

HOUSING AUTHORITY OF THE CITY OF LACROSSE

1307 Badger Street - La Crosse, WI 54601

Phone: (608)782-2264

ADD-MEMBER APPLICATION

Head of Household Name: _____

Adult Add-Member Name: _____

Cell Phone: _____ Other Phone/E-Mail: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Do you receive mail at the address? Yes No (If no, please fill out the information below)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Relatives, Friends or Social Worker that can be contacted if we are unable to reach Add-Member:

Name _____ Phone Number _____

Street Address _____ Relationship _____

City _____ State _____ Zip Code _____

HOUSEHOLD COMPOSITION: (List ALL Add-Members)

*If someone in the home is expecting a child, please list anticipated birth as 'unborn child' and put the due date in the Date of Birth column.

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE	GENDER	Disabled Yes / No	BIRTH DATE	SOCIAL SECURITY NUMBER

Does anyone in your household require any type of accommodations to fully utilize our programs and services?
 Yes No If yes, who and what is required? _____

If you are a Section 8 Housing Choice Voucher participant, please request and complete form #115.
 Yes No

ASSETS:

A. Checking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Balance \$ _____	<u>Bank Name</u> _____
B. Savings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Balance \$ _____	_____
C. Real Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value \$ _____	_____

Have you disposed of any assets during the last two years for less than fair market value? YES NO
 If yes, explain: _____

INCOME:

A. Total Household Income:					
Name	Employer	Rate of Pay	Child Support Monthly	Social Security Benefits	All Other Income
		____ hrs/wk \$____/hr			
		____ hrs/wk \$____/hr			

Are you a Veteran/Serviceperson with an honorable discharge? YES NO
 If yes, please be prepared to provide your DD-214.

Spouse of Veteran/Serviceperson? YES NO
 If yes, have you lived together in the last 5 years? YES NO

Have you ever rented from the La Crosse Housing Authority? YES NO If yes, when: _____

Are you required to register as a sexual offender? YES NO

This is to certify that I/we, the undersigned do hereby affirm that all of the above information submitted as of this date is true and correct to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information. Authorization is hereby granted to the La Crosse Housing Authority to contact any and all agencies concerned to verify such income and assets for the purpose of establishing admission qualifications and eligibility for federally subsidized programs. Authorization is also granted for the release of information relative to any and all utility consumption and payment where a utility allowance is provided by the Housing Authority. I understand that I may revoke this authorization at any time; until I do so, this authorization remains valid.

Signature of Head of Household

Date

Signature of Add Member

Date

Signature of Add Member

Date



LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

APPLICATION PHASE I SUBMISSION CHECKLIST

Applicant Name: _____

List the names of any member on your application that is over the age of 18 years old:

1. _____

2. _____

3. _____

Note: All members over the age of 18 years old MUST complete and sign all documents listed below.

Before submitting the requested documents, please ensure you have everything that is required.

- | <u>Y</u> | <u>N</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Valid Photo ID for all adult members over 18 |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security cards for <u>ALL</u> members |
| <input type="checkbox"/> | <input type="checkbox"/> | Green card for those born outside US & not a citizen |
| <input type="checkbox"/> | <input type="checkbox"/> | Form #47A – Current and Prior Housing Status Information |
| <input type="checkbox"/> | <input type="checkbox"/> | Form #47aaa – Self Certification of Reference |
| <input type="checkbox"/> | <input type="checkbox"/> | Form #29 – Authorization for Release of Information (all adults over 18 must sign and submit this form) |
| <input type="checkbox"/> | <input type="checkbox"/> | Form #30 – Authorization for the Release of Information / Privacy Act Notice (all adults over 18 must sign) |
| <input type="checkbox"/> | <input type="checkbox"/> | Form #106 – Debts Owed to Public Housing Agencies and Terminations (all adults over 18 must sign) |
| <input type="checkbox"/> | <input type="checkbox"/> | Form #105 – RHIP “What you should know about EIV” guide book (all adults over 18 must sign) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you qualify for any preferences? If so, are you submitting the required documents? |

Thank you,
Courtney Wenger
Intake Specialist

www.lacrossehousing.org
1307 Badger Street • P.O. Box 1053 • La Crosse, WI 54602-1053
Phone (608)782-2264 • Fax (608)782-2262





LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

CURRENT AND PRIOR HOUSING STATUS

Applicant Name: _____

LANDLORD CONTACTS: *(This section MUST include names, phone numbers and addresses.)*
Please provide last 3 years of current landlord information.

