HOUSING AUTHORITY
OF THE COUNTY OF SANTA CRUZ

APPLICATION FOR CONTINUED HOUSING ASSISTANCE / AFFORDABLE HOUSING OPPORTUNITY

PERSONAL AND FINANCIAL STATEMENT

THIS INFORMATION IS REQUIRED TO RE-DETERMINE YOUR LEVEL OF RENTAL ASSISTANCE OR AFFORDABLE HOUSING ELIGIBLITY. THIS FORM MUST BE COMPLETELY FILLED IN. ALL OF THE INFORMATION ON THIS FORM WILL BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. **IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE / AFFORDABLE HOUSING WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD**. ALL ADULTS MUST READ AND SIGN THE CERTIFICATION ON PAGE 7 OF THIS FORM.

I. CONTACT INFORMATION

Full Legal Name of Head of Household: _____

Phone Numbers: Home_____ Work_____ Cell_____ Other_____

Home Address: _____ Mailing Address: _____

_____ _____

Email Address (if applicable): _____

II. CURRENT HOUSEHOLD COMPOSITION

List **all persons**, (including any live-in aide) who are currently living in your household as their primary residence. If you are in shared housing (renting part of a house or apartment) do not include co-occupants who are not part of your household. List head of household first. Attach additional sheets if necessary. If you would like to request approval to make a change to your household composition, you must complete the Application to Add New Member or the Request to Remove Members from the Household form, available on our website at www.hacosantacruz.org, in our office, or by calling our Information Center at (831) 454-5955.

A. Adults (age 18 or older) Full Legal Name as appears on Social Security Card *(Sample: Sue Ann Smith)*	Date of Birth *(01/09/1970)*	Job Title / Occupation *(Nurse)*	Relation to Head of Household *(Spouse)*	Social Security Number *(123-45-6789)*	Percent of time adult lives in the assisted unit *(100%)*
	/		Head of Household		%
	/ /				%
	/ /				%
	/ /				%
B. Children (under 18 yrs) Full Legal Name as appears on Social Security Card *(Sample: John Matthew Smith)*	Date of Birth *(07/02/1998)*	Name / Address of School or Pre-School *(Harbor High, Santa Cruz)*	Relation to Head of Household *(Son)*	Social Security Number *(123-45-6789)*	Percent of time child lives in the assisted unit *(100%)*
	/ /			- -	%
	/ /			- -	%
	/ /			- -	%
	/ /			- -	%

C. Family Members Not Living With You – List absent parents of children under age 18, ex-spouses of divorced or separated household members, and minor children of any household members who are not listed above. Attach additional sheets if necessary.

Name	Relationship	Address	Phone Number	Date of Last Contact

III. HOUSEHOLD INCOME – ALL INCOME MUST BE REPORTED

A. INCOME DETERMINATION USING OTHER PROGRAM - If you or a household member **currently** receives benefits from CalWORKS (TANF), Medi-Cal (Medicaid), CalFresh (SNAP), CalEITC (EITC), WIC, SSI, LIHTC, or another HUD-administered housing assistance program, you can submit that program's **income determination document** instead of completing this section. See the document list included with your application or recertification packet for details on requirements for what the document needs to state. If you do not submit that other income determination document, you must complete this section.

B. Employment Income

1. Does **ANY** adult (age 18 or older) in your household receive ANY of the following types of Employment Related Income?

- ☐ **Yes** ☐ **No** a. Employment Income (wages, salary, commissions, fees, tips, or bonuses)
- ☐ **Yes** ☐ **No** b. Self-Employment Income (independent contractor, personal business, day labor, odd jobs, etc.)
- ☐ **Yes** ☐ **No** c. Severance Pay (extra pay given to an employee upon termination of employment)
- ☐ **Yes** ☐ **No** d. Pension / Retirement (from previous employment, excluding Social Security)

IF NO to all of the above, you may skip the table below and proceed to question 2.

IF YES to any of the above, use the space below to provide information about each person's employment related income. Report all current employment related income for every adult. If any adult has more than one job (or type of employment related income), use additional rows as needed. If you don't know your employer's address, look at a current pay stub. **If self-employed**, use the space below to provide information about your customers and clients. Attach additional sheets if necessary.

