**VERIFICATION PROCEDURE**

## Why Verify?

During the time of application, interim reexamination and annual reexamination, PHAs are required to verify factors that affect the determination of an applicant’s/tenant’s eligibility and rent. *(24 CFR Part 5, Subpart B, 24 CFR Part 982.516, 24 CFR Part Subparts B and C)*

The PHA is the final judge of what constitutes adequate and credible documentation and verification. PHA staff are not required to accept information simply because it is offered. HUD requires PHAs to

* secure a signed release of information from all applicants/tenants before verification starts
* use a hierarchy of verification methods from preferred down to last resort: Upfront verification/EIV; viewing authentic documents in possession of family; third party written and oral verifications; self certifications.
* put in family file all applicable notes, letters, emails, document copies and signed verification forms; file may be a paper file, an electronic file or both.

PHA staff will, to the greatest extent possible, develop personal relationships with other agencies and local employers to help improve the quality and timeliness of the information received.

## Core Eligibility Criteria

* For Public Housing, be below income limits equal to 80% of the Area Median Income for the appropriate geographic area; for Housing Choice Voucher Program, be below income limits equal to 50% of the Area Median Income for appropriate geographic area.
* At least one member of the household must be a citizen of the U.S. or have eligible immigration status.
* Must not owe any housing authorities any debts from previous participation in assisted housing programs.
* Must not have been terminated from any assisted housing program in the last year.
* May not be convicted of any violent or drug related criminal activity in the past 3 years.
* Not been convicted of manufacture or distribution of methamphetamines on any federally funded housing property/program, and
* Not subject to a lifetime registration as a sex offender
* Prior positive rental history (ability to comply with lease provisions) (Public Housing)

## What Must Be Verified and How?

##### Family Composition

At reexam time, no additional verifications are required unless family circumstances have changed over the past year.

* 1. **Age Documentation** (need be verified only once during occupancy)
     + A birth certificate or other official record of birth is the preferred form of age verification for all family members.
     + For elderly family members, an original document that provides evidence of the receipt of social security retirement benefits is acceptable.
     + If an official record of birth or evidence of social security retirement benefits cannot be provided, the PHA will require the family to submit other documents that support the reported age of the family member (e.g., school records, driver's license if birth year is recorded) and to provide a self-certification.

#### Family Relationships

Applicants are required to identify the relationship of each household member to the head of household. Family relationships are verified only to the extent necessary to determine a family's eligibility and level of assistance. Acceptable documents:

* + - Birth Certificates
    - Certificates of birth issued by a physician, midwife or hospital
    - Verification of adoption
    - Guardianship or custody documents issued by a magistrate or judge
    - Evidence of foster placement from responsible agency
    - Award Letters showing benefits paid on behalf of a minor or disabled adult
    - Documents from school systems or doctors demonstrating kinship care
    - Prior year’s tax returns showing sharing of expenses
    - Proof of living arrangements and sharing of expenses
    - Marriage certificate
    - Divorce decree or other court record demonstrating separation

#### Absence of Family Members

Acceptable documents

* + - Evidence of another residence such as another lease or utility bill.
    - Evidence of persons in nursing home or hospital on permanent basis

##### Social Security Numbers

* Social Security Numbers of all family and household members must be verified. Once documentation of SSN is obtained, SSN need not be verified again at reexaminations.
* The only individuals who do not have to produce Social Security Cards º individuals who do not content eligible immigration status

º who were age 62 or older and receiving assistance as of January 31, 2010 and had not previously disclosed a valid SSN.

* Applicants who cannot provide SSN’s for all family members requesting assistance may retain their position on the waiting list; however, appropriate documentation of a SSN for all family members claiming eligible citizenship status must be provided before the household can be admitted.
* If a child under the age of 6 years was added to the household within the 6-month period prior to the household's date of admission (or, for the HCV program, the date of voucher issuance), the applicant may be admitted/become a participant, so long as the documentation required is provided to the PHA within 90 calendar days of the date of admission into the program (or, for the HCV program, the effective date of the Housing Assistance Payment contract). The PHA must grant an extension of one additional 90-day period if it determines, in its discretion, the applicant's failure to comply was due to circumstances that could not reasonably have been foreseen and were outside the control of the applicant. If the applicant family fails to produce the documentation within the required time period, assistance will be denied.
* Acceptable documents

º A Social Security Card

º Letter from Social Security Administration that establishes and states the number

º Other documents that contain the SSN

* + Driver's License
  + Identification card issued by a federal, state or local agency
  + Identification card issued by a medical insurance company or provider (including Medicare and Medicaid)
  + Identification card issued by an employer or trade union
  + Benefit award letters from government agencies
  + Retirement benefit letter
  + Life insurance policies
  + Court records (real estate, tax, marriage and divorce, judgments, or bankruptcy

##### Citizenship or Eligible Immigrant Status

* Only citizens and eligible immigrants are eligible for assistance. A mixed family—at least one family member is a citizen—can still be housed but rent is figured on the basis of assistance being provided only to the citizens/eligible immigrants in the family. Verifications of citizen status are only required at initial application. Documentation will also be required for any individuals who are added to the lease later.
* All family members must sign the Declaration of Section 214 Status form which will be placed in the family file.
* Family members who claim U. S. Citizenship or national status will not be required to provide additional documentation unless the PHA receives information indicating that an individual's declaration may not be accurate.
* A photo ID will be required of each member to back up the below documents
* Acceptable proof of citizenship º Birth Certificate

º. U. S. Passport

º Military ID

º Social Security Card

º Voter Registration Card º Baptismal certificates

º Military Discharge form (DD 214 Form) º Employer Identification Card

º Adoption papers (legal identity for children)

º Custody agreement (legal identity for children)

º Health and Human Services ID (legal identity for children) º School Records (legal identity for children)

* Acceptable documentation for eligible immigrant status (PHA must verify eligible immigrant status through the U. S. Citizenship and Immigration Services (USCIS) SAVE System. *(Email HUD at* [*save-vis@hud.gov*](mailto:save-vis@hud.gov) *to request instructions for registering for SAVE)*

º Alien Registration Card

º Form I-94 Arrival-Departure Record, with ONE of the following annotations

* + Admitted as Refugee Pursuant to Section 207
  + Section 208 (Asylum)
  + Section 243(h) (Deportation stayed by Attorney General)
  + Paroled Pursuant to Section 212(d)(5) of the IN

º Unannotated Form I-94 Arrival-Departure Record, with ONE of the following:

* + Final court action granting asylum, if no appeal is taken
  + Letter from USCIS asylum officer granting asylum (application filed on or after 10/1/90) or USCIS district director granting asylum (application filed before 10/1/90)
  + Court decision granting withholding of deportation
  + Letter from asylum officer granting withholding of deportation (if application filed on or after 10/1/90)

º Form I-688 Temporary Resident Card, annotated: Section 245A or Section 210

º Form I-688B Employment Authorization Card, annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12"

º Receipt issued by the USCIS indicating that the 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.

º Other acceptable evidence. If other documents are determined by the USCIS to constitute acceptable evidence of eligible immigration status, they will be announced by notice public in the Federal Register.

##### Income and Assets

* Verifications permitted every three years º Fixed incomes

º Income of a family that has chosen Flat Rent will not be

reverified until three years after initial verification UNLESS, before the end of the three year period, they opt to go on Income-based rent.

º all family assets

* Acceptable forms of verification

º Preferable: Upfront Income Verification (from electronic data bases such as The Work Number) and HUD’s Enterprise Income Verification (EIV) for existing tenants/participants

º Verification forms completed, signed, and obtained directly from third parties

* + **Asset Income Verification**
  + **Assets, Divestiture of**
  + **Athletic Scholarship Verification**
  + **Child Support Income, Verification of (provided by AGs office)**
  + **Employment Income Verification**
  + **Imputed Welfare Assistance**
  + **Military Pay Verification**
  + **Pension & Annuity Verification**
  + **Self Employment Income Certification**
  + **Temporary Assistance to Needy Families Verification**
  + **Unemployment Benefits Verification**
  + **VA Benefits Verification**
  + **Workers Compensation Verification**

º Applicant/tenant-supplied documents

* Consecutive and original pay stubs (generally at least three months consecutive)
* Payroll Summary Report
* Employer Notice Letter of hire or termination
* Social Security Administration Award Letter
* Bank statements (generally at least three months, all pages; 6 months for Section 8 project- based properties)
* Child Support

º Parents can log into the Child

Support Interactive (CSI) website using an individual 8-digit identification number and 4-digit PIN and retrieve their information. This would be considered an upfront verification and the preferred method.

º Applicants/tenants complete and

sign the **Verification of Child Support Income** (Attorney General form) form. PHA faxes form to 512/460-6669 or scan and emails to [housingauthority@texasattorneygeneral.gov](mailto:housingauthority@texasattorneygeneral.gov) for processing.

º In absence of the above, a signed letter from the father indicating that child support is being paid, how much and how often.

º Copy of a separation or settlement agreement or divorce decree stating amount and type of support and payment schedules

º Copy of the latest check and/or payment stubs º Statements from child support debit card

º a statement from the Attorney General's office showing the family has requested enforcement and is cooperating will all enforcement efforts.

º a written statement from any independent collection entity that has helped the family with enforcement efforts. (families are not required to take independent action on enforcement)

* Pension benefit statements
* Temporary Assistance to Needy Families (TANF) award letters and/or printouts
* Unemployment monetary benefit notices
* W2s and IRS Tax Returns
* IRS Letter 1722
* Audited financial statements (self employed)
* Other official and authentic documents from federal, state, or local agency
* Fulltime students - Income of full time students living with parents or guardians is not counted unless the student is receiving an Athletic Scholarship in which case, only the part of the scholarship designated for housing costs is counted.
* Families claiming no income

º Families that will pay less than minimum rent must must be recertified every 90-120 days.

º A family budget or statement of financial responsibility will be required from the applicant.

º **Zero Income Certification** form will be used

* Asset Value and Income

º Self Certification: Applicants/tenants may certify to the type, value and income produced by assets worth less than $5000.

º Investment account statements for stocks, bonds, mutual funds, etc. for assets over

$5,000

º Savings account statements º Checking account statements

º Certificates of deposit, bonds, or financial

º statements completed by a financial institution or broker

º Estimates by a stockbroker or real estate agent of the net amount a family would receive if it liquidated securities or real estate

º Real estate statements if the approximate current market value can be deduced from them

º Current lease for rental property that shows the rental amount or certification from current tenant regarding rent amount

º Financial statements for business assets

º Copies of closing documents showing selling price and distribution of sale proceeds

º Appraisals of personal property held as an investment

##### Student Eligibility (Independent)

* Proof of legal age (18 in Texas) or an emancipated minor º valid drivers license

º identification card issued by a federal, state or local agency º identification issued by a medical insurance company

º birth certificate

º court documents demonstrating emancipation

* Proof of separate residence for at least one year prior to applying for assisted housing
* Proof that student is not being claimed as a dependent on parent or guardian's IRS tax return.
* If independent status is confirmed, income eligibility will determined in the same manner as other family applicants and income verified in the same manner as other family applicants.
* For a student who is determined eligible and is applying for assistance separately from parents or guardians, financial assistance other than amounts for tuition are counted as income and the income will be verified.
* HCV only - college students must first meet eligibility requirements through test provided for in 24 CFR 5.612, which states: No assistance shall be provided under Section 8 of the 1937 Act to any individual who:

º Is enrolled as a student at an institution of higher education, as defined under section 102 of the Higher Education Act of 1965;

º Is under 24 years of age;

º Is not a veteran of the U. S. military; º Is unmarried;

º Does not have a dependent child; AND

º Is not otherwise individually eligible, or has parents who, jointly are not eligible.

* Forms to use

**º Student Questionnaire for Eligibility**

**º Student Certification of Dependent Status º Student Financial Aid Verification**

**º Parent Certification - Income º Student Status Verification**

##### Deductions/Allowances

Eligibility for the following deductions/allowances will be determined through verification.

* Elderly /Disabled Family Status
* Dependents

º Children under 18

º Disabled or handicapped Family member 18 or older, other than head or spouse

º Full-Time Students 18 or older, other than head or spouse

* Child Care Expense
* Medical Expense (Elderly/Disabled Families only)
* Disability Assistance expense

#### Elderly /Disabled Deduction

* + - Verification of age and declaration that the head, spouse or co- head is 62 years of age will suffice as verification of elderly family status
    - Disability verification will be required for the following:

º to determine eligibility for disability-related deductions

º to determine eligibility for accessible unit or special accommodation

* + - If the head or spouse of a family indicates that he/she is receiving disability benefits through Social Security Administration, verification of income will serve as verification of disability
    - For family members claiming a disability but not receiving disability payments from SSA, staff person will use the **Disability Verification** form to document that the person meets HUD eligibility definition of a person with disabilities.

#### Dependent Deductions

* + - **Children under 18**: PHA will verify this from original documents supplied by family that indicate age of family member, e.g., birth certificate.
    - **Disabled or handicapped family member 18 or older**, other than head or spouse: disability verification will be required for the following:

º to determine eligibility for disability-related deductions º to determine eligibility for accessible unit or special

accommodation

º If a family member other than head or spouse indicates that he/she is receiving disability benefits through Social Security Administration, verification of income will serve as verification of disability.

º For family members claiming a disability but not receiving disability payments from SSA, staff person will use the **Disability Verification** form to document that the person meets HUD eligibility definition of a person with disabilities.

º Doctor's statements will also be accepted as verification º Special requirements related to disability verifications

* + - * The PHA is not permitted to inquire about the nature or extent of a person's disability (24 CFR 100.202(c))
      * The PHA may not inquire about a person's diagnosis or details of treatment for a disability or medical condition.
      * If the PHA receives a verification document that provides such information, the PHA will not place this information in the family file.
      * Under no circumstances will the PHA request an individual's medical record(s).
    - **Full-time students 18 or older**, other than head or spouse: the

**Student Status Verification** form will be used

#### Child Care Expense

* + - The PHA will verify that the child is under the age of 13 (includes Foster children).
    - The PHA will verify that the costs claimed are not reimbursed
    - The PHA will verify that the costs are for an allowable type of child care and a amount, defined as

º is paid for the care of children under 13

º is necessary to enable a family member to actively seek employment, be gainfully employed or to further his or her education

º amounts are not reimbursed from any source

º amounts do not exceed the amount of employment income that is included in the family's annual income

º amounts do not exceed the PHA-determined allowance

* + - * PHA will check with local providers to determine the current rates.
      * The PHA will use an average of the amounts charged by 4 local child care agencies (if available) or

centers to determine a maximum allowable deduction per child. (PHA will take into account the differences in types of childcare when determining an allowance or allowances)

* + - * The PHA's current maximum allowance is per child per week.

º Forms

* + - * **Childcare Expenses Verification - Day Care Facility**
* **Childcare Expenses Verification – Individual**
* **Certification of Childcare Expense**
  1. **Medical Expense**
     + Applicable forms

#### º Medical Expense Verification

**º Prescription Verification**

* + - Acceptable documents

º copies of cancelled checks used for medical expenses º printouts or receipts from the source

º evidence of monthly payments or total payments that will be due for medical expenses during the upcoming 12 months.

#### Disability Assistance Expense

* + - Applicable Forms

#### º Family Certification for Disability Expense Reimbursement

º **Auxiliary Apparatus Cost Verification**

º **Certification of Need for Persons with Disabilities** (health professional)

#### º Attendant Care Verification

º **Employer's Certification of Need for Auxiliary Apparatus to Permit Employment**

* + - Acceptable documents

º copies of cancelled checks used to make attendant care payments and/or receipts from care source

º billing statements for purchase of auxiliary apparatus or other evidence of monthly payments or total payments that will be due for the apparatus during the upcoming 12 months.

##### Preferences

Any applicable preferences will be self certified at time of application and verified before admission. See ***Intake Procedures***

1. ***Suitability Screening***

see **Screening Procedure**

## Verification Procedure

1. All family members will be required to sign the **Declaration of Section 214 Status** and they will be placed in family file.
2. Family members will be required to sign applicable release forms which will be placed in family file
3. All documents associated with verification of family composition, citizenship, age, social security numbers will be copied and placed in family file.
4. Photo IDs of all family members will be copied and placed in family file.
5. Preferred verification for income information is upfront verification such as the Work Number and HUD's Enterprise Income Verification (EIV). In this case, documents originate from a third party source’s computerized system and/or database. If available for any type of information, this method will be attempted first. All documents/printouts received through this method will be placed in family file.
6. For income verification PHAs will use HUD's Enterprise Income Verification (EIV) at recertification and no later than 90 days after admission or an historical adjustment.
7. When upfront verification is not available, or If family reports receiving income from employment and nothing comes back on the EIV System, third party verification will be pursued.
8. PHA will use third party verification forms or view authentic documents in the possession of the applicant/tenant. Applicants and tenants are now permitted to hand carry documents such as pay stubs and those issued by governmental agencies or medical information (because of HIPPA) to or from the independent source.
   * If Third Party verification forms are used

º Applicable family members will be required to sign applicable verification forms to provide consent for information release

º A copy of the signed form will be placed in the family file for any necessary follow up phone call or visit.

º PHA staff will then mail, fax or email the verification form to the source.

º If verification form is not returned from the source within 10 days, PHA staff will do a follow-up phone call or visit the sources and fill in the blank verification form that has been placed in the file.

* + If original documents will be viewed

A copy of the document(s) will be annotated with the name of the person who provided the document, the date the original was viewed, signed and placed in the family file

1. Telephone calls or visits to the third party will be documented with the date and time, the name of the person contacted and their telephone number, along with the confirmed information. Documentation will be placed in family file.
2. When the PHA is forced to rely on tenant declaration or certification as the only available means of verification, the PHA will document in the family file why third party verification was not available.
3. HUD recognizes that third party verification request forms sent to third party sources often are not returned. Acceptable reasons for not using third party verifications are

º PHA has made at least two documented attempts to obtain third party verification with no luck

º Income Source does not have the capability to provide written or oral third party verification or refuses to provide it

1. All documentation related to suitability screening will be treated the same as other verification documents: signed, dated, copied and placed in family file. One exception will be Criminal Background Checks. Pertinent information from CBCs will be noted in the file and the records shredded immediately following determination unless appealed; then destroyed after appeal decision.

## When Discrepancies Occur in EIV Reports

In cases where there is a difference between EIV income data and family

reported income of less than $200 per month, PHA will follow the following guidelines:

* If EIV reported income is less than current tenant-provided documentation, PHA will use tenant-provided documentation to calculate anticipated annual income
* If EIV reported income is greater than current tenant-provided documentation, PHA will use EIV income data to calculate anticipated income unless the tenant provides the PHA with documentation of a change in circumstances (i.e. change in employment, reduction in hours, etc.).
* Upon receipt of acceptable documentation of a change in circumstances, the PHA will use this documentation to calculate anticipated annual income.