PRESENT Landlord Name _____ Phone (____) _____

Landlord's Address _____

Landlord's City _____ State _____ Zip _____

Landlord E-mail Address _____ Fax (____) _____

Your Present Address _____

Your City _____ State _____ Zip _____

Date Moved In: _____ Date Moved Out: _____

PREVIOUS Landlord Name _____ Phone (____) _____

Landlord's Address _____

Landlord's City _____ State _____ Zip _____

Landlord E-mail Address _____ Fax (____) _____

Your Previous Address _____

Your City _____ State _____ Zip _____

Date Moved In: _____ Date Moved Out: _____

**Feel free to use the back of the form if needed

Please note: Any incomplete Landlord Contact form may delay processing your application.

www.lacrossehousing.org

1307 Badger Street • P.O. Box 1053 • La Crosse, WI 54602-1053

Phone (608)782-2264 • Fax (608)782-2262



PREVIOUS Landlord Name _____ Phone (____) _____

Landlord's Address _____

Landlord's City _____ State _____ Zip _____

Landlord's E-mail Address _____ Fax (____) _____

Your Previous Address _____

Your City _____ State _____ Zip _____

Date Moved In: _____ Date Moved Out: _____

PREVIOUS Landlord Name _____ Phone (____) _____

Landlord's Address _____

Landlord's City _____ State _____ Zip _____

Landlord's E-mail Address _____ Fax (____) _____

Your Previous Address _____

Your City _____ State _____ Zip _____

Date Moved In: _____ Date Moved Out: _____

PREVIOUS Landlord Name _____ Phone (____) _____

Landlord's Address _____

Landlord's City _____ State _____ Zip _____

Landlord's E-mail Address _____ Fax (____) _____

Your Previous Address _____

Your City _____ State _____ Zip _____

Date Moved In: _____ Date Moved Out: _____





LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

SELF CERTIFICATION OF REFERENCE

I, _____ am providing information pertaining to my/our rental history to the Housing Authority of the City of La Crosse in accordance with Section 1001 Title 18 of the U.S. Code which makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

_____ Date _____ Signature of Applicant

Property Location: _____

1. Did you hold a rental agreement/lease at the address listed above? No Yes
2. Who is the landlord/owner of this property? Provide name and address of landlord/owner. _____

3. Are you related to the landlord/owner of this property? No Yes If yes, how? _____
4. How long did you reside at this address? Move-In Date _____ Move Out Date: _____
5. What was the monthly rent? \$ _____ Was the rent subsidized? No Yes
6. Do you owe any money to the landlord/owner of this property? No Yes If yes, how much? _____
7. Were you or any guest destructive to the apartment, garage, or surrounding public areas? No Yes
If yes, explain: _____
8. Do you feel your housekeeping was acceptable? No Yes If yes, explain why you feel it was acceptable? _____

9. Rate your overall conduct while residing in the apartment: Excellent Good Fair Poor
Explain why you gave yourself that rating? _____

10. Do you feel the landlord/owner would rent to you again? No Yes If no, why not? _____

11. Why was this owner/landlord not placed on your current or prior housing status application form? _____

Please return this form within 10 days of receiving. You may return via email, fax, or by dropping off at the LHA office.

Respectfully,

Courtney Wenger
cwenger@lacrossehousing.org

www.lacrossehousing.org
1307 Badger Street • P.O. Box 1053 • La Crosse, WI 54602-1053
Phone (608)782-2264 • Fax (608)782-2262





LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

AUTHORIZATION FOR RELEASE OF INFORMATION

Please furnish the Housing Authority of the City of La Crosse with the information they require. I agree that a photocopy of this authorization may be used.

