

**HOUSING AUTHORITY OF DANVILLE**  
**P.O. BOX 666 – 1014 ROSEMONT AVENUE**  
**DANVILLE, KY 40423-0666**  
**859-236-6116 FAX 859-236-7548**

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

### PERSONAL DECLARATION FOR APPLICATION

This form must be completed in your own handwriting. **You must use the correct legal name for each member of your household as it appears on the Social Security Card.** All adult members, age 18 and older, living in the household must sign this application certifying the information pertaining to them is correct. **PLEASE PRINT.**

**HOUSEHOLD COMPOSITION:** List all persons who will be living in your home, listing head of household first.

<b>ADULTS</b> <b>(legal name)</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Highest Level of Education</b>	<b>Relationship to Head of Household</b>	<b>Marital Status (single, divorced, widowed etc.)</b>
1. _____ Birth Place _____				<b>HEAD</b>	
2. _____ Birth Place _____					
3. _____ Birth Place _____					
4. _____ Birth Place _____					

<b>CHILDREN</b> <b>(legal name)</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>School</b>	<b>Relationship to Head of Household</b>	<b>Absent Parent Name &amp; Address</b>
1. _____ Birth Place _____					
2. _____ Birth Place _____					
3. _____ Birth Place _____					
4. _____ Birth Place _____					
5. _____ Birth Place _____					

Do you expect anyone to move into or out of your household within the next 12 months? YES NO

If yes, explain. \_\_\_\_\_

Do you have any pets? YES NO If yes, what kind and how many? \_\_\_\_\_

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ DATE \_\_\_\_\_

**HOUSEHOLD INCOME:** List all money earned or received by everyone in your household. This includes money from wages, child support, contributions from friends or family, self-employment, Social Security benefits, Workers Compensation, retirement benefits, veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, KTAP, SNAP-food stamps, or any other source.

**LIST INCOME AMOUNTS RECEIVED BELOW**

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME	EMPLOYER	TOTAL WEEKLY WAGES	KTAP OR CHILD SUPPORT	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	SNAP – FOOD STAMPS	ALL OTHER INCOME
1.							
2.							
3.							
4.							

**ASSETS:** Do you or any member of your household own or have interest in any real estate, boat and or mobile/homes?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain \_\_\_\_\_

Have you sold any real estate in the last two (2) years? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, what was the address of the property?

Do you or any other member of the household own a car? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please complete the following:

OWNER	MAKE/MODEL	YEAR	TAG NUMBER

**BANKING INFORMATION:** Do you or any member of your family have a checking account, savings account, stocks, bonds or certificates of deposit? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, Please COMPLETE THE INFORMATION below:

HOUSEHOLD MEMBER	BANK OR OTHER INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE	ACCOUNT NUMBER

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ DATE \_\_\_\_\_

### CURRENT EXPENDITURES

Please give an accurate estimate of current monthly household expenses.

Rent:	Phone:	Medical:	Credit Card:
Electric:	Auto:	Cable:	Insurance:
Water:	Loan:	Childcare:	Rentals:
Gas	Other:	Other:	Other:

Please list any other regular monthly expenses that are not listed above and the amounts \_\_\_\_\_

Does anyone outside your household pay for any of your bills or give you money? YES \_\_\_\_ NO \_\_\_\_ If YES, please explain: \_\_\_\_\_

**MEDICAL EXPENSES/PERMISSIBLE DEDUCTIONS:** To be eligible for the medical expenses deduction / permissible deductions, the medical costs must not be reimbursed. The family will be required to certify that the medical expenses are not paid for, paid or reimbursed to the family from any other source.

**EMPLOYMENT HISTORY** Please list current place of employment and the last places of employment for each adult household member below:

NAME	PLACE OF EMPLOYMENT	FROM	TO

### PROGRAM INTEGRITY INFORMATION

- 1) Have you or any other member of your household ever used name(s) or Social Security number(s) other than the ones you are currently using? **Example: Maiden name, previous married name, etc.** YES \_\_\_\_ NO \_\_\_\_ If Yes, please explain and list each name you have used: \_\_\_\_\_
- 2) Have you or any other member of your household lived in assisted housing before? **Example: Public Housing Agency, Section 8, Rural Development** YES \_\_\_\_ NO \_\_\_\_ If Yes, please list the address: \_\_\_\_\_  
When? \_\_\_\_\_
- 3) Have you or any member of your household been evicted from public or assisted housing? YES \_\_\_\_ NO \_\_\_\_  
If Yes, please state reason: \_\_\_\_\_
- 4) Have you or any other member of your household participated in the Earned Income Disallowance Program (EID)?  
YES \_\_\_\_ NO \_\_\_\_ If Yes, when? \_\_\_\_\_ Who? \_\_\_\_\_
- 5) Has any person on this application been convicted of illegal drug activity or sexual offenses? YES \_\_\_\_ NO \_\_\_\_  
If Yes, please explain: \_\_\_\_\_
- 6) Do you or any other adult on this application currently owe money to a Public Housing Agency? YES \_\_\_\_ NO \_\_\_\_  
If yes, what is the name of the agency owed? \_\_\_\_\_ Amount owed? \$ \_\_\_\_\_
- 7) Do you or any member of your family require any specific accommodation due to a disability? YES \_\_\_\_ NO \_\_\_\_  
Type of accommodation required: Accessibility \_\_\_\_ Hearing \_\_\_\_ Visual \_\_\_\_ Non-smoking \_\_\_\_
- 8) Do you or anyone that will be living in your household smoke? YES \_\_\_\_ NO \_\_\_\_

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ DATE \_\_\_\_\_

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **ALL CHANGES** in the income of any member of the household as well as **ANY CHANGES** in the household members **MUST** be reported to the Housing Authority of Danville **IMMEDIATELY**.

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

Spouse \_\_\_\_\_ Date \_\_\_\_\_

Co- Head \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

---

**APPLICANT(S) and/or RESIDENT(S) STATEMENT**

I/We certify that the information given to the Housing Authority of Danville on **household composition, income, family assets, and allowances and deductions is accurate and complete** to the best of my/our knowledge and belief.

I/We certify that the **items claimed as medical expenses deduction / permissible deductions, include only medical costs that I/we have paid out of pocket and are not reimbursed by any party**. I understand if any expenses are verified through a third party, the third party must certify that the expenses are not paid or reimbursed from any other source

I/We understand that **false statements or information are grounds for termination of housing assistance and termination of tenancy**.

---

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

Spouse \_\_\_\_\_ Date \_\_\_\_\_

Co- Head \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

---

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

Credit reports will be one piece of information that will be reviewed in determining your eligibility. This report will only be used for this purpose. By signing below you are authorizing the Housing Authority of Danville to review your credit report.

---

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

Spouse \_\_\_\_\_ Date \_\_\_\_\_

Co- Head \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

---

**IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS AND SERVICES, PLEASE INFORM THE HOUSING MANAGER AT THE TIME OF YOUR INTERVIEW.**

---

**IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 1-800-424-8590.**

---

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ DATE \_\_\_\_\_

**IF YOU ARE DECLARING YOURSELF AS A VICTIM OF DOMESTIC VIOLENCE, YOU WILL NEED TO PROVIDE DOCUMENTATION.**

**YES** I am declaring myself a victim of domestic violence.

**NO** I am not declaring myself a victim of domestic violence.

**RENTAL HISTORY (FIVE YEARS)**

What is your current Address? \_\_\_\_\_

Street	Address	City	State	Zip
--------	---------	------	-------	-----

Do you rent or own here? \_\_\_\_\_ Dates you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_

**Landlord's** name, address/phone \_\_\_\_\_

-----

What was your previous address? \_\_\_\_\_

Street	Address	City	State	Zip
--------	---------	------	-------	-----

Did you rent or own here? \_\_\_\_\_ Dates you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_

**Landlord's** name, address/phone \_\_\_\_\_

-----

What was your previous address? \_\_\_\_\_

Street	Address	City	State	Zip
--------	---------	------	-------	-----

Did you rent or own here? \_\_\_\_\_ Dates you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_

**Landlord's** name, address/phone \_\_\_\_\_

-----

What was your previous address? \_\_\_\_\_

Street	Address	City	State	Zip
--------	---------	------	-------	-----

Did you rent or own here? \_\_\_\_\_ Dates you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_

**Landlord's** name, address/phone \_\_\_\_\_

-----

**REFERENCES:**

Please list at least three (3) references, preferably not family that can be reached by phone between the hours of 8am and 5pm (if possible):

_____	_____	_____	_____
Name	Address	Relationship	Daytime phone
_____	_____	_____	_____
Name	Address	Relationship	Daytime phone
_____	_____	_____	_____
Name	Address	Relationship	Daytime phone

OMB Control # 2502-0581  
Exp. (07/31/2012)



1014 ROSEMONT AVENUE  
P.O. BOX 666  
DANVILLE, KY 40423-0666  
OFFICE: 859-236-6116  
FAX: 859-236-7548  
[www.danvillehousingagency.com](http://www.danvillehousingagency.com)

## LANDLORD VERIFICATION CONSENT FORM

I consent to allow the Housing Authority of Danville to obtain past or present rental records to determine my eligibility for assisted housing. Information obtained under this consent is limited to information that is no older than twelve (12) months. Some circumstances may require the owner to verify information for up to five (5) years.

