

# Public Housing Annual Recertification Checklist [Family]

*Please read carefully*

An Annual Recertification Packet needs to be completed so that we can process your annual reexamination of income and household composition. The entire packet must be filled out completely. Do not leave blanks.

## To help us complete your Annual Recertification, you need to provide the following:

### **Application for Continued Occupancy ...**

The Head of Household must complete and sign the application for continued occupancy. Additionally, he/she must provide proof of all income and assets in the form of paystubs, statements, benefit/award letters and agency print-outs. The application will be considered incomplete until all documents are received in the Housing Authority's office.

### **Choice of Rent Calculation Method...**

The Head of Household must choose which method of calculation the Housing Authority will use to determine the family's rent [income based or flat rent].

### **Emergency Contact Sheet...**

The Head of Household must list the names, addresses and telephone numbers for persons to be contacted in case of an emergency and person(s) responsible for removing their belongings in case of death.

### **Community Service Requirement...**

In order to be eligible for continued housing, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are excused from this requirement. The Head of Household must sign this form as indicated. Additionally, each adult household member must submit a volunteer time sheet every three months.

### **Consent to Release Information...**

All adult household members over the age of 18 must read and sign this form. It is a family obligation to sign and submit consent forms for obtaining information. Failure to do so will result in your withdrawal from the program.

### **HUD 9886 – Privacy Act Notice/Authorization for the Release of Information...**

All adult household members over the age of 18 must read and sign this form. It is a family obligation to sign and submit consent forms for obtaining information. Failure to do so will result in your withdrawal from the program.

### **Asset Certification...**

The Head of Household must complete this form. Check the box only if your family has assets valued at less than \$5,000 and sign and date as indicated.

### **Section 8/Public Housing Information Certification...**

All adult household members over the age of 18 must complete and sign this form.

### **Medical Deductions...**

If you are **62+ years old** or are **disabled** you may qualify for medical expense deductions. Please provide printouts from your medical providers that show your out of pocket **expenses**. (i.e. doctor visit co-pays, prescriptions, insurance premiums)

continued on reverse side...

**Child Care Deduction...**

If you pay for child care for a **child under the age of 13** and are you are **employed or attend school** you may qualify for a child care deduction. Please provide a statement from the child care provider, CCIS, or a NOTARIZED statement from an individual provider. The statement from your child care provider should contain your provider's full mailing address and telephone number.

Mail or bring your completed packet, and any of the items listed above that apply to you, to:

HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN  
501 Mohn Street  
Steelton, PA 17113  
Phone: (717) 939-9301 Fax: (717) 939-7947

**IMPORTANT!**

**Your Annual Recertification will be incomplete until all documents are received in the Housing Office to include proof of all income and assets.**

**Acceptable proof of income and assets includes paystubs, statements, unemployment benefit letters, Social Security/SSI award letters, agency print-outs from Domestic Relations and Department of Public Welfare and VA and other Pension letters.**

**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN  
APPLICATION FOR CONTINUED OCCUPANCY (Family)**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

**SECTION 1**

**Family Members**

*(List ALL members of family, including yourself. All columns must be filled in.)*

Name	Relationship	Place and Date of Birth	Sex	Social Security Number	List Occupation or Write in School or Unemployed
	Head of Household				

**SECTION II**

**Family Employment**

*(List ALL employment for EACH member of the household for the past 12 months. All columns must be filled in.)*

Name of Family Member	Name and Address of Employer (List each separately)	Employed		Amount (Specify) Week/Month/Year
		From	To	

**PROVIDE COPIES OF THE 4 MOST RECENT PAYSTUBS FROM YOUR CURRENT EMPLOYER.**

**SECTION III****Other Family Income***(ALL other income received during the past 12 months must be listed below. All columns must be filled in.)*

<b>Income Source</b>	<b>Income Source Name and Address</b>	<b>Name of Family Member</b>	<b>Amount per (specify) Week/Month/Year</b>
DPA			
Child/Spousal Support			
VA Benefits			
Pension or Social Security			
Military Allotment			

<b>Income Source</b>	<b>Income Source Name and Address</b>	<b>Name of Family Member</b>	<b>Amount per (specify) Week/Month/Year</b>
Unemployment Compensation			
Other (Specify Type)			

**Section IV****Assets**

<b>Asset Type</b>	<b>Financial Institution Name and Address</b>	<b>Name of Family Member/Owner</b>	<b>Amount Value</b>	<b>Annual Income From Asset</b>
Savings Account				
Checking Account				
Certificates of Deposit				
Stocks/Bonds				
Real Estate/Other				

