

Name _____ Race _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Phone () _____ Message () _____

Email: _____

Landlord Name: _____ Phone () _____

Your unit is:

☐ Single Family home ☐ 3-Plex/4-Plex ☐ Mobile Home

☐ Apartment building ☐ Garage Apartment ☐ Duplex

UTILITY INFORMATION:

Do you pay for:	Yes	No
Heat	[]	[]
Electric	[]	[]
Cooking	[]	[]
Hot water	[]	[]
Water/Sewer	[]	[]
Trash	[]	[]
Your stove?	[]	[]
Your refrigerator?	[]	[]

1. Number of bedrooms: _____
2. Full Rent Amount: _____
3. Is apartment furnished? _____
4. Do you have a garage? _____
5. Do you plan to move? _____

LIST ALL HOUSEHOLD MEMBERS WHO LIVE OR WILL LIVE IN THE UNIT:

	LAST NAME	FIRST NAME	MI	RELATION	SEX	BIRTH DATE	SOCIAL SECURITY NUMBER	DISABLED
1				SELF				
2								
3								
4								
5								
6								
7								

Place of Birth (City, State, Country) – Head of Household: _____

Place of Birth (City, State, Country) – Spouse: _____

Place of Birth (City, State, Country) – Additional Adult: _____

Are you anticipating any changes in income? Yes [] No []

If yes, please explain: _____

Are you anticipating any changes in family composition? Yes [] No []

If yes, please explain: _____

Are you or will you be a full time student in the next 12 months? Yes [] No []

If yes, please explain: _____

***Would you be interested in receiving information about the Family Self-Sufficiency Program, help with credit repair, money management, finding employment or homeownership? YES
NO**

INCOME:

TYPE	RECIPIENT	GROSS AMOUNT PER MONTH	TYPE	RECIPIENT	GROSS AMOUNT PER MONTH
Wages		\$	RSDI		\$
Unemployment		\$	Pension		\$
Alimony		\$	Pension		\$
Child Support		\$	Annuities		\$
MFIP		\$	Veterans Benefits		\$
GA/ MSA		\$	National Guard		\$
Social Security		\$	Daycare Income		\$
Social Security		\$	Cash Income		\$
SSI		\$	Other		\$

ASSETS:

TYPE	NAME OF INSTITUTION	CURRENT BALANCE	INTEREST PER YEAR	TYPE	NAME OF INSTITUTION	CURRENT BALANCE	INTEREST PER YEAR
Checking		\$	\$	Life Insurance		\$	\$
Savings		\$	\$	Annuity		\$	\$
Burial		\$	\$	Mutual Funds		\$	\$
Certificates		\$	\$	Stocks/Bonds		\$	\$
Cash Mgmt. Account		\$	\$	Savings Bonds		\$	\$
Money Market		\$	\$	Rental Income		\$	\$
IRA		\$	\$	Contract for Deed		\$	\$

Do you own any real estate or a home? ☐ Yes ☐ No If yes, estimated market value: _____

Have you opened any new accounts within the past 12 months? ☐ Yes ☐ No If yes, Bank name _____

Have you closed any accounts within the past 12 months? ☐ Yes ☐ No If yes, Bank name _____

Have you disposed of any assets for less than fair market value in the past 2 years? ☐ Yes ☐ No

If yes, date of disposal: _____ Amount received \$ _____ Market value at time of disposal \$ _____

EXPENSES:

Do you have any daycare costs while a family member is employed or attending school? ☐ Yes ☐ No

If yes: Name of provider _____ Address _____

Cost per week: \$ _____ Month: \$ _____

If you are of 62 years of age or older **OR** receiving disability benefits answer the following:

Are you receiving Medical assistance from the county? ☐ Yes ☐ No

Are you receiving Medicare benefits from Social Security? ☐ Yes ☐ No

Do you have any expenses related to a handicap that are necessary for employment? ☐ Yes ☐ No

If yes: Cost per week: \$ _____ Per month: \$ _____

Do you pay for medical insurance? ☐ Yes ☐ No

Do you pay for prescription drugs on a regular basis? (include co-pays) ☐ Yes ☐ No

If yes: cost per month: \$ _____

Have you been making regular payments on outstand medical bill for at least 3 months or longer? ☐ Yes ☐ No

If yes: amount per month \$ _____

Do you anticipate any health care related expenses within the next 12 months, which are not covered by insurance?

☐ Yes ☐ No

APPLICATION DECLARATION AND AUTHORIZATION:

ACCURATE INFORMATION- You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any questions or give false information, we may reject the application; retain all application fees as liquidated damages for our time and expense. Giving false information is a serious crime offense.