In cases where there is a difference between EIV reported income and family reported income of $200 or more per month, PHA will follow the following guidelines:

* The PHA shall request written third party verification from the discrepant income source;
* The PHA will analyze all data (EIV data, third party verification and other documentation/information provided by the family) and attempt to resolve the income discrepancy.
* If it is determined that the family misreported income of no greater than

per month, they will be offered a repayment agreement.

* If the family refuses to enter into a repayment agreement or if the discrepancy amount is greater than , the PHA will initiate eviction proceedings.

If income discrepancies are found, no adverse action will be taken against a tenant until the PHA has independently verified the EIV information and the tenant has been granted an opportunity to contest any adverse findings through the PHA-established grievance or hearing procedure or other legal procedures.

## Time Lines for Verification

* Verified information not subject to change (such as a person’s date and place of birth and social security number) once submitted need not be reverified.
* Verified information obtained after application intake that is less than 90 days old need not be re-verified
* Information obtained that is subject to change, and for which verifications are more than 120 days old, must be re-verified.
* Verifications may be extended for an additional 30 days with a telephone update.
* Only verified information that is less than 90 days old may be used for certification or recertification.
* Verifications obtained at reexamination must be no more than 120 days old on the effective date of the action. (A record of the update must be placed in the family's file.)
* HCV: Before issuing a voucher, PHA must re-verify income if the amount or source of the family’s income has changed or any income verification is more than 60 days old.

## Attempted Fraud

Any information provided by the applicant/tenant that verification proves to be untrue may disqualify the applicant for admission or continued assistance on the basis of attempted fraud. PHA considers false information about the following to be grounds for rejecting an applicant or eviction:

* Income, assets, family composition
* Social Security numbers
* Preference
* Allowances/deductions
* Previous tenant history or criminal history

FORMS

**DECLARATION OF SECTION 214 STATUS**

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to con­ sult with an immigration lawyer or other immigration expert of your choice.

I, ,certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or

( ) I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or

( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigra­ tion status and signed verification consent form.

|  |  |  |
| --- | --- | --- |
| [ | ] | Immigrant status under 101 (a) (15) or 101 (a) (20) of the INA/3; or |
| [ | ] | Permanent residence under 249 of INA 4/; or |
| [ | ] | Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or |
| [ | ] | Parole status under 212(d)(5) of the INA /6; or |
| [ | ] | Threat to life or freedom under 243(h) of the INA /7; or |
| [ | ] | Amnesty under 245A of the INA 8/. |

Signature Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

**1Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, .fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or.agency of the United States, shall be fined not more than $10,000, imprisioned for not more than five years, or both.

The. following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years ofage or older and.receiving assistance under a Section214covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence ofproof of age. No further documentation of eligible immigration status is required.

3 **Immigrant status under §§l0l(a)(lS) or 101(a)(20)** of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by

§101(a)(l5) of the INA (8 U.S.C. 110l(a)(20) and ll01(a)(15), respectively *{immigrant status}.* This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160or1161), *[special agricultural worker status].* who has been granted lawful temporary resident status.

Permanent residence under *§249* of INA. A noncitizen who entered the U.S. before January 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 ineligible 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 §249 of the INA (8 U.S.C. 1259) *[amnesty granted under INA 249}.*

5 Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) *[refugee status];* pursuant to the granting of asylum (which has not been terminated) under §208 ofthe INA (U.S.C. l 153(a)(7)) before April 1,

1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity *[conditional entry statusJ.*

6 Parole Status under §212(d)(5) of INA. A noncitizen 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

§212(d)(5) of the INA (8 U.S,C. l 182(d)(5)) *[parole status}.*

7 Threat to life or freedom under §243(h) of1NA. A noncitizen who is lawfully present if the U.S. as a result of the Attorney General's withholding deportation under§243(h) of the INA (8 U.S,C. 1253(h)) *[threat to life or freedom].*

**8** Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the **INA** (8 U.S.C. 12555a) *[amnesty granted under INA 245A}.*

**Instructions** to **Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SA VE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions** to **Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an **"X"** or ***"v'"*** in the appropriate boxes. Sign and date at bottom of page. Place an "X" or ***"V"*** in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

*Dec/aracion de una muestra de ciudadania Americana o no ciudadania cin estado*

*de inmigracion requerido*

Yo, certifico, bajo penalidad de juramento

false, que, en mi total conocimiento, estoy en los Esudos Unidos legalmente porque (por favor marque

**la respeusta correcta):**

* Soy ciudadano, ciudadano naturalizado de los Estados Unidos; o
* Tengo estado de inmigraci6n legal y tengo 62 anos de edad o mayor. Adjunte evidencia de una prueba de su edad (solamente la persona subsidiada al 19 de Junio de 1995 puede calificar en esta categoria); o
* Tengo estado de inmigracion requerido coma esti marcado debajo (vea la hoja adjunta para mas explicaciones). Adjunte documentos de! Servicio de Inmigraci6n y Naturalizaci6n que den evidencia del estado de inmigraci6n requerido y el formulario de consentirniento de verficaci6n firmado.
  + Estado de inmigrante bajo §§10l(a)(l5) o 10l(a)(20) del Acta de Nacionalidad de Inmigrante
  + Residencia permanente bajo §249 o Acta de Nacionalidad de

Inmigrante.

* + Estado de refugiado, asilo, o entrada condicional bajo §§207, 208

o 203 de! Acta de Nacionalidad de Inmigrante.

* + Estado de libertad provisonal bajo §§212(d)(5) de! Acta de

Nacionalidad de Inmigrante.

* + Amenaza de vida o libertad bajo la seccion 243(h) del Acta de

Nacionalidad de Inmigrante.

* + Amnestia bajo §245A del Acta de Nacionalidad de Inmigrante.

Fecha Firma

0 Marque aqui si un adulto esta firmando por un menor de edad.

1/ **Advertencia:** 18 U.S.C. I 001 estipula, entre otras cosas, que quien sea intencionalrnente y voluntariamente haga o use un documento o escritura que contenga una afirnacion o entrada falsa, ficticia o fraudulenta, en cualquier materia dentro de la juridiccion de cualquier departamento o agencia de los Estados Unidos, scra multado no mas de S10.000 o puesto en la c:ircel par no mas de cinco afios, o ambes.

***Muestra de/formuiario de consentimiento de verijicacion***

Yo, par lo tanto, doy mi consentimiento a las Autoridades de Vrvienda de la ciudad para dar evidencia de mi estado de inmigraci6n reqtlerido, sin responsabilidad para mas uso o transmisi6n de evidencia por la entidad que recibe a:

1. El Departmento de la Vivienda y Desarrollo Urbano (DVDU) coma se requiere pore! DVDUy
2. El Departmento de Servicios de Inmigraci6n y Naturalizaci6n (SIN) para prop6sitos de verficaci6n del estado de inmigraci6n de la persona.

Este aviso se requiere para informar que es posible que la evidencia del estado de inmigraci6n requerido sea dado por el DVDU. La evidencia del estado de inmigraci6n requerido sera dado solamente par el Depertmento de Servicios de Inmigraci6n y Naruralizaci6n de las Estados Unidos con el prop6sito de establecer elegibilidad para ayud.a financiera y no para otro prop6sito. El Departamento de la Viviend.a y Desarrollo Urbano no es respnsable de otro uso o transmisi6n de la evidencia u otra informaci6n par el SIN.

Fecha Firma

Firrna para un nino y la relacion

Todos los miembros de la familia deben finnar un formulario de consenti.miento de veri£icaci6n personal, si han declarado que tienen estado de inmigraci6n de no ciudadano.

Para los niiios menores de 18 aiios de edad, el formulario de consenti.miento de verificacion debe ser firmado por el adulto responsable que residera en la unidad.

## Authorization for the Release of Information/ Privacy Act Notice

**U.S. Department of Housing and Urban Development**

Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD) OMB CONTROL NUMBER: 2501-0014

and the Housing Agency/Authority (HA) exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**

(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**

(Full address, name of contact person, and date)

**Authority**: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verifi- cation of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensa- tion 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 im- proper 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 termi- nation 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 re- ceived 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 pay- ments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and divi- dends). 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.

Original is retained by the requesting organization.

Item #1879

ref. Handbooks 7420.7, 7420.8, & 7465.1

form **HUD-9886** (07/14)

**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** (07/14)

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**AUTHORIZATION**

I authorize release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Program to the Housing Authority of the city of

.

**INFORMATION COVERED**

Inquiries may be made about: Child Care Expenses, Identity and Marital Status, Credit History, Medical Expenses, Family Composition, Pensions and Assets, Residences and Rental History – Landlord reference, Handicapped Assistance Requests, Expenses, Food Stamp Eligibility, TANF Verification

**CONDITIONS**

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses. I/We agree that photocopies of this authorization may be used for the purposes stated above.**

Signature Date

Signature Date

Signature Date

Signature Date

**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 Unity States Government. HUD and any owner (or any employee of HUD of 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 willingly requests, obtains or discloses any information under false pretenses concerning and 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number ore 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).**

# ASSET VERIFICATION

To: From Dept/Dev.: Attn: Attn: Address: Date:

Fax:

ADMISSIONS ( ) ANNUAL ( ) INTERIM ( )

(PHA) is required to verify the incomes, assets, and expenses of all members of families applying for or living in federally assisted housing. To comply with these requirements, (PHA) asks for your cooperation in supplying the information requested below. (PHA) will keep such information confidential and use it only to determine this applicant’s eligibility and rent. Your prompt return of this form by mail or fax is greatly appreciated.

Re: S. S. #

Applicant/ Tenant Name

Address: Client # / TX-Acct #:

I hereby authorize the release of the information requested below to the Housing Authority of the City of .

Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Checking |  | $ | $ | % |
|  | $ | $ | % |
| Savings |  | $ | $ | % |
|  | $ | $ | % |
| Certificates of Deposit/ Stocks/ Bonds |  | $ | $ | % |
|  | $ | $ | % |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Direct Deposit** | **Payable to** | **Frequency** | **Amount** |
| Social Security |  |  | $ |
| Pension |  |  | $ |
| Other: |  |  | $ |
| Other: |  |  | $ |

Representative: Phone No: Signature: Date: Title:

NOTE: HUD requires that the applicant must not assist in any way with the process of obtaining income verification. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.

|  |  |  |  |
| --- | --- | --- | --- |
| Account Number | Current Balance(s) | Past 6 Months | Anticipated |
|  |  | Balance(s) | Annual Income |

# DIVESTITURE OF ASSETS VERIFICATION

(PHA) is required to verify the incomes, assets, and expenses of all members of families applying for or living in federally assisted housing. To comply with these requirements, (PHA) asks for your cooperation in supplying the information requested below. (PHA) will keep such information confidential and use it only to determine the applicant’s/tenant’s eligibility and rent. Your prompt return of this form is greatly appreciated.

Applicant/ Tenant: S. S. # Address: Client # / Acct #/ Voucher #:

D Admissions D Annual D Interim

I certify that I have sold or disposed of assets for less than Fair Market Value during the two year (24 month) period preceding the effective date of admission or recertification. The asset(s) sold or disposed of for less than Fair Market Value is (are) identified below.

* Assets are considered to be disposed of for less than fair market value if the cash value of the disposed asset exceeds the gross amount the family received by more than $1,000.
* Assets are considered disposed of for less than fair market value when they are placed into a non-revocable trust (assuming that no consideration is received or the consideration which is received is less than cash value).
* Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs may include: 1. Penalties for withdrawing funds before maturity;

1. Broker/legal fees for the sale or conversion of assets; and
2. Settlement costs for real estate transactions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Asset Type (For additional assets, please fill out a separate form)** | **Date of Disposal** | **A. Market Value of**  **Asset** | **B. Costs Incurred** | **C. Amount Received** | **Difference (A-B-C)** |
| 1. |  | **$** | **$** | **$** | **$** |
| 2. |  | **$** | **$** | **$** | **$** |
| 3. |  | **$** | **$** | **$** | **$** |
| **Total** |  |  |  |  | **$** |

**Reason for disposition - optional:** (Note that under certain circumstances, assets disposed of for less than fair market value are NOT considered "disposed of assets", e.g. as a result of foreclosure or bankruptcy).

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident Date

**SUBSCRIBED AND SWORN TO** before me, the undersigned notary, on this day of

, 2 appeared the above Affiant who swore that the above statements are true and correct.

[ Seal ]

Notary Public of the State of Texas

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.

### ATHLETIC SCHOLARSHIP VERIFICATION

Re. Dear Sir/Madam;

Social Security #

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Housing Authority at

or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

School Name: Address: Name of Person Completing this Form: Date: Title: Signature:

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date

|  |  |  |
| --- | --- | --- |
| **Source of Scholarship** | **Total Scholarship Amount Per Semester** | **Total Amount Designated for Housing Expense Per Semester** |
|  | $ | $ |
|  | $ | $ |

Comments:



#### Verification of Child Support Income / Verificación de Ingresos de Manutención de Niños

Date / Fecha: Recipient **/** Beneficiario:

Name and Address of Requesting Authority / SSN: / Número de

Nombre y dirección de Autoridad Solicitante: Seguro Social:

Payor / Pagador:

Requesting Authority Agent Name / Name of Child(ren) / Nombre de Niño(s) : Nombre de Agente de Autoridad Solicitante:

Telephone and fax number / Número de teléfono y fax:

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.

Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

Applicant’s Signature / Firma del Solicitante Date / Fecha

**WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or** **misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code chapter 559 gives you the right to review and request correction of information on this form.**

**AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer** **declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas el capítulo 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.**

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November 2014

#### Verification of Child Support Income / Verificación de Ingresos de Manutención de Niños

**Official OAG use only / Uso oficial de la Procuraduría General solamente**

IV-D Services are not being provided.

No se están proporcionando Servicios IV -D.

The agency is not aware of a child support order.

La agencia desconoce de una orden de manutención de niños.

The amount of court ordered child support is $ per (week, month, etc.)

La cantidad de manutención de niños ordenada por la corte es de dólares por

(semana, mes, etcétera)

Last payment of $ was received (date).

El último pago de dólares fue recibido el (fecha, mes/día/año).

Child support is not paid on a regular basis.

La manutención de niños no se paga con regularidad.

Signature - Title / Firma – Título Date / Fecha

Comments / Comentarios:

Page 2 of 2 Form 1825

November 2014

**EMPLOYMENT INCOME VERIFICATION**

Re. Dear Sir/Madam;

Social Security #

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Housing Authority at

or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

1. Employed Since: 2. Job Title:

1. Salary, Base Pay Rate: $ per hour $ per week $ per month
2. Average hours worked at Base Pay Rate: hrs/week, or hrs/month in year.
3. Is this person likely to get Overtime? Yes\_ No If yes, Overtime Pay Rate $ /Hr
4. Average number of Overtime hours expected during the next 12 months: Hrs/Month
5. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.? For $ per
6. Is pay received for vacation? Yes\_ No If yes, number of days/year:
7. Total Base Pay Earnings for last 12 months: $
8. Total Overtime Earnings for the last 12 months: &

Firm Name: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing this Form: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Signature:

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date



## Imputed Welfare Income Verification Form

Public Assistance Office

(*date*)

**RE: Reason for Reduction in Public Assistance Benefits**

Client Name: Client Address: Social Security Number:

Dear :

The individual named above has reported a reduction in public assistance benefits and requested a reduction in rent. The Quality Housing and Work Responsibility Act of 1998 requires that we verify in writing whether the reduction in benefits is because of one of the reasons listed below. Please review these statements and check whichever is the case for this individual:

Benefits have been reduced because the named individual committed welfare fraud; or

Benefits have been reduced because the named individual has not participated in required economic self- sufficiency activities; or

Benefits have been reduced for some other reason. Please specify:

The amount by which benefits will be cut is $ per month, resulting in a new monthly benefit of $

. The number of months that this benefit reduction will apply is months.

Thank you for your cooperation. Sincerely;

Property Manager

### MILITARY PAY VERIFICATION

Re. Dear Sir/Madam;

Social Security #

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

Years and Months of Service of Pay Purposes

### INCOME

Base Pay and Longevity Pay $ Proficiency Pay $

Sea and Foreign Duty Pay $ Hostile Fire Pay $

Subsistence Allowance $

Quarters Allowance (Government contribution only) $ Number of Dependents claimed:

Other: Please Explain: $

### TOTAL MONTHLY AMOUNT RECEIVED $

Service Agency: Address: Name of Person Completing this Form: Date:

Title: Signature:

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date

### PENSION/RETIREMENT OR ANNUITY INCOME VERIFICATION

Re. ID #

Dear Sir/Madam;

Social Security #

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

Current Gross Monthly amount of Pension $ / Month

Current Gross Monthly amount of Annuity $ /Month

Deductions for Gross Medical Insurance Premium $ /Month Other Deductions, Please specify: $ /Month Date of Initial Award:

Effective Date of Current amount

Agency Name: Address:

Name of Person Completing this Form: Date:

Title: Signature:

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date

### SELF EMPLOYMENT INCOME CERTIFICATION

Full Name of Applicant or Tenant;

Present Address of Applicant or Tenant

I hereby certify that I, (Name) received a total of

$ for the following work:

I expect to earn $ for the coming 12 months (from

To ) for the following work:

I understand that if my actual earnings are different from those reported above, that I may be required to report any changes to the Housing Authority.

Signature of Applicant or Tenant Date

Signature of Notary Public Date

Name of Notary Public:

**Date Commission Expires:**

### TEMPORARY ASSISTANCE TO NEEDY FAMILIES VERIFICATION

Re. Dear Sir/Madam;

Social Security #

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

Number in Family: $per Month

Temporary Assistance to Needy Families $

General Assistance $

Amount specifically designated for shelter and utilities (if any) $ Other Assistance: Please specify: $

### TOTAL MONTHLY GRANT $

Total Amount of TANF provided in the past 12 Months $

Agency Name: Address:

Name of Person Completing this Form: Date:

Title: Signature:

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date

### UNEMPLOYMENT BENEFITS VERIFICATION

Re. Claim # Dear Sir/Madam;

Social Security #

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

|  |  |  |
| --- | --- | --- |
| Gross Weekly Payment:  Is Claimant eligible for further benefits? | Yes No | $ |
| Date of Initial Payment: |  |  |
| Duration of Benefits |  |  |
| How many weeks of Benefits remaining? |  |  |
| Amount of Benefits remaining? Termination date of Benefits is? |  | $ |

Agency Name: Address: Name of Person Completing this Form: Date:

Title: Signature:

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date

### V. A. BENEFITS VERIFICATION

Re Claim #: Serial #:

SSN: Ins. Policy #: Pmt. Due Date: Date of Birth:

WWII ❏ Korea ❏ Viet Nam ❏ Gulf War ❏ Afghanistan ❏ Iraq ❏ Other

Dear Sir/Madam:

Federal requirements oblige us to verify the incomes of families living in or applying for public housing or Section 8 housing. We ask your cooperation in supplying the information requested below about the referenced person. We will use the information you provide only to determine the family’s eligibility and rent, and pledge to keep all data in strictest confidence.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

1. **Period of Active Duty**: From To: & From To
2. **Allowance for Education or Training**: School ❏ On-the-Job ❏ $ / Month Tuition, Fees, Books, Equip. Etc. $ /Month Subsistence: $ /Month Effective Date of Current Award: Ending Date:

Name & Address of School/Training Institution:

Name & Address of Employer:

1. **Compensation**: $ /Month

For Service-connected: Disability ❏ Death ❏ Dependency and Indemnity ❏

Non-Service-connected pension: Disability ❏ Death ❏ Effective Date of Award:

1. **Other Payments** (Monthly Insurance, etc.) $ /Month

Agency Name: Address: Name of Person Completing this Form: Date: Title: Signature:

\_

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date

### WORKERS COMPENSATION/DISABILITY COMPENSATION BENEFITS VERIFICATION

Re. Claim # Dear Sir/Madam;

Social Security #

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

|  |  |  |
| --- | --- | --- |
| Gross Weekly Payment:  Is Claimant eligible for further benefits? | Yes No | $ |
| Date of Initial Payment: |  |  |
| Duration of Benefits |  |  |
| How many weeks of Benefits remaining? |  |  |
| Amount of Benefits remaining? Termination date of Benefits is? |  | $ |

Agency Name: Address: Name of Person Completing this Form: Date:

Title: Signature:

**APPLICANT/TENANT RELEASE**

I hereby authorize the release of the requested information.

