



**Boyne City Housing Commission**  
829 South Park Street  
Boyne City, MI 49712  
(231) 582-6203 Fax: (231)582-3797  
[www.boynehousingcommission.org](http://www.boynehousingcommission.org)

Dear Applicant:

In order to process your completed application, please submit all information listed below.

**REQUIRED DOCUMENTATION CHECKLIST**

1. **Birth Certificate: copies for all household members**
2. **Social Security cards: copies for all household members**
3. **Picture Identification: copies for all household members 18 years of age and older**
4. **Signatures: for all household members 18 years of age and older**
5. **Completed Citizenship Forms for all household members**
6. **Proof of Income for all members 18 and older (taxable wages, child support, SS, etc.)**

If you have any questions regarding this application, please contact our office.



The Boyne City Housing Commission does not discriminate based on race, national origin, religion, sex, disability, or familial status. If you need emergency housing, please ask for a contact list of emergency housing providers.

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Date Rcvd \_\_\_\_\_  
 Time Rcvd \_\_\_\_\_  
 Rcvd by \_\_\_\_\_  
 For Office Use Only

**APPLICATION FOR ADMISSION**

Programs applying for (check all that apply):

Program	Restrictions
<input type="checkbox"/> Family Housing . . . . .	Income limits
<input type="checkbox"/> Voucher . . . . .	Income limits
<input type="checkbox"/> Litzenburger Place . . .	Age 62 or older, or disability, and income limits
<input type="checkbox"/> Deer Meadows . . . . .	Age 55 or older and income limits

**I. Applicant Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Msg: \_\_\_\_\_

Mailing address same as current address?  Yes  No

Mailing address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Current Residence Information:**

Lived there from: \_\_\_\_\_ to: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_  
 Total number in household: \_\_\_\_\_ Emancipated minor:  Yes  No  
 Reason for Moving:  Eviction  Sub-standard housing  Other:  
 Pet information: Number of cats: \_\_\_\_\_ Number of dogs: \_\_\_\_\_ Number of other pets: \_\_\_\_\_

\* All pets must meet requirements of Boyne City Housing Commission Pet Policy

**Current Landlord Information:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Current rent: \$ \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Are the utilities in your name?:  Yes  No

\* Please clear up any debt owed that would prevent utilities being in your name.

- Do you or any member of your household require reasonable accommodation(s) in your housing and/or application process?  Yes  No
- Is Head of Household or Spouse disabled as determined by Social Security?  Yes  No
- Is Head of Household and/or Spouse 62 years or older?  Yes  No
- Do you currently live within the city limits of Boyne City?  Yes  No
- Do you currently live in Charlevoix County?  Yes  No
- Are you a full-time student (12+ credit hours), enrolled in an employment training program and actively pursuing a vocation or trade, and pursuing a degree?  Yes  No
- Is Head of Household or Spouse currently employed (minimum of 20 hours per week and earning wages) or recently hired to work in Boyne City?  Yes  No
- Do you and/or a household member smoke?  Yes  No
- Are you or a listed member on the application a Veteran?  Yes  No
- Are you or any household member currently a smoker?  Yes  No

**II. Family Composition Information**

Attach additional page(s) if necessary.

	Name	Relationship to Head	SSN	Birthdate	Sex	Student status full/part time
Head						
2						
3						
4						
5						
6						
7						

**III. Previous Rental History**

- Please provide rental history for the last 5 years.
- If any information is missing, this form will be sent back to you resulting in delay.

Applicants name: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Are you currently receiving housing assistance?  Yes  No

If Yes, from which agency. \_\_\_\_\_

Have you ever received housing assistance or living in subsidized housing?:  Yes  No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Previous address street:</b> _____	<b>Date lease signed:</b> _____
City, state, zip: _____	
Landlord name: _____	Phone number: _____
Landlord address street: _____	
City, state, zip: _____	

<b>Previous address street:</b> _____	<b>Date lease signed:</b> _____
City, state, zip: _____	
Landlord name: _____	Phone number: _____
Landlord address street: _____	
City, state, zip: _____	

<b>Previous address street:</b> _____	<b>Date lease signed:</b> _____
City, state, zip: _____	
Landlord name: _____	Phone number: _____
Landlord address street: _____	
City, state, zip: _____	

<b>Previous address street:</b> _____	<b>Date lease signed:</b> _____
City, state, zip: _____	
Landlord name: _____	Phone number: _____
Landlord address street: _____	
City, state, zip: _____	

**IV. Program Integrity**

1. Has anyone in your household been convicted for the use, possession, sale, manufacture, or distribution of controlled substances (drugs)?  Yes  No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

For What? \_\_\_\_\_

2. Has anyone in your household been convicted of a felony for violent criminal activity?

Yes  No

If yes, please explain: \_\_\_\_\_

3. Has anyone in your household been convicted of a felony for any other reason?

Yes  No

If yes, please explain: \_\_\_\_\_

4. Is any member of your household required to register as a sex offender?  Yes  No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

What jurisdiction? \_\_\_\_\_

5. Has anyone in your household applied for or currently hold a medical marijuana card?  Yes  No

If yes, Who? \_\_\_\_\_ Date issued: \_\_\_\_\_

6. Are you or any household member currently a smoker?  Yes  No

\* Litzenburger Place and our houses are non-smoking within the individual apartments/houses and building. Designated smoking areas are provided outside of the buildings.