Name of Adult	Name of Employer / Address where Employment can be Verified *(If self-employed, list customers / clients)*	Phone Number / Fax Number	Type of Income	**Gross** Amounts
Sample: *Sue*	*Main Hospital, 123 Main Street* *City, State Zip Code*	Phone: *555-1111* Fax: *555-2222*	☒ Employment ☐ Self-Employment ☐ Severance Pay ☐ Pension / Retirement	Rate per hr: $10.00 Hrs per week: 25
		Phone: Fax:	☐ Employment ☐ Self-Employment ☐ Severance Pay ☐ Pension / Retirement	Rate per hr: _____ Hrs per week: _____
		Phone: Fax:	☐ Employment ☐ Self-Employment ☐ Severance Pay ☐ Pension / Retirement	Rate per hr: _____ Hrs per week: _____
		Phone: Fax:	☐ Employment ☐ Self-Employment ☐ Severance Pay ☐ Pension / Retirement	Rate per hr: _____ Hrs per week: _____

C. Alimony / Spousal Support and Child Support

2. Does **ANYONE** in your household receive, or have a court order to receive, alimony / spousal support and / or child support / disregard for AFDC? ☐ **Yes** ☐ **No**

IF NO to the above, you may skip the upcoming table at the top of the next page and proceed to question 3.

IF YES to the above, use the table on the next page to provide information about alimony and / or child support ordered and / or received. Attach additional sheets if necessary.

Person Receiving Support	Name, Address, AND County of Family Support Division or Other Agency	Payee / Participant Number	Type of Support	**Monthly** Amount *Ordered*	**Monthly** Amount *Received*
			☐ Alimony / Spousal ☐ Child Support	$_____ $_____	$_____ $_____

D. Non-Employment Income

3. Does **ANYONE** in your household receive Unemployment, Disability, Social Security, Supplemental Security Income (SSI), Veterans Benefits, or Cash Aid / Welfare (including CalWORKS, AFDC – Assistance to Families with Dependent Children, TANF – Temporary Assistance for Needy Families, GA – General Assistance, or Kin Gap)?

☐ **Yes** ☐ **No (No one in the household receives any of the types of income listed above.)**

IF NO to the above, you may skip the table below and proceed to question 4.

IF YES to the above, list the GROSS amount of non-employment income each household member receives PER MONTH from each of the income sources listed. Attach additional sheets if necessary. **If a household member does not receive one or more of the listed types of income, write "No" or "None" in the space provided.**

Person Receiving Income	Unemployment Development Department (EDD) Unemployment (UIB)	Employment Development Department (EDD) Disability	Social Security Benefits / SSB & Supplemental Security Income / SSI	Veterans Benefits	Cash Aid / Welfare (CalWORKS, AFDC, TANF, GA, KinGap)
Sample: Sue	*None*	*$685*	*None*	*None*	*$380*

4. Does **ANYONE** in your household receive Workers Compensation or payments for a Foster or Adopted child?

☐ **Yes** ☐ **No (No one in the household receives Workers Compensation or payments for a Foster / Adopted Child.)**

IF NO to the above, you may skip the table below and proceed to question 5.

IF YES to the above, use the space below to provide information about each person's Workers Compensation or Foster / Adoption income. Attach additional sheets if necessary.

Person Receiving Income	Type of Income	Name, Address, and County of Income Source	**Monthly** Amount Received
	☐ Workers Compensation ☐ Foster / Adoption		$_____
	☐ Workers Compensation ☐ Foster / Adoption		$_____

5. Does **ANYONE** outside of your household (like any friend, relative, or agency) pay for any of your household bills or expenses on your behalf, or give anyone in your household money or any non-monetary contributions or gifts (such as groceries, products or services)? ☐ **Yes** ☐ **No**

IF NO to the above, you may skip the table below and proceed to question 6.

IF YES to the above, use the space below to provide information about contributions you receive. Attach additional sheets if necessary.