Signature Date

SELF CERTIFICATION OF ZERO INCOME HOUSEHOLD

Applicants and residents who are part of any housing subsidy program through

Housing Authority must provide verification of zero income. This form should be completed by every adult household member of households claiming zero income.

Applicant/Resident Name

Applicant/Resident Address City, State Zip Code

This is to certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran’s benefits, government grants, savings accounts, trust funds, gifts, etc.

I further certify that I have been advised by the Housing Authority that in view of the fact that the Department of Housing and Urban Development (HUD) will be required to subsidize part or all of my monthly rental payments, due to my lack of income, they may elect to investigate the validity of my application for increased subsidy payments.

I further certify that I have been advised by Housing Authority that I must report any monetary or non-monetary increase in my income within 15 business days from the date of the change so that the necessary rental adjustments can be made. I have also been advised that one year from the date that my household reports zero income, I must report to the office to re-verify the status of my income as long as my household continues to report zero income.

I further certify that the information given to the Housing Authority regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the

Housing Authority. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

This form must be signed in the presence of a Housing Authority staff person or Notary Public.

Signature of Applicant or Client Date

Signature of Notary Public Date

Name of Notary Public Date Commission Expires

Please return as quickly as possible.

WARNING! Title 18, Section 1001 of the United States Code, states that a person which knowingly and willingly makes false fraudulent statements to any department or agency of the United States Governments is guilty of a felony.

Zero Income Questionnaire

Do you pay the following utilities:

Heat?

Hot Water?

Electric?

Cable?

Phone/Cell Phone?

Are you behind on your utilities?

Please explain how you are paying for your utilities.

Do you have children?

How are you buying groceries?

If you receive food stamps, how are you paying for non grocery items such as soap, toilet paper, etc?

How are you buying baby/child supplies? Do you own a car?

How are you paying for car insurance? Maintenance?

**STUDENT CERTIFICATION**

Applicant/Resident Date

Social Security Number Property

***TO BE COMPLETED BY APPLICANT / RESIDENT***

**Yes No**

**Are you student at an institution of higher education?**

\**Institutes of higher education include post-secondary vocational institutions; “proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation,” and accredited post- secondary colleges and universities. If you are not sure, please mark “yes” and we will verify it.*

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, please complete the following questions: Yes No**

1. Are you a full-time student?
2. Are you disabled?
   1. If yes, were you receiving Section 8 assistance as of November 30, 2005
3. Are you a graduate or professional student?
4. Are you at least 24 years of age?
5. Are you a veteran of the United States military?
6. Are you married?
7. Do you have a dependent child?
8. Do you have dependents other than a child or spouse?
9. Were you an orphan or a ward of the court through the age of 18?
10. Will you be living with your parents?

If no:

1. Are your parents receiving or eligible to receive Section 8 assistance?
2. Are you claimed as a dependent on your parent’s tax return?
3. Are you receiving any financial assistance to pay for your education?

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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

PENALTIES FOR MISUSING THIS FORM

Signature Print Name \_

Date

Page 1 of 1

.

Student Certification of

Dependent Status and Financial Assistance Provided

I (We), , certify that I (we)

have have not claimed (student

name) as a dependent on my/our tax return for (year).

I (We) also certify that I (we) will be providing financial assistance in the amount of

$ per month during the next 12 months.

I (We) certify that the information provided herein is true and complete to the best of my (our) knowledge.

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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

**PENALTIES FOR MISUSING THIS FORM**

Signature Print Name

Date

Signature Print Name

Date



Date:

Project Name: Telephone: Fax:

Project Address: Address 2: TTD/TTY:

|  |
| --- |
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(Please return this form to the above address)

TO:

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| --- |
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| --- |
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|  |
|  |
|  |
|  |

Name RE: Tenant /

Applicant Name:

Address: Address:

City/State/Zip City/State/Zip:

SSN:

Unit #:

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature Date

**HOUSEHOLD MEMBER RELEASE**

The person named above has applied for housing or housing assistance under a program regulated by HUD, Rural Development, a State Agency or the IRS. These Agencies require the housing provider to verify all information that is used in determining the person’s eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page (via fax or mail) to assure timely processing of the application for housing. The applicant/resident has consented to the release of this information as shown above. **PLEASE RETURN WITHIN 3 DAYS!**

1. of 2
2. Is this school an institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? Yes No If no, explain:
3. Is the above named individual a student at this educational institution? semesters/year:
4. If yes, is student enrolled part-time or full-time? Part-time Full-time
5. Date enrolled as such:

Yes

No # of

1. Expected date of graduation:
2. Cost of tuition (only) per semester: $
3. Indicate all financial assistance being received by or on behalf of this individual under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or from an institution of higher education (as defined under theHigher Education Act of 1965 (20 U.S.C. 1002)). **DO NOT** include loan proceeds in this section.

|  |  |  |
| --- | --- | --- |
| **Source of Assistance / Funding** | **Total Tuition Amount Per**  **Semester** | **Total Non-Tuition Amount Per**  **Semester** |
|  | $ | $ |
|  | $ | $ |

Comments:

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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

***PENALTIES FOR MISUSING THIS FORM***

Name Title

Phone Fax

Signature Print Name

1. of 2

### SELF CERTIFICATION/DECLARATION OF INCOME

#### (Parents Program Eligibility for Students in the Section 8 Housing Program)

I / we the parent(s) of , certify the following:

I am currently receiving housing assistance from the Department of Housing and Urban Development Yes No (if Yes, skip to address information)

My/our current annual gross income is $ .

This amount includes all income received by the parent(s) from employment, income from assets, federal, state and local benefits and any other income.

There are a total of people who are living with me/us as part of my/our household. (Do not count the student applicant as part of the household.)

My/Our address is:

Apartment Community Name :

The above information has been provided for appropriate box.)

one parent

both parents. (Please check the

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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

***PENALTIES FOR MISUSING THIS FORM***

Signature Print Name

Date

Signature Print Name

Date



### STUDENT STATUS VERIFICATION

Re:

Dear Sir/Madam:

We are required to verify the full-time student status of individuals applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only to determine eligibility or rent.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

Name of Educational Institution: Address:

Please complete:

Number of hours for which referenced individual is enrolled

Referenced individual ❑ is ❑ is not a full-time student in good standing at this institution. Years Remaining to Complete Degree or Program: Remarks:

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information.

Signature Date

### DISABILITY VERIFICATION

Public Housing Authorities are required to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for the housing and to compute rent. The resident has signed a release form below giving you permission to supply us with this information.

If you could fill out the form below and return it to the Housing Authority at or fax it to

within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

#### The Department of Housing and Urban Development defines a disabled person in 3 ways:

1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
2. A developmentally disabled person is one with a severe chronic disability that:
   1. is attributable to a mental and/or physical impairment;
   2. as manifested before age 22;
   3. is likely to continue indefinitely;
   4. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self- direction, and economic self-sufficiency AND
   5. requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
3. A disabled person is also one who has a physical, emotional or mental impairment that:
   1. is expected to be of long-continued or indefinite duration;
   2. substantially impedes the person's ability to live independently;
   3. is such that the person's ability to live independently could be improved by more suitable housing conditions.

I, , hereby certify that (person signing the release below should be considered disabled in accordance with definition number above.

Name and Title Date Signature Phone

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information. Signature Date

### CHILDCARE EXPENSES VERIFICATION

Dear Sir/Madam:

has applied for or is a tenant in Public Housing. Since the rental rates for the apartments here are reduced for families with childcare expenses, we must obtain verification of such expenses in our files. If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

We will keep the information in strict confidence and will only use it to determine the applicant's eligibility for reduced rent.

Name(s) and age(s) of child(ren) cared for:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | 4. |  |
| 2. |  | 5. |  |
| 3. |  | 6. |  |

Day care facility: Address: Phone # Contact Person: Childcare is provided on the following days for the hours indicated:

Monday: hours Tuesday: hours Wednesday: hours Thursday: hours Friday: hours Saturday: hours Sunday: hours

Total hours per week: Total hours per month: Cost of Care: $ , per ❐ week ❐ month.

$ received for care from family named above: $ , ❐ week ❐ month.

$ received for care from others (if any): $ , ❐ week ❐ month.

Name of individual, program, or other third-party source providing childcare funds for this family: Address:

Estimated cost of care to the family for the upcoming 12 months: Signature Date

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information.

Signature Date

#### CHILDCARE VERIFICATION - Individual

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify any childcare costs paid by their residents so that the costs may be taken into consideration when rent is computed for the family. You will note that the head of household has signed a release below, giving you permission to provide us with this information. If you

could fill out the form below and return it to the Housing

Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

I hereby certify that I provide care (first names of children cared for ) for

, who reside in the household of (person signing the release below).

I care for the children so that a family member can: (check as applicable)

❑ Work ❑ Go to school

In the year beginning and ending , I will be caring for the child(ren)

hours per week, weeks of the year. My rate of pay is per hour, and I will be paid:

❑ once a week ❑ every two weeks ❑ once a month Care during the week will be offered as follows:

Monday: hours

Tuesday: hours

Wednesday: hours

Thursday: hours

Friday: hours

Saturday: hours

Sunday: hours

I certify that the above amount is for childcare only.

Name: Date: Signature: Phone #: Title:

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information.

Signature Date



# PHA APPLICANT/TENANT CERTIFICATION FOR CHILDCARE EXPENSES

I/We hereby certify that the following represent true and accurate statements regarding our household circumstances related to childcare:

* Child/children cared for are under 13 years of age.

**Reason for care (check one)**

* Such care enables the following family member to work: Occupation: Employer, address & phone number:

Hours worked: per week, month

* Such care enables a family member to attend vocational or academic courses:

Member's name: Course: Institution name, address & phone #:

Hours at school:

Childcare costs are not paid to anyone living in our household; they are paid to:

Name: Address & Phone # :

* I/We do not receive reimbursement for childcare costs from any agency or individual outside the household.
* I/We recognize that the above statements are subject to third-party verification.

Signature,

### MEDICAL EXPENSE VERIFICATION

Date:

RE:

Dear Sir/Madam:

Since the rental rates on apartments can be reduced for some families with medical expenses, we are required by law to obtain certain information with regard to these medical expenses. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

Is this Individual’s Condition likely to continue for the coming 12 months? ❑ yes ❑ no Type of Service You Provide to Applicant (check all appropriate):

❑ Physician Care ❑ Dental Care

❑ Hospital/Clinic Care ❑ Prescriptions

❑ Therapy ❑ Medical Insurance

❑ Medical Transportation ❑ Other (Please specify)

Projected Cost of Services During Next 12 Months $ Does the applicant require a private bedroom for medical reasons? ❑ yes ❑ no Does applicant need any special features in the unit because of a disability ❑ yes ❑ no

Signature Date

Title

Address

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information.

Signature Date

### PRESCRIPTION VERIFICATION

TO WHOM IT MAY CONCERN: Federal Law requires Public Housing Authorities to verify medical expenses incurred by elderly residents so that such expenses may be taken into consideration when computing rents. You will note that the resident has signed a release, below, giving you permission to supply us with this information.

If you could fill out the form below and return it to the Housing Authority at or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

I hereby certify that (Person signing the release below) may anticipate the following costs for prescription medicines in the year beginning and ending , based on his/her past medical history.

Cost per Frequency of Paid by Insurance?

Refill Refill Yes ❑ No ❑

1.

2.

3.

4.

5.

6.

Signature and Title Date

Pharmacy Phone

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information.

Signature Date

### DISABILITY EXPENSE REIMBURSEMENT - FAMILY CERTIFICATION

Name of family member with disability:

I/We certify that the above-named person is being

provided with attendant care or the use of auxiliary apparatus to enhance his/her ability to live independently. The circumstances related to the cost of the care or apparatus are as follows:

❑ We do not receive reimbursement from any outside source such as insurance, Medicare, state grants, or individuals.

❑ We are receiving reimbursement for a portion of these costs from in the amount of $ per week month. We will provide third party documentation as to the frequency and amount of this reimbursement.

❑ The cost of attendant care or auxiliary equipment is not paid to a family member living in our household.

Applicant/Resident PHA Representative

Date

**UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO $10,000 OR IMPRISONED UP TO 5 YEARS, OR BOTH.**

### AUXILIARY APPARATUS COST VERIFICATION

FAMILY MEMBER WITH DISABILITY

Family member's name: Age:

Age: Indicate the type of apparatus furnished to the handicapped or disabled family member:

|  |  |  |  |
| --- | --- | --- | --- |
| ❐ | wheelchair | ❐ | reading device |
| ❐ | walker | ❐ | other: |

Indicate if apparatus is leased or purchased:

Date purchased: / / Cost: $

Date leased: / / Cost: $

Are installment or lease payments being made? ❐ yes ❐ no

If yes, indicate frequency and amount: $ , weekly monthly Term of installment purchase or lease: (# of months), from

to .

Estimated apparatus costs for upcoming 12 months .

Equipment added to vehicles to permit use by a handicapped or disabled individual: Describe type of equipment:

Estimated cost (labor and materials): $ Type of vehicle modified:

Car: Truck: Van:

make make make

model year model year model year

tag # tag # tag #

1'a1E µoOt�tEO: / / .

Are payments being made on vehicle modifications? ❐ yes ❐ no If yes, indicate frequency and amount: $

weekly monthly other: Term of installment purchase:

(# of months), From To

Estimated vehicle modification costs for upcoming 12 months: $

Name of individual or company that has or will provide apparatus or vehicle modification: Name: Phone #:

Address:

Contact person:

Signature Date

Title

### DISABILITY - NEED CERTIFICATION FOR PERSON WITH DISABILITIES

**FOR ❏ ATTENDANT CARE ❏ AUXILIARY APPARATUS**

Name of family member with disability: Full name and address of professional completing this certification:

Name: Address:

I certify that the above-named person requires the services of an attendant or the use of auxiliary apparatus to enhance his/her ability to live independently.

The availability of the care or auxiliary apparatus enables:

❏ the person with a disability named above to work, and/or

❏ other family member(s) to work.

If further information is required, please contact by calling ( ) - .

Signature Date

Title

### ATTENDANT CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify the cost of attendant care for residents with disabilities so that the costs may be taken into consideration when computing rent. You will note that the resident has signed a release form below, giving you permission to supply us with this information. If you could fill out the form

below and return it to the Housing Authority at

or fax it to within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

I hereby certify that I provide care for (disabled person) and that this care enables to earn employment income.

During the year beginning and ending , I will be providing care hours per week, for weeks of the year. My rate of pay is per hour, and I will be paid once every . Hours when I will be providing care area as follows:

Monday: hours Tuesday: hours Wednesday: hours Thursday: hours Friday: hours Saturday: hours Sunday: hours

Name: Date: Signature: Phone #: Title:

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information

Signature Date

### AUXILIARY APPARATUS TO PERMIT EMPLOYMENT - EMPLOYER'S CERTIFICATION OF NEED FOR

Name of family member with disabilities: Full name and address of employer completing this certification:

Name: Address:

I certify that the above-named person is employed by our agency/firm; and that the use of auxiliary apparatus is necessary for his/her employment.

If further information is required, please contact by calling ( ) - .

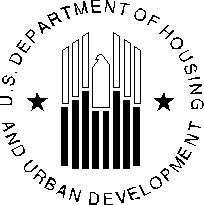
Signature Date

Title

**TENANT/APPLICANT RELEASE**

I, , hereby authorize the release of the requested information

Signature Date

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

WASHINGTON, DC 20410-5000

OFFICE OF PUBLIC AND INDIAN HOUSING

#### Special Attention of: Notice PIH 2018–18

Public Housing and Section 8 Program Administrators,

Public Housing Hub Office Directors; Public Housing **Issued:** October 26, 2018 Resident Management Corporations; Resident Councils;

Applicants and Participants of Public Housing, Housing

Choice Voucher, Section 8 Moderate Rehabilitation, **Expires:** This notice remains in and Project-Based Certificate and Voucher Programs effect until amended, superseded

or rescinded.

#### Cross References:

notice PIH 2017-12

24 CFR 5.233

24 CFR 5.236

24 CFR 908.101

#### SUBJECT: Administrative Guidance for Effective and Mandated Use of the Enterprise Income Verification (EIV) System

1. **Purpose.** This notice adds a new section incorporating the Income Validation Tool (IVT) Report. This report will facilitate and enhance public housing agencies (PHAs) identification of tenant unreported or underreported income information during interim and regular reexaminations. Deployment of the IVT began July 17, 2018, and will conclude December 4, 2018. The IVT will provide projections of discrepant income for wages, unemployment compensation and Social Security Administration (SSA) benefits pursuant to HUD’s data sharing agreements with the Department of Health and Human Services (HHS) using the National Directory of New Hires (NDNH) database, and the SSA. This notice supersedes notice PIH 2017-12.
2. **Applicability.** This notice applies to the HUD-PIH rental assistance programs: Public Housing, Section 8 Moderate Rehabilitation, Project-Based Voucher, Project-Based Certificate, and Housing Choice Voucher (HCV) Programs.
3. **Background.** On December 29, 2009, HUD issued the final rule entitled *Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs: Implementation of the Enterprise Income Verification (EIV) System- Amendments (74 FR 68924)*, which requires PHAs to use the EIV system in its entirety to verify tenant employment and income information during mandatory reexaminations of family composition and income in accordance with 24 CFR 5.233; and reduce administrative and subsidy payment errors in accordance with 24 CFR 5.236 and other administrative guidance issued by HUD.