\* Deer Meadows is a smoke free building and property. Smoking is only allowed off site.



**V. Asset Information**

Enter your current household assets including any asset disposed of for less than fair market value within the last two years. Enter the anticipated or actual income next to annual income. Add an additional sheet if necessary. If not applicable use N/A or none.

Assets are anything that hold a cash value, including but not limited to:

- **Cash held in a checking account, savings account, or safe deposit box.**
- Trusts. Include the cash value of any recoverable trust available to the family.
- Real Estate, mortgage, installment note, or deed of trust held by the applicant.
- Equity in rental property or other capital investment.
- Stocks, bonds, treasury bills, certificate of deposits, mutual funds, individual retirement accounts (401(k), etc.).
- Cash value of whole life insurance policies.
- Personal property held as an investment (gems, coin collections, antique cars, etc.) excluding personal jewelry.

Family Member	Type of Asset	Current Cash Value	Annual Income	Institution/Source Address Phone/Contact Person

Assets disposed at less than fair market value in the past two years (please explain).

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Attach additional page(s) if necessary.

**VI. Employment/Income Information**

Enter each type of income that all household members will have in the next year. Attach additional page(s) if necessary. Include copies of current month check stubs (must be complete month), or copy of Social Security statement.

**\*Income Type Codes**

P=Pension	M=Military Pay	G=General Assistance	I=Indian Trust (per capita)
B=Own Business	F=Federal Wages/Employment	W=Other Wages	N=Other Non-Wage Source
SS=Social Security	T=TANF	C=Child support	E=Medical Reimbursement
SSI=SSI	HA=Housing Authority Wages	U=Unemployment Benefits	

Family Member	*Income Type	Employer Name Address & Phone	Position	Hourly Pay	Hours Per Week	Annual Income	Date of Hire	Length of Employment

Attach additional page(s) if necessary.

TOTAL GROSS ANNUAL INCOME FROM ALL SOURCES \$ \_\_\_\_\_





**VIII. References and emergency contact information**

Enter references that can be contacted to verify housing eligibility. If not applicable, enter N/A.

**Financial References**

Bank 1	Address and phone	Checking Acct#	Savings Acct#
Bank 2	Address and phone	Checking Acct#	Savings Acct#

**Personal References**

Name	Address and Phone

**Emergency Contact(s)**

Name	Address and Phone

**IX. Certification Information**

Title 18, section 1001 of the U.S. Code states that a person is guilty 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 knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an application 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, 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.

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

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Member over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Member over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Member over 18

\_\_\_\_\_  
Date



**Admission, Denial, or Removal from the Lease**

Applicants may be denied or removed from the lease (evicted) for serious or violent criminal activity including, but not limited to, the following reasons:

- Physical assault or the threat of physical assault to any person, including family violence.
- Illegal use of, or the threat to use a firearm or other weapon.
- Illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance unless prescribed by a doctor.
- Sexual molestation, prostitution and other similar or related serious misconduct.

Applicants may be denied or evicted for other grounds including, but not limited to, the following reasons:

- Applicants who are required to register under state or federal sexual predator laws will be denied.
- Applicants/clients who initiate threats or behave in a manner indicating intent to assault employees or client/residents of the Boyne City Housing Commission or others will be denied or evicted.
- Applicants who have been labeled habitual career criminals will be denied.
- Applicants who have outstanding charges on services and rent or non-payment of local utility bills causing the utility to be turned off in previously rented property will be denied.
- Applicants/clients who have a pattern of alcohol-related behaviors that could constitute or have constituted lease violations will be denied or evicted.
- Applicants who have a repetitive history of writing bad checks will be denied.
- Applicants will be denied if previous landlords report late or non-payment of rent or utilities.
- Applicants who intentionally falsify (commit fraud) on an application for leasing including giving false information regarding family income, size, or other requested information or utilization of an alias on the application for housing will be denied or evicted upon discovery of fraud.
- Boyne City Housing Commission will deny admission if past criminal activity or information confirms violation of the foregoing standards that indicates the resident's conduct would adversely affect the development.
- Applicants who have a record of serious personal disturbances (for example, unsupervised children, unauthorized persons staying or living in the unit, excessive police calls and/or a history of not keeping their unit in an acceptable condition) will be denied or evicted.
- Applicants who have been evicted from housing assisted under the United States Housing Act because of drug related criminal activity by any member of the applicant family will be denied.
- Applicants may be denied due to bad credit.
- Applicants who committed fraud will be denied or evicted after discovery.
- Applicants who have outstanding balances with other housing authorities will be denied unless payment plan is current.
- Applicants who use, or allow the use of medical marijuana on property or in their dwelling can or will be evicted.
- Applicants who smoke cigarettes or allow smoking in dwelling or at non-designated areas of complex can or will be evicted.

