Housing Authority of Bexar County (HABC)
1954 E. Houston Street, Suite 104 • San Antonio, Texas 78202
Phone: (210) 225-0071;

HOUSING CHOICE VOUCHER PROGRAM APPLICATION

Head of household Name_____ Social Security #_____

Co-Head Name_____ Current Telephone_____

Current Address_____ Zip Code_____

Email Address: _____

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS LOCALLY:

1. NAME _____ TELEPHONE _____ RELATION _____

2. NAME _____ TELEPHONE _____ RELATION _____

Household Composition Information

Have there been any changes to the number of people in your household since your last certification?
☐ Yes ☐ No If yes, list name(s) and whether person was added or removed_____

Below list names of all people who currently live in your household.

Name (Last, First)	Relation to Head of House-hold	Date of Birth	Age	Sex (M-Male F-Female)	Social Security #	U.S. Citizen (Y-Yes N-No)	Full Time Student (Y-Yes N-No)	Race * (W, B, N, A, O)	Ethnicity ** (H, NH)
1.	Head of Household								
2.									
3.									
4.									
5.									
6.									
7.									
8.									

*Race: W-White, B-Black, N-American Indian/Alaska Native, A-Asian or Pacific Islander, O-Other
**Ethnicity: H-Hispanic NH-Non-Hispanic

Voluntary Veteran Status Disclosure: Has any household member served in the U.S. Armed Forces? ☐ Yes ☐ No
If yes, list name (s):_____

If a household member has a disability (verifiable by a qualified physician or other professional), you may qualify for additional deductions in your rent amount. You are not required to answer if someone in your household has a disability.

Does any household member have a disability? ☐ Yes ☐ No If yes, list name(s)_____

Name of former wife or husband: _____

Separation Date: _____ Divorced? ☐ Yes ☐ No Deceased Date: _____

Absent parent(s) of dependent child(ren) listed on application:

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone:

Household Income Information

Below list ALL sources of household income. List the names and income of all members of your family who are currently employed, either full-time or part-time. Include earnings from self-employment, military pay, tips, etc. Also list all members of your family who are currently receiving income from other sources (e.g., Social Security, SSI, pension, disability, TANF, unemployment compensation, babysitting, alimony, child support, regular contributions or gifts).

HUD ENTERPRISE INCOME VERIFICATION SYSTEM (EIV): The Housing Authority of Bexar County (HABC) will utilize this system to verify your household income.

Family Member Name	Source of Income (Name, Address, Telephone of Employer)	Amount (Pay Rate)	How Often Received *(Y, M, B, W, H, SM)

*Frequency: Y-Yearly, M-Monthly, B-Bi-weekly, W-Weekly, H-Hourly, SM-Semi-monthly

Banking Information

Fam Mem	Name of Bank	Account Number	Type of Account	Balance Current	Balance 6-Mo. Average

Asset Information

Does any household member receive income from assets, including interest on checking or savings accounts?
☐ Yes ☐ No, If Yes, provide:
Family Member Name_____Type of Asset_____Amount $_____

Do you or any household member own any real estate? ☐ Yes ☐ No If Yes, list address_____
Have you or any household member sold any real estate in the past two years? ☐ Yes ☐ No If Yes, list address_____

Expenses Information

Do you or any household member have CHILDCARE EXPENSES for a child 12 or younger? ☐ Yes ☐ No
If Yes, provide the name, address and telephone number of the care provider:

What is your out of pocket cost for childcare?_____ Is any of this portion reimbursed to you by any person or agency? ☐ Yes ☐ No If Yes, explain_____

Do you or any disabled household member have any current/anticipated MEDICAL EXPENSES? ☐ Yes ☐ No
If Yes, must provide proof, as; doctor receipts, 12 month pharmacy printout, payment agreements, etc.

Current Expenditures

Rent:	Electric	Water	Phone	TOTAL MONTHLY EXPENSES:
Auto Ins.	Credit	Credit	Loan	TOTAL MONTHLY INCOME:
Auto	Other	Other	Other	

Applicant/Participant Certification

The following certification must be signed by all household members age 18 or over.

I/WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I/WE UNDERSTAND ANY ATTEMPT TO OBTAIN HOUSING ASSISTANCE, 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 FEDERAL LAW. I/WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MUST BE REPORTED TO YOUR CASEWORKER NO LATER THAN TEN DAYS FROM THE DATE THAT THE CHANGE OCCURS.

HOH Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature of Agency Representative_____ Date_____

WARNING: Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony.

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the Housing Authority of Bexar County at (210) 225-0071.

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Family Obligations
Housing Choice Voucher (HCV) Program
Ref. Code of Federal Regulations (CFR) 24 §982.551

EQUAL HOUSING OPPORTUNITY

Federal Regulations and HABC policy state the obligations of a participant Family under the Housing Choice Voucher program. *Initial beside each obligation and sign the acknowledgement below.*

_____ **1.** The Family must supply any information that HABC or HUD determines necessary in the administration of the HCV program. "Information" includes any requested certification, release or other documentation.

_____ **2.** The Family must supply any information requested by HABC or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.

_____ **3.** The Family must disclose and verify social security numbers and must sign and submit consent forms to obtain information.

_____ **4.** All information supplied by the Family must be true and complete. Changes in Family composition and/or income must be reported to HABC within ten (10) business days.

