



GAINESVILLE HOUSING AUTHORITY

Where Housing Matters

REQUIRED DOCUMENTS FOR HUD-VASH INTAKE

Please provide us with the following documents, if applicable:

- **Birth Certificates for all household members**
- **Social security Proof of ALL household Income** (*Note: For HUD-VASH individuals, form DD-214 will be acceptable in lieu of the Birth certificate and S.S. card if not accessible*)
- **Family Income**
 - Copy of your most recent pay stubs (3 months required)
 - **OR** original statement from employer on letter head with the following information:
 - Beginning and/or ending date of employment
 - Rate of pay
 - Overtime rate after 40 hours
 - Frequency of pay (weekly, biweekly, etc.)
 - Number of hours work per week
 - For Alachua County School, please provide the number of days work per year
 - Copy of current tax return (all pages)
 - Copy of Social Security and/or Supplemental Security Income (SSI) benefits letter
 - Proof of alimony
 - Verification of child support
 - Unemployment benefits, workman compensation, or military service pay
 - Contribution from family, friends, and/or organizations (*notarized statement*)
- **Proof of residency**
 - Electric bill
 - Water bill
- **Miscellaneous**
 - Proof of out of pocket childcare expense directly from the childcare provider.
 - Life insurance policy (*Whole Life or Universal or Term Insurance*)
 - Proof of (12 months) out-of-pocket medical expenses (*disabled, handicapped, or 62 years + ONLY*)
 - Verification of full-time student status (*class schedule & financial aid docs. for students 18 years +*)
 - Guardianship/court documents (*foster care or relative care giver*)
 - Verification of current bank accounts: include credit unions, C.D., checking, savings, mutual accounts, or stocks (*Last 3 months*)

Failure to provide ALL documents required, at the same time, will result in your family being dropped from the waiting list, not being recertified, and/or terminated from the Section 8 or Public Housing Programs.





APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



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

December 2005



GAINESVILLE HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM INTAKE APPLICATION

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Preferences

Place an 'X' beside the following question(s) that apply to Head of Household, Spouse, or Sole Member.

- ☐ Are you a single person who is elderly, displaced, homeless, or per with disabilities? 982.207(b)(5)
- ☐ Are you a person who is not receiving any federal subsidized housing assistance?
- ☐ Does the head, spouse, or sole member of the household work at least 25-30 hours per week?
- ☐ Does the head, spouse, or sole member of the household work at least 31-40 hours per week?

Homelessness

If the answer to any of the following questions is yes the PHA would mark "Y" for yes in the field 4C of the Form HUD 50058 (homeless at admission).

1. Are you currently living in a car, on the street, or another place not meant for human habitation? Yes ☐ No ☐
2. Are you currently living in an emergency shelter, transitional housing, Safe Haven (Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services), or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low-income individuals? Yes ☐ No ☐
3. Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution? Yes ☐ No ☐
4. Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangers or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary family's residence? If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing? Yes ☐ No ☐

Personal Declaration

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign below certifying the information pertaining to them is correct. PLEASE PRINT.

Legal Name of Head of Household: _____

Address of Residence: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

(APPLICANTS ONLY)

Current Landlord's Name: _____ Phone: _____

Landlord's Address _____

Monthly Rent \$ _____ # of Bedrooms _____ # of Persons in Household _____

(APPLICANTS ONLY)

Previous Address _____

Landlord's Name: _____ Phone: _____

Landlord's Address _____

Reason for Leaving _____

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE UNIT

Family Members (Everyone in household)	Relation to HEAD	Social Security #	Age	Sex	Date of Birth	Occupation/School
	HEAD OF HOUSEHOLD					

Do you anticipate any change in your family size in the next 12 months? Yes _____ No _____

If yes, explain changes below: _____

Marital Status of Head of Household: _____ Single _____ Married _____ Separated _____ Divorced

If married, attach copy of marriage license. If divorced, attach copy of Divorce Decree/Final Dissolution of Marriage.

GENERAL INFORMATION

- 1) Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes _____ No _____ If yes, explain below: _____
- 2) Does anyone other than an adult who live in the home share custody of any of the children listed? Yes _____ No _____ If yes, who? _____
- 3) Are any family members temporarily absent from the home? Yes _____ No _____ If yes, state the reason they are absent. _____
- 4) **Full Time Students:** List information for any household member age 18 and older who is attending school full-time. **Provide a recent letter from the school verifying enrollment. Report cards and registration, or enrollment forms, are not verification. (Letter must indicate full-time status.)**

Household member _____ Hours per week: _____

School Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____

Date First Enrolled: _____ Anticipated Date of Graduation: _____

Letter from School Attached? Yes _____ No _____

Household member _____ Hours per week: _____

School Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____

Date First Enrolled: _____ Anticipated Date of Graduation: _____

Letter from School Attached? Yes _____ No _____

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities. Criminal activity not disclosed upon application is grounds for denial or termination of housing assistance.