AUTHORIZATION- You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and other consumer reporting agencies, public records resources, and other rental housing owners. Your further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

X _____
Signature of Head of Household Date

X _____
Signature of Spouse or Additional Adult Date

PRIVACY ACT NOTICE:

The information requested about you is necessary to determine your eligibility for housing program benefits. It is used to determine the amount of rent you must pay and meet other requirements in the administration of legally authorized housing programs. Most of the information is classified as "private" or "confidential" information under Minnesota law. (M.S. 15.1611-15.1699) Use of the information is limited to Virginia HRA employees, employees assisting you under a contract with the HRA, and other agencies authorized by the state or federal law, including the U.S. Department of Housing and Urban Development, Civil, criminal or regulatory investigators or prosecutors. You do not have to give us the information, but if you refuse to supply necessary information, the HRA may not be able to provide you with the housing assistance.

This is to acknowledge that I have given the above information. X _____
Signature of Head of Household Date

REQUEST FOR REASONABLE ACCOMMODATIONS:

Any request for reasonable accommodations under the Fair Housing Law for a disability may be made in writing to the HRA or by calling (218) 741-2610 for assistance and specify the nature of the accommodation requested.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll free hotline at (800) 424-8590.

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Housing & Redevelopment Authority of Virginia, Minnesota

Phone 218-741-2610 * Fax 218-748-7067*

422 Pine Mill Court. Virginia, MN 55792-1146

Virginia HRA Housing Choice Voucher Program Statement of Responsibilities

Giving True and Complete Information

I certify that the information given to the Virginia Housing and Redevelopment Authority (HRA) on my application regarding my household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief.

Reporting Changes in Household Size

I certify that the members in my household that I have listed on my application are the **only** people that live/stay in my housing unit.

I understand that I must notify the HRA within thirty (30) days if anyone moves in or out of my housing unit (including any birth, adoption, or court-awarded custody of a child.) If I choose to add an additional adult to my household their income will also be added to the household income and my rent portion will be recalculated. I understand that failure to report changes in my household size to the HRA within thirty (30) days of the change **will** result in termination of my housing assistance.

I understand that I can have visitors stay with me on a “temporary” basis and I understand “temporary” is considered to be no more than thirty (30) consecutive days. I must get approval from the owner/manager if I plan to have someone stay with me for an extended time period. I understand that my housing assistance also could be terminated if I have unreported “visitors” who stay in my household for longer than thirty (30) consecutive days.

Reporting Changes in Income, Assets and Expenses

I understand that I am required to report if my household’s income increases. I am required to report these changes within ten (10) business days of the effective date of the change. The PHA will only conduct interim reexaminations for families that qualify for the earned income disallowance (EID), and only when the EID family’s share of rent will change as a result of the increase. In all other cases, the PHA will note the information in the tenant file, but will not conduct an interim reexamination. If at the time of the annual reexamination, it is not feasible to anticipate a level of income, for the next 12 months, the PHA will schedule an interim reexamination to coincide with the end of the period for which it is feasible to project income.

The PHA may conduct an interim reexamination at any time in order to correct an error in a previous reexamination, or to investigate a tenant fraud complaint.

Reporting Moves

I understand that I must notify the owner and HRA in writing before moving out of my rental unit. Notice must be in accordance with the lease. If the landlord agrees to end my lease prior to the end of the lease term, I must provide a written mutual termination of the lease signed by the owner and myself. (One can be provided by the HRA at your request).

I understand that if I want to receive assistance in another housing unit, I am required to give the HRA a proper thirty (30) day notice in writing. **(This applies even if I am moving to another apartment within the same building/complex).**

I understand a proper thirty (30) day notice means one month plus one day. Example: if you want to move July 1, notice must be received by May 31.

I understand that if I move without giving notice to the owner and the HRA, my Section 8 Rental Assistance **will be terminated.**

I understand that the HRA may deny permission to move with continued assistance if:

- The family has violated a family obligation (court ordered eviction);
- The family owes money for rent or damages to the landlord or any HRA;
- The family has not given proper notice.

Request for Tenancy Approval (RTA) Deadline

I understand that, when leasing of a new unit, I am required to submit a completed RTA with the information on my new housing unit to the HRA to start the assistance process.