Type of Contributions or Gifts Received	Name / Address of Person or Agency who Contributes	Phone Number	Amount or Value	How Often

6. Does **ANYONE** in your household receive **ANY OTHER ASSISTANCE OR INCOME** (like a benefit or service) that has not been reported on this form? ☐ **Yes** ☐ **No**

IF YES to the above, use the lines below to provide information about **ANY** other assistance or income received, who receives the income, and the address where the income can be verified. Attach additional sheets if necessary.

_____

_____

_____

IV. ASSETS – ALL ASSETS MUST BE REPORTED AND VERIFIED

E. Bank Accounts

7. Does **ANYONE** in your household have any accounts (checking, savings, or other) with a financial institution?
☐ **Yes** ☐ **No**

IF YES, You must submit all pages of your most recent statement for each account you hold.

IF YES, use the space below to provide account information. **If more than one person is named on an account, please list all account holders.** List only one account on each line. Attach additional sheets if necessary.

Financial Institution / Bank Name and Address	All Name(s) on Account	Account Number	Account Type (Checking, Savings, Etc.)	Current Balance	Yearly interest earned
				$_____	$_____
				$_____	$_____
				$_____	$_____

F. Investment Accounts / Retirement Accounts / Real Estate Property

8. Does **ANYONE** in your household have any of the following?

Certificates of Deposit	☐ **Yes** ☐ **No**	Lottery Winnings	☐ **Yes** ☐ **No**
Savings Certificates	☐ **Yes** ☐ **No**	Insurance Settlements	☐ **Yes** ☐ **No**
Money Market Funds	☐ **Yes** ☐ **No**	Whole Life Insurance (with cash value)	☐ **Yes** ☐ **No**
Trust Funds	☐ **Yes** ☐ **No**	Lump Sum Inheritance	☐ **Yes** ☐ **No**
Special Needs Trusts	☐ **Yes** ☐ **No**	401(k) Retirement (that you have access to)	☐ **Yes** ☐ **No**
Mobile Home	☐ **Yes** ☐ **No**	Stocks	☐ **Yes** ☐ **No**
Land	☐ **Yes** ☐ **No**	Bonds	☐ **Yes** ☐ **No**
House	☐ **Yes** ☐ **No**	Cash (if yes, how much: $ _____)	☐ **Yes** ☐ **No**
Independent Retirement Acct. (IRA)	☐ **Yes** ☐ **No**	Self Employed Retirement (Keogh)	☐ **Yes** ☐ **No**
Personal Investments (jewels, coins)	☐ **Yes** ☐ **No**	(if yes, list type: _____ value: _____)	

IF YES TO ANY OF THE ABOVE, use the space below to provide the requested information. Attach additional sheets if necessary. **You must submit all pages** of your most recent statement for each account you hold.

Financial Institution / Bank Name and Address	Name(s) on Account	Account Number	Account Type	Estimated Balance / Value	Yearly earnings (int/div)
				$_____	
				$_____	
				$_____	

9. Does **ANYONE** in your household have **ANY OTHER ASSET** that has not been reported on this form? ☐ **Yes** ☐ **No**

IF YES, use the lines below to provide information about other assets. Attach additional sheets if necessary. You must submit all pages of your most recent statement of value for all of these other assets. Include the yearly interest/dividend/income earned.

_____

_____

_____

G. Disposal of Assets

10. In the past two years, has **ANYONE** in your household sold or given away any type of asset (such as money, bank accounts, house, land, mobile home, real estate property, investment accounts, retirement accounts, life insurance policies, or any other assets)? ☐ **Yes** ☐ **No**

IF NO to the above, you may skip the table below and proceed to question 11.

IF YES to the above, use the space below to provide the requested information. Attach additional sheets if necessary.

Person who had Asset	Type of Asset Sold or Given Away	Value when sold or given away	Amount Received
		$_____	$_____
		$_____	$_____

V. ALLOWANCES

H. Childcare Expenses

11. Does **ANYONE** in your household have expenses for childcare of a child aged 12 or younger to allow a household member to work, look for work, or further his / her education (academic or vocational)? ☐ **Yes** ☐ **No**

IF NO to the above, you may skip the table below and proceed to question 12.