---

Signature

---

Date

---

Signature – Other Adult

---

Date

---

Signature – Other Adult

---

Date

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ DATE \_\_\_\_\_

Community Services and Self-Sufficiency Requirement Certification  
For Non-Exempt Individuals

## Entrance Acknowledgement

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

Participant Name: \_\_\_\_\_

I have received and read the Community Services and Self Sufficiency Requirement. I understand that as a resident of public housing, I am required by law to contribute 8 hours per month of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement at the time of initial program participation.

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

Date of Signature: \_\_\_\_\_

**Statement of Community Service**

I, \_\_\_\_\_ residing at \_\_\_\_\_

Certify that I am exempt from the Community Service and Self-Sufficiency Program for the following reason:

- ☐ I am age 62 or older
- ☐ I am blind or disabled and unable to perform any type of community service
- ☐ I am the primary caretaker of blind or disabled person living in the household
- ☐ I am a current participant of the State Welfare program (TANF) and am in compliance with regulations governing this program
- ☐ I am a current participant of the Supplemental Nutrition Assistance Program (SNAP) and am in compliance with regulations governing this program
- ☐ I am currently employed on a regular basis for more than 20 hours weekly

- 
- ☐ I understand that if my circumstances change during the duration of my lease agreement, I may need to perform community service to fulfill this requirement. I have had the opportunity to read the Housing Authority of Danville's policy on Community Service and Self-Sufficiency and understand it is my responsibility to complete this requirement.
  - ☐ I do **not** fall into an exemption category and understand that I will be required to perform eight (8) hours of community service each month for the duration of my lease agreement or until such time as I am exempt.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative

\_\_\_\_\_  
Date



## **EXHIBIT 11-2: DEFINITION OF A PERSON WITH A DISABILITY UNDER SOCIAL SECURITY ACTS 216(i)(1) AND SECTION 1416(excerpt) FOR PURPOSES OF EXEMPTION FROM COMMUNITY SERVICE**

### **Social Security Act:**

**216(i)(1):** Except for purposes of sections 202(d), 202(e), 202(f), 223, and 225, the term “disability” means (A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months, or (B) blindness; and the term “blindness” means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of this paragraph as having a central visual acuity of 20/200 or less.

### **Section 1416 (excerpt):**

SEC. 1614. [42 U.S.C. 1382c] (a)(1) For purposes of this title, the term “aged, blind, or disabled individual” means an individual who—

(A) is 65 years of age or older, is blind (as determined under paragraph (2)), or is disabled (as determined under paragraph (3)), and

(B)(i) is a resident of the United States, and is either (I) a citizen or (II) an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (including any alien who is lawfully present in the United States as a result of the application of the provisions of section 212(d)(5) of the Immigration and Nationality Act), or

(ii) is a child who is a citizen of the United States and, who is living with a parent of the child who is a member of the Armed Forces of the United States assigned to permanent duty ashore outside the United States.

(2) An individual shall be considered to be blind for purposes of this title if he has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of the first sentence of this subsection as having a central visual acuity of 20/200 or less. An individual shall also be considered to be blind for purposes of this title if he is blind as defined under a State plan approved under title X or XVI as in effect for October 1972 and received aid under such plan (on the basis of blindness) for December 1973, so long as he is continuously blind as so defined.

(3)(A) Except as provided in subparagraph (C), an individual shall be considered to be disabled for purposes of this title if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.