Inspections

I understand that the HRA is required to inspect and approve all housing units of the Section 8 Program before assistance can begin in a unit, and at least annually thereafter. I know that I will be notified by mail of the date of the inspection at the time of my recertification. I understand I am required to make sure that the inspector can get into my unit for the inspection. **I understand that after two (2) missed inspection appointments my assistance will be terminated.**

I understand that failure to pay utilities or failure to provide and maintain any appliances that are required of me by the lease, or allowing any member of the household or guest to damage the unit or premises beyond normal wear and tear is in violation of the Housing Quality Standards (HQS). I understand that HQS violations caused by my household member or guests must be corrected within the time stipulated by the HRA. I understand the HRA may terminate assistance in accordance with the federal regulations for a violation of HQS caused by my family or guests.

Landlord Screening

Landlords are responsible for screening all prospective tenants for their ability to pay the rent, take care of the unit, and other lease responsibilities. I understand that the HRA must give prospective owners my current address, and also name and address of current and previous landlords, if known, to the HRA.

Upon request, the HRA must also supply any factual information or third party verification relating to the applicant/participant's history as a tenant, their ability to comply with material standard lease terms, any history of drug trafficking, drug-related criminal activity, or any violent criminal activity.

Lease Violations

I understand that I must give the HRA a copy of any eviction notice I receive **within ten (10) days of receipt of that**

notice. I understand that if I violate a provision of my lease and am evicted by a court ordered judgment on behalf of the owner, the HRA **will terminate** my Section 8 Rental Assistance.

I understand serious and/or repeated lease violations can jeopardize my ability to participate in the Section 8 Program.

Examples of lease violations include Damage to the unit beyond normal wear and tear, disturbance of neighbors, failure to pay rent or other landlord charges, unauthorized guests and family members, and drug-related or violent criminal activity.

I agree to allow previous and/or current landlords to share information about my tenancy with the HRA.

Landlord Claims for Unpaid Rent or Damages. Vacancy Loss – NEW SECTION 8 LEASES

I understand that if I vacate a unit with rent owed to the landlord, vacate without proper notice to the landlord, and/or with damages to the unit, the owner has the ability to withhold my security deposit and make a claim against me to cover any additional expenses. Under the new contract, the HRA has no liability to cover any of these expenses. It is between me and the landlord to resolve the issue(s).

I understand that if I owe additional expenses beyond my security deposit, I will be required to pay the debt in full or enter into a payment agreement with the property owner/manager with whom the debt exists before program assistance can be started at a new unit.

Missed Appointments

At the recertification time I will be mailed a notice to schedule an appointment. I must call to schedule a time for the appointment. **Rescheduling needs to be done before the appointment date.** If I do not make the second appointment, the Housing Authority will take action to terminate assistance payments. Two (2) missed appointments for any recertification may result in termination of my eligibility to participate in the program.

Absence from the Unit

I understand that I must notify the HRA of any absences from my unit that exceed thirty (30) days. I may continue to receive assistance during the absence for a maximum of 180 consecutive calendar days (6 months) if the absence is for a reasonable purpose and approved by the HRA. I understand I may be required to provide the HRA with the appropriate documentation as to the likelihood and timing of return to my unit. I understand that I must continue to pay my portion of the rent in my absence and that if I cannot pay my rent, I should give proper notice to vacate my unit.

Drug Related or Violent Criminal Activity Notice

I understand that the HRA cannot provide me with assistance if I or a member of my household has: (1) participated in a drug or violence activity, (2) been lawfully evicted from a rental property as a result of participating in a drug-related or violent criminal activity, (3) been found not eligible for rental assistance by another housing authority because of drug or violence activity.

No Duplicate Residence of Assistance/Own/Sublease

I certify that the unit rented under the Housing Choice Voucher Program will be my principal residence, and I will not obtain duplicate Federal, State or local housing assistance while I am on this current program.

I understand I must not own or have any ownership interest in the unit. I understand I must not reside in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of my family unless this has been pre-approved by the HRA.

I understand I cannot sublease, assign the lease, or transfer the unit.

National Portability

I understand that I may use my Section 8 rental assistance anywhere in the United States where a tenant based housing assistance program is administered. However, I understand that if I am receiving assistance for the first time, I **may** be required to live in the Virginia HRA's jurisdiction for the twelve (12) months prior to using the portability feature.

Cooperation

I understand I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending appointments, completing and signing needed forms (including evidence of citizenship or eligible immigration status), providing requested information in a timely manner and disclosing and verifying the Social Security numbers for all family members. **I understand that failure or refusal to do so will result in termination of assistance.**

I understand that the Virginia HRA may deny or terminate program assistance if any member of the family has engaged in, or threatened abusive or violent behavior toward Virginia HRA personnel.