**PLEASE PROVIDE PROOF OF ALL INCOME AND ASSETS.****ACCEPTABLE PROOF OF INCOME/ASSETS ARE: RECENT PAYSTUBS, UNEMPLOYMENT BENEFIT LETTERS, SOCIAL SECURITY/SSIA AWARD LETTERS, STATEMENTS AND AGENCY PRINT-OUTS.**

**SECTION V**

**Special Deductions**  
(Complete this section ONLY if it applies to you.)

A. **Child Care to permit employment:** Give name and address of the person you pay to take care of your child and the amount you pay them. **Provide a statement from the child care provider.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

B. **Student Enrollment:** Give the name and address of school(s) which your child(ren) 18 and older attend. **Provide enrollment paperwork from the school or a letter from the Dean.**

Name \_\_\_\_\_

Address \_\_\_\_\_

C. **Medical Expenses:** (ELDERLY, HANDICAPPED AND DISABLED TENANTS ONLY)

If you are 62+ years old or disabled you may qualify for medical expense deductions. **Provide copies of statements and print-outs from your medical providers and pharmacies for the last year.**

**Section VI**

**General Questions**  
(Please answer ALL of the following questions.)

1. Is any family member expecting a baby? \_\_\_\_\_ When? \_\_\_\_\_

2. Is anyone planning to leave your household soon? \_\_\_\_\_  
If yes, explain. \_\_\_\_\_

3. Is anyone planning to move into your household soon? \_\_\_\_\_  
If yes, explain. \_\_\_\_\_

4. If any member of your family currently serving in the military service? \_\_\_\_\_  
If so, what is his/her name? \_\_\_\_\_ Branch of Service? \_\_\_\_\_

5. Do you own a pet? \_\_\_\_\_  
If so, you must provide:  Proof that your pet is spayed or neutered  Proof that your pet's shots are up to date  
 Proof that your pet is currently licensed (licenses are not required for cats)

I/We certify that the information given to the Housing Authority of the County of Dauphin on household composition, family income, family assets, deductions, expenses and other information is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We also acknowledge the receipt of the booklet, **"Protect Your Family from Lead in Your Home."**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

## Federal Privacy Act Statement

The US Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The US Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public Housing Agencies (PHAs) operating such housing send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PHAs when applying or being re-examined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

**USE:** HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of the income information.

**PUBLIC ACCESS:** Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or Local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families, but does not restrict the PHA from releasing such information. There may be State and Local laws or regulations that govern disclosure by the Public Housing Agency.

**INFORMATIONAL REQUIREMENTS:** Giving your Social Security number to HUD or the PHA is voluntary. Failure to give it does not affect your eligibility or the amount of your payment. HUD uses the Social Security number as an identifier in computer-matching to check the eligibility and rent determinations made by the PHA.

The other information must be provided to HUD so that HUD can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction.

## PUBLIC HOUSING RENT CALCULATIONS

The Authority is offering each Resident family a choice of how their rent is calculated. Your rent may be calculated by using a percentage (30%) of your income as in the past or a flat rent which is based on the size and location of your unit instead of your income. If you choose the flat rent your rent will be the same each month regardless of your income.

Please choose the method you would like your rent to be determined by:

I would like my rent to be calculated using the percentage method\_\_\_\_\_.  
(this is the way your rent has been calculated in the past)

I would like to use the new flat rent calculation. \_\_\_\_\_  
(please note that if your income significantly decreases you may choose the percentage rent)

Signature:\_\_\_\_\_

Date: \_\_\_\_\_





**Housing Authority of the County of Dauphin  
Emergency Contact Sheet**

Tenant \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Persons to be Contacted in Case of Emergency:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person(s) responsible for removing belongings in case of death:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Funeral Dir/Cremation Soc \_\_\_\_\_ Telephone # \_\_\_\_\_

**Tenant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

## NOTIFICATION OF COMMUNITY SERVICE REQUIREMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

In order to be eligible for continued housing, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are excused from this requirement as explained below. An ***adult family member*** is a household member who is 18 years or older. According to Authority records, it appears that you are not excused from the community service requirement.

***Community service*** includes doing work or duties in the public benefit that serve to improve the quality of life and/or develop resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An ***economic self-sufficiency program*** is one that is designed to increase, help, train or make possible the financial independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English skill, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

Included with this notification is a volunteer time sheet along. Adult family members are required to complete the volunteer time sheet, which must be submitted every three months, and will officially state that they have done the work as indicated. If help is needed in identifying appropriate volunteer positions or in meeting responsibilities, please contact the Tenant Selection Department.