[**www.hud.gov**](http://www.hud.gov/) **espanol.hud.gov**

Using EIV as an upfront income verification (UIV) technique will be valuable in validating tenant-reported income during interim and annual reexaminations of family income; as well as streamlining the income verification process. This will result in less administrative burden in complying with third party verification requirements.

Additionally, EIV will help to identify and cure inaccuracies in housing subsidy determinations, which will benefit PHAs, tenants, and taxpayers by ensuring that the level of benefits provided on behalf of families is proper and will prevent fraud and abuse within Public and Indian Housing (PIH) rental assistance programs.

1. **Effective Date.** This notice is effective as of the issuance date.
2. **HUD Regulation.** 24 CFR 5.233. Since January 31, 2010, all PHAs have been required to use the EIV system in its entirety. This means that PHAs must use all features of the EIV system to:
   1. Verify tenant employment and income information during interim and mandatory reexaminations of family composition and income in accordance with 24 CFR 5.236, and other HUD administrative guidance; and
   2. Reduce administrative and subsidy payment errors in accordance with HUD administrative guidance.
3. **What is the EIV System?** The EIV System is a web-based application, which provides PHAs with employment, wage, unemployment compensation and social security benefit information for tenants who participate in the Public Housing and various Section 8 programs under the jurisdiction of the PIH. This system is available to all PHAs nationwide. Information in EIV is derived from computer matching programs initiated by HUD with the SSA and the HHS, for all program participants with valid personal identifying information (name, date of birth (DOB), and social security number (SSN)) reported on the form HUD-50058.

What is the IVT Report? The IVT Report is a new report that replaces the current Income Discrepancy Report under the verification reports link in EIV. This report will facilitate and enhance PHA identification of tenant unreported or underreported income during interim and regular reexaminations. The IVT will be updated monthly and provide a comparison between tenant reported income and income information previously reported on the form HUD-50058. It will include any discrepant income information specifically derived and reported from HUD’s data sharing agreements with HHS-NDNH and the SSA. The IVT will also provide income and wage, unemployment compensation and SSA benefit information. HUD staff and PHA personnel will be able to search a comprehensive database comprised of several screens that will include income information for Heads of Household and family members where there may be discrepancies in family reported income and employer reported information. During reexamination, or other significant contacts with tenant families, PHAs will see any reported discrepancies, determine the degree of tenant underreporting or misreporting of income information and take action in accordance with their policies to resolve the identified discrepancies.

All PHAs are required to review the EIV Income and Former Tenant Search reports prior to admission of each family. PHAs are required to review the Income and IVT reports during mandatory and interim reexaminations of family income and/or composition to reduce tenant under reporting of income and improper subsidy payments. EIV is classified as an UIV technique (or automated written third-party verification), which helps to identify income sources and/or amounts that the tenant may not have disclosed. This UIV technique, in many instances, will reduce the need to mail or fax third party verification request forms to an income source. EIV also provides various reports to assist PHAs with the following:

* 1. Identifying tenants whose reported personal identifiers do not match the SSA database
  2. Identifying tenants who need to disclose an SSN;
  3. Identifying tenants whose reported personal identifiers do not match the SSA database;
  4. Identifying tenants who may not have reported complete and accurate income information;
  5. Identifying tenants who have started a new job;
  6. Identifying tenants who may be receiving duplicate rental assistance;
  7. Identifying tenants who are deceased and possibly continuing to receive rental assistance; and
  8. Identifying former tenants of PIH rental assistance programs who voluntarily or involuntarily left the program and have a reportable adverse status and/or owe money to a PHA or Section 8 landlord.

1. **How to obtain access to the EIV System.** All PHA staff (including PHA-hired management agents), who have a need to access the EIV system, are required to complete and submit the EIV Access Authorization Form & Rules of Behavior and User Agreement to their designated EIV Coordinator in the local HUD office.

The form is available online at: <https://www.hud.gov/sites/documents/DOC_10866.PDF>

The user’s access must be approved by the PHA Executive Director or designee for the local HUD office to process all EIV access requests. Individuals who will not directly access the EIV system but will have access to the EIV data in printed or electronic form also are required to complete the EIV Access Authorization Form & Rules of Behavior and User Agreement and maintain it on file (do not submit the form to the local HUD office).

1. **Verification Hierarchy and Techniques.** PHAs should begin with the highest level of verification techniques.

All verifications, regardless of technique, require the PHA to review the IVT information at the time of reexamination and for multiple subsidy payments. PHAs are required to review the EIV Former Tenant and Existing Tenant Reports for any SSA matches involving another PHA or a Multi-family entity and follow-up on any issues identified. The PHA is required to maintain the report and documentation of any follow-up in the tenant file. If the tenant is a new admission to the PHA, and a match is identified at a Multi-family property, the PHA must report the program admission date to the Multi-family property and document the notification in the tenant file.

PHAs also need to obtain an Income Report for each household. The PHA is required to maintain

the Income Report in the tenant file along with the form HUD-50058 and other supporting documentation to support income and rent determinations for all interim and mandatory reexaminations of family income and composition. If the Income Report does not contain any employment and income information for the family, the PHA should attempt the next lower level verification technique, as noted in the below chart.

#### Exhibit 1: Verification Hierarchy and Techniques

|  |  |  |
| --- | --- | --- |
| **Level** | **Verification Technique** | **Ranking** |
| 6 | **Upfront Income Verification UIV),** using HUD’s Enterprise Income Verification (EIV) system and the **Income Validation Tool (IVT)** (not available for income  verifications of new applicants) | **Highest** (Mandatory) |
| 5 | **Upfront Income Verification (UIV)** using  non-HUD system | **Highest** (Optional) |
| 4 | **Written third Party Verification** | **High** (Mandatory to supplement EIV- reported income sources and when EIV has no data; Mandatory for non-EIV reported income sources; Mandatory when tenant disputes EIV-reported employment and income information **and** is unable to  provide acceptable documentation to support dispute.) |
| 3 | **Written Third Party Verification Form** | **Medium-Low** (Mandatory if written third party verification documents are not available or rejected by the PHA; and when  the applicant or tenant is unable to provide acceptable documentation) |
| 2 | **Oral Third-Party Verification** | **Low** (Mandatory if written third  party verification is not available) |
| 1 | **Tenant Declaration** | **Low** (Use as a last resort when unable to  obtain any type of third-party verification) |

**Note:** This verification hierarchy applies to income determinations for applicants and participants. However, EIV is not available for verifying income of applicants. Image 1 screenshot of Verification Hierarchy and Techniques illustrates six levels of verification starting with 6 as the highest category of Upfront Income Verification using HUD’s EIV system, then 5 Upfront Income Verification (UIV) using non-HUD system, 4 Written Third- Party Verification, 3 Written Third Party Verification Form, 2 Oral Third-Party Verification and 1 Tenant Declaration.

#### Verification Technique Definitions

**Third-Party Verification Techniques**

**Upfront Income Verification (UIV) (Level 6/5):** The verification of income before or during a family reexamination, through an independent source that systematically and uniformly maintains income information in computerized form for a number of individuals.

It should be noted that the EIV system is available to all PHAs as a UIV technique. PHAs are encouraged to continue using other non-HUD UIV tools, such as The Work Number (an automated verification system) and state government databases, to validate tenant-reported income.

**Written Third Party Verification (Level 4):** An original or authentic document generated by a third-party source dated either within the 60-day period preceding the reexamination or PHA request date. Such documentation may be in the possession of the tenant (or applicant) and is commonly referred to as tenant-provided documents. It is the Department’s position that such tenant-provided documents are written third party verification since these documents originated from a third-party source. The PHA may, at its discretion, reject any tenant-provided documents and follow up directly with the source to obtain necessary verification of information.

Examples of acceptable tenant-provided documentation (generated by a third-party source) include, but are not limited to: pay stubs, payroll summary report, employer notice/letter of hire/termination, SSA benefit verification letter, bank statements, child support payment stubs, welfare benefit letters and/or printouts, and unemployment monetary benefit notices. Current acceptable tenant-provided documents must be used for income and rent determinations.

The PHA is required to obtain at a minimum, two current and consecutive pay stubs for determining annual income from wages. For new income sources or when two pay stubs are not available, the PHA should project income based on the information from a traditional written third-party verification form or the best available information.

**Note:** Documents older than 60 days (from the PHA interview/determination or request date) are acceptable for confirming effective dates of income.

**Written Third Party Verification Form (Level 3):** This is also known as traditional third- party verification. A standardized form to collect information from a third-party source. The form is completed by the third party by hand (in writing or typeset). PHAs send the form directly to the third-party source by mail, fax, or email.

It is the Department’s position that the administrative burden and risk associated with use of the traditional third-party verification form may be reduced by PHAs relying on acceptable documents that are generated by a third party, but in the possession of and provided by the tenant (or applicant). Many documents in the possession of the tenant are derived from third party sources (i.e. employers, Federal, State and/or local agencies, banks, etc.).

The Department recognizes that third party verification request forms sent to third party sources often are not returned. In other instances, the person who completes the verification form may provide incomplete information; or some tenants may collude with the third-party source to provide false information; or the tenant intercepts the form and provides false information.

The Department requires PHAs to rely on documents that originate from a third-party source’s computerized system and/or database, as this process reduces the likelihood of incorrect or falsified information being provided on the third-party verification request form. The use of acceptable tenant-provided documents, which originate from a third-party source, will improve the integrity of information used to determine a family’s income and rent and ultimately reduce improper subsidy payments. This verification process also will streamline the income verification process.

**Oral Third-Party Verification (Level 2):** Independent verification of information by contacting the individual income/expense source(s), as identified through the UIV technique or identified by the family, via telephone or in-person visit. PHA staff should document in the tenant file, the date and time of the telephone call (or visit to the third party), the name of the person contacted and telephone number, along with the confirmed information.

This verification method is commonly used when the independent source does not respond to the PHA’s faxed, mailed, or e-mailed request for information in a reasonable time frame, e.g., ten

(10) business days.

#### Non-Third-Party Verification Technique

**Tenant Declaration (Level 1):** The tenant submits an affidavit or notarized statement of reported income and/or expenses to the PHA. This verification method should be used as a last resort when the PHA has not been successful in obtaining information via all other verification techniques. When the PHA relies on tenant declaration, the PHA must document in the tenant file why third-party verification was not available.

#### Exceptions to Third Party Verification Requirements

HUD is aware that in some situations, third party verification is not available for a variety of reasons. Oftentimes, the PHA may have made numerous attempts to obtain the required verifications with no success, or it may not be cost effective to obtain third party verification of income, assets, or expenses, when the impact on total tenant payment is minimal. In these cases, the PHA is **required to document in the family file the reason(s) why third-party verification was not available.**

The exception to third party verification can be found at 24 CFR 960.259(c)(1) and

§982.516(a)(2), which state in part, “...The PHA must obtain and document in the family file

third party verification of the following factors or **must document in the file why third-party verification was not available**.”

1. **Third-party verification requirements.** In accordance with 24 CFR 960.259(c)(1) and 24 CFR 982.516(a)(2) for the Public Housing and the HCV programs, respectively, the PHA must obtain and document in the tenant file third party verification of the following factors, or must document in the tenant file why third party verification was not available: (i) reported family annual income; (ii) the value of assets; (iii) expenses related to deductions from annual income; and (iv) other factors that affect the determination of adjusted income.
2. **How to comply with and reduce administrative burden of third-party verification requirements of family annual income.** PHAs can comply with and reduce administrative burden of third-party verification requirements for employment, wage, unemployment compensation and Social Security benefits, and any other information that is verifiable using EIV by:
   1. Reviewing the EIV Income and IVT Reports to confirm/validate tenant-reported income;
   2. Printing and maintaining the EIV Income and IVT Reports in the tenant file;
   3. Obtaining current acceptable tenant-provided documentation to supplement the EIV information; and
   4. Using current tenant-provided documentation and/or third-party verification to calculate annual income.

**Note:** Social Security benefit information in EIV is updated every three months. If the tenant agrees with the EIV-reported benefit information, PHAs do not need to obtain or request a benefit verification letter from the tenant. See PIH notice 2012-10 for guidance on verifying Social Security benefit income through the EIV system.

The PHA also may reduce the administrative burden of obtaining third party verification by relying on acceptable documents that are generated by a third-party but provided by the tenant. Many documents in the possession of the tenant are derived from third party sources (e.g., employers, federal, state and/or local agencies, banks, etc.).

1. **When the PHA is required to request written third-party verification.** The PHA must request written third-party verification under the following circumstances:
   1. When the tenant disputes the EIV information and is unable to provide acceptable documentation to support his/her dispute (24 CFR 5.236(b)); and
   2. When the PHA requires additional information that is not available in EIV and/or the tenant is unable to provide the PHA with current acceptable tenant-provided documentation. Examples of additional information include, but are not limited to:
      1. Effective dates of income (i.e., employment, unemployment compensation, or social security benefits)
      2. For new employment: pay rate, number of hours worked per week, pay frequency, etc.
      3. Confirmation of changes in circumstances (i.e., reduced hours, reduced rate of pay, temporary leave of absence, etc.)

**Note:** 24 CFR 5.236(a), prohibits PHAs from taking adverse action based solely on EIV information.

#### Type of file documentation required to demonstrate PHA compliance with mandated use of EIV as a third-party source to verify tenant employment and income information (24 CFR 5.233(a)(2)(i)).

* 1. For each new admission (form HUD-50058 action type 1), the PHA is required to:
     1. Review the EIV Income and IVT Reports to confirm/validate family-reported income within 120 days of the Inventory Management System Public and Indian Housing Information Center (IMS/PIC) submission date; and
     2. Print and maintain copies of the EIV Income and IVT Reports in the tenant file; and
     3. Resolve any income discrepancy with the family within 60 days of the EIV Income or IVT Report dates.
  2. For each historical adjustment (form HUD-50058 action type 14), the PHA is required to do the following:
     1. Review the EIV Income and IVT Reports to confirm/validate family-reported income within 120 days of the IMS/PIC submission date; and
     2. Print and maintain copies of the EIV Income and IVT Reports in the tenant file; and
     3. Resolve any income discrepancy with the family within 60 days of the EIV Income or IVT Report dates.
  3. For each interim reexamination (form HUD-50058 action type 3) of family income and composition, the PHA is required to have the following documentation in the tenant file:
     1. When there is no household identified income, discrepancy reported on the form HUD-50058, the EIV Income Report or IVT Report, PHAs have the discretion to print the EIV Income and IVT Reports to document the tenant file; and
     2. In cases when there **is** an identified income discrepancy among the form HUD-50058, the EIV Income Report or IVT Report, PHAs must follow up with the family and resolve the differences between the reported information as noted in Section 8.

#### For each reexamination of family income and composition, the PHA is required to have the following documents in the tenant file:

**No Dispute of EIV Information:** There are no disputes among the EIV Income and IVT Reports. The tenant file includes current acceptable tenant provided documentation and if necessary (as determined by the PHA), traditional third-party verification and a current copy of the form HUD-50058 or to be maintained in the tenant file.

**Disputed EIV Information:** There is a discrepancy in at least one of the EIV Income or IVT Reports or the form HUD-50058 is not current or is inconsistent and/or traditional third-party verification form(s) for the disputed information is not clear. Copies of the EIV Income and IVT reports, income verification and a corrected form HUD-50058 will

be maintained in the tenant file. See example 2 below.

**In cases when the Tenant-reported income is not verifiable through the EIV system:** Current tenant provided documents and if necessary, (as determined by the PHA), traditional third-party verification form (s) and copies of the EIV Income and IVT reports and a corrected form HUD-50058 will be maintained in the tenant file. See example 3 below.

#### Example 1: No Disputed EIV Information & Tenant Provided Documents

The PHA is conducting a reexam with tenant, Mary Jones. Ms. Jones reports that she is employed at the ABC Box Company. You pull up the EIV Income and IVT Reports for the Jones family, which shows quarterly wages from the ABC Box Company for the full year of 2015, and the first two quarters of 2016. Last year’s (2016) reexam reflects wages from the same employer. There is no other income information on the EIV Income and IVT Reports.

The PHA may streamline the income verification process by requesting Ms. Jones provide current pay stubs dated within the last 60 days of the interview or PHA request date. The PHA must obtain a minimum of two current and consecutive pay stubs from Ms. Jones.

Since there is no disparity between tenant-reported Income and the IVT Reports. The PHA may obtain original and current tenant-provided pay stubs to calculate annual income as noted below.

#### Example 2: Disputed EIV Information & No Tenant-Provided Documents

The PHA is conducting a reexam with tenant, Bob Miller. Mr. Miller reports that his only source of income is monetary support from his sister, Betty Miller. The PHA obtains the EIV Income and IVT Reports for the Miller family, which show an apparent income discrepancy and quarterly wages from the Home Depot for the full year of 2015, and the first two quarters of 2016. There is no other income information on the EIV Income and IVT Reports. Last year’s (2016) reexam on form HUD-50058 reflects no wage information and the only source of income is other non-wage income (monetary support from a family member).

The PHA informs Mr. Miller that the EIV system shows wages from the Home Depot and requests he provide current pay stubs. Mr. Miller states that he does not work there and has no pay stubs.

Because Mr. Miller disputes the EIV-reported income and has not provided documents to support his dispute, the PHA **must** request written third-party verification from Home Depot to verify Mr. Miller’s employment status. The PHA mails a third-party verification request form to the address listed for Home Depot.

A few days later the PHA receives the third-party verification request form back from Home Depot, which indicates that Mr. Miller has been employed there since January 5, 2013, and a payroll summary report, showing Mr. Miller’s bi-weekly gross and net pay since January

2013. Since the disputed EIV information has been confirmed to be correct by the independent third-party source (Home Depot), the PHA will use the income information from the payroll summary report to calculate annual income. The PHA also would calculate the retroactive rent using the information provided by Home Depot since Mr. Miller failed to disclose his employment at the 2013 through 2016 annual reexaminations as well as the current year. The PHA would inform Mr. Miller of this retroactive rent and take action pursuant to PHA-established policies.

#### Example 3: Tenant Unreported Income, Income not Verifiable through EIV & Tenant- Provided Documents

The PHA is conducting a reexam with tenant, Sharon Duvet. Ms. Duvet reports that her only source of income is child support and provides you with verification that includes the last four

(4) child support payments. The PHA obtains the EIV Income and IVT Reports for the Duvet family, which shows a discrepancy and a hire date at the District Police Department effective January 9, 2017; quarterly wages from the District Police Department for the full years of 2014, 2015 and 2016 and the first two quarters of 2017. There is no other income information on the EIV Income or IVT Reports. Last year’s (2016) reexam on form HUD-50058 reflects income only from child support. The PHA informs Ms. Duvet that the EIV system is showing wages from the District Police Department and requests that she provide current verification of her pay.

