

Certification/Re-certification Questionnaire

Address: _____

Unit Number: _____

I. HOUSEHOLD COMPOSITION

Members Full Name	Relationship	Phone Number	Email
	HEAD		

II. INCOME/ASSETS:

A. Income

Do you receive or expect to receive:	YES	NO	Amount per month
Wages, salaries (including overtime, tips, bonuses, self employment)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security, Disability, OR SSI payments?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Welfare, TANF, OR W2 benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Support and/or Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pensions (PERA, Railroad, etc.) Retirement or Veteran's administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whole life Insurance Policies, Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Death Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular cash contributions or gifts from individuals not living in the unit (includes rent, utilities, groceries, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Have you received or expect to receive lump sum payments such as:	YES	NO	AMOUNT
Inheritances	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lottery Winnings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance Settlements (health, accident, Worker's Compensation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployment Compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)_____			

B. Assets

	YES	NO	AMOUNT
Are any of the assets listed below held jointly with another person? Which ones?_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have money held in:	YES	NO	AMOUNT
Checking Account(s)? Financial Institution Name:_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Savings Account(s)? Financial Institution Name:_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stocks, Bonds, OR IRA/KEOGH? Holding Company Name:_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Annuities, Securities, OR Trusts? Holding Company Name:_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Certificates of Deposit, OR Money Market? Financial Institution Name:_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer Money Accounts/Apps? Examples: TrnasferWise, Payoneer, Payschool, Facebook Messenger, Win Transfer, Western Union, Remitly, Apple Pay, Meta Messenger, Google Pay, Venmo, Zelle, Cash App, Paypal, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held as an investment (wedding rings and personal jewelry is not counted)?_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you own a home, farm, or real estate?

*If **yes**, are you in the process of selling it?

Do you receive rental income from a home, farm or other real estate?

III. MISCELLANEOUS:

A. Pets

YES

NO

Do you have a pet?

B. Additional Household Information

YES

NO

Are any household members temporarily absent?

Are any household members permanently absent?

Has the employment status for any household member changed?

IV. DEDUCTIONS

Medical-Complete if you are at least 62 years old, handicapped or disabled.

YES

NO

Do you have Medicare?

Do you have any other kind of medical insurance?

Name and address of insurer: _____

Do you receive medical assistance?

If yes, do you have a monthly spend down? _____

Do you have any non-prescription (over-the-counter) medication that your doctor has requested you to use on a regular basis?

(i.e. insulin, aspirin, etc.) _____

* If **yes**, please provide verification from your Doctor & receipts for your non- prescription medication.

Do you have any outstanding medical bills on which you are paying?

*If **yes**, indicate the types of bills owed: _____ Providers name and address:

VEHICLE INFORMATION:

Do you have a vehicle? No Yes If **yes**, complete the following:

Make	Sticker #	Year	Color	License Plate #

I/We certify that the information provided in the Certification/Re-certification Questionnaire is true and complete to the best of my/our knowledge and belief. I/We understand that penalties under the Public Housing program's regulations may be imposed if I/We furnish false or incomplete information. Those penalties include, but are not limited to, loss of subsidy and/or tenancy. I/We further understand that changes in my/our income and/or family composition must be reported to management in accordance with the requirements of the Housing Authority of the City of La Crosse.

Head of Household

Date

Co-head of Household

Date

If you have a social worker, care provider, nurse, payee or a guardian, please list them below.

Name & Agency

Phone Number

Name & Agency

Phone Number

Name & Agency

Phone Number

PRESCRIPTION DRUG EXPENSES VERIFICATION

Date _____

TO _____
PHARMACY OR OTHER PRESCRIPTION DRUG PROVIDER

PHARMACY'S ADDRESS AND TELEPHONE #

NAME AND TITLE OF PERSON SUPPLYING INFORMATION

FROM **Housing Authority of the City of La Crosse** Phone **(608) 782-2264** Fax **(608) 782-2262**

SITE MANAGER'S NAME

P.O. Box 1053

SITE MANAGER'S ADDRESS

La Crosse, Wisconsin 54602-1053

HOUSEHOLD MEMBER'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

The household member named above has applied for or is receiving federal rental assistance at our site. HUD requires that we verify information that is used in determining the household member's eligibility and rent.

We would appreciate your cooperation in answering the question on this form and returning it to the site manager listed above. The household member has consented to the release of the information, as shown on the bottom of this page.

