

EQUAL HOUSING OPPORTUNITY

This brochure is not inclusive of all eligibility requirements, but is intended to give a general overview.

Office Location:

700 N. Berry Road
Norman, Oklahoma 73069

Office.....405-329-0933

Second Line.....405-321-7105

Main Fax405-329-2542

TDD 405-329-0933

Office Hours:

Monday - Thursday: 8:00 am – 5:30 pm

(Closed for lunch: 1:00 pm – 1:30 pm)

Friday: 8:00 am – 12:00 pm

Applications Accepted: (Applications MUST be submitted in person)

Monday-Thursday 8:00 am – 5:00 pm

(Closed for lunch: 1:00 pm – 1:30 pm)

Friday’s 8:00 am – 11:30 am

Income Limits:

The listed Income Limits are the maximum **GROSS** amounts for an applicant to be eligible.

1 Person.....	50,150
2 People.....	57,300
3 People.....	64,450
4 People.....	71,600
5 People.....	77,350
6 People.....	83,100
7 People.....	88,800
8 People.....	94,550

**HOUSING AUTHORITY
OF THE CITY OF NORMAN
PUBLIC HOUSING PROGRAM**



700 North Berry Road
NORMAN, OKLAHOMA 73069

(405) 329-0933

Updated 04/01/2024



700 N. Berry Road, Norman, OK 73069
Phone 405-329-0933 Fax 405-329-2542

"Affordable Housing...with Vision"

Documentation required to submit an Application for Public Housing

Please note this documentation is required to submit your Public Housing Application

You may be required to submit additional documentation prior to your application being approved

You must provide copies of the required documentation when you submit your application; otherwise, your application will not be accepted. There are no exceptions to this rule.

US Citizens by Birth:

- **Birth Certificate:** Original or Copies of birth certificates issued by a U.S. State must be provided for all persons to be living in the residence regardless of age.
- **Social Security Card:** Valid social security cards must be provided for all persons to be living in the residence that is 6 years of age & above. (Applicant families will have a 90-day period to provide a valid social security card for any member 6 years of age or below)
- **Picture Identification:** Valid picture identification, state issued driver's license, state issued ID card, must be provided for all persons to be living in the residence 18 years of age or older.
- **Current/Previous Landlord Information:** The landlord reference page of your application **MUST** be complete even if the applicant has lived with relatives, friends, or has been homeless. It needs to include the names, addresses, phone numbers and dates of residency for all current/previous landlords/addresses within the past 5 years.

Naturalized US Citizens:

- **Naturalization Certificate:** Original naturalization certificate.
- **Social Security Card:** Valid social security cards must be provided for all persons to be living in the residence that is 6 years of age & above. (Applicant families will have a 90-day period to provide a valid social security card for any member 6 years of age or below)
- **Picture Identification:** Valid picture identification, state issued driver's license, state issued ID card, must be provided for all persons to be living in the residence 18 years of age or older.
- **Current/Previous Landlord Information:** The landlord reference page of your application **MUST** be complete even if the applicant has lived with relatives, friends, or has been



700 N. Berry Road, Norman, OK 73069

Phone 405-329-0933

Fax 405-329-2542

"Affordable Housing...with Vision"

Application Process for Public Housing

Applications submitted into the Public Housing office generally take between 2-4 weeks to process. It is imperative that you submit the correct contact information as all correspondents will be sent via mail. If your mailing address changes, please update that information with us. The Public Housing Waiting list will vary based upon the bedroom size and vacancy of our units; therefore, we are unable to state how long the waiting list is.