I understand that false statements or information are punishable under Federal Law. I understand that false statements or information are grounds for termination of housing assistance and could result in theft and fraud charges under the state and federal law. The signature(s) below indicates that I/we understand all the policies and statements on all previous pages.

Signature and Date of All Household Adults (household members age 18 and older)

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____

After verification by this Housing Agency, information will be submitted to the Department of Housing & Urban Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its used. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hotline at 1-800-669-9777.

Copy offered to participant. _____



Housing & Redevelopment Authority of Virginia, Minnesota

Information and Privacy Notice/Tennessen Notice THERE ARE LAWS TO PROTECT YOUR RIGHTS TO INFORMATION AND PRIVACY

Under the Minnesota Government Practices Act (M.S. 13.01 through 13.88) you have the right to know:

A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE HRA COLLECTS?

Within the context of the HRA's Public Housing and Section 8, and other HRA programs, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated for the administration and management of legally authorized programs. The information we collect about you is classified under Minnesota law as: (1) Public - anyone can see the information; (2) Private - only you and those authorized by law or by you can see the information; or (3) Confidential - you cannot see the information although those persons authorized by law can. The Private classification applies to most of the information we collect about you.

The purposes and uses of this information are for one or more the following reasons:

1. To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing or other HRA program for which you have applied.
2. To enable us to establish the level of rent you must pay in accordance with federal law.
3. To assist the HRA in maintaining or upgrading its housing stock.
4. To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

B. YOUR RIGHTS WHEN SUPPLYING INFORMATION (M.S. 13.04)

The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for housing (or other agency) program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. While you have the right to refuse to supply the information we request, the HRA may not be able to provide you with housing or other requested assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the HRA's Executive Director.

C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the housing program and as authorized by state, local, or federal law, the information we maintain may be shared with:

1. U.S. Department of Housing and Urban Development
2. Minnesota Housing Finance Agency
3. HRA employees and contractors and HRA selected volunteer agencies serving you or your dwelling unit
4. Owner of Section 8 unit in which you reside
5. Health and Human Service Agencies
6. School Districts
7. Police, Sheriff and Fire Departments and Paramedics when an emergency situation or investigation requires the sharing of information
8. Utility companies servicing the City of Virginia and St. Louis County to insure that HRA rental units are maintained as required by the lease
9. U.S. Census Bureau
10. The City/Township and its' various departments in which you receive HRA assistance
11. Federal, State or Local auditors
12. Researchers who are granted access to the data for the purposes of preparing summary data
13. Other Local, State and Federal agencies as may be required by law





Housing & Redevelopment Authority of Virginia, Minnesota

If any criminal or civil investigation is begun regarding you or your family's receipt of benefits from this Agency or any other social service agency, information may also be shared with county, state, local or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of the data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with which we share private information must likewise treat that information as private. When you are no longer being served by the HRA, we will keep your file only until state and federal retention requirements are met.

D. WHO HAS ACCESS TO THE CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?

Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and our attorney. Only the HRA and our attorney and those persons authorized by local, state and federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

E. WHAT INFORMATION DO YOU HAVE ACCESS TO?

You or your authorized representative or guardian may request to be shown information about you, that is maintained by the HRA and that is classified as private. There is no cost for this service, but there may be a copy charge for copies that you would like made.

According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

F. HOW CAN YOU CONTEST THE ACCURACY OR COMPLETENESS OF INFORMATION IN YOUR FILE?

Write to us describing the nature of your disagreement. Send this information to:

Executive Director- Data Practices
Virginia HRA
442 Pine Mill Court
Virginia, MN 55792

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Data Practices Act. If you have any other questions about your privacy rights, contact the HRA office at (218) 741-2610.

This is to acknowledge I have been given the above information.

Signature_____

Date _____





Housing & Redevelopment Authority of Virginia, Minnesota

RELEASE OF INFORMATION

Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce programs rules and policies.

Authorization

The undersigned hereby authorize the release of information including documentation and other materials pertinent to eligibility for a participation under any of the following programs:

- Legal Aid
- Low-Income Rental Public Housing
- Section 8 Housing Assistance Payment Program.
- Bridges Rental Assistance
- Loan Programs
- Family Self Sufficiency (FSS) Programs

The undersigned hereby authorizes the above named organization to obtain information about me or my family that is pertinent to eligibility for, anticipation of eligibility for, or continued occupancy in assisted housing programs.