1. Have you or any household member ever been charged, arrested or convicted for any criminal, other than a minor traffic offense, including drug related activity? Yes _____ No _____

If yes, Household Member _____ Date: _____ Reason: _____
Household Member _____ Date: _____ Reason: _____
Household Member _____ Date: _____ Reason: _____

2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of assisted housing? Yes _____ No _____

3. Are you or any household member subject to lifetime registration as a sex offender? Yes _____ No _____
If yes, provide the following: Name of Household member _____

PART C: RENTAL/HOUSING HISTORY

1. Has any household member previously received housing assistance or participated in any other Housing Authority? If yes, which Housing Authority? _____

Dates of participation: _____ Was assistance terminated? Yes _____ No _____

2. Have you or any other household member ever had an eviction filed against them? Yes _____ No _____

3. Do you or any other household member owe money to a Housing Authority or Private Landlord? Yes _____ No _____ If so, how much? \$ _____

PART D: INCOME INFORMATION

1. Are any household members self-employed, work full-time, part-time or seasonally? Yes _____ No _____
Provide the wages below, including tips, bonuses, and commissions. Attach last 3 paystubs.

Household Member	Amount	Frequency	Employer/Payer Address and Telephone	Payment Method (Cash/Paycheck)

2. Does any household member receive benefits, such as, unemployment, worker compensation, or severance pay? Yes _____ No _____

Household Member	Benefit Type	Amount

3. Does any household member receive child support from the absent parent? Yes _____ No _____
If yes, attach a copy of the Court Order and child support payment history printout. If party pays you directly, please provide a notarized letter from that party. If party pays expenses for your child such as clothing, daycare or food, provide a notarized letter from that party estimating their monthly donation to the child(ren).

Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)
Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)
Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)

4. Does any household member receive alimony? Yes _____ No _____

Household Member	Amount	Former Spouse Name

5. Does any household member receive cash, food stamps, or Medicaid assistance? Yes _____ No _____
 Attach printout of benefit amount from <http://www.myflorida.com/accessflorida>

Household Member	Amount

6. Does any household member receive Social Security or Supplemental Security Income? Yes _____ No _____
 Attach a copy of each most recent award letter to this application and provide the following:

Household Member	Benefit Type (SSA – Social Security) or (SSI - Supplemental Security Income)	Amount

7. Does any household member receive income from a pension or annuity? Yes _____ No _____
 Attach most recent benefit letter from Agency/Company.

Household Member	Amount	Frequency	Agency/Company/Address

8. Does any household member receive regular cash or (in-kind) contributions from individuals not living in the unit? Yes _____ No _____ If yes, please attach a notarized statement from the payer.

Household Member	Amount	Frequency	Payer Name/Address/Phone #

9. Did any household member file a Federal Income Tax return last year? Yes _____ No _____
 If yes, attach a copy of the completed tax return: Household members who file Income Tax Return:

PART E: ASSETS

1. Does any household member receive income from assets including interest on checking or savings accounts, interest from certificates of deposits, dividends from stocks or bonds, or income from rental property? Yes _____ No _____

Attach the last months checking and/or savings account statements and/or the last monthly or quarterly statement of investment earnings.

Household Member	Bank Name / Address	Type of Account	Current Cash Value

2. Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, etc.)? Yes ___ No ___ If yes, provide: Household member: _____ Asset: _____

3. Has any household member sold or disposed of any asset in the past two years for less than fair market value (real estate, mobile home, and/or land)? Yes ___ No ___
If yes, please describe: _____

4. Does any household member have a Whole Life or Universal Life insurance policy with a pre-death cash value? Yes ___ No ____.

Attach a copy of the life insurance policy to include the Cash Value page and provide the following:

Household Member	Insurance Agency / Address	Policy Number	Current Cash Value

PART F: EXPENSES

1. Does any household member have expenses for childcare of a child age 12 or younger? Yes ___ No ___
If yes, attach recent receipts/contract or letter from provider on company letterhead or notarized statement from an individual.

Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$
Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$
Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$

2. Is any portion of your childcare expenses reimbursed from an outside agency or person? Yes ___ No ___ if yes, provide name _____

3. Indicate the dollar monthly expenditures for your household. Attach copies of all recent statements/agreements or receipts.

Rent \$	Telephone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Fuel \$	Rentals \$	Food \$
Misc \$	Childcare \$	Other (specify)\$	
TOTAL EXPENSES \$		vs. TOTAL MONTHLY INCOME =	

PART G: ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions if the Head of Household, Spouse, or Co-head is either 62 years of age or older or a person with a disability who is 18 years of age or older.

1. Do you pay for a care attendant or for any equipment for any household member (s) with a disability that is necessary to permit that person or someone in the household to work? Yes ___ No ___

Care Attendant Name	Address / Telephone	Monthly Cost
Medical Equipment	Supplier	Monthly Cost

2. Do you pay for any other kind of medical insurance? Yes ___ No ___

Household Member	Insurance Provider	Policy Number	Monthly Premium

3. Do you have any outstanding medical bills that you are paying? Yes ___ No ___

Attach a statement of amount due and record of past payments from all Providers.

Household Member	Name of Provider	Monthly Amount

4. Do you pay out-of-pocket for prescription drugs? Yes ___ No ___

Attach a printout from each Pharmacy going back one full year from current date.

Household Member	Name of Pharmacy	Monthly Amount

PART H: CERTIFICATIONS

Please let GHA staff know if you need any assistance in understanding the following notice or Certified Statement:

IMPORTANT NOTICE:

Chapter 409.325 of the Florida Statutes makes it a crime, punishable by fine from \$5000 to \$50,000, or by imprisonment for up to five (5) years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact affecting income and rent.

If you as an applicant or program participant, knowingly give the Gainesville Housing Authority false information about your income, or fail to report changes in your family household or income in person within 10 days of a change you may be charged with fraud under Chapter 409.325 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the GHA you receive rental assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the GHA and will be subject to local/state and federal prosecution. This could also result in fines, imprisonment or both as well as the loss of your eligibility for any Federal Housing Programs.

CERTIFIED STATEMENT: The information requested on this form is being collected in connection with regulations of the Gainesville Housing Authority, authorized by the United States Department of Housing and Urban Development (HUD) to determine a client's eligibility or continued occupancy; apartment size; and the amount of contribution by the client(s). It will be used to provide the basis for managing the program(s), and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or termination of continued housing assistance, or subsequent determination that initially approved eligibility was erroneous. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under 18USC1001 / 18USC666 and/or FL 419.39.

APPLICANT(S)/TENANT(S) STATEMENT:

I/WE do hereby affirm and attest that all of the information above about me and my household are true and correct. I understand that the GHA requires me/us to report in **WRITING** within ten (10) business days of the date of any changes to my/our (but not limited to) income, marital status, job, and/or family size that occur any time during the year.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

GHA Representative

Date

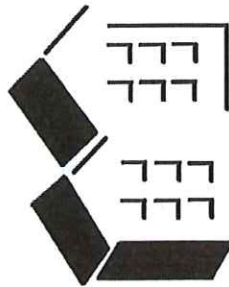
If you, or anyone in your family, is a person with disabilities and require a specific accommodation in order to fully utilize our programs and services, please contact Gainesville Housing Authority at 1900 SE 4th Street, Gainesville, FL 32641, or by phone at (352) 872-5500.





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

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.

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.

Identify 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/citizenship/transparency.cfm>

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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)



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

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

GAINESVILLE HOUSING AUTHORITY
1900 SE 4TH STREET
GAINESVILLE, FL 32641

IHA requesting release of Information; (cross out space if none)
(Full address, name of contact person and date)

xx xx
xx xx
xx xx
xx xx
xx xx
xx xx

Authority: Section 904 of the Stewart B. McKinney Homeless following

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 consent

may request information from financial institutions to verify your eligibility and level of benefits.

termi-

nation of benefits is subject to the HA's grievance procedures and

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 is

the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information 6103(1)(7)(A)

(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 and may be subject to penalties for unauthorized disclosures or im-

proper uses of the income information that is obtained based on the divi-

consent form. **Private owners may not request or receive these information authorized by this form.**

determining eligibility for assisted housing programs and the level

Who Must Sign the Consent Form: Each member of your

Persons who apply for or receive assistance under the

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

form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or

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

limited to wage and self employment information and payments of retirement income as referenced at Section

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 former employers concerning salary and wages and (b)

institutions concerning unearned income (i.e., interest and

dends). I understand that income information obtained from sources will be used to verify information that I provide in

of benefits. Therefore, this consent form only authorizes

release

household who is 18 years of age or older must sign the consent information

form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

directly from employers and financial institutions of

regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Original is retained by the requesting organization.
(7/94)

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886

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

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.