Ms. Duvet admits that she has been working at the District Police Department and indicates that she can provide you with current pay stubs. You inform Ms. Duvet that you now will calculate her retroactive rent for the previous years in which she did not disclose her employment. You go over the EIV-reported wages with Ms. Duvet and she indicates that she does not dispute the information.

Since Ms. Duvet does not dispute the EIV-reported information, the PHA may use the tenant- provided documents to calculate income and rent for the 2017 reexam and use the EIV- reported earnings for years 2014 and subsequent years through 2017 to calculate the retroactive rent Ms. Duvet will owe. The PHA should require Ms. Duvet to provide her last pay stub from 2016, or her 2016 W-2, to calculate the retroactive rent for 2017. The PHA will use the tenant-provided child support pay stubs (child support income is not available in EIV) to calculate annual income from this source.

1. **What if the tenant does not provide the PHA with requested information?** If the tenant does not provide the requested information, the PHA may mail or fax a third-party verification request form to the third-party source. The PHA is *required* to request third-party verification when the tenant disputes EIV information and the tenant is unable to provide acceptable documentation to support disputed information. In addition, the PHA should remind the tenant that the tenant is required to supply any information requested by the PHA for use in a regularly scheduled or interim reexamination of family income and composition.

The PHA may ***determine*** that the tenant is not in compliance with program requirements and terminate tenancy or assistance, or both, if the tenant fails to provide the requested information in a timely manner, as prescribed by the PHA.

1. **How to use EIV to reduce administrative and subsidy payment errors?** EIV can help identify other potential issues which may impact a family’s level of assistance. EIV contains stand- alone reports, which a PHA may generate at any time (i.e. Deceased Tenants Report, New Hires Report, Multiple Subsidy Report, Identity Verification Report, IVT Report, Debts Owed to PHAs & Termination Report, and Immigration Report). However, it should be noted that the information from these stand-alone reports are contained in the Income and IVT Reports for each household. PHAs are required to address any and all potential issues at the time of the regular or interim reexam, as conveyed in the Income and IVT Reports.

PHAs may use the stand-alone reports to monitor staff’s progress in reducing the following administrative and subsidy payment errors by using the listed reports:

* 1. Incorrect/invalid SSNs/name/date of birth – Identity Verification Report
  2. Follow-up with families who need to disclose an SSN – Immigration Report
  3. Duplicate rental assistance – Multiple Subsidy Report
  4. Unreported increase in income – IVT Report
  5. Improper payments on behalf of deceased tenants – Deceased Tenants Report
  6. Unreported new employment (PHAs with interim increase policy) – New Hires Report
  7. Adverse Termination/Outstanding Debt to PHA – Debts Owed to PHAs & Termination Search

To ensure PHAs are aware of potential subsidy payment errors, PHAs are *required* to monitor the following EIV reports monthly:

1. Deceased Tenants Report
2. Identity Verification Report
3. Immigration Report
4. IVT Report based on PHA reexamination schedule (Report will include information from the New Hires Report (NDNH))
5. Multiple Subsidy Report
6. **How to use the EIV Income and IVT Reports as a third-party source to verify tenant employment and income information?** The EIV Income and IVT Reports provide a variety of information about Heads of Household, household member(s) and employment data. The report contains the following information for each household member:
   1. Personal identifiers: name, date of birth, and SSN
   2. Identity verification status (pending, verified, deceased, or failed)
   3. Employment information
7. New Hire Information (W-4)
   1. Date Hired
   2. Employer Name
8. Employer name, address, and employer identification number of current and past employers
9. Quarterly earnings
   1. Quarterly unemployment compensation. Social Security benefit information
10. Social Security (SS) benefits
    1. Payment status code
    2. Date of current entitlement
    3. Current net monthly benefit amount (if payable)
    4. Gross monthly benefit history (last 8 changes in benefit amount)
    5. Lump sum payment amount and date
    6. Payee name and address
11. Dual Entitlement (Social Security benefits under another person’s SSN)
    1. Claim Number (the other person’s SSN)
    2. Payment status code
    3. Date of current entitlement
    4. Current net monthly benefit amount (if payable)
    5. Gross monthly benefit history (last 8 changes in benefit amount)
    6. Payee name and address
12. Supplemental Security Income (SSI)
    1. Payment status code
    2. Alien indicator
    3. Current net monthly benefit amount
    4. Current monthly state supplement benefit amount (if available)
    5. Gross monthly benefit history (last 8 changes in benefit amount)
    6. Payee name and address
13. Medicare data
    1. Payee name and address
    2. Monthly hospital insurance premium amount, buy-in status, and buy-in start and end

Dates

* 1. Monthly supplemental medical insurance premium amount, buy-in status, and buy-in start and end dates
  2. Disability status and onset date
  3. Identity verification status
  4. Indicator of possible multiple rental subsidy
  5. Indicator of debt and/or termination information from another PHA (effective September 2010)

All EIV Income and IVT Reports contain the date the report was generated and by whom; and the date EIV received each type of information.

To minimize tenant underreporting of income, PHAs are required to obtain an EIV Income and IVT Report for each family any time the PHA conducts a reexamination of family income and composition.

In accordance with 24 CFR 5.236(b)(3), PHAs are required to compare the information on the EIV reports with the family-reported information on form HUD-50058. **If the EIV Income or IVT Report reveal an income source that was not reported by the tenant or a substantial difference in the reported income information, the PHA is required to take the following actions**:

1. Discuss the income discrepancy with the tenant; and
2. Request the tenant to provide any documentation to confirm or dispute the unreported or underreported income and/ or income sources; and
3. In the event the tenant is unable to provide acceptable documentation to resolve the income discrepancy, the PHA is required to request from the third-party source, any information necessary to resolve the income discrepancy; and
4. If applicable, determine the tenant’s underpayment of rent due to unreported or underreported income, retroactively\*; and
5. Take any other appropriate action as directed by HUD or the PHA’s administrative policies.

\*The PHA is required to determine the retroactive rent as far back as the existence of complete file documentation (form HUD-50058 and supporting documentation) to support such retroactive rent determinations.

**Note:** A substantial difference is defined as an amount equal to or greater than $2,400 annually.

The tenant must be provided an opportunity to contest the PHA’s determination of tenant rent underpayment. HUD regulations require PHAs to promptly notify tenants in writing of any adverse findings made based on information verified through the aforementioned income discrepancy resolution process. The tenant may contest the findings in accordance with the PHA’s established grievance procedures, as required by HUD. The PHA may not terminate, deny, suspend, or reduce the family’s assistance until the expiration of any notice or grievance period.

When there is insubstantial or no disparity between tenant-reported and EIV-reported income information, the PHA is required to obtain from the tenant any necessary documentation to complete the income determination process. As noted previously, the PHA may reject any tenant-provided documentation, if the PHA deems the documentation unacceptable. The PHA may reject documentation provided by the tenant for only the following HUD-approved reasons:

1. The document is not an original; or
2. The original document has been altered, mutilated, or is not legible; or
3. The document appears to be a forged document (i.e. does not appear to be authentic).

The PHA should explain to the tenant, the reason(s) the submitted documents are not acceptable and request the tenant provide additional documentation. If at any time, the tenant is unable to provide acceptable documentation that the PHA deems necessary to complete the income determination process, the PHA is required to submit a traditional third-party verification form to the third-party source for completion and submission to the PHA.

If the third-party source does not respond to the PHA’s request for information, the PHA is required to document the tenant file of its attempt to obtain third-party verification and that no response to the third-party verification request was received.

The PHA should then pursue lower level verifications in accordance with the verification hierarchy listed in section 8 of this notice.

1. **Tenant Repayment Agreement.** Tenants are required to reimburse the PHA if they were charged less rent than required by HUD’s rent formula due to the tenant’s underreporting or failure to report income. The tenant is required to reimburse the PHA for the difference between the tenant rent that should have been paid and the tenant rent that was charged. This rent underpayment is commonly referred to as retroactive rent. If the tenant refuses to enter into a repayment agreement or fails to make payments on an existing or new repayment agreement, the PHA **must** terminate the family’s tenancy or assistance, or both. HUD does **not** authorize any PHA-sponsored amnesty or debt forgiveness programs.

All repayment agreements must be in writing, dated, signed by both the tenant and the PHA, include the total retroactive rent amount owed, amount of lump sum payment made at time of execution, if applicable, and the monthly repayment amount. At a minimum, repayment agreements must contain the following provisions:

* 1. Reference to the paragraphs in the Public Housing lease or Section 8 information packet whereby the tenant is in non-compliance and may be subject to termination of tenancy or assistance, or both.
  2. The monthly retroactive rent repayment amount is in addition to the family’s regular rent contribution and is payable to the PHA.
  3. The terms of the agreement may be renegotiated if there is a decrease or increase in the family’s income.
  4. Late and missed payments constitute default of the repayment agreement and may result in termination of tenancy and/or assistance.

PHAs are required to determine retroactive rent amount as far back as the PHA has documentation of family unreported income. For example, if the PHA determines that the family has not reported income for a period of five years and only has documentation for the last three years, the PHA is only able to determine retroactive rent for the three years for which documentation is available.

The monthly retroactive rent payment plus the amount of rent the tenant pays at the time the repayment agreement is executed should be affordable and not exceed 40 percent of the family’s monthly adjusted income. However, PHAs have the discretion to establish thresholds and policies for repayment agreements in addition to HUD required procedures.

#### Example:

* Family’s monthly adjusted income is $1,230.
* Family’s monthly rent payment is $369 (30% of the family’s monthly adjusted income).
* 40% of the family’s monthly adjusted income is $492.
* The monthly payment for the repayment agreement should not exceed $123 per month ($369 monthly rent + $123 repayment = $492, 40% of the family’s monthly adjusted income.)

**Repayment Time Period.** The period in which the retroactive rent balance will be repaid is based on the monthly payments and original retroactive balance.

#### Example:

* The tenant agrees to repay $1,000, by making a monthly payment of $25 for 40 months.

**Repayment Options.** Tenants have the option to repay the retroactive rent balance as follows:

1. In a lump sum payment; or
2. Monthly installment; or
3. A combination of 1 and 2, above.

#### Example:

* + a tenant may owe $1,000, make a lump sum payment of $300 and enter into a repayment agreement for the remaining balance of $700.

1. **How long should the PHA maintain EIV printouts in a tenant file?** The PHA’s record retention policy will determine the length of time the PHA should maintain EIV printouts in a tenant file. PHAs are authorized to maintain the EIV Income and other reports (see Section 8) in the tenant file for the duration of tenancy and no longer than three years from the end of participation (EOP) date. In accordance with revised regulation, 24 CFR 908.101, PHAs are required to maintain at a minimum, the last three years of forms HUD-50058 and supporting documentation for all regular and interim reexaminations of family income. All records are to be maintained for a period of at least three years or longer as required from the effective date of the action.
2. **Disclosure of an Individual’s EIV Information.** The Federal Privacy Act (5 USC

§552a(b), as amended) prohibits the disclosure of an individual’s information to another person without the written consent of such individual. As such, the EIV data of an adult household member may not be shared (or a copy provided or displayed) with another adult household member, unless the individual has provided written consent to disclose such information.

However, the PHA is not prohibited from discussing with the head of household (HOH) and showing the HOH how the household’s income and rent were determined based on the total family income reported and verified.

EIV information and any other information obtained by the PHA for the purpose of determining eligibility and level of assistance for a PIH rental assistance program may not be disclosed to third parties for any reason (even for similar verifications under other programs, such as eligibility for low income housing tax credit units, other federal or state assistance programs), unless the tenant has authorized such disclosure in writing.

1. **What to do if the EIV Information is incorrect?** Sometimes the source or originator of EIV information may make an error when submitting or reporting information about tenants. HUD cannot correct data in the EIV system. Only the originator of the data can correct the information. When the originator corrects the data, HUD will obtain the updated information with its next computer matching process. Below are the procedures tenants and PHAs should follow regarding incorrect EIV information.

***Employment and wage information*** reported in EIV originates from the employer. The employer reports this information to the local State Workforce Agency (SWA), who in turn, reports the information to HHS’ National Directory of New Hires (NDNH) database.

If the tenant disputes this information, the tenant should contact the employer directly, in writing to dispute the employment and/or wage information, and request that the employer correct erroneous information.

The tenant should provide the PHA with this written correspondence so that it may be maintained in the tenant file. If employer resolution is not possible, the tenant should contact the local SWA for assistance.

***Unemployment benefit information*** reported in EIV originates from the local SWA. If the tenant disputes this information, the tenant should contact the SWA directly, in writing to dispute the unemployment benefit information, and request that the SWA correct erroneous information. The tenant should provide the PHA with this written correspondence so that it may be maintained in the tenant file.

***SS and SSI benefit information*** reported in EIV originates from the SSA. If the tenant disputes this information, the tenant should contact the SSA at 800-772-1213 or visit the local SSA office. SSA office information is available in the government pages of the local telephone directory or online at [**http://www.socialsecurity.gov**.](http://www.socialsecurity.gov/)

**Note:** The tenant also may provide the PHA with third-party documents which are in the tenant’s possession to support their dispute of EIV information. The PHA, with the tenant’s consent, is required to submit a third-party verification form to third-party sources for completion and submission to the PHA, when the tenant disputes EIV information and is unable to provide documentation to validate the disputed information. The tenant’s failure to sign the consent form is grounds for termination of tenancy and/or assistance in accordance with 24 CFR 5.232.

***Debts owed to PHAs and termination information*** reported in EIV originates from the PHA. If a current or former tenant disputes this information, that tenant should contact the PHA (who reported the information) directly in writing to dispute this information and provide any documentation that supports the dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV. Former tenants may dispute debt and termination information for a period of up to 3 years from the end of participation date in the PIH program.

***Identity Theft.*** Seemingly incorrect information in EIV may be a sign of identity theft. Sometimes someone else may use an individual’s SSN, either intentionally or by accident. SSA does not require an individual to report a lost or stolen SSN card and reporting a lost or stolen SSN card to SSA will not prevent the misuse of an individual’s SSN. However, someone using an individual’s SSN can get other personal information about that individual and apply for credit in that individual’s name. Accordingly, if the tenant suspects someone is using his/her SSN, the tenant should check Social Security records to ensure the records are correct (call SSA at 800-772-1213); file an identity theft complaint with the local police department and/or Federal Trade Commission (call FTC at 877-438-4338, or visit the FTC website at: [**https://www.identitytheft.gov**](https://www.identitytheft.gov/) and monitor the tenant’s credit reports with the three national credit reporting agencies (Equifax, TransUnion, and Experian). The tenant also should provide the PHA written documentation of the filed identity theft complaint. (Refer to paragraph above on **Employment and wage information** regarding disputed EIV information related to identity theft).

Tenants may request their credit report and place a fraud alert on their credit report with the three national credit reporting agencies at: [**www.annualcreditreport.com**](http://www.annualcreditreport.com/), by phone at 877- 322-8228, or by contacting the credit reporting agency directly.

The contact information for each national credit reporting agency is: Equifax Credit Information Services, Inc.

P.O. Box 740241 Atlanta, GA 30374

Website: [**www.equifax.com**](http://www.equifax.com/)

Telephone: 866-349-5191

Experian

P.O. Box 2104 Allen, TX 75013

Website: [**www.experian.com**](http://www.experian.com/)

Telephone: 888-397-3742

TransUnion

P.O. Box 6790 Fullerton, CA 92834

Website: [**www.transunion.com**](http://www.transunion.com/)

Telephone: 800-888-4213

1. **Security of EIV Data.** The data in EIV contains personal information on individual tenants which is protected under the Federal Privacy Act. The information in EIV may only be used for limited official purposes, as noted below.

#### Official Purposes Include:

1. PHAs, in connection with the administration of PIH programs, for verifying employment and income at the time of interim and annual reexaminations.
2. HUD staff for monitoring and oversight of PHA compliance with HUD program requirements.
3. Independent Auditors hired by the PHA or HUD to perform a financial audit for use in determining the PHA’s compliance with HUD program requirements, including verifying income and determining the accuracy of the rent and subsidy calculations.

#### Restrictions on disclosure requirements for Independent Auditors:

* + May only access EIV income information within family files and only within the offices of the PHA or PHA-hired management agent;
  + May not transmit or transport EIV income information in any form;
  + May not enter EIV income information on any portable media;
  + Must sign non-disclosure oaths that the EIV income information will be used only for the audit; and
  + May not duplicate EIV income information or re-disclose EIV income information to any user not authorized by 5 U.S.C. 552a(b) of the Privacy Act to have access to the EIV income data.

#### Official Purposes Do NOT Include:

Sharing the information with governmental or private entities not involved in their examination process specifically used for PIH rental assistance programs.

Disclosing the EIV information to other private or public entities for purposes other than determining eligibility and level of assistance for PIH rental assistance programs is prohibited since these entities are not a party to the computer matching agreements with the HHS and SSA. The fact that these entities may find EIV beneficial for similar eligibility and determination purposes for other low-income housing programs or public benefits, does not permit these entities to use or view information in the EIV system that is covered by the computer matching agreements.

The computer matching agreements are governed by the Privacy Act and the Social Security Act. Specifically, 5 U.S.C. 552a(b) limits disclosure of the data matched between HUD and HHS’ National Directory of New Hires (NDNH) database to PHAs, Independent Auditors, the Inspector General (IG) and Attorney General, private owners, management agents, and contract administrators of Multifamily Housing programs.

#### Penalties for Willful Disclosure or Inspection of EIV Data.

1. **Unauthorized Disclosure** – felony conviction and fine up to $5,000 or imprisonment up to five (5) years, as well as civil damages.
2. **Unauthorized Inspection** – misdemeanor penalty of up to $1,000 and/or one (1) year imprisonment, as well as civil damages.
3. **Penalties for Noncompliance with Mandated EIV System Use.** PHAs may be subject to sanctions and/or the assessment of disallowed costs associated with any resulting incorrect subsidy or tenant rent calculation or both. It should be noted that HUD may impose a sanction on any PHA who does not have access to the EIV system or any PHA that has access to the system but has not used the system within the last six months. To avoid sanctions or disallowed costs, PHAs should follow all formal and informal guidance provided to PHAs via webcast trainings, PIH Rental Housing Integrity Improvement Project (RHIIP) periodic electronic mailings, and any other HUD Headquarters-generated guidance.

HUD will monitor each PHA’s effective and mandated use of the EIV system with analysis of data in the following EIV reports:

* Deceased Tenants Report
* IVT Report
* Multiple Subsidy Report
* Identity Verification Report
* Immigration Report, and
* Failed Effective Date Check Report (Overdue Reexams) in the Identity Verification Report

**Note:** PHAs may look at the Reexamination Report in the form HUD-50058 in the IMS/PIC sub module for complete details on reexamination status.

This monitoring also will evaluate access to and frequency of use of the EIV and DHS Systematic Alien Verification of Entitlements (SAVE) systems. If at any time these reports identify apparent inefficient or ineffective use of the EIV System, HUD will provide information to the PHAs on the issues identified and request the PHA(s) to provide evidence of resolution.