**ADMINISTRATIVE OFFICE OF THE COURTS  
PRETRIAL SERVICES  
100 MILLCREEK PARK  
FRANKFORT, KY 40601  
(800) 928-6381**

The process to obtain the information contained in the COURT DISPOSITION SYSTEM is as follows:

- |             |  |
|-------------|--|
| Individuals | Requesting a record on yourself is free. Enclose a self-addressed stamped envelope for A return reply.   |
| Others      | A request on another person requires a \$10 check or money order and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked. These requests will be considered commercial. |
| Non-Profit  | Any Governmental units must provide both envelopes mentioned above, a non-profit number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquiries can be made on a continuation form.   |

**Fees are paid to the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_

MAIDEN NAME OR ALIAS NAMES: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

**OTHER NON-PROFIT REQUEST** – I have provided the basic information necessary to qualify for Record processing and exemption of fees – **if applicable.**

\_\_\_\_\_  
Non-Profit Number as indicated on  
The 51-A-126

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor/ Contact Person

**HOUSING AUTHORITY OF DANVILLE  
P.O. BOX 666 – 1014 ROSEMONT AVENUE  
DANVILLE, KY 40423-0666  
(859) 236-6116**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

**Signature of Applicant****Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. **Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ DATE \_\_\_\_\_

---

Please provide the following information on your household members. List name of each household member in NAME row. **Check appropriate Ethnicity selection and Race selection(s) for each household member. Mark all appropriate boxes.**

	HEAD	CO-HEAD	MEMBER	MEMBER	MEMBER	MEMBER	MEMBER
NAME							
<b>ETHNICITY</b>							
Hispanic/Latino							
Non-Hispanic/Latino							
<b>RACE</b>							
White							
Black/African-American							
American Indian/Alaska Native							
Asian							
Native Hawaiian or Other Pacific Islander							
Multi-Racial							

# 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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

### 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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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.

This Notice was provided by the below-listed PHA:

Housing Authority of Danville  
1014 Rosemont Ave./P.O. Box 666  
Danville, KY 40423-0666

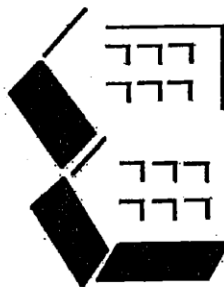
I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice*:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



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.

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](http://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/hpi/programs/ethnicity/eiv.cfm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature

Date





1014 ROSEMONT AVENUE  
P.O. BOX 666  
DANVILLE, KY 40423-0666  
OFFICE: 859-236-6116  
FAX: 859-236-7548  
[www.danvillehousingagency.com](http://www.danvillehousingagency.com)

## **RELEASE OF INFORMATION**

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

In connection with my/our application for housing, the above named individual hereby gives permission to the agencies listed below to release to the Housing Authority of Danville all information in order to verify household income, household composition, assets, medical expenses, medical disability, violations of law, personal references, etc. In addition, any information received can be exchanged with the agencies below.

- Agencies for Child Support Payments
- Cabinet for Health and Family
- Churches/ Needline
- Child Care Providers
- Credit Bureaus
- Department of Employment
- Educational Institutions
- Employers/State Unemployment Offices/SWICA
- Financial Institutions
- Homeless Shelters/Spouse Abuse Centers
- Hospitals/Physicians/Pharmacies/Health Clinics
- Judicial Record Agencies
- Local Relief Agencies
- Medical Insurance Providers
- Mental Health Agencies
- NCIC
- Parole Officers, etc.
- Private and Government Pensions
- Social Security Administration
- Utility Companies
- United States Postal Service

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for the Release of Information  
/ Privacy Notice**

**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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

## 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 DANVILLE  
1014 ROSEMONT AVENUE  
PO BOX 666  
DANVILLE, KY 40423-0666

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(I)(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.

## EAH SECTION 214 DECLARATION FORM

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Relationship to head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_  
Admission Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(If applicable – from INS Form I-94, Departure Record) (Country to which you owe legal allegiance– may or may not be country of birth)

### DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, no further information is required.**

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

### REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

3. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, no further information is required. You are NOT eligible for housing assistance.**

### THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*



## EAH SECTION 214 DECLARATION FORM (continued)

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- ☐ 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ☐ 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- ☐ 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- ☐ 4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- ☐ 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- ☐ 6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- ☐ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ☐ 2. Form I-94, Arrival-Departure record, with one of the following annotations:
  - a. "Admitted as Refugee Pursuant to Section 207"
  - b. "Section 208" or "Asylum"
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"
  - d. "Paroled pursuant to Section 212(d)(5) of the INA"
- ☐ 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- ☐ 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ 6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified;
- ☐ 7. Form I-152, Alien Registration Receipt Card.

### VERIFICATION CONSENT

CONSENT: I, \_\_\_\_\_ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it; to: (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **NOTIFICATION:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature \_\_\_\_\_

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)

Date \_\_\_\_\_



C30816 HUD section 214 page 1 reverse  
Revised 09/08 ge 1  
9/08