XXX-XX-_____
Social Security Number (last 4)

Signature of Applicant/Resident

This release of information expires 15 months from: _____
(date)

This authorization may be used for: landlord reference(s), computer matching, police reports, County Human Services, railroad retirement, veteran's pension, other pensions, unemployment compensation, social security, SSI, wages, insurance, bank accounts, utility verifications, life insurance, health insurance, other information as required.

FOR OFFICE AND VERIFICATION USE ONLY

Date

Name of Agency

Signature



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 City of La Crosse

1307 Badger Street

P.O. Box 1053

La Crosse, WI 54602-1053

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

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

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

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



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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. 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/pih/hiip/iv.cfm>.

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

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

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

Signature

Date



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 04/30/2023.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

Dear Applicant,

We have received your application to our Housing Program(s) and noted you have checked one or more of the preferences. At this time, we are looking for verification of the preference(s) you selected.

La Crosse County resident and Family or individual who has been Involuntarily Displaced

Families or individuals who claim they have been displaced due to either disaster or government action must provide written verification from the displacing agency of government or by a service agency such as the Red Cross, and must meet the La Crosse County Resident definition. A disaster is defined as a fire, flood or earthquake that has caused the unit to be uninhabitable. Government action is defined as federal, state, or local government action related to public improvement or development.

La Crosse County resident and Veteran families or individuals with Honorable Discharge

A veteran, veteran and spouse, un-remarried spouse of veteran with honorable discharge and lived with a veteran for five of the last six years prior to completing application for housing and must meet the La Crosse County Resident definition.

La Crosse County resident and domestic violence victims or homeless families or individuals

An individual or family who lacks a fixed, regular and adequate nighttime residence (car, abandon building, bus/train station), living in a supervised publicly or privately operated shelter to provide temporary living arrangements, or exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter not meant for human habitation immediately before entering that institution;

Any individual or family who is fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous conditions that relate to violence against the individual or family member, including a child, has no other residence and lacks resources or support networks to obtain other permanent housing.

To be eligible for this preference, an approved agency letter certifying the family or individual is homeless, fleeing domestic violence or is a victim of domestic violence must be provided.

La Crosse County resident and a household with a non-elderly person between the ages of 18 and 61 years or age who is disabled

A household that includes a non-elderly person between the ages of 18 and 61 years of age who is disabled as defined in 42 U.S.C. 423 and must meet the La Crosse County resident definition. To be eligible for this preference, one of the following must be provided: a benefit letter from the Social Security Administration Office dated within the last 60 days or a verification of disability form completed by a qualified professional, such as a doctor or other medical professional.

La Crosse County resident

Any head of household, spouse or co-head who lives, works, hired to work, or attends school within La Crosse County. This can be verified by providing one of the following: driver's license/state ID, affidavit from homeless shelter/agency, current lease or utility bill, most recent payroll statement that includes address from local employer, IRS check or current school registration documentation.

This information is required in order to continue the initial assessment of your pre-liminary application. We ask that you provide us with documentation within 10 days.

Thank you for your interest in our housing program(s).

www.lacrossehousing.org
1307 Badger Street • P.O. Box 1053 • La Crosse, WI 54602-1053
Phone (608)782-2264 • Fax (608)782-2262





LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

NOTICE TO APPLICANTS/RESIDENTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

The Housing Authority of the City of La Crosse (LHA) is committed to providing accommodations to persons with disabilities to help ensure that their living arrangements are comparable to those of other applicants and residents. Reasonable accommodations for applicants/residents must be reasonable, meaning they cannot cause either undue financial or administrative burden, or a fundamental alteration in the nature of LHA's programs.

Reasonable accommodation requests may be made in any manner that is convenient, including written or verbal, to the Occupancy staff, Residence Services staff, Facilities Manager, Lease Compliance Specialist, or Executive Director. Although not required, requests made in writing will simplify processing and will help avoid misunderstandings. LHA's request for accommodation forms are designed to assist applicants and residents. If you do not wish to, or cannot use, the attached forms, LHA will still respond to your request for a reasonable accommodation.