***The community service requirement for adult family members of tenant families begins upon the effective date of the first annual reexamination on or after July 1, 2001.*** For families paying a flat rent, the requirement begins on the date their annual reexamination would have been effective had an annual reexamination taken place. ***Failure to do the community service requirement will result in no longer being eligible for continued housing at the time of any following annual reexamination.***

The following adult family members of tenant families are excused from this requirement:

- A. Family members who are 62 or older.

*continued ...*

- B. Family members who are blind or disabled as defined under 216(D)(1) or 1614 of the Social Security Act (42 U.S.C. 416(D)(1) and who officially state that because of this disability she or he is unable to meet the terms of the community service requirements.
- C. Family members who are the main care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members involved in work activity.
- E. Family members who are excused from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

An adult family member of a tenant family who is claiming to be excused from the community service requirement may check the box below and give a written explanation as to why they are excused. In addition to a written explanation, documentation must be provided to verify the claim, with exception to Part B above.

I am excused from the community service requirement.

Explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have received a copy of this notification and understand the information and requirements contained herein. I further certify that the above information is true and correct and I understand that providing false and incorrect information will result in no longer being eligible for continued housing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN  
COMMUNITY SERVICE VOLUNTEER  
TIME SHEET (REQUIRED)**

**NOTE: TO BE SUBMITTED EVERY MONTH**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name, address, contact person and telephone number of organization, agency or school	Name of volunteer position and/or description of economic self-sufficiency program	Description of work and/or activities	Month the work and/or activities were performed	Number of hours	Signature of authorized official from the organization, agency or school

See reverse for additional entries

I signify that I have performed the work and/or activities as indicated \_\_\_\_\_ Date \_\_\_\_\_

Signature

Name, address, contact person and telephone number of organization, agency or school	Name of volunteer position and/or description of economic self-sufficiency program	Description of work and/or activities	Month the work and/or activities were performed	Number of hours	Signature of authorized official from the organization, agency or school

I signify that I have performed the work and/or activities as indicated \_\_\_\_\_ Date \_\_\_\_\_

Signature

**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN**  
**501 Mohn Street, Steelton, Pennsylvania 17113**

**CONSENT TO RELEASE INFORMATION**

HUD regulations and policies prohibit admission into or retention in public or assisted housing programs for individuals or families owing money to any Housing Authority (HA). In addition, for those adults who have a violent history or who have been arrested or convicted of any drug or drug related crime, admission to HUD assisted housing programs may be prohibited, and participants who are discovered to have violated these provisions may be terminated from public or assisted housing. In order for the HA to verify your eligibility for admission for public or assisted housing or for continued participation in public or assisted housing, the HA may request credit reports, landlord history reports and criminal history reports.

**PURPOSE:** In signing this consent form, you are authorizing the HA to request credit, landlord, and criminal history reports. The HA needs this information to verify your eligibility for assisted housing.

**USES OF INFORMATION TO BE OBTAINED:** The HA will protect any information it obtains as a result of use of this Release of Information form. HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained on this consent form. Private owners may not request or receive information authorized by this form.

**WHO MUST SIGN THIS CONSENT FORM:** Each member of the family household who is 18 years of age or older must sign the consent form. Signatures must also 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 must sign this consent form.

HA-owned rental Public Housing  
Section 8 Moderate Rehabilitation Program

Housing Choice Voucher Program  
Section 8 Project-Based Program

**FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in 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.

**CONSENT:** I consent to allow the Housing Authority of the County of Dauphin to request and obtain Credit Reports, Landlord History Reports, and Criminal History Reports for the purpose of verifying my (our) eligibility for public or assisted housing programs offered by the Housing Authority. I understand that if I am denied housing or terminated from assisted housing programs as a result of information obtained through these reports that I may appeal the decision through the appropriate appeal format of the program listed on this form.

**ALSO, By my signature, I certify that I have received a document entitled "Federal Register/VO62, NO 126/TUESDAY, July 1, 1997/Rules and Regulations - "A Summary of Your Rights Under the Fair Credit Reporting Act".**

**SIGNATURES:**

_____	_____	_____
Head of Household	Date	Social Security Number of Head of Household
_____	_____	_____
Spouse or Co-Head	Date	Social Security Number of Spouse or Co-Head
_____	_____	_____
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member
_____	_____	_____
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member
_____	_____	_____
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member





# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

Housing Authority of the County of Dauphin  
501 Mohn Street  
Steelton, PA 17113  
Phone (717) 939-9301 Fax (717) 939-7947

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.



# HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

501 MOHN STREET | STEELTON | PENNSYLVANIA | 17113  
717-939-9301 | FAX 717-939-7947 | TDD 1-800-545-1833 EXT. 304  
WWW.DAUPHINHOUSING.ORG

## **ASSET CERTIFICATION FORM**

I hereby certify that:

\_\_ I have

\_\_ I have not

made a disposition of property or other asset in a transaction in the previous two years.

If the property was disposed of for less than market value:

Fair Market Value of Property: \_\_\_\_\_

Value of Consideration Received: \_\_\_\_\_

By checking this box you are self-certifying as to having assets of less than \$5,000.

I understand that the above statements are true and complete to the best of my knowledge.

I understand that false statements or information are punishable under Federal Law.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Resident

\_\_\_\_\_  
Date



# HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

## Section 8/Public Housing Information Certification

PRINTED NAME: \_\_\_\_\_

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING THE QUESTIONS ON THIS FORM:

- A. IF YOU HAVE ANY QUESTIONS OR DOUBTS AS TO HOW TO ANSWER ANY OF THESE QUESTIONS, PLEASE ASK YOUR HOUSING AUTHORITY REPRESENTATIVE.
- B. MAKE SURE YOUR ANSWERS AND INFORMATION ARE **TRUE, CORRECT, AND COMPLETE**.
- C. YOUR ANSWERS AND INFORMATION WILL BE INVESTIGATED.
- D. FALSE INFORMATION AND ANSWERS THAT ARE NOT ACCURATE, NOT COMPLETE, AND/OR NOT CORRECT WILL BE TREATED AS FRAUD AND WILL RESULT IN DENIAL OF YOUR APPLICATION FOR PUBLIC HOUSING OR SECTION 8.
- E. IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH ADDITIONAL PAGES WITH THIS FORM.
- F. **\*\*THIS FORM MUST BE COMPLETED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.\*\***

- 
1. HAVE YOU EVER BEEN ARRESTED, CONVICTED OR FINED FOR DRUG-RELATED OR VIOLENT CRIMINAL ACTIVITY?      YES \_\_\_\_\_      NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL OF THE ARRESTS, CONVICTIONS, AND/OR FINES, AND GIVE DETAILS (FOR EXAMPLE, DATE, CHARGE, AND ARRESTING AGENCY):**

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2. HAVE YOU EVER BEEN ARRESTED IN PENNSYLVANIA OR ANY OTHER STATE FOR CRIMINAL ACTIVITY OTHER THAN THOSE SPECIFIED IN QUESTION 1?      YES \_\_\_\_\_      NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL OF THE ARRESTS AND STATES AND GIVE DETAILS (FOR EXAMPLE, DATE, CHARGE, ARRESTING AGENCY):**

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3. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO ANY SEX OFFENDER REGISTRATION REQUIREMENT AT THE NATIONAL, STATE, OR LOCAL LEVEL?  
YES \_\_\_\_\_      NO \_\_\_\_\_

*(SEE OTHER SIDE)*

4. AS AN ADULT (18 YEARS OR OLDER), HAVE YOU **EVER** LIVED IN PUBLIC HOUSING, BEEN ASSISTED THROUGH A SECTION 8 PROGRAM, OR PARTICIPATED IN ANY OTHER HOUSING ASSISTANCE PROGRAM IN THE PAST? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL AGENCIES AND PROGRAMS AND GIVE DETAILS (FOR EXAMPLE, AGENCY, PROGRAM TYPE, DATES, PREVIOUS ADDRESSES):**

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5. DO YOU OWE ANY MONEY TO ANY OTHER HOUSING AUTHORITY OR PUBLIC HOUSING AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL AUTHORITIES AND PUBLIC HOUSING AGENCIES AND GIVE DETAILS (FOR EXAMPLE, AMOUNT AND AGENCY):**

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6. AS AN ADULT (18 YEARS OR OLDER), HAVE YOU **EVER** LIVED IN ANOTHER STATE? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL STATES AND GIVE DETAILS (FOR EXAMPLE, ADDRESSES, AND DATES):**

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**I hereby certify that the answers and information provided above are true, accurate, complete, and correct. I fully understand that the answers and information will be investigated. Furthermore, I fully understand that false answers and information that are not accurate, not complete, and/or not correct in regard to the above questions constitutes fraud and will result in the denial of my application for Public Housing or Section 8.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

Head of Household Signature

Co-head of Household Signature

Date

## What is EIV?

The EIV system is a web-based computer system, which contains employment and income information of individuals (including you) 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 the Social Security Administration (SSA) and the U.S. Department of Health and Human Services (HHS).