IF YES to the above, use the space below to provide information about childcare expenses. Please list all agencies, groups, and providers that you pay out of pocket child care expenses to. Do not include any costs that are reimbursed from an outside agency or person. Attach additional sheets if necessary.

Name of Child(ren)	Name of Adult who is able to work, look for work, or go to school because of this Childcare	Name and Address of Agency, Group or Provider that you pay for Child Care	Telephone Number	**Monthly** Cost to Household
				$_____
				$_____

I. Medical Expenses and Disability Assistance Expenses

Based on your responses to the following questions, the Housing Authority may contact you for additional information to determine whether or not you are eligible for any allowances. You are not required to answer this question or to reveal any information about the disability status of any household member. However, disability status may have an impact on the level of subsidy you could be eligible to receive, or eligibility for an affordable housing opportunity.

12. Does the head of household or spouse wish to claim disability status (do not include temporary disabilities)? ☐ **Yes** ☐ **No**

13. Is the head of household or spouse 62 years or older? ☐ **Yes** ☐ **No**

a) **If yes** to question 12 OR 13 above, do you anticipate any unreimbursed (paid out-of-pocket) medical expenses, including medical insurance premiums, in the next 12 months? ☐ **Yes** ☐ **No**

b) **If Yes** to question 13.a., please estimate the total amount of your anticipated unreimbursed medical expenses for the next 12 months: $_____

The Housing Authority applies a standard deduction of $1,500 for elderly and disabled households with medical expenses exceeding this threshold. Additional documentation may be required.

14. Do you anticipate any expenses in the next 12 months for care attendants or medical equipment for a household member with disabilities, to allow that household member or another household member to work? ☐ **Yes** ☐ **No**

If Yes, please estimate the total amount of your anticipated unreimbursed expenses for care attendants or medical equipment for the next 12 months: $_____

J. Student Status

15. Is ANY adult living in your household (age 18 or older) enrolled in any classes at an institution of higher education? ☐ **Yes** ☐ **No**

IF NO to the above, you may skip the table below and proceed to question 16.

IF YES to the above, use the space below to provide information about student status. Attach additional sheets if necessary.

Name of Student	Name of School	Student Status	Address of School
		☐ Full Time ☐ Part Time	
		☐ Full Time ☐ Part Time	

K. Additional Information

16. Is anyone in your household participating in an economic self-sufficiency or other job training? ☐ **Yes** ☐ **No**

If yes, which household member(s)? _____

a) IF YES TO QUESTION 16 ABOVE, has anyone in your household recently received an increase in employment earnings during participation in an economic self-sufficiency or other job training? ☐ **Yes** ☐ **No**

If yes, which household member(s)? _____

17. Has anyone in your household recently received an increase in employment earnings after being unemployed for one year or longer, OR after earning less than $3,750 in the past year? ☐ **Yes** ☐ **No**

If yes, which household member(s)? _____

18. Has anyone in your household recently received an increase in employment earnings during or within 6 months after receiving assistance from TANF or Welfare to Work? ☐ **Yes** ☐ **No**

If yes, which household member(s)? _____

VI. CRIMINAL HISTORY

Federal regulations require the Housing Authority to review the criminal background of applicants and tenants, and terminate participation of some participants based on their criminal history. **THE HOUSING AUTHORITY RESERVES THE RIGHT TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ANY AND ALL APPLICANTS / TENANTS TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BELOW AND TO COLLECT ANY ADDITIONAL INFORMATION DEEMED NECESSARY BY THE HOUSING AUTHORITY.**

19. Have you or any members of your household been arrested in the past twelve months? ☐ **Yes** ☐ **No**

IF NO to the above, you may skip the table below and proceed to question 20.

If YES to the above, please explain, including the name of the household member(s), date of arrest, description of the crime, level of offense, and any other relevant information. Attach additional sheets if necessary.

Name: _____ Date of Arrest: _____ ☐ Misdemeanor ☐ Felony
Description of Crime: _____
Comments: _____

20. Have you or any members of your household been required to register as a sex offender in the past twelve months? ☐ **Yes** ☐ **No**

IF NO to the above, you may skip the table below and proceed to the Certifications section.