INSTRUCTIONS

The household member who signed this form indicated that he/she purchased prescription drugs at your pharmacy.

To properly determine the household member's rent and eligibility, please inform us if the household member is enrolled in the Medicare Discount Card and Transitional Assistance Program. (Individuals enrolled in this program will have a Medicare-approved discount drug card and/or a \$600 transitional credit that can be used for their drug purchases). If the household member is enrolled in this program, please provide the price of the prescription drugs before the Medicare negotiated price benefit (this is the pre-discount price of the drugs) purchased by the household member in the previous year with the Medicare-approved discount card and/or the \$600 transitional assistance. Also provide the out-of-pocket cost to the household member for non-Medicare-discounted prescription drugs.

For those members who aren't enrolled in the Medicare Discount Card and/or Transitional Assistance program, provide the out-of-pocket cost to the household member for the prescription drugs purchased at your pharmacy in the previous year.

INFORMATION REQUESTED

Is household member currently enrolled in the Medicare Discount Card and/or Transitional Assistance program?

Yes. Total annual costs for prescription medicines BEFORE Medicare negotiated price benefit PLUS out-of-pocket non-Medicare-discounted costs \$ _____

No. Total annual *out-of-pocket costs* for prescription medicines \$ _____

***Verify who filled out form (see above)**

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE SITE MANAGER OR THE PRESCRIPTION DRUG PROVIDER IS LEFT BLANK.

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

SIGNATURE _____ DATE _____

PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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



LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

Community Services and Self-Sufficiency Requirement Certification
For Non-Exempt Individuals

Annual Renewal

Date: _____

Participant Name: _____

I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of a year) of community service or participate in an economic self-sufficiency program.

Or: I am exempt.

Signature: _____

Date of Signature: _____

This form must be signed. It is stating that you are aware of the community service requirement. The next form needs a signature ONLY if you are exempt for the requirement.

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"

COMMUNITY SERVICE EXEMPTION VERIFICATION

I certify that I am eligible for an exemption from the Community Service Requirement for the following reasons:

- I am 62 years of age or older;
- I have a disability that prevents me from being gainfully employed; (attach Social Security/SSI Benefit Notice or letter from Clinical Provider)
- I am the caretaker of a disabled person;
- I am working at least 20 hours per week; (attach check stubs to prove exemption)
- I am participating in a welfare to work program; (attach W-2 Program Notice or applicable); or
- I am currently in a self-sufficient activity such as: (attach W-2 Program Notice or applicable)
 - *Job readiness programs;*
 - *Job training programs;*
 - *Skills training programs;*
 - *GED classes;*
 - *Apprenticeships (formal or informal);*
 - *Substance abuse or mental health counseling;*
 - *English proficiency or literacy (reading) classes;*
 - *Budgeting and credit counseling;*
 - *Carrying out any activity required by the Department of Public Assistance as part of welfare reform;*
 - *Any kind of class that helps a person toward economic independence; and*
 - *Student status of any school, college or vocational school.*
- I am receiving SNAP Benefits. (attach Food Share Benefit Notice – all pages)

ONLY SIGN THIS FORM IF YOU ARE EXEMPT!

Resident Signature *(sign ONLY if you are exempt! Otherwise, leave blank)*

Address

Date

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



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.



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

Form #29

05/2020

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



PUBLIC HOUSING & SECTION 8 HOUSING CHOICE VOUCHER

STATEMENT

I, _____, state that I have received a copy of the
FACT SHEET For HUD ASSISTED RESIDENTS.

Tenant Signature

Date

**Note: Form to be given at move-in and annual recertification.*

Form #91a

1/11

PUBLIC HOUSING

VAWA STATEMENT

I, _____, state that I have received a copy of the
Notice of Occupancy Rights under the Violence Against Women Act (HUD-5380): Model
Emergency Transfer Plan (HUD-5381), Certification of Domestic Violence, Dating Violence,
Sexual Assault, or Stalking, and Alternate Documentation (HUD-5382) and Emergency
Transfer Request (HUD-5383).

Tenant Signature

Date

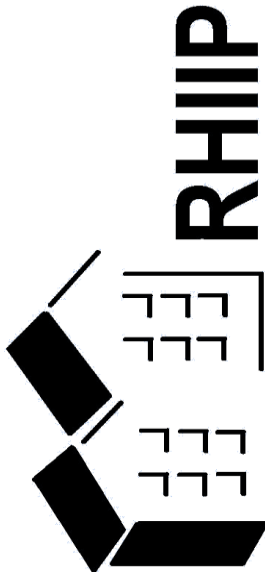
**Note: All forms to be given at move-in and annual recertification.*

Form #91C. VAWA



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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/officespih/programs/pihiv/cfr>.

