APPLICATIONS CAN ONLY BE DROPPED OFF OR PICKED UP MONDAY, TUESDAY & WEDNESDAY BETWEEN THE HOURS OF 10:00 A.M. TO 2:00 P.M. NOT ANY OTHER DAYS OR TIMES.

YOU MUST PROVIDE YOUR OWN COPIES OF ITEMS THAT ARE REQUIRED WITH THE APPLICATION! WE WILL NOT MAKE COPIES IN THE OFFICE

REQUIRED DOCUMENTATION TO BE ATTACHED TO YOUR APPLICATION.

All of the following documentation is required:

_____ 1. PICTURE IDENTIFICATION **OF EVERY MEMBER OF THE HOUSEHOLD 18 YEARS AND OLDER.**

_____ 2. BIRTH CERTIFICATES **OF ALL FAMILY MEMBERS, INCLUDING YOURS.**

_____ 3. SOCIAL SECURITY CARDS **OF ALL FAMILY MEMBERS, INCLUDING YOURS.**

_____ 4. IMMIGRATION & NATURALIZATION SERVICES DOCUMENTATION **FOR EVERY HOUSEHOLD MEMBER, WHERE APPLICABLE.**

_____ 5. INCOME VERIFICATION **(FOR EVERY MEMBER OF THE HOUSEHOLD 18 YEARS AND OLDER). (LAST 3 PAYSTUBS)**

_____ 6. COPY OF FILED INCOME TAX FORMS & W-2 **(FORMS FOR ANYONE IN HOUSEHOLD THAT FILED.)**

_____ 7. COPY OF A BILL EVIDENCING PROOF OF ADDRESS

_____ 8. COPY OF MARRIAGE LICENSE OR DIVORCE DECREE

_____ 9. DECLARATION OF 214 FORM STATUS FORM – **(COPY ATTACHED) EVERY INDIVIDUAL ON THE APPLICATION MUST FILL OUT & SIGN ONE OF THESE FORMS – EVEN CHILDREN – PLEASE MAKE ADDITIONAL COPIES OF THIS FORM**

_____10. AUTHORIZATION TO OBTAIN REPORTS **(COPY ATTACHED) EVERY INDIVIDUAL ON THE APPLICATION OVER THE AGE OF 18 MUST FILL OUT & SIGN ONE OF THESE FORMS–PLEASE MAKE ADDITIONAL COPIES OF THIS FORM**

____ 11. VETERAN – PROVIDE PROOF

____ 12. DEBTS OWED TO PUBLIC HOUSING - **(COPY ATTACHED) EVERY INDIVIDUAL OVER THE AGE OF 18 ON THE APPLICATION MUST FILL OUT & SIGN ONE OF THESE FORMS — PLEASE MAKE ADDITIONAL COPIES OF THIS FORM**

____13. RHIP FORM - **(COPY ATTACHED) EVERY INDIVIDUAL OVER THE AGE OF 18 ON THE APPLICATION MUST FILL OUT & SIGN ONE OF THESE FORMS — PLEASE MAKE ADDITIONAL COPIES OF THIS FORM**

A. **Social Security/SSI Recipients** – please provide the current Social Security award Letter indicating the monthly income for this year,

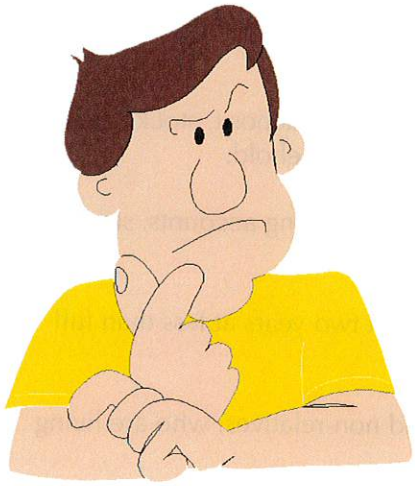
B. **Pensions/Annuities** – any person receiving pensions/annuities must provide Income verification,

C. **Child Support Payments** – copy of divorce decree, if applicable, describing amount and type of support or copy of recent check with appropriate information such as date, amount, and check number,

D. **If Receiving Unemployment Benefits** – please provide current unemployment stub indicating amount of benefit or printout of benefits.

E. **Students** – any child over 17 years, who is a full-time student at a college or a vocational school, must provide a letter from his/her registrar verifying their status.

F. **Workmen's Compensation**: any person receiving workmen's compensation must provide proof of same.



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to $10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

form **HUD-1141**
(12/2005)

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(**Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Housing Authority of the Town of Harrison

HARRISON AND SCHUYLER AVENUES

HARRISON, NEW JERSEY 07029

(973) 483-1488 ♦ FAX (973) 483-4277

Dear Applicant,

Applications for housing are recertified annually. In order for your application to remain active you must advise the Harrison Housing Authority office of any address changes.