If YES to the above, please provide the name of the household member(s), and the date and level of the offense.

Name: _____ Date of Arrest: _____ ☐ Misdemeanor ☐ Felony

VII. CERTIFICATIONS

All adult household members age 18 or older must read and personally sign this statement. No one, including parents and spouses, may sign on behalf of any adult.

1. I do hereby swear and attest that all of the listed information is true, complete, and correct.
2. I understand that false information or statements or omission of information is punishable under federal law.
3. I understand that false statements or false information are grounds for termination of housing assistance or participation/occupancy in the affordable housing opportunity.
4. I understand the following items regarding changes to my household composition, income, and other information.
   a. I understand that all new household members must be approved in writing by the Housing Authority prior to moving in to the assisted unit.
   b. I understand that I must report any household members leaving the assisted unit in writing within 14 calendar days.
   c. I understand that I must report all changes (including increases and decreases) in household income and assets in writing within 14 calendar days.
   d. I understand that I must report all changes in address and telephone number in writing within 14 calendar days.
5. I understand that if I do any of the following, I may lose my rental assistance or affordable housing:
   a. Fail to fulfill my obligations to submit my eligibility documents on time
   b. Fail to attend or be on time for my recertification appointment(s), or any other Housing Authority appointment(s)
   c. Fail to make my unit available for the annual Housing Quality Standards inspection at the appointed time
   d. Fail to comply with any program responsibilities, including obligations listed on my voucher or in my lease.
   e. Commit program fraud (for example not reporting income, unauthorized people in the unit, and any other type of program fraud)
6. I understand that all members of my household are prohibited from any activity (including criminal activity and / or the use of drugs or alcohol) that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
7. I understand that I will be required to repay all rental assistance or other subsidy overpaid on my household's behalf due to fraud.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. ALL OF THE INFORMATION ON THIS FORM WILL BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE / AFFORDABLE HOUSING WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD.

X		
Print Head of Household Name	Signature of Head of Household	Date
X		
Print Name	Signature of Other Adult	
X		
Print Name	Signature of Other Adult	
X		
Print Name	Signature of Other Adult	

HOUSINGAUTHORITY
OF THE COUNTY OF SANTA CRUZ

2160 41st Avenue, Capitola, California 95010-2040 Telephone: (831) 454-9455, Hollister: (831) 637-0487
Fax: (831) 469-3712, TDD (831) 475-1146
www.hacosantacruz.org

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby give my/our consent to have the Housing Authority of the County of Santa Cruz obtain any and all information deemed necessary to determine or redetermine my/our eligibility for housing assistance and/or affordable housing opportunities. Therefore, I/we authorize the release of any of the information described below, as requested by the Housing Authority of the County of Santa Cruz.

I/We understand that this release of information includes the collection of information regarding my/our employment, Unemployment Insurance Benefits, any and all other benefits, child support and spousal support, bank accounts, and any other income, asset, or household information Additionally, I/we give my/our consent to have the Housing Authority verify any childcare expenses, medical expenses, disability assistance expenses, full time student status and disability status, and criminal history.

I/We also authorize the Housing Authority to collect lease agreement information from owners and property management companies for the purpose of verifying rental arrangements, tenancy, and compliance with housing program requirements.

I/we understand that this information may be disclosed to local public agencies and law enforcement for the purposes of ensuring program integrity and to prevent the misuse of public funds.

I/we understand that this information will be kept confidential and is being requested for the purpose of determining my/our eligibility for housing assistance and/or affordable housing opportunities.

I also authorize this form to be photocopied and used as an original.

ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN.

This consent form expires three years following the end of program participation

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

OMB Control Number: 2577-0295

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

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

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

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

Housing Authority of the County of Santa Cruz, 2160 41st Avenue, Capitola, CA 95010-2040
Telephone: (831) 454-9455

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

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

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

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

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

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

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

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

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

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

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

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

Signatures:

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

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

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

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

DOCUMENTS REQUIRED TO DETERMINE YOUR ANNUAL RECERTIFICATION

Some public benefit programs use an income determination process similar to the Housing Authority's. If you or a member of your household currently participates in one of the programs listed below, you may submit the program's most recent income determination document to us.

