

HOUSING CHOICE VOUCHER

SECTION 8

RECERTIFICATION PAPERWORK

- Supplement HUD 92006
- General Release
- Intent to Renew
- Household Declaration
- Authorization to Release HUD 9886
- EIV and You (Information Only)

This is paperwork required for all active tenant households. You may be required to submit additional paperwork.

Cheyenne Housing Authority

ADDRESS CHANGE/UPDATE CONTACT INFORMATION

Please remember to keep your address updated at all times. Returned mail and failure to respond to letters can put your housing assistance in jeopardy. If you are on the waiting list returned mail and failure to respond to letters will be grounds to drop you from all waiting lists.

Head of Household _____

Old Address _____

Current Address _____

Contact Phone: _____

Signature

Date



3304 SHERIDAN ST. / CHEYENNE, WY 82009 / PH. 307-633-8333/ FAX 307-633-8315 (Housing Dept.)
For TTY assistance call 1-800-877-9965 / FAX 307-637-4663 www.cheyennehousing.org

Cheyenne Housing Authority



For Vouchers and Public Housing : This is a Household Declaration of information and income. Starting with the Head of Household, you must list all persons who reside in your home.

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------|-------------|-------------|-------------------|-------------------|--|
| 1.) Head of Household | | Current Phone Number | | Email: | | | |
| Name: | | DOB: | AGE: | SSN: | | | |
| Address: | | City: | State: | Zip: | | | |
| Gender: M | F | Relationship: | Head | Disabled: Y | N | | |
| Student: Y | | N if yes: Full Time | | Part Time | | School Name: | |
| Employer: | | | | Full | Part | Monthly Income \$ | |
| Employer Address: | | City: | State: | Zip: | | | |
| Employer Contact: | | Email: | Phone: | Fax: | | | |
| 2.) Household Member | | Has this person moved in since your application/last recertification? <u> Y </u> <u> N </u> | | | | | |
| Name: | | DOB: | AGE: | SSN: | | | |
| Gender: M | F | Relationship: | Disabled: Y | N | Race/Ethnicity: / | | |
| Student: Y | | N if yes: Full Time | | Part Time | | School Name: | |
| Employer: | | | | Full | Part | Monthly Income \$ | |
| Employer Address: | | City: | State: | Zip: | | | |
| Employer Contact: | | Email: | Phone: | Fax: | | | |
| 3.) Household Member | | Has this person moved in since your application/last recertification? <u> Y </u> <u> N </u> | | | | | |
| Name: | | DOB: | AGE: | SSN: | | | |
| Gender: M | F | Relationship: | Disabled: Y | N | Race/Ethnicity: / | | |
| Student: Y | | N if yes: Full Time | | Part Time | | School Name: | |
| Employer: | | | | Full | Part | Monthly Income \$ | |
| Employer Address: | | City: | State: | Zip: | | | |
| Employer Contact: | | Email: | Phone: | Fax: | | | |
| 4.) Household Member | | Has this person moved in since your application/last recertification? <u> Y </u> <u> N </u> | | | | | |
| Name: | | DOB: | AGE: | SSN: | | | |
| Gender: M | F | Relationship: | Disabled: Y | N | Race/Ethnicity: / | | |
| Student: Y | | N if yes: Full Time | | Part Time | | School Name: | |
| Employer: | | | | Full | Part | Monthly Income \$ | |
| Employer Address: | | City: | State: | Zip: | | | |
| Employer Contact: | | Email: | Phone: | Fax: | | | |
| 5.) Household Member | | Has this person moved in since your application/last recertification? <u> Y </u> <u> N </u> | | | | | |
| Name: | | DOB: | AGE: | SSN: | | | |
| Gender: M | F | Relationship: | Disabled: Y | N | Race/Ethnicity: / | | |
| Student: Y | | N if yes: Full Time | | Part Time | | School Name: | |
| Employer: | | | | Full | Part | Monthly Income \$ | |
| Employer Address: | | City: | State: | Zip: | | | |
| Employer Contact: | | Email: | Phone: | Fax: | | | |
| <i>If you have additional household members, you must complete a supplemental family information and income declaration form.</i> | | | | | | | |
| RACE - 1. WHITE 2. BLACK 3. AMERICAN INDIAN/ALASKAN NATIVE 4. ASIAN 5. HAWAIIAN/PACIFIC ISLANDER 6. MIXED 7. OTHER | | | | | | | |
| ETHNICITY - 1. HISPANIC 2. NON-HISPANIC | | | | | | | |
| THE HOUSEHOLD INFORMATION IS TRUE & COMPLETE: Head of Household Initials: _____ | | | | | | | |

Income Sources - Head of Household must answer all questions pertaining to each household member, regardless of age.
All income must be reported.