Thank you for your cooperation.

Very truly yours,

Management Office

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant	**Date**

OMB Control Number: 2577-0295

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

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

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of the Town of Harrison
788 Harrison Avenue, Admin. Office
Harrison, NJ 07029

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

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

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

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

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

EQUAL HOUSING OPPORTUNITY

Housing Application Form

Contact Information

Full Name: _____
Last First Middle

Address: _____
Number Street Apartment #

_____
City State Zip Code

Phone: _____ Email: _____

Household Composition

Identify yourself and anyone else who will live with you within the next twelve (12) months below.

Household Member 1

Name: _____ Relationship: Head of Household

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Household Member 2

Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Household Member 3

Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Household Member 4

Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Household Member 5

Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Household Member 6

Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Household Member 7

Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Household Member 8

Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Disability Status: _____ Accessible Unit Needed: ___ Yes ___ No

Full-Time Student: ___ Yes ___ No Temporarily Absent: ___ Yes ___ No

Veteran of U.S. Armed Forces: ___ Yes ___ No

Do you anticipate any changes to your household within the next 12 months? ___ Yes ___ No

If yes, describe the changes: _____.

Were you or any individual who will live with you age sixty-two (62) or older and receiving HUD rental assistance at another location on January 31, 2010? ___ Yes ___ No

If yes, you are not required to disclose a Social Security Number ("SSN") for any such individual, subject to verification by the Housing Authority.

If yes, provide the name of each qualifying individual, the type of HUD rental assistance they received on January 31, 2010, and the location where they received such assistance on January 31, 2010.

_____
_____
_____
_____

Household Income

Identify all income received by any household member within the past twelve (12) months below.

Do you anticipate any changes to household income within the next twelve (12) months? ___ Yes ___ No

If yes, describe the expected changes: _____.

Type of Income	Household Member	Gross Annual Amount (before deductions)
Employment		
Unemployment		
Alimony		
Pension		

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Retirement Benefit		
Severance		
Worker's Compensation		
Disability		
Investments		
Social Security		
Public Assistance (e.g. TANF, SNAP)		
Contributions from Non-Household Members		
Other Sources of Income		

Household Assets

Identify all assets owned by any household member below.

Has any household member disposed of any assets in the past two (2) years?
___ Yes ___ No

If yes, describe the asset: _____.

Date of disposition: _____ Value of Asset: _____

Type of Asset	Household Member	Balance / Estimated Value
Cash on Hand		

Checking Account		
Savings Account		
Money Market Account		
Certificates of Deposit		
Stocks		
Bonds		
Mutual Funds		
Capital Investments		
Pre-Paid Funeral		
Life Insurance		
Individual Retirement Arrangement ("IRA")		
Keogh Plan		
401(k) Plan		
Annuity		

Trust Account		
Pension		
Real Estate		
Automobile		
Personal Property Held for Investment (e.g. jewelry, stamp collections)		
Other Assets		

Deductions

If the family includes a person who is elderly (62+) or has a disability, specify the amount of any unreimbursed health and medical expenses over the past twelve (12) months: _____.

If the family includes a person with a disability, specify the amount of unreimbursed reasonable attendant care and auxiliary apparatus expenses necessary to enable any member of the family to be employed: _____.

If the family includes any children, specify the amount of reasonable childcare expenses necessary to enable any member of the family to be employed or further their education: _____.

Criminal History

Has any household member ever been convicted of producing or manufacturing methamphetamine on the premises of federally assisted housing? ___ Yes ___ No

Is any household member subject to a lifetime sex offender registration requirement in any state? ___ Yes ___ No

Identify all states where any household member has ever resided: _____.

Housing Authority of the Town of Harrison
Housing Application Form

EQUAL HOUSING OPPORTUNITY

Rental History

Identify all dwelling units rented by any household member in the past five (5) years below.

Has any household member ever been evicted from housing? ___ Yes ___ No

If yes, was that housing Federally subsidized? ___ Yes ___ No

Explain any evictions: _____

_____.

Landlord Name	Address	Contact Info.	Duration

Employment Information

Identify the current employer of each household member below.

Employer Name	Address	Contact Info.	Duration

Housing Authority of the Town of Harrison
Housing Application Form

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References

Provide references from individuals who can attest to your suitability for tenancy.

Name	Relationship	Address	Contact Info.