Requests for reasonable accommodations will be considered on a case-by-case basis because people with the same disability may not need or desire the same level of accommodation.

If you make a reasonable accommodation request, LHA may request reliable documentation (not medical records) that you have a disability and verification of the need for the particular accommodation(s). LHA will not ask questions about the nature or severity of the disability except as specifically related to the requested accommodation. The type of verification you will need to provide depends on the specifics of the situation. The verification may be provided by any third-party provider familiar with your disability on forms that the Housing Authority provides or in a separate note/letter. A signed release of information may be helpful in clarifying needs with your provider, but such a release is not required.

You may request assistance with completing the attached forms or ask that the forms be provided in an equally effective format or means of communication, such as:

- Qualified interpreters
- Use of Telecommunications Relay Services
- Large print materials

While most decisions are made in less time, we will make every effort to render a decision within forty-five (45) calendar days.

If you have any questions or require additional information on the reasonable accommodation process or procedures, you may contact the LHA by calling (608) 782-2264.

If you choose to complete these forms, please return these forms to the Housing Authority office or mail to 1307 Badger Street, c/o Reasonable Accommodations, La Crosse, WI 54601. Or you may email to info@lacrossehousing.org.

www.lacrossehousing.org

1307 Badger Street • P.O. Box 1053 • La Crosse, WI 54602-1053

Phone (608)782-2264 • Fax (608)782-2262

REQUEST FOR A REASONABLE ACCOMMODATION

Please check one: [] Applicant [] Resident

Name: _____ Phone/Cell: _____

Address: _____

Email Address: _____

1. The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

Name: _____ Relationship to you: _____

2. As a result of this disability, the following changes are requested so that the person listed can reside in their unit here as easily or successfully as other program participants. Review and check any need that applies to you. **These needs should be verified by your third-party provider on page 4.** Additional pages/documentation may be attached, if needed.

Fully Modified Unit: [] I request a fully modified, wheelchair accessible unit, meeting Uniform Federal Accessibility Standards (includes lowered counters and roll-in shower)

[] If you answered yes to the above question, do you require a roll-in shower?
Yes _____ No _____

Live-in Aide: [] I am requesting approval for a live-in aide.
Yes _____ No _____

[] **IF**, I am approved for a live-in aide, I require an additional bedroom to accommodate the live-in aide.
Yes _____ No _____

Rule Change: [] I request a change in the following rule, policy, or procedure as listed below. Please be specific.

Other Changes: [] I request other modifications to my unit as listed below. Please be specific.

3. I need this reasonable accommodation so that I can:

4. You may verify that I have a disability and my need for this request by contacting: (This is the name of the third-party professional familiar with your disability.)

Provider Name: _____

Address: _____

Phone: _____

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. This should be signed below by either the member of the household with a disability or the head of household if household member with a disability is a minor.

Signed: _____ Date: _____

READY TO SUBMIT DOCUMENTS TO OUR OFFICE?

Please review the following to ensure submission of documents is complete.

INCOMPLETE DOCUMENTS WILL ONLY DELAY PROCESSING

All documents completed, signed, and dated by all adults listed on application

Photo ID (s) for all adult household members listed on application

Social Security card (s) for all household members listed on application

Return all completed documents by either:

E-mailing to: cwenger@lacrossehousing.org

Faxing to: (608) 782-2262 (Please be sure to include name on all documents)

Mailing to: Housing Authority of the City of La Crosse

PO Box 1053

La Crosse, WI 54602-1053

Dropping off at: Housing Authority of the City of La Crosse

1307 Badger Street

La Crosse, WI 54601

Placement of a waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination will be made and the family will receive notification of eligibility or ineligibility.

It remains the applicant's responsibility to notify the office, in writing, of any updates to application. Updates include, but are not limited to: change in address, income, household size, phone number or email address. If you have any changes or updates, you must notify the Housing Authority in writing. Please email these changes to cwenger@lacrossehousing.org or mail to La Crosse Housing Authority, PO Box 1053, La Crosse WI 54602.