The notification to the PHAs and the data submission to HUD will be in a format determined by HUD.

1. **EIV System Training Information.** As a condition of initial and continued access to the EIV System, HUD and PHA staff are required to complete Annual Security Awareness training and EIV system training (initial system training) and update (interim system changes) training when offered by HUD Headquarters (HHQ). This training requirement also applies to those individuals who will not access EIV but will view or handle printed and/or electronic EIV data. Individuals who will view and/or handle printed EIV information are required to complete only annual Security Awareness training (EIV system training is optional for these individuals). EIV training provided by third parties (other than HUD Headquarters) does not fulfill the mandatory EIV training requirement.

EIV system users who need to complete EIV training may view EIV training webcasts at: [**https://www.hud.gov/program\_offices/public\_indian\_housing/programs/ph/rhiip/piheivwe**](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/rhiip/piheivwebcasts)[**bcasts**](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/rhiip/piheivwebcasts)

**Note:** Employees must complete the training **prior** to accessing the EIV system and/or printed EIV reports.

1. **Updating of PHA Policies and Procedures.** PHAs are required to immediately implement all new and modified regulatory and/or PIH notice requirements of the Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs: Implementation of the Enterprise Income Verification System-Amendments. The Department recognizes that many PHAs have already begun to modify existing policies and procedures to reflect use of EIV during all mandatory and interim reexams. PHAs should immediately update their policies and procedures to reflect new regulatory provisions.
2. **Rental Housing Integrity Improvement Project (RHIIP)/EIV Resources.** For your convenience, PIH EIV information is available on the web at the below listed URLs. Many of your questions can be answered by viewing information that is posted on the HUD web pages. Bookmark these pages:

#### Training and Technical Assistance (including webcast training materials)

[**https://www.hud.gov/program\_offices/public\_indian\_housing/programs/ph/rhiip/piheiv**](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/rhiip/piheivwebcasts)[**webcasts**](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/rhiip/piheivwebcasts)

#### EIV System, Access Authorization Form, and User Manuals:

[**https://www.hud.gov/program\_offices/public\_indian\_housing/programs/ph/rhiip/uivsys**](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/rhiip/uivsystem)[**tem**](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/rhiip/uivsystem)

**Webcasts Archives:** [**https://www.hud.gov/press/multimedia**](https://www.hud.gov/press/multimedia)

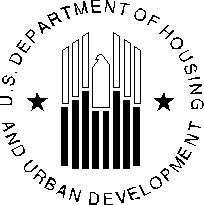
Follow the videos/archived webcasts link. **Report Fraud, Waste & Abuse to HUD OIG:** [**https**://**www**.**hudoig**.**gov**/**report**-**fraud**](https://www.hudoig.gov/report-fraud)

**PIH notices:** [**https://www.hud.gov/program\_offices/public\_indian\_housing/publications/notices**](https://www.hud.gov/program_offices/public_indian_housing/publications/notices)

1. **Paperwork Reduction:** 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 USC §3501 et seq.) and assigned OMB control number(s) 2577-0083 and 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 currently valid OMB control number
2. **For inquiries about this notice contact:** The designated EIV Coordinator in the local HUD field office or Rochelle Katz of HUD Headquarters’ Office of Public and Indian Housing at 202-475-4967, or via email at: [**rochelle.katz@hud.gov**](mailto:rochelle.katz@hud.gov)

/s/ Dominique Blom

General Deputy Assistant Secretary for Public and Indian Housing

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

WASHINGTON, DC 20410-5000

OFFICE OF PUBLIC AND INDIAN HOUSING

#### Special Attention of:

Public Housing and Section 8 Program Administrators, Public Housing Hub Office Directors; Public Housing Field Office Directors**;** Program Center Coordinators; Resident Management Corporations; Resident Councils; Participants of Public Housing, Housing Choice Voucher, Project-Based Certificate, and Project-Based Voucher Programs; Section 8 Property Owners and Landlords

**Notice:** PIH 2018-24

**Issued:** November 27, 2018

**Expires:** Effective until amended, superseded, or rescinded

**Cross References:** 24 CFR

§5.216, 24 CFR §5.218, and 24 CFR §5.233

#### SUBJECT: Verification of Social Security Numbers (SSNs), Social Security (SS) and Supplemental Security Income (SSI) Benefits; and Effective Use of the Enterprise Income Verification (EIV) System’s Identity Verification Report

1. **Purpose.** This notice is the administrative guidance that explains the procedures public housing agencies (PHAs) are required to use for verifying social security numbers, social security benefits of applicants, and participants and household members at the time of application for rental housing assistance programs and during mandatory reexamination of household income. This notice also includes the procedures for effective use of the EIV system to reduce subsidy payment and administrative errors. This notice supersedes Notice PIH 2012-10.

The notice includes the following updates:

* 1. Updated website links and references.
  2. Removal of the provision in Paragraph # 22 requiring a PHA to notify HUD Headquarters when the PHA determines the tenant name or surname reported on the HUD 50058 is correct. In these instances, PHAs may notify the Social Security Administration (SSA).
  3. Revisions to the “Authorized Workarounds” in Paragraph # 22 for overdue examinations not completed due to pending litigation. Any information PHAs send to the field office must now be sent only by encrypted emails.
  4. Clarification of the penalties for noncompliance with EIV’s Identity Verification Report in Paragraph # 24 and elimination of the right to appeal the imposition of penalties.

[**www.hud.gov**](http://www.hud.gov/) **espanol.hud.gov**

* 1. Elimination of the attachments.

1. **Applicability.** This notice applies to the following HUD-PIH rental assistance programs: Public Housing, Section 8 Moderate Rehabilitation, Project-Based Certificate, Project-Based Voucher, and Housing Choice Voucher Programs. This notice also applies to all PHAs, including Moving-to-Work (MTW) PHAs who administer these programs.
2. **Background.** The Housing and Community Development Act of 1987 (Public Law 100242; 101 Stat. 1864; 42 USC §3543) grants the Secretary the authority to require applicants and participants (including their household members) to disclose his/her social security number (SSN) as a condition of initial or continuing eligibility for participation in any HUD rental assistance program.

HUD uses the SSN (along with the name and date of birth) of an individual to validate that person’s identity, obtain employment and income information via computer matching programs, and ensure duplicate assistance is not being paid. These uses allow HUD, program administrators, and auditors to determine compliance with program requirements, as well as determine the eligibility and level of assistance a family is eligible to receive and reduce improper payments, and to prevent fraud waste and abuse in HUD rental assistance programs.

Under HUD regulations at 24 CFR §§ 5.216 and §5.233, PHAs are required to use the EIV system to reduce administrative and subsidy payment errors. In accordance with this, PHAs:

* 1. Use EIV’s Identity Verification report for effective decision making, corrective action implementation, and reporting activities;
  2. Implement policies and procedures to minimize erroneous subsidy payments on behalf of families who have not complied with the required SSN disclosure and documentation requirements;
  3. Use EIV to validate and/or verify tenant-reported social security benefits; and
  4. Provide accurate and reliable information to HUD in the Inventory Management System Public and Indian Housing Information Center (IMS/PIC).

PHAs verify social security benefits of applicants, participants, and household members by contacting the local office of the SSA by phone, fax, or in writing; reviewing an original social security benefit check; or accepting tenant-provided benefit verification letters.

SSA electronically provides HUD with available benefit information on all current participants and household members who have disclosed a valid SSN, name and date of birth which matches SSA records. HUD makes this information available to administrators of Public Housing and Section 8 programs through the EIV system. Electronic benefit verification is the most efficient verification method available and allows PHAs to process family annual and interim reexaminations expeditiously. SSA continues to receive requests for income verification from PHAs despite the electronic exchange of SS and SSI benefit

information between SSA and HUD. However, PHAs are not to refer applicants for or participants of HUD rental assistance programs to local SSA offices to obtain verification of the amount of their SS/SSI benefits. PHAs are required to use the EIV system as a third- party source to verify tenant income information during all mandatory annual and interim reexaminations of family income and composition, in accordance with 24 CFR §5.236 and HUD administrative guidance.

1. **Effective Date.** This notice is effective upon issuance and remains effective until amended, superseded, or rescinded.
2. **SSN Disclosure.** In accordance with 24 CFR §5.216, applicants and participants (including each member of the household and including, live-in aides, foster children, and foster adults) are required to disclose his/her SSA-assigned SSN, with the exception of the following individuals:
   1. Those individuals who do not contend to have eligible immigration status (individuals who may be unlawfully present in the United States) **and** have not been assigned an SSN. These individuals in most instances would not be eligible for a SSN.
      1. A family that consists of a single household member (including a pregnant individual) who does not have eligible U.S. citizenship or eligible immigration status is **not eligible** for housing assistance and cannot be housed.
      2. A family that consists of two or more household members **and at least one** household member that has eligible U.S. citizenship or eligible immigration status, is classified as a mixed family, and **is eligible** for prorated assistance in accordance with 24 CFR §5.520. The PHA may **not** deny assistance to mixed families due to nondisclosure of an SSN by an individual who does not contend to have eligible immigration status.

**Note:** Financial assistance may only be provided to individuals with eligible immigration status in accordance with 42 USC §1436a, which is generally evidenced by the individual providing his/her Green Card (Form I-551 – U.S. Permanent Residence Card) or other documentation approved by the Department of Homeland Security for noncitizens with refugee or asylee status.

* 1. Existing program participants, who as of January 31, 2010, were 62 years of age or older (born on or before January 31, 1948). This exemption continues even if the individual moves to a new public housing assisted unit.

Disclosure of SSNs is considered information subject to the Federal Privacy Act (5 USC

§552a, as amended). In accordance with 24 CFR §5.212, the collection, maintenance, use, and dissemination of SSNs, any information derived from SSNs and income information must be conducted, to the extent applicable, in compliance with that Act and all other provisions of Federal, State, and local laws.

An individual who previously declared to have eligible immigration or eligible citizenship status may **not** change his/her declaration to no longer contend to have eligible immigration

status to avoid compliance with the SSN disclosure and documentation requirements or penalties associated with noncompliance of these requirements.

**Note:** There are no provisions under HUD regulations which prohibit a mixed family from executing a lease or other legally binding contract. A mixed family includes individuals that have both eligible and ineligible aliens so long as at least one household member is eligible. However, some State laws prohibit single ineligible individuals from executing a contract (i.e., lease or other legally binding documents). If this is the case in your State, the family must **not** be admitted into the program.

1. **SSN Documentation.** The PHA must request the applicant and participant (including each member of the household), who are not exempt under Paragraph 5 of this notice, to provide documentation of each disclosed SSN. Acceptable evidence of the SSN consists of:
   1. An original SSN card issued by SSA;
   2. An original SSA-issued document, which contains the name and SSN of the individual; or
   3. An original document issued by a Federal, State, or local government agency, which contains the name and SSN of the individual.

It should be noted that most (if not all) individuals who are lawfully present in the U.S. have been assigned an SSN. Many existing laws require the disclosure of the SSN for various purposes. All applicants and participants, including each member of the household (with the exception of those individuals noted in Paragraph 5 of this notice) are required to disclose his/her SSA-assigned SSN.

The SSA issues three types of social security cards depending on an individual's citizen or noncitizen status and whether or not a noncitizen is authorized by the Department of Homeland Security (DHS) to work in the United States. They include:

1. The first type of card shows the individual's name and SSN only. This is the card most people have and reflects the fact that the holder can work in the U.S. without restriction. SSA issues this card to:
   1. U.S. citizens; or
   2. Noncitizens lawfully admitted to the United States for permanent residence and noncitizens with DHS permission to work permanently in the United States (i.e., refugees and asylees).
2. The second type of card bears, in addition to the individual's name and SSN, the legend: "**NOT VALID FOR EMPLOYMENT."** SSA issues this card to lawful noncitizens who do not have DHS permission to work and are required by law to provide an SSN to obtain general assistance benefits that they already have qualified for.
3. The third type of card bears, in addition to the individual's name and SSN, the legend **"VALID FOR WORK ONLY WITH DHS AUTHORIZATION."** SSA issues this card to people with DHS permission to work temporarily in the United States.

SSA verifies all noncitizens’ documents with DHS before an SSN card is issued to a noncitizen.

1. **Rejection of Documentation.** The PHA may reject documentation of the SSN provided by the applicant or participant for only the following reasons:
   1. The document is not an original document; or
   2. The original document has been altered, mutilated, or is not legible; or
   3. The document appears to be a forged document (i.e., does not appear to be authentic).

The PHA should explain to the applicant or participant, the reason(s) the document is not acceptable and request the individual to obtain acceptable documentation of the SSN and submit it to the PHA within a specified time frame.

1. **Verification of the SSN.** The PHA shall verify each disclosed SSN by:
   1. Obtaining the documentation listed under Paragraph 6 of this notice from applicants and participants (including each member of the household);
   2. Making a copy of the original documentation submitted, returning it to the individual, and retaining the copy in the file folder; and
   3. Recording the SSN on line 3n of the form HUD-50058 and transmitting the form HUD-50058 to HUD within a timely manner. PHAs are required to transmit the form HUD-50058 no later than 30 calendar days of receiving the SSN documentation, to enable HUD to initiate its computer matching efforts for current program participants.

**Note:** HUD does not initiate computer matching efforts for applicants.

HUD, via its computer matching program with the SSA, will validate the SSN (along with the individual’s name and date of birth) against the SSA’s database. EIV will report the status of the identity verification process as **Verified, Failed, Pending, Excluded,** or **Deceased** on the household ***Summary Report***. Below is a summary of the action the PHA is required to take for each identity verification status.

1. Verified. If the information matches the SSA database, the individual’s identity verification status will be **Verified** (See Exhibit 1 below). No action is required by the PHA.
2. Failed. If the information does **not** match the SSA database, the identity verification status will be **Failed** (see Exhibit 2 below). See Paragraph 22 of this notice for guidance on how to correct personal identifiers of individuals whose identity verification status is failed.
3. Pending. If an individual’s identity verification status is **Pending** (see Exhibit 3 below), this means that HUD has not yet sent the tenant’s personal identifiers to SSA for validation. No action is required by the PHA.
4. Excluded. Effective April 30, 2012, if an individual’s identity verification status is **Excluded** (see Exhibit 4 below), this means that HUD will not send the tenant personal identifiers to SSA for validation because a valid SSN is not reported on line 3n of the form HUD-50058 or the individual has failed EIV pre-screening as described in Paragraph 22 of this notice.
5. Deceased. If an individual’s identity verification status is **Deceased** (see Exhibit 5 below), this means SSA’s records indicate the person is deceased. The PHA is required to confirm the death with the family’s head of household or listed emergency contact person. If the individual is deceased and the only household member or the only surviving household members are a live-in aide and the live-in aide’s family (single member household), the PHA must complete an end of participation (EOP) action on form HUD-50058 and discontinue assistance and/or tenancy. If the individual is not deceased, refer to the instructions in PIH Notice 2012-04, dated January 1, 2012 (or any successor notice).

If there are authorized household members remaining in the program, update the family composition accordingly, complete an interim reexamination action on form HUD-50058, and take any other action in accordance with HUD administrative guidance (see PIH Notice 2012-04) and PHA-established policies.

See the *HUD-SSA Computer Matching Schedule* in Paragraph 17 of this notice to determine when your State’s data will be matched. The PHA is required to retain the EIV ***Summary Report*** or ***Income Report*** in each family file as confirmation of compliance with the SSN disclosure, documentation and verification requirements. Electronic retention of these reports is permissible.

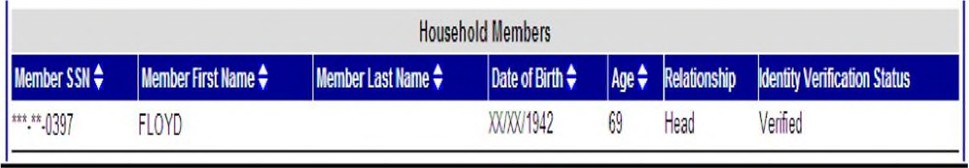
Once the individual’s identity verification status is classified as **Verified**, the PHA may, at its discretion, remove and destroy the copy of the documents referenced in Paragraphs 6 and 8 of this notice. Paper documentation must be destroyed by either shredding or burning.

Electronic documentation must be destroyed by erasing or permanently deleting the file. Additional guidance related to destruction of records is available in HUD Handbook 2400.25, Rev 4.1: *HUD Information Technology Security Policy*, dated March 2016. The handbook is available online at: [http://www.hud.gov/sites/dfiles/OCHCO/documents/240025C](http://www.hud.gov/sites/dfiles/OCHCO/documents/240025)IOH.pdf.

Retention of the EIV report which shows an identity verification status of **Verified** in the tenant file is adequate documentation of a valid tenant SSN. This will minimize the risk of exposing the individual’s SSN.

PHAs are encouraged to minimize the number of tenant records that contain documents which display the full nine-digit SSN. PHAs are permitted to maintain EIV income reports in the tenant file for the duration of tenancy, and no longer than three years from the end of participation date.

**Exhibit 1:** Example of an individual with an EIV identity verification status of **Verified**.



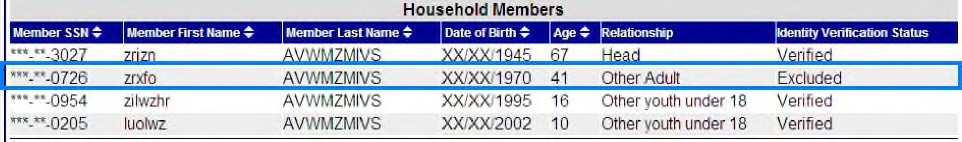
**Exhibit 2:** Example of an individual with an EIV identity verification status of **Failed**.



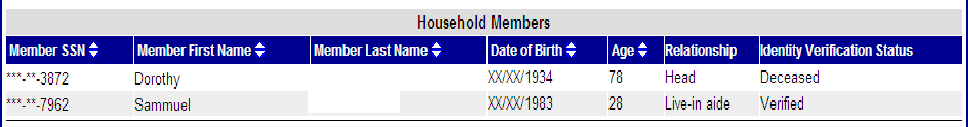
**Exhibit 3:** Example of an individual with an EIV identity verification status of **Pending.**



**Exhibit 4:** Example of an individual with an EIV identity verification status of **Excluded.**



**Exhibit 5:** Example of an individual with an EIV identity verification status of **Deceased**.



1. **Invalid SSNs.** An invalid SSN is an SSN that SSA has never assigned. SSA has never assigned an SSN with the first three digits of: 000, 666, or 900 series (numbers within the 900-999 range). Additionally, prior to June 25, 2011, SSA never assigned an SSN with the

first three digits of: 000, 666, 772, 800, or 900 series. SSA has never assigned an SSN with the second two digits of 00 or the last four digits of 0000. For additional information on ways to determine if an SSN is valid, visit SSA’s website: <http://www.socialsecurity.gov/employer/ssnvhighgroup.htm>.