If your application with Public Housing is APPROVED then you will go on the approved waiting list for the bedroom size your household qualifies for. Placement on the waiting list is based upon date and time of application submission; there are no preferences. Once a unit becomes available, an offer letter will be sent out to the top 3 applicants on the waiting list. The applicant that makes it into the Public Housing office first with the appropriate security deposit will secure the unit. You will only have 7 days from the date of the offer letter to respond, failure to respond within the 7-day time frame will result in your application being dropped. If you are not the first qualified applicant to make it into the office with the security deposit, but you do respond within the required time frame, you will be placed back on the waiting list in the order in which you applied. Please note that an applicant will only be eligible to receive up to 3 offers to secure a unit; after that, you will have to re-apply.

Security Deposit Amounts:

(Must be in the form of a money order or cashier's check)

Rose Rock Villa - \$150

1-Bedroom - \$200

2-Bedroom - \$250

3-Bedroom - \$300

4-Bedroom - \$350

Applications that are DENIED are eligible to request an informal hearing within 7-days from the date of the denial letter. The denial letter will give you instructions on how to proceed. If you do request a hearing, you must be able to prove that the reason(s) you were denied are incorrect. Request for informal hearings that are received after the 7-day time frame will not be accepted.

If you are denied due to having an eviction in the last 5 years or if you have engaged in drug or violent related activities within the last 5 years; excluding the use of marijuana which is 1 year, the Norman Housing Authority cannot overturn these denials unless you can show evidence otherwise. If you owe any landlord and/or previous housing agency, you must have your debt paid off in full before your application will be approved.

If you have any changes or questions during the applications process, you may contact the Public Housing Leasing Coordinator at (405) 329-0933 ext. 309.

THIS SECTION FOR OFFICE USE ONLY

Date: _____

Received By: _____

Time: _____

Bedroom Size: _____

APPLICATION FOR PUBLIC HOUSING ADMISSION

HOUSING AUTHORITY OF THE CITY OF NORMAN

ALL APPLICATIONS MUST BE SUBMITTED IN PERSON

The Norman Housing Authority will provide assistance to individuals with a Disability or with Limited English Proficiency to insure equal access to this document. Such assistance will require prior notification to the Housing Authority so we can make arrangements for the assistance you are requesting.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Complete this form in your own handwriting in black or blue ink. Use the correct legal name for each person who will reside in the dwelling unit as it appears on the Social Security card or other legal forms of identification. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If that section does not apply to you, write N/A.

1. APPLICANT INFORMATION:

Name of Head of Household: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Race: (check one)

- White _____
- Black/African American _____
- Asian _____
- Native Hawaiian/Other Pacific Islander _____
- American Indian _____

Ethnicity:

- Hispanic or Latino _____
- Not Hispanic or Latino _____

II. HOUSEHOLD COMPOSITION: (list all who will be living in the household)

Adults (age 18 & over)									
Last,	First	MI	Relation to Head	Sex M/F	Social Security Number	Elderly/Disabled	Date of Birth	Marital Status	Race/Ethnicity
			Head						

Children (under age 18)			Sex	Social Security	Date of	Race/	Name & Address of Absent
Last,	First	MI	M/F	Number	Birth	Ethnicity	Parent (not living with child

Which of the following do you claim? (Check one)

- I am a citizen, naturalized Citizen or National of the United States
 I am a non-citizen with eligible immigration status.
 I am a non-citizen without eligible immigration status.
 Pending verification

Additional Contact Person (if unable to contact applicant):

Name: _____ Relationship to Applicant: _____

Address: _____ Telephone: _____
 Street City State Zip

Do any household members require a specific accommodation in order to fully utilize our programs and services? _____

If YES please explain: _____

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household member in order for them or another family member to work? _____ If yes, itemize: _____

III. TOTAL HOUSEHOLD INCOME:

List all money earned or received by **everyone** living in the household. This includes but is not limited to Gross Wages, Self-employment, Child Support, Social Security, SSI, Worker's Compensation, Unemployment benefits, Retirement Benefits, TANF, Veteran's Benefits, Alimony, Babysitting, and Rental Property Income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? _____

Does anyone help you pay bills regularly? Yes _____ No _____

If yes, who? _____ How often? _____ How much? _____

IV. ASSETS

Do any household members have or receive income from assets: (check all that apply)