_____ **5.** The Family is responsible for tenant-caused NSPIRE Inspections violations. NSPIRE Violations that are not corrected may result in termination of the HCV program.

_____ **6.** The Family must allow HABC to inspect the unit at reasonable times, after reasonable notice. An adult, 18 years of age or older, must be present for the inspection.

_____ **7.** The Family may not commit any serious or repeated violation(s) of their Lease and is responsible for paying rent and utilities on time. Utilities must be in the name of the head or co-head of household for the entire period the Family receives housing assistance.

_____ **8.** The Family must notify HABC and the owner of the building before moving out of the housing unit or terminating the Lease on notice to the owner. See §982.314(d).

_____ **9.** The Family must promptly give HABC a copy of any owner eviction notice.

_____ **10.** The Family must use the assisted housing unit for residence by the family. The housing unit must be the family's only residence.

_____ **11.** The composition of the Family residing in the housing unit must be approved by HABC. The Family must promptly inform HABC of the birth, adoption or court-awarded custody of a child. The Family must request HABC approval to add any other person as an occupant of the housing unit. No other person but approved Family members may reside in the housing unit.

_____ **12.** The Family must promptly notify HABC if any Family member no longer resides in the housing unit.

_____ **13.** If HABC has given approval, a foster child or a live-in-aide may reside in the housing unit.

_____ **14.** Members of the household may engage in legal profitmaking activities in the housing unit, but only if such activities are incidental to the primary use of the housing unit.

_____ **15.** The Family must not sublease or let the housing unit, and the Family must not assign the lease or transfer the housing unit.

_____ **16.** The Family must supply any information requested by HABC to verify that the Family is living in the unit or information relating to Family absence from the unit. The Family must promptly notify HABC in writing of absence from the unit for more than ninety (90) days.

_____ **17.** The Family must not own or have any interest in the housing unit.

_____ **18.** The Family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.

_____ **19.** The Family may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other persons residing in the immediate vicinity of the unit (see §982.553).

_____ **20.** The Family must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other persons residing in the immediate vicinity of the unit.

_____ **21.** The Family may not receive HCV assistance while receiving another housing subsidy for any housing unit, under any duplicative federal, state or local housing assistance program(s).

_____ **22.** The Owner of the assisted housing unit must not be the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HABC grants written approval, as a reasonable accommodation for a family member who is a person with disabilities.

I acknowledge that I have been briefed on the Family Obligations for the HCV program. I understand that failure to abide by the obligations listed above may result in denial and/or termination of assistance.

Signature of Head of Household	Date	Signature of Other Adult	Date
Signature of Other Adult	Date	Signature of HABC Representative	Date

Revised 05/05/2017

REQUEST FOR RENTAL CHANGE

Effective July 1, 2024, only one rental increase will be processed every 12 months. All requests must still be found reasonable. through HABC's Rent Reasonable Comparability process.

Participating landlords in the Housing Choice Voucher (HCV) program may request a rental change ***after the initial year lease term***. To be approved, this form must be completed in its entirety with both the landlord and participant's signature. This form must be submitted to HABC **at least 60 days before any such changes go into effect**. Please note that ***all changes in responsibility to pay utilities or provide appliances will result in a new lease and Housing Assistance Payment Contract.***

HABC will determine if the requested rent is reasonable by comparing your rent to those of equivalent units in the private market. If HABC determines your proposed rent is not reasonable, HABC must deny your request. **If the rent comparability study results in an amount lower than your current rent, HABC must decrease the rent amount in accordance with HUD regulations.**

Complete this form and Give to your Resident to turn in with the Recertification paperwork which was mailed out.

TO BE COMPLETED BY THE OWNER/LANDLORD

1. Participant Name: _____ Phone: _____

   Current Address: _____ Apt. No.: _____

   City: _____ State: _____ Zip Code: _____

2. Landlord/Payee Name: _____

3. Landlord/Payee Phone Number: _____

4. Landlord/Payee Email: _____

5. Has there been a change in responsibility to pay utilities and/or provide appliances? ☐ No ☐ Yes

   If yes, a new Request for Tenancy Approval form must be submitted with the updated utility or appliance information. Please note that if there is a change, a new HAP Contract must be executed, and a new lease provided to HABC. You can go to -habctx.org, under -Landlord Resources download the Request for Tendency approval forms and submit

   If no, skip to question 6.

6. What is the current rent for the unit? $_____ **per month**

7. What is the requested new rent for the unit? $_____ **per month**

Owners Certification: The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. OWNERS OF PROJECTS WITH MORE THAN 4 UNITS **MUST COMPLETE THE BELOW SECTION**

Address and unit number	Date Rented	Rental Amount
1		
2		
3		

Please note that if the above change(s) result in a rental increase, your rent portion may increase.

By executing this request, I certify that the unit is in decent, safe and sanitary condition and the participant is following the terms and conditions of the lease agreement. I understand that if the results of the comparable rent study indicate a lower rent amount, the rent must be decreased. Please note this request will be denied if the participant does not sign.

_____ _____ _____ _____

Landlord/ Owner Signature date Participant Signature date

FOR HABC USE ONLY

☐ **RENT INCREASED** ☐ **RENT DECREASED** ☐ **RENT DENIED**

Processed by: _____ Approved Contract Rent: $ _____ per month

Notes: _____

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

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 <u>one</u> 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.

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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