I authorize only the Virginia Housing and Redevelopment Authority to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information covered may include but is not limited to the following:

- Child Care Expenses
- Credit History/Criminal History
- Family Composition
- Employment Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Social Security Number/Incomes
- Residences and Rental History
- These forms cannot be used to request a copy of tax returns. Instead, use IRS for 4506

Individual or Organizations That May Release Information

- Banks and other Financial Institutions
- Courts, Law Enforcement Agencies and Credit Bureaus
- Probation Offices
- Employers, Past and Present
- Landlords, Past and Present
- Mental Health Centers
- Work Force Center

442 PINE MILL COURT, VIRGINIA MN 55792
Phone 218-741-2610
Fax 218-748-7067

- Range Transitional Housing
- Arrowhead Center
- St.Louis County Fraud Investigations
- St.Louis County Child Protection Services
- St.Louis County Financial Services & Child Support
-

Providers of:

- Alimony, Child Care, Credit
- Handicapped Assistance Medical Care
- Pensions/Annuities
- Schools/Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies: Virginia Public Utilities
- Welfare Agencies

I agree that the Virginia Housing and Redevelopment Authority may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. Further, I authorize the Virginia Housing and Redevelopment Authority to share information received through this authorization with other governmental agencies as part of the monitoring and enforcement of the program rules and policies of the Virginia Housing and Redevelopment Authority.

Conditions

I agree that the photocopies of these authorizations may be used for the purpose stated above for a period of fifteen (15) months from the date signed below.

If I do not sign this authorization, I also understand that my housing assistance or loan program may be declined or terminated.

Signature of Head of Household

Date

Signature of Other Adult

Date

442 PINE MILL COURT, VIRGINIA MN 55792
Phone 218-741-2610
Fax 218-748-7067



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Housing & Redevelopment Authority of Virginia, Minnesota

St Louis County PHHS MFIP/GA/MSA Verification Form

Family Name _____ Social Security # _____ Case # _____

DOB: _____

Monthly Amounts Unless Specified

Please Return To: Greg Lee

greg@vhra.org

GA: \$ _____ SSI: \$ _____ Month of Re-exam _____

MSA: \$ _____ Social Sec: \$ _____

Food Portion \$ _____ RSDI: \$ _____

Wages: \$ _____

Other: \$ _____ How many people in the household? _____ Names: _____

MFIP: \$ _____ Family Wage Level \$ _____

Food Portion: \$ _____ Full Standard \$ _____

Over Payment Amounts

Total Owed \$ _____ Deducted Monthly \$ _____

Other Income

_____ Earned Income \$ _____

Child Support * (Please include a printout of child support received for the timeframe of at least 1 year)

Months Remaining: _____

Additional Comments: _____

.....
I, _____, hereby grant the Housing and Redevelopment Authority of
Virginia, MN to make inquiries regarding my income and assets. I understand that this info is for the
purpose of determining my eligibility and rent and will be kept confidential.

X
SIGNATURE _____

DATE _____

.....
Completed By: _____

(Thank you for all your help!!!)

Signature: _____ Date: _____



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

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



Housing & Redevelopment Authority of Virginia, Minnesota

Certification of Zero Income

I hereby certify that _____, being a family member 18 years of age or older, currently receives zero income from ANY source including but not limited to the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Wages from employment including commissions, tips, and fees. |
| <input type="checkbox"/> | <input type="checkbox"/> | Income from the operation of a business. |
| <input type="checkbox"/> | <input type="checkbox"/> | Rental income from real or personal property. |
| <input type="checkbox"/> | <input type="checkbox"/> | Interest or dividends from assets. |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment benefits, disability payments, or workman's compensation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Assistance payments. |
| <input type="checkbox"/> | <input type="checkbox"/> | Periodic allowances like alimony, child support, or cash gifts received from people not living in the unit. |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational grants and / or scholarships OR Veterans Administration benefits available for subsistence after deduction expenses for tuition, fees, books, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other self employment. |

- I understand that if I begin to receive any increase in regular monthly income of \$50 or more, I must report that change to the Virginia HRA's Section 8 Department within 10 days to avoid being guilty of committing income fraud.

- I understand that reporting any changes in income may increase my portion of the rent to the owner.

- I understand that if any increase in income is not reported immediately, the HRA has the right to go back to the date that the change occurred, calculate the correct rent amount, and collect from me the amount that was wrongly overpaid to the owner on my behalf.

Signature

Date

HRA Representative

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. Government as to any matter within its jurisdiction.





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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

Remember, you may receive rental assistance at only one home!

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/ph/thiip/iviv.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

DECLARATION OF SECTION 214 STATUS

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

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or national of the United States.

OR:

☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

Signature of Family Member

Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

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

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any 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.

[See reverse side for footnotes and instructions]

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

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

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

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.