

ELDERLY/DISABLED APPLICATION

Housing Authority of the City of New Britain
16 Armistice Street
New Britain, CT 06053
Phone: (860)225-3534 Fax: (860)827-4615
TTY# (800)842-9710

LOW INCOME Elderly/Disabled Public Housing Pre-Application
Please setup appointment with receptionist for assistance or call (860)225-3534

Personal Information:

1. Birth Certificate(s) – **All Family members**
2. Photo I.D. **All family members 18 years and older**
3. Social Security card(s) – **All family members**
4. Alien Registration card(s)
5. Two (2) letters of personal reference
6. Police record check for the town(s) where you have lived for the **past three (3) years**
7. Verification of address: Landlord name, address, phone number, rent receipt and tenant lease – (Page 1. Of the attached application must be completed).

If you do not rent, the person or family member you live with must submit a **NOTORIZED LETTER** explaining the living arrangement.

Income Information:

8. Last ten (10) pay stubs
9. Welfare award letter(s)
10. Alimony and child support letter(s)
11. Social Security award letter(s)
12. Pension, Employer, Government or Veterans, 401k, IRA, stocks, bonds
13. Bank statement

Application for Admission

NEW BRITAIN HOUSING AUTHORITY
 16 ARMISTICE STREET
 NEW BRITAIN, CT 06053
 (860)225-3534

For Office Use Only

I. Applicant Information

Applicant SSN _____

Applicant Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____

Work Telephone _____

Message Telephone _____

Household Size _____

Emancipated Minor YES NO

Accessibility features requested?

Vision _____

Hearing _____

Wheelchair _____

Physical _____

Pet Information

Cats _____

Dogs _____

Other _____

Comments _____

Mailing address same as current address?

YES NO

Mailing Address _____

City, State, Zip _____

Current Information

Lived there from _____

to _____

Number of bedrooms _____

Rent _____

Reason for Moving

About to be or without housing

Sub-Standard housing

Other (Please specify) _____

Current Landlord

Address _____

City, State, Zip _____ Telephone _____

Current Utility Information

Gas Company _____

Deposit _____

Electric Company _____

Deposit _____

Water Company _____

Deposit _____

II. Previous Information

Previous Address

Address _____

City, State, Zip _____

Lived there from _____

to _____

Number of bedrooms _____

Rent _____

Previous Landlord

Address _____

City, State, Zip _____ Telephone _____

Previously lived in Public Housing?

YES NO

Previous HA Name _____

Address _____

City, State, Zip _____ Telephone _____

Lived there from _____

to _____

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Waiting List Applied For	Application Number	Application Date / Time	Beds Applied

III. Program Integrity

- 1 Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? YES NO
 If yes: Who? When? For What? _____
- 2 Does anyone in your household currently use a controlled or illegal drug? YES NO
 If yes, please explain. _____
- 3 Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? YES NO
 If yes: Who? When? For What? _____
- 4 Does anyone outside of your household pay for any of your bills or expenses? YES NO
 If yes: Who? When? For What? _____

IV. Family Composition Information

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(mark as needed)

	Birth Place	Gender (M/F)	Race					Ethnicity Hispanic?	Eligibility				Alien Registration	Handicap	Disabled
			1	2	3	4	5		EC	EN	IN	PV			
Head															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Eligibility Codes: EC = Eligible Citizen
 EN = Eligible Noncitizen
 IN = Ineligible Noncitizen
 PV = Eligibility Pending

Race Codes: 1 = White
 2 = Black/African American
 3 = American Indian/Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
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Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Income Type Codes:

P = Pension	S = SSI	G = General Assistance	I = Indian Trust/per capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.
Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____

VIII. References

Enter references that can be contacted to determine housing suitability

Bank References

Bank 1 _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Bank 2 _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Credit References

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Personal References

Emergency Contact _____
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

IX. Certification of Information

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 U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____
 Co-applicant _____ Date _____
 Other member over 18 _____ Date _____
 Other member over 18 _____ Date _____
 Other member over 18 _____ Date _____
 Other member over 18 _____ Date _____

For Office Use Only							
Management Code _____				Caseworker _____			
Offers/Vouchers							
Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials

Application for Admission Initials _____
 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: 2501-0014

exp. 1/31/2014

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.

New Britain Housing Authority

16 Armistice street New Britain, CT 06053

Tel: (860) 225-3534 Fax: (860) 8274615

Disclosure Form

I consent to allow HUD or New Britain Housing Authority to request and obtain income/credit/criminal information from all sources for the purpose of verifying my eligibility and level of benefits under HUD's assisted Public Housing/Section 8 programs.

I understand that HA's that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the information was. In regards to income information, HUD or the HA must also verify 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.

_____	_____	_____
Head of Household	Social security #	Date
_____	_____	_____
Spouse	Social security #	Date
_____	_____	_____
Other family member 18 years or older	Social Security #	Date
_____	_____	_____
Other family member 18 years or older	Social Security #	Date
_____	_____	_____
Other family member 18 years or older	Social Security #	Date
_____	_____	_____
Other family member 18 years or older	Social Security #	Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

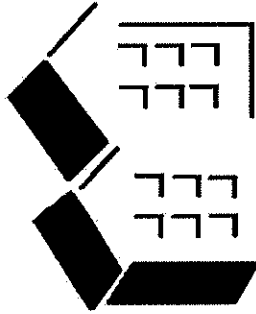
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA.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

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

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
	<p>Printed Name</p>	



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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/ah/programs/pihv/iv/cfn>.

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

NBHA

SEX OFFENDER REGISTRATION

Are you or any member of your household subject to a lifetime state sex offender's registration program in any state?

Head of household _____ YES() NO()

Spouse _____ YES() NO()

Any one over the age of 18 in household must also sign

_____ YES() NO()

_____ YES() NO()

Date _____

Note falsification of information or failure to disclose information at application and or re-certification is grounds for eviction.

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.

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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.

REASONABLE ACCOMMODATION NOTICE

In accordance with the Reasonable Accommodation Policy of The Housing Authority of The City of New Britain (Authority) if you or a member of your household has a disability, you may request a reasonable accommodation that will permit full access to the Authorities facilities, programs or services.

If you would like to request a reasonable accommodation, a copy of the NBHA Policy and forms can be obtained at the Authority offices at 16 Armistice Street, New Britain CT 06053.

VIOLENCE AGAINST WOMEN ACT NOTICE

VAWA Protections are available equally to all individuals regardless of sex, gender identity, or sexual orientation. If you otherwise qualify for assistance under the Authority's Housing Choice Voucher Program or Public Housing Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence sexual assault, or stalking.

A copy of HUD's VAWA Notice can be obtained at the Authority offices at 16 Armistice Street New Britain Ct 06053.