- CalWORKS - Temporary Assistance for Needy Families (TANF)
- Medi-Cal - Medicaid
- CalFresh - Supplemental Nutrition Assistance Program (SNAP)
- CalEITC - Earned Income Tax Credit (EITC)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Supplemental Security Income (SSI)
- Low-Income Housing Tax Credit (LIHTC)
- Any other HUD-administered housing assistance program

We may be able to use that document to verify your household income instead of requiring the income verification documents listed below. Submitting this document is **optional**, but doing so may expedite your eligibility process.

To be accepted, the income determination document must:

- Be dated within the last 12 months
- Include all members of your household or state your correct family size
- State your household's annual income

If you do not have one of these documents or prefer not to submit one, you may continue to provide the pay stubs, benefit award letters, and other income verification documents listed below. We will then calculate your income using standard methods.

INCOME

- **Wages:** You must provide the three most current consecutive pay stubs for all employed adult household members. At least one of the three pay stubs must be dated within 30 days of the date of this letter.

- **Self Employed:** If any adult household member is self-employed, you must provide a complete copy of your most recent federal income tax return, including IRS Form 1040, and Schedule C/Schedule SE, if applicable. Please also provide a profit and loss statement for the most recent 12 months, or complete a Self-Employment Certification, available at www.hacosantacruz.org or in our main office lobby.

- **Social Security (SS) or Supplemental Security Income (SSI):** You must submit all pages of a current, original statement of benefits letter or action notice for any Social Security pension and/or Supplemental Social Security Income showing the current benefit amount for you or household members. The letter must be dated within 30 days of the date of this letter. If you need a current benefits letter, contact the Social Security Administration at 1-800-772-1213 or www.ssa.gov. If your benefits have been reduced for any reason, please submit a current Social Security benefit letter showing the monthly payback amount and outstanding balance.

- **State Disability/Unemployment/Workers' Compensation:** You must submit a current, original award letter or current original paystubs for you or any household member receiving state disability, unemployment benefits, or workers compensation. The award letter or paystubs must be dated within 30 days of the date of this letter.

- **Other Benefits:** You must submit all pages of the current, original statement of benefits letter or action notice for any type of Cash Aid or Welfare Assistance, such as Temporary Assistance for Needy Families (TANF), previously called Assistance to Families with Dependent Children (AFDC), CalWORKs, General Assistance, or Veterans Benefits, showing all benefits currently received by you or household members. The statement must be dated within 30 days of the date of this letter.

- **Alimony/Child Support:** You must submit a current 12-month printout of alimony or child support payments. Child support documentation may be printed from the Department of Child Support Services website at www.childsup.ca.gov.

- **Any and All Other Income, Including Benefits, Gifts, and Contributions:** You must submit current, original documentation of any and all other income received by you or any member of your household. Examples of other income include food stamps, financial aid, child care vouchers, foster care or adoption assistance payments, contributions from anyone outside of your household, etc.

ASSETS

- **Bank Accounts:** You must submit all pages of a current bank statement for all checking, savings, and other types of bank accounts. The statement may be either an original or a computer-generated version, but it must include the account holder's name, balance, bank name, and address. The statement must be dated within 30 days of the date of this letter.

- **Other Assets:** For all other assets (such as stocks, bonds, certificates of deposit [CDs], or other assets listed on the Personal and Financial Statement), you must provide current, original statements from the financial institution. The statements must be dated within 30 days of the date of this letter.

ALLOWANCES

- **Child Care:** If you or any household member has out-of-pocket (unreimbursed) child care expense, you must submit documentation of the expense. Documentation may include an invoice, contract, or other current statements from the child care provider. If adequate documentation is not provided, your household will not receive a child care allowance.

- **Full-Time Student Status:** If you or any household member is a full-time student, you must submit documentation of full-time student status. Documentation may include a current class schedule, current registration statement, or other current documentation generated by the school. Documentation must include the student's name, school name, and number of units. Computer printouts are acceptable if they provide sufficient documentation of status. If adequate documentation is not provided, full-time student status will not be granted.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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