SPECIAL UNIT REQUIREMENT(S) 504 QUESTIONNAIRE

This questionnaire is used to determine whether a family member will need special features in their housing unit. The need for special adaptations must be verified by a physician's note.

Applicant/Participant Name: _____ SSN: _____

Address:

I choose not to complete this form. _____ (Initial here)

There are disabilities in the family but I do not request any accommodations or modifications to my unit. _____ (Initial here)

There are disabilities in the family and I am requesting an accommodation(s). _____ (Initial here) (Applicant/participant must have the Certification of Need for Reasonable Accommodation Form(s) completed)

Note: Florida Law Chapter 409.325 F.S. makes it a crime to knowingly give false information to get into housing, to get lower rent, or to receive aid or benefits under any state or federally funded assistance program.

Applicant/Participant Signature: _____ Date: _____

Housing Coordinator Signature: _____ Date: _____



GAINESVILLE HOUSING AUTHORITY
Where Housing Matters

**NOTICE TO FEDERAL PUBLIC HOUSING & HOUSING CHOICE VOUCHER PROGRAM
LANDLORDS/OWNERS/MANAGERS/RESIDENTS and APPLICANTS REGARDING
VIOLENCE AGAINST WOMEN ACT**

The Congress of the United States passed the Violence Act Against Women (VAWA) and Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. This law affects the resident selection, lease provisions that deal with termination and eviction, the termination of assistance or eviction provision in the HAP contract, the Tenancy Addendum, and the housing authority's relationship with the resident. Therefore, the legal relationships between the GHA, Owners, Applicants and Residents, are changed as set out below. Applicants and Residents may utilize the attached "certification form" which was created by HUD. The GHA does not give legal advice to owners, applicants, or residents (program participants). For answers to our questions, consult your attorney.

Selection of applicants, participants and tenants: The fact that an applicant or a tenant is or has been a victim or domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance, or denial of admission to the program if they are otherwise qualified.

Lease terms: An incident or incidents of actual or threatened domestic violence, dating violence, or staling may not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

Termination of Assistance/Eviction: Criminal activity directly relating to domestic violence, dating violence, or staling engaged in by a member of the tenant's household or any guest or other person under the tenant's control shall not be the cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, or stalking.

The GHA may terminate assistance and/or the landlord/owner/manager may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members or others without terminating the assistance/evicting of victimized lawful occupants.

The GHA and or landlord/manager/owner may honor court orders regarding rights of access or control of the property.

Nothing limits the GHA or landlord/manager/owner from terminating assistance or evicting for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a "more demanding standard" than non-victims.

Nothing prohibits the termination of assistance or eviction if the GHA or owner/manager



/landlord can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's assistance is not terminated or if that tenant is not evicted.

Any other federal state or local laws that provide greater protections to victims of domestic violence, dating violence or stalking are not superseded by these provisions.

The GHA and/or owner/landlord/managers may require certification of the individual or his or her status as a victim of domestic violence, dating violence or stalking in order to qualify for the protections implemented in the statute. Such certification must be maintained confidentially. The landlord/owner/manager is not required to demand a certification form from the resident, however.

If the GHA terminates assistance, a resident who claims that the termination is brought because of criminal activity directly relating to domestic violence, dating violence or stalking, must provide a written certification to the GHA that they are a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the termination of assistance are bona fide incidents of actual or threatened abuse. This written certification must be provided with **14** business days after the GHA requests the certification in writing. For GHA purposes, the date of the request shall be the date of the termination of assistance letter. If the landlord/owner/manager requires a certification, they shall inform the resident of the date the response must be returned, which shall not be less than 14 business days from the day the certification is requested by the landlord/owner/manager. The landlord/owner/manager shall state in its correspondence with the tenant when the time for providing the certification beings to run.

The certification requirement may be complied with by completing the certification form; a copy of which is provided to the household and the owner/manager/landlord with this Notice. Information provided in the certification form shall be retained in confidence, shall not be entered into a shared data base, and shall not be provided to a related entity unless the tenant consents in writing, the information is required for use in eviction proceedings, or its use is otherwise required by law.

Copies of form HUD-50066 "Certification of Domestic Violence, Dating Violence or Stalking" are available at the GHA Administrative Office at 1900 SE 4th Street, Gainesville, FL.