Below is a summary of the income information contained in the EIV System, the originator of the data and the source who provides HUD with this data.

Income Type	Originator of Information	Source
Wages	Employer	HHS
Unemployment Benefits	State Workforce Agency	HHS
Social Security Benefits: <ul style="list-style-type: none"><li>• Social Security (SS)</li><li>• Supplemental Security Income (SSI)</li></ul>	SSA	SSA

## Additional Information in EIV

Data collected from your local PHA is also compared to SSA databases to confirm your personal identifiers (**Name, DOB, and SSN**) as reported by you to your local PHA. This is HUD's process to confirm your identity and ensure that the SSN, name, and date of birth (DOB) match SSA's records. EIV displays the results of your identity verification status as Pending, Verified, Failed, or Deceased.

**Debts Owed to PHAs & Termination Information.** The following information is collected once your participation in a PIH rental housing program has ended or 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 or other charges); and
2. Whether or not you have entered and/or defaulted on a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have filed for bankruptcy; and
4. The negative reason for your end of participation in the rental housing program (for example: abandoned unit, fraud, criminal activity, failure to comply with lease or program requirements, etc.).

**Multiple Rental Subsidies.** Data collected from your local PHA is compared to HUD's various data systems to determine if you are receiving multiple rental assistance or participating in more than one HUD Rental Assistance Program. If you are receiving multiple rental assistance, EIV will display the addresses of each subsidized unit you are listed as a resident.

## What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by the PHA) before, during, and after your admission to the program, interim and annual reexamination of family income for the following purposes:

1. Verifying your reported income sources and amounts.
2. Confirming your name, DOB, and SSN with SSA.
3. Confirming your participation in only one HUD rental assistance program.
4. Following 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 assistance at another address. EIV will also alert PHAs if you owe an outstanding debt to any PHA and if you were voluntarily or involuntarily terminated from the Public Housing or Section program. This information is used to determine your eligibility for assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), PHAs, and auditors to monitor compliance with HUD rules by your Family and the PHA.

## 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're 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.

**Note: If you or your adult household members refuse to sign 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:

1. Disclose your complete and accurate: full name, SSN, and DOB; and
2. Report complete and accurate income information; and
3. Certify that your reported household income and expense information is true to the best of your knowledge.

## What are the penalties for providing false information?

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

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

- Eviction
- Termination of assistance
- Repayment of overpaid rental assistance or underpaid tenant rent contribution.
- Fines up to \$10,000
- Imprisonment for up to 5 yrs
- Prohibited from receiving any future HUD rental assistance for a period of up to 10yrs
- State and Local government penalties

## Protect yourself, follow HUD reporting requirements

When completing applications and reexaminations, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security
- Income (SSI) benefits

- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - Child support
  - AFDC payments
  - Social security for children, etc.

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 or originator of EIV information may make an error when submitting or reporting information about you. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Employment and wage information** reported in EIV originates from the employer. The employer reports this information to the local State Workforce Agency (SWA), who in turn, reports the information to HHS' National Directory of New Hires (NDNH) database. If a participant of a HUD rental assistance program disputes this information, he or she should contact the employer directly in writing to dispute the employment and/or wage information and request that the employer correct erroneous information. If employer resolution is not possible, the program participant should contact the local SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the local State Workforce Agency (SWA). If a participant of HUD rental assistance disputes this information, he or she should contact the SWA directly, in writing to dispute the unemployment benefit information, and request that the SWA correct erroneous information.

**SS and SSI benefit information** reported in EIV originates from the SSA. If a participant of a HUD rental assistance program disputes this information, he or she should contact the SSA at (800) 772-1213, or visit your local SSA

office. SSA office information is available in the government pages of your local telephone directory or online at <http://www.socialsecurity.gov>.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA. If a current or former participant of a HUD rental assistance program disputes this information, he or she should contact the PHA directly in writing to dispute this information and provide any documentation that supports the dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes more than one person may use your SSN, either on purpose or by accident. SSA does not require you to report a lost or stolen SSN card, and reporting a lost or stolen SSN card to SSA will not prevent the misuse of your SSN. However, a person using your SSN can get other personal information about you and apply for credit in your name. 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 1-800-772-1213); file an identity theft complaint with the Federal Trade Commission (call FTC at 1-877-438-4338, or you may visit their website at: <http://www.ftc.gov/bcp/edu/microsites/idtheft/>); and you should also monitor your credit reports with the three national credit reporting agencies (Equifax, Transunion, and Experian).

## 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 or you may 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/uiiv.cfm>.