I have read and understand the above information and agree to the terms set forth.

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

## **Instructions for the race and ethnic data reporting (form HUD 27061-H)**

### General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (residents) in housing assisted by the Department of Housing and Urban Development (HUD).

Owner and agents are required to offer the applicant/resident the option to complete the form as part of the next interim or annual recertification. Once the form is completed, it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the resident file stating the applicant/resident refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The office of housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. Check on of the two categories:
  - A. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  - B. **Not Hispanic or Latino:** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
2. The five racial categories to choose from are defined below: (You should check as many that apply to you)
  - A. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
  - B. **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  - C. **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  - D. **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - E. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Race and Ethnic Data  
Reporting Form

U.S. Department of Housing and Urban  
Development

Name of Property: \_\_\_\_\_ Address of Property: \_\_\_\_\_

Project Number: \_\_\_\_\_

Name of Owner/Managing Agent: Boyne City Housing  
Commission

Type of Assistance or Program Title: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Household Member: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

Hispanic or Latino	
Not Hispanic or Latino	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other	

- Definitions of these categories may be found on following page.
- There is no penalty for not completing this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information and you are not required to complete this form unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB mandated changes to ethnicity and race categories for recording the 50058 data requirements to HUD>Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

**BOYNE CITY HOUSING COMMISSION AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:** I authorize and direct any Federal, State or Local agency, organization, business or individual to release to the Boyne City Housing Commission (BCHC) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Public and Indian Housing, Section 8 Rental Voucher and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for the Public Housing Authority (PHA) to release information from my file about rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity, Family, and Marital Status; Employment, Income, and Assets; Residences and Rental Activity; Medical or Childcare Allowances; Credit and Criminal History.

I understand that this authorization cannot be used to obtain information about my household or myself that is not pertinent to my eligibility for and/or continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous/Present Landlords (including Public Housing Authorities); Past/Present Employers; Veterans Administration; Retirement Systems; Courts and Post Offices; State Unemployment Agencies; Welfare Agencies; Banks/Financial Institutions; Social Security Administration; Schools/Colleges; Law Enforcement Agencies; Medical Providers; Childcare Providers; Support/Alimony Providers; Credit Providers and Credit Bureaus; and Utility Companies.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the PHA may conduct computer matching programs, including the Upfront Income Verification System (UIV), to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or PHA may in the course of its duties exchange such automated information with other Federal, State, or Local Agencies, including, but not limited to: State Employment Services Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Services, the Social Security Administration and State Welfare and Food Stamp Agencies.

**CONDITIONS:** I agree that photocopies and facsimiles of this authorization may be used for the purpose of verifying my eligibility, level of benefits, or verifying my true circumstances. The original authorization is on file with the PHA and will stay in effect during the time an active application is on files or during the full duration of tenancy. I also understand that my housing assistance may be denied or terminated if I or any other adult in my household does not sign this authorization. I understand I have a right to review my file and provide any information necessary to disprove incorrect information.

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

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

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

### **NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the 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 evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (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 §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

[See reverse side for footnotes and instructions]



**1/ Warning:** 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, imprisoned 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:

**2/ 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 of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**3/ Immigrant status under §§101(a)(15) or 101(a)(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)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

**4/ 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 of the INA (8 U.S.C. 1158 [*asylum status*]); or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

**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. 1182(d)(5)) [*parole status*].

**7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in 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. 1255a) [*amnesty granted under INA 245A*].

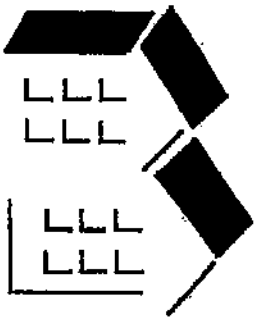
Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older, and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature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

Instructions to family member for completing forms: On opposite page, print or type first name, middle initial(s), and last name. Place an "x" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "x" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RHIP**

**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## ***What You Should Know About EIV***

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

### **What is EIV?**

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

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

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

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

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

### **What is the EIV information used for?**

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

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

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

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

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

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

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

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

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

### **What are my responsibilities?**

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

February 2010

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

### What are the penalties for providing false information?

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

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

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

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

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

### What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/officeofprogramstraffic/iv.htm>.

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

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

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

Signature

Date

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

BOYNE CITY HOUSING COMMISSION  
829 SOUTH PARK STREET  
BOYNE CITY, MI 49712

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

N/A

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

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

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



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

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

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

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

UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
 FEDERAL HOUSING ADMINISTRATION  
 OFFICE OF PUBLIC HOUSING

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

Signature

Date

Printed Name