- Real Estate
- Certificate of Deposit
- Savings Accounts
- Checking Account
- Pension Fund
- Other: _____
- Insurance Settlements
- Stocks/Bonds
- Trusts
- Company Retirement

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? _____

If yes, what? _____ What was its market value _____

How much did you actually receive? _____

V. CHILDCARE AND MEDICAL INFORMATION

Do you pay for Child Care for children age 12 or younger while you work or attend school? Yes _____ No _____

If yes, Name of Child Care Provider: _____ How much per month? _____

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and medical equipment, also any expenses related to Service, Companion, or Therapeutic animals). Verification of these expenses will be required.

Medical Expense	Yearly Total	Medical Expense	Yearly Total

VI. CURRENT AND PREVIOUS ADDRESS INFORMATION- STARTING WITH MOST CURRENT THROUGH THE LAST 5 (FIVE) YEARS. YOU MUST COMPLETE THIS SECTION EVEN IF YOU WERE HOMELESS OR STAYED WITH FAMILY OR FRIENDS. IF THE INFORMATION REQUIRED IS NOT COMPLETED IN ITS ENTIRETY YOUR APPLICATION WILL NOT BE ACCEPTED.

Current Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Your Current Address _____ City: _____ State: _____ Zip: _____

Move In Date: ____ / ____ /20____

Previous Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Your Address _____ City: _____ State: _____ Zip: _____

Move In Date: ____/____/20____ Move Out Date: ____/____/20____

Previous Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Your Address _____ City: _____ State: _____ Zip: _____

Move In Date: ____/____/20____ Move Out Date: ____/____/20____

Previous Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Your Address _____ City: _____ State: _____ Zip: _____

Move In Date: ____/____/20____ Move Out Date: ____/____/20____

Previous Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Your Address _____ City: _____ State: _____ Zip: _____

Move In Date: ____/____/20____ Move Out Date: ____/____/20____

Previous Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Your Address _____ City: _____ State: _____ Zip: _____

Move In Date: ____/____/20____ Move Out Date: ____/____/20____

Have you or any household member lived/or are currently living in public housing or received/receiving housing assistance?
Yes _____ No _____

If yes, under whose name?

Where? _____ Date: From ___/___/___ to ___/___/___

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes _____ No _____ If yes, Name of Housing Authority: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ How much _____

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes _____ No _____

If yes, with whom? _____ How much? _____

Have you or any household member ever used any other name or social security number other than the one used on this application? Yes _____ No _____ If yes, explain: _____

Are you or any household member required to report to a probation or parole officer? Yes _____ No _____

Have you or any household member ever been arrested for drug or violent criminal activity? Yes _____ No _____ If yes, give name of household member _____

Explain: _____

Do you own a vehicle(s)? Yes _____ No _____

If yes, list Make: _____ Model: _____ Color: _____ Tag # _____

APPLICANT/TENANT CERTIFICATION

All family members age 18 and over should review the information listed on this application and **MUST** sign below.

I/We do hereby attest that all the information given to the Housing Authority of the City of Norman within this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority in writing within 14 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

If you have not been housed 6 months after your application date you will be receiving an update letter. If you would like to remain on the waiting list you will need to complete and return the update form by the required deadline. If we do not receive the completed update form by the stated deadline your application will be dropped. Dropped applications will not be reinstated.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT

DATE

Do NOT write below this line (For PHA use only)

← _____
Date Eligibility Established: _____

_____ →
Date Denial Mailed: _____

Record of Offers:

Date: _____ Unit # _____

Accepted: _____ Moved in: _____ Rejected/No Response: _____

Date: _____ Unit # _____

Accepted: _____ Moved in: _____ Rejected/No Response: _____

Date: _____ Unit # _____

Accepted: _____ Moved in: _____ Rejected/No Response: _____

Application Dropped: _____

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

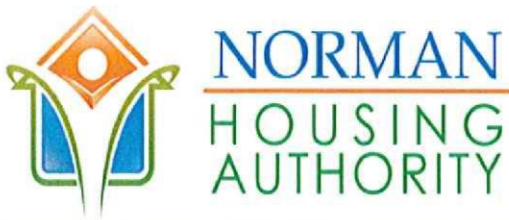
Date

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]



700 N. Berry Road, Norman, OK 73069
Phone 405-329-0933 Fax 405-329-2542

"Affordable Housing...with Vision"

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and violation of my lease or PHA policies.