If you suspect someone of committing fraud, waste, or abuse against SSA, report it to SSA’s Office of Inspector General (OIG) by mail, fax, or phone.

**U.S. Mail:** Social Security OIG Hotline

P.O. Box 17785

Baltimore, Maryland 21235

**FAX:** 410-597-0118

**Telephone:** 1-800-269-0271 from 10:00 a.m. to 4:00 p.m. Eastern Standard Time

**TTY:** 1-866-501-2101 for individuals that are speech and/or hearing impaired

1. **Individuals without an assigned SSN.** It is not uncommon for certain individuals to not have an SSA-assigned SSN. Below is a listing of such individuals, which is not all-inclusive:
   1. U.S. newborn children (eligible citizens - these individuals will be issued an SSN upon SSA confirmation of birth).
   2. Noncitizens lawfully present in the U.S. (ineligible noncitizens - these individuals will be issued an SSN upon SSA confirmation of the individual’s DHS documentation or confirmation that the individual is required by law to provide an SSN to receive general assistance benefits that they already have qualified for).
   3. Noncitizens unlawfully present in the U.S. (ineligible noncitizens - typically, these individuals cannot be assigned an SSN).

PHAs are required to use the Public and Indian Housing Information Center (PIC) Tenant ID Management tool to generate a unique identifier (commonly referred to as an alternate ID (ALT ID)) for those individuals who have not been assigned an SSN. A job aid for use of the PIC Tenant ID Management tool is available online at: [http://portal.hud.gov/hudportal/HUD?src=/program\_offices/public\_indian\_housing/systems/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/ts) [pic/ts.](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/ts)

Contact the PIC Coach in your local HUD office if you need assistance with PIC.

Once an individual discloses an SSN, the PHA must use the Tenant ID Management tool to replace the ALT ID with the disclosed SSN within 30 calendar days of receipt of the SSN.

**Note:** SSA requires that an individual who has never been issued a SSN card or has lost their SSN card, complete Form SS-5 – *Application for a Social Security Card* to request an original or replacement SSN card or change information on his/her SSA record. The form is available online at[www.socialsecurity.gov](http://www.socialsecurity.gov/), or can be obtained at the local SSA office.

1. **Individual Taxpayer Identification Number (ITIN).** An ITIN is a taxpayer identification number for **Federal tax purposes only** for certain non-residents and resident noncitizens, their spouses and dependents, who cannot obtain an SSN. The ITIN begins with the number “9” and is formatted like a SSN (9XX-XX-XXXX). However, the ITIN is **not** an SSN and PHAs must **not** report the ITIN on line 3n of the form HUD-50058. PHAs are required to use the Tenant ID Management tool to replace any reported ITIN on line 3n of the form HUD-50058 with an SSN or an ALT ID.

ITINs do not entitle a noncitizen to social security benefits, create any inference regarding a noncitizen’s immigration status, or give a noncitizen a right to work in the U.S.

1. **Addition of a New Household Member.** When a participant requests to add a new household member, who is at least 6 years of age or is under the age of six and has an SSA-assigned SSN, to the family, the participant must disclose the SSA-assigned SSN and provide the PHA with the documents referenced in Paragraph 6 of this notice at the time of such request, or at the time of processing the interim or annual reexamination of family income and/or composition. If the family is unable to provide the required documentation of the SSN, the PHA shall not add the new household member to the family composition until the family provides such documentation. The PHA is not authorized to generate an ALT ID for the affected household member.

When a participant requests to add a new household member, who is under the age of six and does not have an SSA-assigned SSN, the participant must disclose the SSA-assigned SSN and provide the PHA with the documents referenced in Paragraph 6 of this notice within 90 calendar days of the child being added to the household.

If the family is unable to disclose and provide evidence of the SSN within 90 calendar days, the PHA is required to grant the family an additional 90-day period to comply with the SSN disclosure and documentation requirement, **only if** the PHA determines the family was unable to comply with the requirements due to circumstances that could not have reasonably been foreseen and were outside the control of the family. Examples include but are not limited to: delayed processing of SSN application by SSA, natural disaster, fire, death in family, etc.

The child is to be included as part of the assisted household and is entitled to all the benefits of being a household member during the allotted time for the family to comply with the SSN disclosure and documentation requirements. The PHA is required to generate an ALT ID as referenced in Paragraph 10 of this notice. Upon expiration of the provided time period, if the family has not complied with the SSN disclosure and documentation requirements, the PHA **must** terminate the entire family’s tenancy or assistance, or both.

1. **Penalties for Failure to Disclose and/or Provide Documentation of the SSN.** In accordance with 24 CFR §5.218, the following penalties apply for noncompliance with the SSN disclosure and documentation requirements:
   1. **Applicants.** The PHA must deny the eligibility of an assistance applicant if s/he (including each member of the household required to disclose his/her SSN) does not disclose a SSN and/or provide documentation of such SSN. However, if the family is

otherwise eligible to participate in the program, the family may maintain his/her position on the waiting list for the time determined by the PHA. The PHA should prescribe in its policies, the maximum time the family may remain on the waiting list, pending disclosure of requested information. If all household members have not disclosed their SSN at the time a unit becomes available, the PHA must offer the available unit to the next eligible applicant family on the waiting list.

Applicants to the Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program for Homeless Individuals, under 24 CFR §882, may be admitted to the program without providing the requested documentation (prior to or at admission), however, the individual must provide the PHA with such documentation within 90 calendar days from the date of admission. The PHA may grant the individual one 90-day extension, if in its discretion, determines that the individual’s failure to comply with the SSN documentation requirement was due to unforeseen circumstances and outside the control of the family.

If upon the expiration of the provided time period, the individual fails to comply with the SSN disclosure and documentation requirements, the PHA must terminate the individual’s tenancy or assistance, or both.

* 1. **Participants.** The PHA must terminate the assistance of Section 8 program participants (the entire household) and terminate the tenancy of Public Housing participants (the entire household) if s/he (including each member of the household required to disclose his/her SSN) does not disclose his/her SSN and provide the required documentation. However, if the family is otherwise eligible for continued assistance or tenancy in the program, the PHA, at its discretion, may defer the family’s termination and provide the family an opportunity to comply with the requirement within a period **not to exceed** 90 calendar days from the date the PHA determined the family noncompliant with the SSN disclosure and documentation requirement, only if the PHA determines:
     1. The failure to meet the SSN disclosure and documentation requirements was due to circumstances that could not have been foreseen and were outside the control of the family; and
     2. There is a reasonable likelihood that the family will be able to disclose the SSN and provide such documentation of the SSN by the deadline.

If the family is unable to comply with the requirements by the specified deadline, the PHA must terminate the entire family’s tenancy or assistance, or both. The PHA must deny admission or terminate the family’s tenancy or assistance, or both, if the family submits falsified SSN documentation.

1. **PHA Penalties for Noncompliance.** PHAs are required to ensure compliance with SSN disclosure, documentation, and verification requirements outlined in this notice and HUD regulations, including the enforcement of penalties for a family’s failure to comply with the HUD requirements. PHAs may be subject to sanctions and/or the assessment of disallowed costs associated with any resulting incorrect subsidy or tenant rent calculation or both as a result of a PHA’s noncompliance and/or enforcement of the SSN disclosure, documentation, and verification requirements outlined in this notice and the applicable HUD regulations.
2. **Third Party Verification Requirement.** PHAs are required to comply with admission and occupancy requirements for Public Housing under 24 CFR §960.259(c)(1) and Section 8 under 24 CFR §982.516(a)(2), which require PHAs to obtain and document in the family/tenant file, third party verification of the following factors, or document in the file why third party verification was not available: (1) reported family annual income; (2) the value of assets; (3) expenses related to deductions from annual income; and (4) other factors that affect the determination of adjusted income or income-based rent.

It is the Department’s position that an SSA benefit verification letter (dated within the last 60 days of the PHA request date for information or within the PHA-tenant interview date) provided by the family or an undisputed EIV ***Income Report*** which displays the current social security benefit amount is third party verification. No additional verification is required by the PHA. SSA has requested that PHAs refrain from submitting requests to SSA to verify that a family is **not** receiving social security benefits. Should neither document be available or there is a conflict, refer to PIH Notice 2018-18, dated October 26, 2018 (or any successor notice).

1. **Third Party Verification of SS/SSI Benefits of Applicants and Household Members.** EIV does not contain SS and SSI benefit information of applicants for HUD's rental assistance programs. PHAs must ask applicants to provide a copy of their SS and/or SSI benefit letter, dated within the last 60 calendar days, for each household member that receives SS and/or SSI benefits. Do not send applicants to SSA offices if they do not have this information. Instead:
   1. While meeting with the applicant, help the applicant request a benefit verification letter from SSA's website, Social Security Online, at: [www.socialsecurity.gov](http://www.socialsecurity.gov/). This service is free and SSA will send the letter to the applicant within 10 business days. To access the site for requesting benefit verification letters, go to the Social Security Online front page, click on the *Online Services* link; click on the applicable link. For example: *If you get Social Security benefits or have Medicare you can,* then click on the *Get your benefit verification letter* link; **or**, *if you get Supplemental Security Income (SSI) you can*, then click on the *Get your benefit verification Letter* link and follow the instructions on the *Information about the Proof of Income Letter* page. Assist the applicant in answering questions and explain how the applicant should provide the letter to your office; **or**
   2. Ask the applicant to request a *Proof of Income Letter* from SSA’s toll-free number 800- 772-1213. Persons with speech or hearing impairments may call SSA’s toll-free telephone typewriter (TTY) number 800-325-0778, Monday through Friday, between 7:00 a.m. and 7:00 p.m.

**Note:** SSA encourages SS and SSI recipients to use SSA’s web site rather than the toll- free number to request *Proof of Income* letters.

* 1. The PHA must obtain the original SSA benefit letter from the individual, make a photocopy of the document for the PHA file and return the original document to the individual. The PHA is required to use the gross benefit amount reported on the SSA *Proof of Income Letter* to calculate annual income from social security benefits.

1. **Third Party Verification of SS/SSI Benefits of Participants and Household Members. SSA-provided** SS/SSI benefit information for participants and household members, who have validated personal identifiers (the individual’s identity verification status in EIV is **Verified**), is available from HUD’s online EIV system, which can be accessed by authorized PHA staff at: <https://hudapps.hud.gov/HUD_Systems>.
   1. PHAs are required to use EIV to verify SS/SSI benefits of current participants and household members. PHAs who do not currently have access to EIV must contact their local HUD field office to register for access to the EIV system. PHA EIV access is set up by the PHA’s designated EIV User administrator and approved by the EIV Coordinator in the local HUD office. Information regarding HUD’s EIV system is available online at: [http://portal.hud.gov/hudportal/HUD?src=/program\_offices/public\_indian\_housing/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/rhiip/uivsystem) [programs/ph/rhiip/uivsystem.](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/rhiip/uivsystem)

PHAs are required to view the EIV ***Income Report*** and confirm with the tenant that the current listed benefit amount is correct. If the tenant agrees with the current EIV-reported amount, the PHA is required to use the EIV-reported gross benefit amount to calculate annual income from social security benefits.

* 1. If the tenant disputes the EIV-reported benefit amount, the PHA is required to request the tenant to provide a current (dated within the last 60 calendar days) SSA *Proof of Income Letter*. If the tenant is unable to provide the requested document, the PHA is required to follow the instructions under *Third Party Verification of SS/SSI Benefits of Applicants and Household Members* (see Paragraph 16 of this notice). The PHA is required to use the gross benefit amount reported on the SSA *Proof of Income Letter* to calculate annual income from social security benefits.
  2. If the tenant’s benefit information is **not** available in the EIV system, the PHA is required to follow the instructions under *Third Party Verification of SS/SSI Benefits of Applicants and Household Members* (Paragraph 16 of this notice). The PHA is required to use the gross benefit amount reported on the SSA *Proof of Income Letter* to calculate annual income from social security benefits.

**Note:** It is possible for EIV to not display SS/SSI benefit information although the individual has been receiving benefits for years. EIV displays only benefit information that has been received from SSA.

* 1. Photocopies of social security checks or bank statements are **not** acceptable forms of verification for SS/SSI benefits because the dollar amount listed may not be the gross benefit amount.

**Note:** SS/SSI benefit information in the EIV system is updated every three months in accordance with the below schedule during the 1st and 15th of the month. Income information is posted to the family’s individual EIV ***Income Report*** (accessible by using EIV’s *Income Information By Head of Household function*). Recently posted SSA

income information during the work week (Monday through Friday) will **not** be available via batch EIV ***Income Reports*** (accessible by using EIV’s *Income Information By Reexamination Month* function) until successful completion of EIV’s weekend summarization job which posts updated information to all batch verification reports every Saturday morning.

SS/SSI benefits are increased annually to reflect the SSA-approved cost of living adjustment (COLA) for all beneficiaries by December 31st in the EIV system. However, due to the large volume of data processed by the Department, there may be a delay in updating the new SS/SSI benefit amounts until January 15.

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| **HUD-SSA Computer Matching Schedule** | |
| **PHA State** | **Month Matched** |
| AK, DC, DE, GQ, HI, IA, IN, KS, LA, ME, NC, NE,  NH, NJ, NV, OH, RI, SD, TN, TQ, TX, UT, VQ, VT, WV, WY | January, April, July, October |
| AL, FL, GA, ID, IL, KY, MD, MI, MO, ND, NY, VA | February, May, August, November |
| AR, AZ, CA, CO, CT, MA, MN, MS, MT, NM, OK, OR, PA, RQ, SC, WA, WI | March, June, September, December |

1. **SS and SSI Benefit Amounts Reported in EIV.** All Federal SS and SSI benefit amounts are reported in EIV as whole dollar amounts. By law, SSA rounds all benefit amounts down to the next lower whole dollar. As such, the SS and SSI benefit amount listed on an SSA *Proof of Income Letter* may differ from what is reported in EIV. For example, an SSA benefit letter may list the monthly benefit amount as $450.80 and EIV will display the amount as $450.00. This disparity is unsubstantial and typically has no impact on the family rent contribution amount. However, to ensure consistency in the determination of annual SS and SSI income, PHAs are required to use the EIV-reported SS and SSI benefit amounts unless the tenant disputes the EIV-reported amount. In instances in which the family disputes the EIV-reported SS and/or SSI benefit amount, PHAs are required to follow the verification requirement outlined in Paragraph 16 of this notice and use the full amount listed on the SSA *Proof of Income Letter* and round the final result of the calculation and report on the applicable line(s) of the form HUD-50058 as outlined below.

**Note:** When calculating any monetary amount always use the full dollar amount and cents and round the final result.

1. **Reporting of monetary figures on the form HUD-50058.** Enter only whole dollar amounts. Do not include cents, commas, or dollar signs. Enter $4,500.00 as 4500. Round each monetary amount up when a number is $0.50 or above. Enter $4,500.80 as 4501. Round each monetary amount down when a number is $0.49 or below. Enter $4,500.25 as 4500.
2. **Applying SSA COLA to Current Annual and Interim Reexaminations.** Each year during the month of October, SSA announces the COLA by which Federal SS and SSI benefits are

adjusted to reflect the increase, if any, in the cost of living as measured by the Consumer Price Index for Urban Wage Earners and Clerical Workers prepared by the Bureau of Labor Statistics. The purpose of the COLA is to ensure that the purchasing power of SS and SSI benefits are not eroded by inflation. The Federal COLA does **not** apply to State-paid disability benefits. Additional information regarding the SSA COLA is available online at [www.socialsecurity.gov](http://www.socialsecurity.gov/).

Effective the day after SSA has announced the COLA, PHAs are required to factor in the COLA when determining SS and SSI annual income for all annual reexaminations and interim reexaminations (in accordance with PHA-established policy) of family income which have **not** yet been completed **and** will be effective January 1st or later of the upcoming year.

**Example:** Bob Jones currently receives $500 a month (SS benefit). You are currently working on his reexam (in November 2011) which is effective 02/01/2012. The PHA must determine annual SS income as follows:

* Current benefit amount: $500 X 3.6% [or 0.036] (COLA rate) = **$18.00 COLA**
* New gross SS benefit effective 01/01/2012 = **$518.00** ($500 current benefit +

$18 COLA)

* Annual income effective 02/01/2012: $518 X 12 = **$6,216.00**.

#### Treatment of SSA Overpayment Deductions from Social Security Benefits.

**SSA Overpayment Deductions.** An overpayment occurs when SSA pays an individual more than s/he should have been paid. If this happens, SSA will notify the individual and his/her designated representative payee, if applicable. Recovery of an overpayment is made by withholding the monthly social security check until the overpayment is paid in full (individuals receiving SS benefits), unless the individual requests a lesser withholding amount and SSA approves the request. Full withholding would start 30 days after SSA notification of the overpayment. SSA begins deducting money (for overpayment recovery) from SSI payments at least 60 days after SSA notification of the overpayment. Generally, SSA will withhold 10 percent of the maximum Federal SSI benefit rate each month.

However, an individual may request that less be taken from their benefit, or an individual may ask to pay back the overpayment at a rate greater than 10 percent.

Regardless of the amount withheld to repay SSA the overpayment amount, or the length of the anticipated withholding period, the PHA must use the reduced benefit amount after deducting only the amount of the overpayment withholding from the gross benefit amount. The PHA should be cognizant of the SSA-determined overpayment amount and length of time the reduced payment will occur, to ensure the family’s accurate rent contribution for the duration of reduced income; however, circumstances may arise affecting the end date of the withholding period, causing it to go on longer than anticipated. See examples below.

**Note:** A Social Security overpayment can be withheld from an SSI payment due to the beneficiary.

**Example 1:** Bob’s gross monthly SSI benefit is $500 (or $6,000 annually). On February 1, 2012, Bob brings in a letter showing that SSA has determined that he has been overpaid by

$100 and will begin deducting 10% ($50) from his monthly check on March 1, 2012. Note that this deduction would occur for **only 2 months** (March and April). The PHA would calculate annual income at $5,400 ($500 - $50= $450 X 12) and Bob’s rent contribution should be changed for two months; however, once the deduction ends (May 2012), annual income should be recalculated again, and the full SSI benefit should again be used to calculate annual income.

**Example 2:** Sue’s gross monthly SSI benefit is $500 (or $6,000 annually). On February 1, 2012, Sue brings in a letter showing that SSA has determined that she has been overpaid by

$2,000 and will begin deducting 10% ($50) from her monthly check on March 1, 2012.