Preferences

Identify all preferences you believe your household qualifies for:

Harrison Preference (living or working in location): ___ YES ___ NO

Hudson County Preference (living or working in location): ___ YES ___ NO

Veteran Preference (at least one household member qualifies as a veteran of the United States Armed Forces): ___ YES ___ NO

Working Families Preference (head of household or spouse is employed 20 hours per week, is sixty-two (62) years of age or older, or is a person with a disability): ___ YES ___ NO

HQS Displacement Preference (displaced from Section 8 Housing due to Housing Quality Standards noncompliance): ___ YES ___ NO

Disclaimer and Signature

I understand that this is an application for housing. I understand that the Housing Authority will use this information, and any information it obtains through the verification process, to make a final determination regarding my eligibility for housing, subject to the results of a criminal background check for each household member.

I understand that, if I am found to be ineligible for any claimed preferences, I may be placed back on the Waiting List, without the preference. I understand that, if I am found to be ineligible for housing, I will be removed from the Waiting List.

I CERTIFY that the information on this application is complete and accurate, to the best of my knowledge. I understand that any missing or inaccurate information may render this application void. I further understand that any false or misleading information may be deemed just cause for denial of my application or for termination of tenancy, if discovered after becoming a tenant.

Applicant Signature: _____ **Date:** _____

EQUAL HOUSING OPPORTUNITY

Declaration of Section 214 Status

***Instructions**: A separate form must be completed for each household member. Check the box that applies to the household member's status and any required documentation being provided.*

Full Name: _____ Relationship: _____

Social Security #: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Alien Registration Number: _____

Admission Number: _____
(if applicable, from INS Form I-94, Departure Record)

Nationality: _____
(Country you owe allegiance to, typically the country of birth)

I, _____ hereby declare, under penalty of perjury, that I am:

___ a citizen or national of the United States of America.

___ a non-citizen with eligible immigration status as evidenced by the below documents.

___ proof of age document (if sixty-two years of age or older)

___ verification consent form (if under sixty-two years of age)

___ immigration document(s) (if under sixty-two years of age)

___ Form I-551 "Permanent Resident Card"

___ Form I-94 "Arrival-Departure Record"
(must contain one of the following annotations: "Admitted as Refugee pursuant to Section 207"; "Section 208" or "Asylum"; "Section 243(h)" or "Deportation stayed by Attorney General"; or "Paroled pursuant to Section 212(d)(5)")

___ Form I-94 "Arrival-Departure Record" without required annotations and accompanied by one of the following:

___ a final court decision granting asylum (but only if no appeal is taken)

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___ a letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990)

___ a court decision granting withholding or deportation

___ a letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990)

___ a receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

___ other acceptable documentation, as determined by DHS.

___ a non-citizen with eligible immigration status who is requesting additional time to obtain evidence of my status and who will undertake prompt and diligent efforts to obtain this evidence.

___ a non-citizen who does not contend eligible immigration status and who is ineligible for program assistance.

___ an adult who is signing this certification on behalf of a child for whom I am responsible.

Signature: _____ **Date:** _____

EQUAL HOUSING OPPORTUNITY

Verification Consent Form

***Instructions**: A separate form must be completed for each household member who has declared eligible immigration status on the Section 214 Declaration form.*

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; and

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, including but not limited to the following:

    a. HUD, as required by HUD; and

    b. DHS, for verification of the immigration status of the individual.

I, _____ hereby declare, under penalty of perjury, that I am:

___ an adult who is signing this certification on my own behalf.

___ an adult who is signing this certification on behalf of a child for whom I am responsible.

Signature: _____ **Date:** _____

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

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

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

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:	**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)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

Housing Authority of the Town of Harrison

HARRISON AND SCHUYLER AVENUES
HARRISON, NEW JERSEY 07029

(973) 483-1488 • FAX (973) 483-4277
HHA@harrisonhousing.com

APPLICANT/TENANT AUTHORIZATION TO OBTAIN REPORTS

I hereby authorize the Housing Authority of the Town of Harrison to obtain reports and any other information it deems necessary, for the purpose of evaluating my application or for lease enforcement. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records and/or any other necessary information.

I hereby release the Housing Authority of the Town of Harrison, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies, including without limitation, various law enforcement agencies in accordance with ***24CFR5.903***.

(Authorized by 24CFR5.903)

_____ _____

Applicant/Tenant Signature Date

Social Security No._____

Date of Birth: _____

Current Address: _____

The Housing Authority (or any employee of HUD or the Housing Authority) may be subject to penalties for unauthorized disclosures or improper uses for information collected based on the consent form.

The information collected based on the Consent Form is restricted to the purposes cited in 24 CFR5.903. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to penalties as per the 24 CFR5.903.

Any applicant or tenant affected by the negligent disclosure information may bring civil action for damages, and seek other relief, as may be appropriate, against an officer or employee of HUD or the Housing Authority responsible for the unauthorized disclosure or improper use.