CERTIFICATION

I hereby certify that I have been provided with a copy of the required VAWA notification and certification form.

Signature

Date

Print Name

GHA Staff Receiving Notification

Date



REASONS FOR TERMINATION OF ASSISTANCE

Dear Participant:

In accordance with Federal law, this office may terminate rental assistance to a tenant's family for the following reasons, but not limited to:

- The family is guilty of program abuse or fraud. Fraud is a criminal offense.
- The family violates their obligations under the program as listed on the Certificate and Housing Voucher.
- The family refuses to supply any certification, release of information or documentation which the Housing Authority (HA) or HUD determines to be necessary for the administration of the program.
- The family vacates the dwelling unit without proper notice to GHA.
- The family does not use the dwelling as its principal place of residence.
- The family refuses to pay the HA amounts due under an agreement for damages/unpaid tenant rent paid to the owner by the HA, on the family's behalf.
- The family engages in drug-related activity or violent criminal activity, including criminal activity by any family member.
- The family engages in or threatens abusive or violent behavior toward the Section 8 Office personnel.

ANYONE OVER THE AGE OF 18 MUST SIGN BELOW. I HAVE READ THE ABOVE AND UNDERSTAND WHAT I HAVE READ.

By: _____
Head of Household's Signature/Date

By: _____
GHA Representative's Signature/Date

By: _____
Head of Household's Name/Date

By: _____
GHA Representative's Name/Date

By: _____
Spouse/Co-Tenant's Signature/Date

By: _____
Household Member over 18 yrs. old Signature/Date

By: _____
Spouse/Co-Tenant's Name

By: _____
Household Member over 18 yrs. old Name



AS A REMINDER TO REMAIN IN GOOD STANDING WITH THE GAINESVILLE HOUSING AUTHORITY'S HOUSING CHOICE VOUCHER PROGRAM YOU MUST:

- Report all income changes in writing to within 10 working days after the change occurs.
- Report changes in family composition in writing (who moves in or out of your unit, having a baby, adoption, marriage) within 10 days.
- A visitor may only stay in your unit for 15 days in a row; if they stay more than 30 days total in a calendar year within permission from the landlord or GHA that person must be on your lease.
- Attend all scheduled appointments and inspections; if you missed two you may be terminated from the program.
- Pay your portion of rent on time each month. If you don't pay your portion on time, your landlord can evict you through court. Eviction can place you in serious violation of your lease and your housing assistance can be terminated.
- Turn on and maintain utilities in your unit in your name or in the name of an adult member in the household. If the utilities are shut off you have 24 hours to have the service reinstated.
- Report maintenance problems to your landlord immediately in writing with a copy to the Gainesville Housing Authority. See the receptionist to request a special inspection. A request for a special inspection will not be honored unless it is accompanied by a copy of your written request.
- Give the landlord and GHA a 60 day written notice before moving out of your unit. If you leave the unit unoccupied for more than 30 days without written notice you may be terminated.
- Use your address as your mailing address unless otherwise determined by the GHA. If you cannot receive mail at your address notify the GHA for further instruction.

This information was explained to me by my Housing Coordinator and I had the opportunity to ask any questions:

By: _____
Head of Household's Signature/Date

By: _____
GHA Representative's Signature/Date

By: _____
Head of Household's Name/Date

By: _____
GHA Representative's Name/Date

By: _____
Spouse/Co-Tenant's Signature/Date

By: _____
Household Member over 18 yrs. old Signature/Date

By: _____
Spouse/Co-Tenant's Name

By: _____
Household Member over 18 yrs. old Name



CITIZENSHIP CERTIFICATION

The U.S Department of Immigration and Nationalization Act, Section 214

Notice To Applicants, Program Participants, and Tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully in the U.S.

Please read the Declaration statement carefully and sign and return to the Housing Authority 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 (Please check the appropriate box):

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

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

☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form

☐ Permanent residence under section 249 of INA. (**Alien Registration Receipt Card- Form 1-55**)

☐ Amnesty under section 245A of the INA or Section 210. (**Temporary Resident Card - Form I-688 or 688B**)

☐ Refugee asylum or conditional entry status under section 207, 208, or 243(h) of the INA. (**Arrival-Departure-Form 1-94**)

☐ Parole status under section 212 (d) (5) of the INA. (**Arrival-Departure - Form 1-94**)

☐ Threat to life or freedom under section 243 (h) of the INA. (**Arrival-Departure-Form 1-94**)

Signature

[DATE]

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

NOTE: MUST fill out this form separately for EACH individual listed on the application.