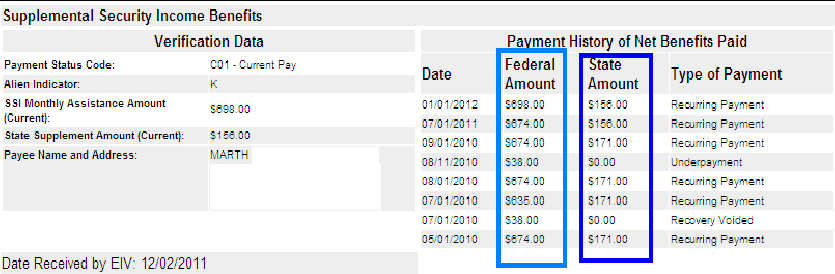
Note that this deduction would occur for 40 months.

The PHA would calculate annual income at $5,400 ($500 - $50 = $450 X 12) and Sue’s rent contribution should be changed and effective until the next reexamination of income, at which time a new redetermination would be made based on current information and documentation.

#### Additional Information Regarding Supplemental Security Income (SSI).

This paragraph provides PHAs with additional information regarding federal SSI benefits paid by SSA which should be considered by the PHA at the time a family or individual applies for initial or continued participation in a HUD rental assistance program. Additional information is available online at: [http://www.ssa.gov/ssi/spotlights/spot-living-](http://www.ssa.gov/ssi/spotlights/spot-living-arrangements.htm) [arrangements.htm and](http://www.ssa.gov/ssi/spotlights/spot-living-arrangements.htm) <http://www.ssa.gov/ssi/text-benefits-ussi.htm>[.](http://www.ssa.gov/ssi/spotlights/spot-living-arrangements.htm)

* 1. Generally, prior to the admission into a HUD rental assistance program, individuals who live in institutions such as hospitals, nursing homes, prisons or jails are not eligible for SSI or are only eligible for a maximum of $30 a month (some States supplement this $30 benefit). However, this reduced SSI benefit amount may increase once the individual reports his or her new residency address to SSA. Accordingly, PHAs must consider the increased benefit amount when conducting subsequent reexamination of family income in accordance with HUD requirements and the PHA’s policies.
  2. Some States supplement the Federal SSI benefit with additional payments. The following States do not supplement the Federal SSI benefit with additional payments: Arkansas, Arizona, Mississippi, North Dakota, Tennessee, and West Virginia. EIV will display (as reflected in the below EIV screenshot) the State-paid SSI amount as supplied by SSA for individuals that reside in the following States: California, Delaware, District of Columbia, Hawaii, Iowa, Michigan, Montana, Nevada, New Jersey, Pennsylvania, Rhode Island, and Vermont. Accordingly, PHAs must include State-paid SSI benefits in addition to Federal-paid SSI benefits when determining annual income in accordance with HUD requirements and the PHA’s policies.



1. **How to Ensure Availability of Social Security Benefit Information in the EIV System.** The availability of SS and SSI benefit information in the EIV system depends on PHA data quality and timely submission of form HUD-50058 to the PIC. PHAs must ensure that data entered in section 3 of the form HUD-50058 (i.e., household members’ name, date of birth and social security number) is complete and accurate. The first and last name of each household member reported on the form HUD-50058 must be listed **exactly** as it is listed on SSA records.

If a family’s form HUD-50058 is not successfully submitted to PIC or if it has been 15 or more months since the effective date listed on the current form HUD-50058 available in PIC, HUD will not initiate computer matching for these individuals and new income information will **not** be available in EIV.

In accordance with 24 CFR §5.233(a)(2)(ii), PHAs are required to use EIV to reduce administrative and subsidy payment errors. As such, PHAs are required to use EIV’s ***Identity Verification Report*** on a monthly basis to correct noted deficiencies within 30 calendar days and improve the availability of income information in EIV. This report contains two reports (*Failed EIV Pre-Screening and Failed SSA Identity Test*), which can help the PHA improve the availability of income information and assist the PHA in identifying tenant personal identifiers that require correction. The ***Identity Verification Report*** contains a third report called *Pending Verification*.

Below is a summary of how these reports can be beneficial to the PHA.

* 1. **Failed EIV Pre-screening Report:** Informs the PHA of any tenant who has failed HUD’s EIV pre-screening process due to incorrect personal identifiers (date of birth, surname, and/or SSN) or invalid form HUD-50058 transmitted (e.g. effective date of action is 15 or more months ago – an indication of a possible overdue annual reexam). Household members with a PIC-generated ALT ID will appear on EIV’s ***Immigration Report***. Tenants that appear on this report are excluded from the data matching process with the SSA and Department of Health and Human Services’ (HHS’) National Directory of New Hires (NDNH). Thus, HUD will not request or obtain income information for these individuals.

PHA staff is required to review this report on a monthly basis; if applicable, obtain appropriate documentation from the tenant, update section 3 of the form HUD-50058,

accordingly, and successfully transmit a corrected or updated form HUD-50058 to PIC; or use the PIC Tenant ID Management tool to replace incorrect SSNs, ITINs, or ALT IDs within 30 calendar days of receiving the SSN documentation.

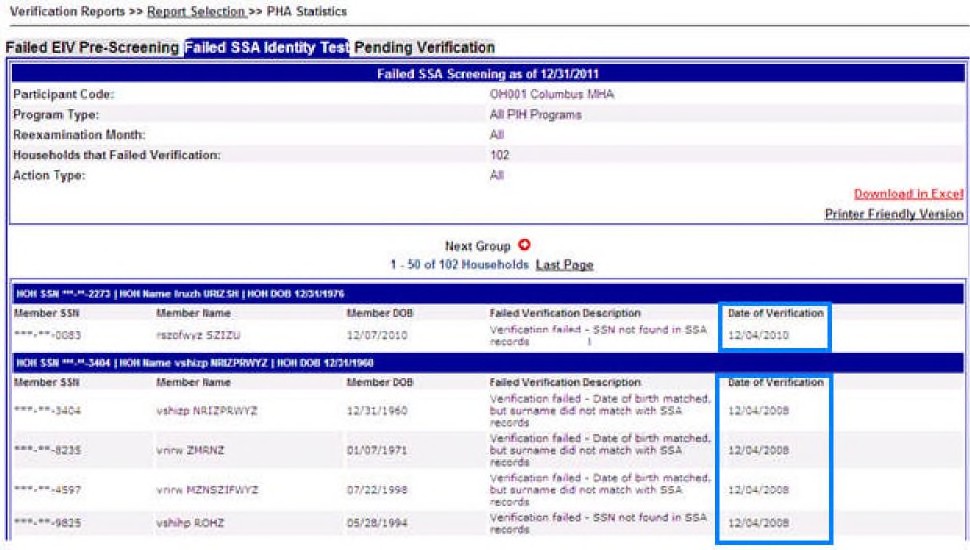
For invalid (PIC-rejected) forms HUD-50058, PHA staff is required to review the PIC Error Submission report and take appropriate action to correct the error and successfully submit a corrected form HUD-50058 to PIC in accordance with the PIC Technical Reference Guide available online at: <https://www.hud.gov/offices/pih/systems/pic/50058/pubs/trg>.

Pages 184-186 provide guidance on how to correct specific PIC errors. The PIC Coach within the PHA’s designated local HUD office is available to assist with PIC. Additional PIC help resources are available online at: [http://portal.hud.gov/hudportal/HUD?src=/program\_offices/public\_indian\_housing/syst](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/gethelp)e [ms/pic/gethelp.](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/gethelp)

* 1. **Failed SSA Identity Test Report:** Informs the PHA of any tenant whose identity cannot be confirmed by SSA due to incorrect personally identifiable information (PII) (date of birth, surname, and/or SSN) recorded in section 3 of the form HUD-50058, which do not match the personal identifiers reported in SSA’s database or SSA has determined that a tenant is deceased. HUD verifies all tenant-reported PII against the SSA database.

For certain tenants, SSA will provide the date of birth and/or social security number as reported in SSA’s files. PHAs are required to update the form HUD-50058 with the SSA-provided information. As outlined in Paragraph 10 of this notice, PHAs must use the PIC Tenant ID Management tool to replace incorrect SSNs or ALT IDs with the correct SSN. If a tenant disputes the SSA-provided information, the tenant must resolve this disparity with SSA.

PHA staff is required to review this report monthly and if applicable, obtain appropriate documentation from the tenant, update section 3 of the form HUD-50058, accordingly, and successfully transmit a corrected form HUD-50058 to PIC within 30 calendar days. Effective April 30, 2012, the ***Failed SSA Identity Test Report*** (and the ***Income Report***) will include the date SSA verified the tenant PII, as reflected in the below EIV screenshot. This feature will allow HUD and PHAs to monitor timely implementation of corrective action to address incorrect PII.



* 1. **Pending Verification Repor**t**:** This report identifies households and household members in which the tenant PII is scheduled to be matched against SSA’s database with HUD’s next monthly computer matching effort in accordance with the computer matching schedule in Paragraph 17 of this notice.

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| **Identity Verification Report: Failed SSA Identity Test Report Error Messages** | | | |
| **No.** | **Error Message Description** | **Error Message Explanation** | **Required PHA Corrective Action** |
| 1 | SSN is verified; **individual is deceased**  **Or**  SSN is verified; **individual is deceased MM/DD/YYYY** | The tenant’s SSN has been verified by SSA and the individual is deceased.  If a date follows the error message, this is the date of death as reflected in SSA records. | Contact tenant’s adult family member or next of kin to confirm death.  Upon confirmation of death, update family composition accordingly.  If a single member deceased household, take appropriate action in accordance with HUD administrative guidance, program requirements and PHA- established policies, including termination of HAP contract (Section 8 only) and transmit an End of Participation (EOP) (action type 6) form HUD-50058.  If applicable, recover HAP overpayment from landlord. |
| 2 | Verification failed - SSN not found in SSA records XXXXXXXXX | The tenant SSN recorded on line 3n of the form HUD-50058 is not a valid number issued by SSA. However, the SSN reflected in SSA records is listed at the end of the error message. | Update line 3n of form HUD- 50058 with the SSA-provided SSN. |

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| **Identity Verification Report: Failed SSA Identity Test Report Error Messages** | | | |
| **No.** | **Error Message Description** | **Error Message Explanation** | **Required PHA Corrective Action** |
| 3 | Verification failed – SS/SSI benefits cannot be disclosed due to **discrepancy in date of birth MM/DD/YYYY** | The tenant is receiving SS/SSI benefits; however, SSA cannot disclose the benefit amount because the date of birth recorded on line 3e of the form HUD- 50058 does not match the DOB in SSA records is listed at the end of the error message. | Request the tenant to provide a current SS/SSI benefit letter.  Update line 3e of form HUD- 50058 with the SSA-provided DOB. The tenant must follow-up with SSA to dispute the SSA- provided DOB. |
| 4 | No benefits reported by SSA  **MM/DD/YYYY** | No benefits reported by SSA. The date of birth recorded on line 3e of the form HUD-50058 does not match the DOB in SSA records.  However, the DOB reflected in SSA records is listed at the end of the error message. | Update line 3e of form HUD- 50058 with the SSA-provided with SSA to dispute the SSA provided DOB. |
| 5 | Verification failed – Date of birth matched, but surname did not match with SSA records or Surname does not match; DOB was checked | The surname recorded on line 3b of the form HUD-50058 is not the same surname reflected in SSA’s records. | Ask the tenant to provide documentation (SSN card, birth certificate, State issued identification card, marriage license or court documents) of the other name he/she is using.  Update line 3b of form HUD- 50058 with the correct surname. |
| 6 | Verification failed – SS/SSI benefits cannot be disclosed due to **discrepancy in name** | The tenant is receiving SS/SSI benefits; however, SSA can not disclose the benefit amount because the  PIC-reported SSN is not assigned by SSA to the PIC-reported tenant name. | Request the tenant to provide a current SSN assignment letter or SS/SSI benefit letter. Ask the tenant to provide documentation (SSN card, birth certificate, State issued identification card, marriage license or court documents) of the other name he/she is using. Update line 3b and/or 3c of form HUD-50058 with the correct first name and/or surname. |

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| **Identity Verification Report: Failed SSA Identity Test Report Error Messages** | | | |
| **No.** | **Error Message Description** | **Error Message Explanation** | **Required PHA Corrective Action** |
| 7 | Verification failed – SSN not found in SSA records **XXXXXXXXX** | The tenant’s SSN recorded on line 3n of the form HUD-50058 is not a valid number issued by SSA. However, the SSN reflected in SSA records is listed at the end of the error message. | Update line 3n of form HUD- 50058 with the SSA-provided SSN. |
| 8 | Verification failed – **SSN not found** in SSA records **or SSN is not in file** | The tenant’s SSN recorded on line 3n of the form HUD-50058 is not a valid number issued by SSA or listed in SSA records. | Request original SSN card from tenant. Confirm SSN displayed on the card matches the SSN reported on line 3n of form HUD- 50058. If the numbers do not match, make the necessary correction on line 3n of form HUD-50058. For continued SSN failures, notity HUD, OIG or other law enforcement agency. |

**Note:** If SSA’s records are wrong, only the tenant can request SSA to correct his/her record, by completing and submitting form SS-5 *Application for a Social Security Card* to the local SSA office.

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| **Identity Verification Report: Failed EIV Pre-screening Report Error Messages** | | | |
| **No.** | **Error Message Description** | **Error Message Explanation** | **Required PHA Corrective Action** |
| 1 | Failed DOB check. | The date of birth is blank or null. | Enter DOB on line 3e of the form HUD- 50058. Ensure only numbers are recorded. |
| 2 | Failed effective date check. | The effective date of action is more than 15 months old. | Enter a current effective date on line 2b of the form HUD-50058. The PHA must ensure that it has completed a current reexam of family income and composition. |
| 3 | Failed last name check. | The last name is blank or null. | Enter last name on line 3b of the form HUD-50058. Ensure only alpha characters are recorded. Do not include special characters such as -, ~, `, or ‘. |

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | Failed SSN check. | The SSN is not numeric or all 9s or LIKE {000%} or LIKE { 00%} or LIKE {%0000}. | Enter valid SSN on line 3n of the form HUD-50058. Do not use repetitive numbers, as directed in the current Form HUD-50058 Instruction Booklet, if tenant has not disclosed an SSN. The PHA is required to generate an ALT ID for affected individuals as outlined in Paragraph 9 of this notice.  **Note:** This error message will occur for any individual with a PIC-generated ALT ID. If the individual is a U.S. Citizen/National or eligible noncitizen, the PHA is required to follow up with the family to obtain documentation of the SSN. If the individual does not contend to have eligible immigration status (and coded as an ineligible noncitizen on the form HUD- 50058), no further action is required by the PHA. |

PHAs are authorized to implement the below HUD-approved workaround for any overdue reexamination which the PHA has not completed due to pending litigation.

#### Authorized Workaround:

1. The PHA has the discretion to submit the following information to their local HUD field office but ONLY by using encrypted email:
   1. PHA Certification signed and dated by the Executive Director or designated official on the PHA’s letterhead, which states the following:
      1. I certify under the penalties of perjury that the attached list of head of household (HOH) names have an overdue reexamination due to pending litigation initiated by the Housing Authority or tenant. I agree to submit an updated form HUD-50058 to PIC, in accordance with HUD guidance, once the court has issued a final order or the family discontinues participation in a PIH rental assistance program, whichever occurs first.
      2. I understand that HUD may request copies of court proceedings filed with the court and agree to furnish such documents and any other documents associated with the pending litigation upon written request of a HUD official.
   2. A listing of HOHs in which there is pending litigation, the type of pending litigation pending (e.g., wrongful termination, breach of lease, tenant holding overaction, etc.) the date the litigation began and court-assigned case number.
      1. PHAs must download the EIV ***Identity Verification/Failed EIV Pre-screening***

report into Excel (prior to implementing action item 3 below) to create the

listing. However, the PHA must delete all tenant social security numbers before sending the file to HUD.

* + 1. Add the following columns to the report and provide the applicable information:
       - Date Litigation Initiated
       - Court-Assigned Case Number
       - Type of Litigation

1. The PHA will successfully submit an action type 3 (interim reexamination) form HUD-50058 to PIC in which **line 2b, effective date** contains a current date; line 2i, projected effective date of next reexamination is equal to a date 12 month from the date listed on line 2b; and any line between 2q – 2u (PHA use only) contains the words “Pending Litigation.”
2. **When the Identity Verification Report is Updated.** Below is guidance to explain how the Identity Verification report is updated.

#### Failed EIV Pre-Screening Report

* 1. When the PHA corrects or updates information reported on section 2 or 3 of the form HUD-50058, EIV copies the data from PIC on a nightly basis. However, the ***Failed EIV Pre-Screening*** Report is updated on a weekly basis, on every Saturday morning upon successful completion of EIV’s weekend summarization job. PHAs are able to view the updated report on the following Monday.

#### Failed SSA Identity Test Report

* 1. When the PHA corrects or updates PII reported on section 3 of the form HUD- 50058, EIV copies the data from PIC on a nightly basis. However, the ***Failed SSA Identity Test*** Report is updated once the following actions occur:
     1. The updated PII is submitted to SSA for verification in the month following the month in which the updated form HUD-50058 was successfully submitted to PIC; and SSA returns the results (verified, failed, or deceased) of the data matching process to EIV; or
     2. SSA updates the PII reported on its records and this information matches the PII reported on the form HUD-50058 when HUD submits the tenant PII to SSA for verification; and
     3. Successful completion of the EIV’s weekend summarization job.

After the above actions occur, PHAs are able to view the updated report the following Monday.

**Note:** When an updated form HUD-50058 to correct a tenant’s PII is successfully submitted to PIC or a tenant’s SSN is corrected using the PIC Tenant ID Management tool, the tenant’s EIV identity verification status will change to **Pending** from **Failed**. This action is confirmation that the PHA has successfully submitted an updated form HUD-50058 to PIC and that HUD has flagged the

tenant record for data matching with SSA during the next monthly data matching process. For example, updated PII on forms HUD-50058 successfully submitted to PIC in January will be matched with SSA in February. These updated households will **not** appear on the ***Pending Verification Report*** unless these households were scheduled for the original quarterly computer matching process in accordance with the *HUD-SSA Computer Matching Schedule* in Paragraph 17 of this notice.

1. **Penalties for Non-Compliance with Use of EIV’s Identity Verification Report.** HUD will monitor each PHA’s ***Identity Verification Report*** on a quarterly basis and notify affected PHAs of the need to correct deficiencies and if requested by HUD, provide documentation and/or certification of PHA-implemented corrective action(s). PHAs may be subject to sanctions for noncompliance with this notice.
2. **For inquiries about this Notice contact:** Your local HUD field office or Rochelle Katz of HUD Headquarters’ Office of Public and Indian Housing, Real Estate Assessment Center Programs at 202-475-4967, or via email at: [EIV\_HELP@HUD.GOV](mailto:PIH.RHIIP.TA@HUD.GOV). Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at 800-877-8339.
3. **Paperwork Reduction.** 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(s) 2577-0083 and 2577-0267. 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 currently valid OMB control number.

/s/ Dominique Blom

General Deputy Assistant Secretary for Public and Indian Housing