INFORMATION COVERED:

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested but are not limited to:

Identity/Martial Status/Employment/Income/Assets/Residences/Rentals Activity/Childcare Allowances/Credit/Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous Landlords (including Public Housing Agencies)/Past & Present Employers/Law Enforcement Agencies/Retirement Systems/Courts & Post Offices/Child Care Providers/Child Support Providers/Alimony Support Providers/Utility Companies/Schools/Colleges/Welfare Agencies/State Unemployment Agencies/Banks/Financial Institutions/Credit Providers/Social Security Administration/Veterans Administration/Insurance Providers

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties, exchange such automated information with other Federal, State, or Local Agencies, including but not limited to State Employment Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp agencies.

CONDITION:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Other Adult

Print Name

Date

Signature of Other Adult

Print Name

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.

**FRAUD AFFIDAVIT
NORMAN HOUSING AUTHORITY
PENALTIES FOR FRAUD**

FRAUD-Withholding information from this Agency OR providing false information to this Agency

- 1. Under Federal Law FRAUD is punishable by fines up to \$10,000 AND imprisonment for up to five years.**
- 2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings and will be turned in for prosecution for violating a federal law.**
- 3. Tenants will be required to pay market rent-retroactively, if applicable.**

Resident Acknowledgement(s)

By signing below, I confirm:

- 1. That I have read the penalties for submitting fraudulent information above;**
- 2. That I understand what fraud is, and;**
- 3. That I understand the penalties for committing fraud.**

Head of Household

Sign Name _____

Date _____

Spouse/Other Adult _____

Date _____



FEDERAL PRIVACY ACT NOTICE FOR THE PUBLIC AND INDIAN HOUSING, SECTION 8 RENTAL, AND MODERATE REHABILITATION PROGRAMS

Purpose: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay towards rent utilities.

Use: HUD uses 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 furnished. HUD or a Public Housing Agency/Indian Housing Authority may conduct a computer match to verify the information you provided. 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 the information requested by the Public Housing Agency/Indian Housing Authority, including all social security numbers you and all household members have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in delay or rejection of eligibility approval.

Authority for Information Collection: The following laws authorize the collection of this information by HUD or the Public Housing Agency/Indian Housing Authority: The U.S. Housing Act of 1937 (42 USC, 1437 ct Seq), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 USC 3542) requires applicants and residents to submit the social security numbers of all household members.

.....
TENANT COMPOSITION FORM

The Norman Housing Authority Public Housing Policy states that no adult person(s) other than those listed on the NHA approved lease and application shall live/stay in the unit other than on a temporary basis not exceeding 30 consecutive or non-consecutive days. This is to insure the Gross Family Contribution is accurate on the total monthly income of the household unit.

If this situation should arise during the term of the lease, I agree to contact the NHA with the additional information. I realize failure to do so could result in eviction, life time loss of the NHA program, repayment of the rent, and possible theft and fraud charges under State and Federal law.

.....



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: 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 record keeping 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 06/30/2026.

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

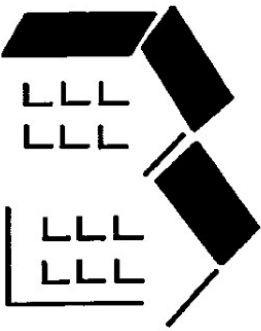
The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions,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

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



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

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.