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

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

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

Signature

Date



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 record keeping 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 06/30/2026.

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:

Housing Authority of the City of La Crosse
 1307 Badger Street
 P.O. Box 1053
 La Crosse, WI 54602

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

Signature

Date

Printed Name

RENT CHOICE

Families are given the opportunity to choose how their rent is calculated. The two choices are income based rent and flat rent.

INCOME BASED RENT

Under the income-based option, the Housing Authority can set the rent using a percentage of family income or some other reasonable system related to income. In no case can the income-based payment exceed the greatest of the following: (1) 30 percent of adjusted income; (2) 10 percent of income or (3) the portion of welfare assistance designated for housing costs. The maximum tenant payment must be reduced by any applicable utility allowance for tenant-paid utilities. If the utility allowance exceeds the applicable tenant payment, the Housing Authority will pay the excess to the tenant or directly to the utility supplier.

FLAT RENT

Under the flat rent option, the Housing Authority will establish a rent for each unit that is based on the market rent for comparable unassisted units and that does not create a disincentive for continued occupancy for a family attempting to become economically self-sufficient. The flat rent is equal to the estimated rent for which the Housing Authority could promptly lease the unit after preparation for occupancy. In establishing the rent, the Housing Authority must consider the location, quality, size, unit type, and age of the unit, along with any amenities, housing services, maintenance and utilities provided by the Housing Authority. If a family chooses to pay the flat rent, the Housing Authority will not provide any reimbursement for excess utility costs.

NOTE: families who opt for the flat rent will be required to go the **income** reexamination process every three years. However, families will be required to go through the annual reexamination process each year for the purposes of updating family composition.

Families may request to have a reexamination and return to the income-based method at any time if family's income has decreased; family's circumstances have changed increasing their expenses for childcare, medical care, etc.; other circumstances create a hardship on the family such that the income method would be more financially feasible for the family.

REGARDLESS of the rent method selection, a family in public housing must pay at least the minimum rent established by the housing Authority. Minimum rent is established at \$50.00.

**Fair Market Rates
(Payment Standard for Voucher Program
and Flat Rent for Public Housing Program)**

	<u>2025</u>
0 Bedroom	821
1 Bedroom	912
2 Bedroom	1,197
3 Bedroom	1,579
4 Bedroom	1,990
5 Bedroom	2,289

Revised 10/24

RESIDENT RENT CHOICE

Name _____

Address _____

I have read over the explanation of the rent choices and have decided

I will choose: (Check which one you choose)

_____ Flat Rent

_____ Formula Method (Calculated Based on Income)

**YOU MAY ONLY CHOOSE
FLAT RENT OR
FORMULA METHOD.**

I understand that I may change the Flat Rent method if I have a change in income, childcare costs, or family composition. If I choose to go off the Flat Rent, I may have to wait until the next scheduled annual reevaluation to go back on Flat Rent. I will be required to report and sign the necessary forms for changes in income and/or family composition.

I have received a copy of the "Fact Sheet" booklet for HUD assisted residents that defines how rents are calculated.

Signature

Date

Have you transferred away any real estate or personal property within the past two years without adequate consideration?

No Yes, Fair Market value was: _____

Have you made a gift of either personal or real property within the past year?

No Yes, Please explain: _____

Do you have a safety deposit box?

No Yes, Explain contents & Bank: _____

STATEMENT of APPLICANT(S)/ TENANT(S)

I/We certify that the information* given to the HOUSING AUTHORITY OF THE CITY OF LA CROSSE on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We understand that we can be fined up to \$10,000 or imprisoned for up to five years if we furnish false information.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

*After verification by the Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

OFFICE USE ONLY

PHA OFFICIAL'S STATEMENT

I certify that:

- (1) The information given to the HOUSING AUTHORITY OF THE CITY OF LA CROSSE by the household of _____ on the household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
- (2) The family was eligible at admission;
- (3) The family has certified that it has given our agency accurate and complete information.
- (4) Tenant's eligibility, rent and assistance payment have been computed in accordance with HUD's regulations and administrative procedures.

Signature of PHA Official or Representative

Date