| Income Sources: | YES | NO | Monthly \$ | Person Receiving | Comments |
|------------------------------------------------------------------|-----|----|------------|------------------|----------|
| Cash/gifts from family/others | | | | | |
| Is any member court ordered to receive child support or alimony? | | | | | |
| Child Support or Alimony Actually received? | | | | | |
| Employment | | | | | |
| Pension/Retirement | | | | | |
| Per Capita | | | | | |
| Power | | | | | |
| Self Employment | | | | | |
| SNAP | | | | | |
| Social Security | | | | | |
| SSI | | | | | |
| State SSI | | | | | |
| Student Financial Aid | | | | | |
| Unemployment | | | | | |
| Veterans Benefits | | | | | |
| Workers Compensation | | | | | |
| Work Study Employment | | | | | |
| Other | | | | | |

Assets: Do you or any member of your household own or have any legal interest in any type of asset. Y N
You must list all assets for you or any member of your household. Assets include but are not limited to: cash, checking, savings , stocks, bonds, treasury bills, money market, certificate of deposit, whole life insurance, real estate and retirement accounts.

| Asset Type: | Account balance/Amount of Asset |
|-------------|---------------------------------|
| | |
| | |
| | |
| | |
| | |

Has any member of your household disposed of any asset for less than fair market value within the last two years?
 Y N If yes, please explain:

| THE INCOME AND ASSET INFORMATION IS TRUE & COMPLETE: Head of Household Initials: _____ |
|----------------------------------------------------------------------------------------|
| |

- 1.) Does anyone in your household pay childcare for children under 13 years of age? Y N
If yes, monthly amount \$ _____
- 2.) Does anyone in the household (if elderly or disabled) pay for medical expenses? Y N
If yes, monthly amount \$ _____
- 3.) Have you or any member of your household been arrested? Y N
Have you or any household member been convicted for any drug related or violent criminal activity? Y N
- 4.) Is any household member required to register as a sex offender? Y N
- 5.) Are you or a member of the household a person with a disability and as a result of such disability requesting a reasonable accommodation? Y N
If yes, please explain. (A reasonable accommodation is a change in a policy, procedure, rule, practice or program service that will allow equal opportunity for housing assistance.)
- 6.) If this is your annual recertification, do you plan on moving? Y N (Section 8 participants only)
- 7.) What utilities do you pay?

CHA Required Verification

Income: Payroll summary from your employer(s) or two (2) consecutive months of check stubs, court ordered child support verification, social security/disability, or any other income any household member may receive.

Assets: Three (3) consecutive months of bank statement(s).

Medical Expenses: (Previous year) Printouts from doctors, pharmacy, or any out of pocket medical expense incurred in the previous year. (Current year) insurance premiums will require (3 months) bank statements or Invoice and /or payment book from your provider. All other medical expenses will need invoices with verification of payment.

Child Care Expenses: Three (3) consecutive months of receipts from the childcare provider.

The undersigned hereby represents that all of the information provided is true and complete and hereby authorizes the Cheyenne Housing Authority to obtain information from any source to verify information provided. False or incomplete information given above will result in the Cheyenne Housing Authority (1) rejecting this Family Declaration and/or (2) terminating assistance/tenancy if false or incomplete information is discovered after occupancy or assistance begins.

Participant(s) would be required to repay the CHA for any assistance provided based upon false or incomplete information provided by the participant(s).

I/We understand that if we believe we have been discriminated against, we may call the Fair Housing and Equal Opportunity Hotline at 1-800-877-7353.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES: A PERSON GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED UNDER THIS TITLE OR IMPRISONED FOR UP TO FIVE YEARS OR BOTH.

This information and declaration form is to be signed by all household members 18 years of age and older.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Cheyenne Housing Authority

INTENT TO RENEW OR TERMINATE EXISTING LEASE

Housing Choice Voucher Program Participants

Participant Name: _____ Last 4 of Social Security #: _____

Participant Address: _____

Property Owner/Manager Name: _____

Please check the appropriate statement:

It is the intent of the Participant and the Property Owner/Manager to **renew the existing lease at the above address on a month to month basis.**

It is the intent of the Participant and the Owner/Property Manager to **renew the existing lease at the above address for one year.**

(Please provide a copy of the lease addendum extending the lease.)

It is the intent of the Participant to **terminate the lease effective _____.**

If the existing lease is being renewed, all covenants and conditions of the original lease shall remain the same and in full force and affect.

Participant Signature

Date

Owner/Property Manager Signature

Date

Revised: March, 2017



3304 SHERIDAN ST. / CHEYENNE, WY 82009 / PH. 307-633-8333/ FAX 307-637-4663
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Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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.



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.

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/ihip/eiv.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