

**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
PRE-APPLICATION  
FLINT HILLS HOUSING ASSISTANCE  
NCFH ARREA AGENCY ON AGING  
401 HOUSTON STREET  
MANHATTAN, KS 66502  
(785) 776-9294/ or (IN KANSAS) 1-800-432-2703**

**(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)**

**WHAT IS THE HOUSING CHOICE VOUCHER PROGRAM?**

The Section 8 Housing Choice Voucher Program (HCV) allows eligible participants to seek housing on the private market in an area of their choice. The participant pays a portion of their income to the landlord for rent, and the Flint Hills Housing Assistance subsidizes the remaining portion of Contract Rent by making a payment to the landlord on the participant's behalf. In order to utilize the assistance in another city or state, the participant must be a resident of the jurisdiction our agency covers for at least one year.

**HOW DO I APPLY FOR SECTION 8 RENTAL ASSISTANCE?**

You must complete a pre-application, which can be obtained by stopping by our Administrative Office located at 401 Houston Street, Manhattan, Kansas.

**WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?**

The basic qualifications for Section 8 rental assistance are that you meet the income guidelines established by the Department of Housing and Urban Development (HUD). Every member of the household birth certificate(s), Social Security card(s), pictured ID of all adults (age 18 and over) must be submitted with the pre-application. Also, evidences of citizenship or eligible immigrant status, for everyone in the household, and other screening criteria will be performed, such as criminal background.

**STUDENT ELIGIBILITY**

If you are a full or part-time student, 24 years of age or younger, single, and with no dependents, *you may not be eligible for Section 8*. Please contact the Section 8 department for more information.

**WHAT HAPPENS AFTER I COMPLETE APPLICATION FOR HOUSING?**

Once you have completed a pre-application, you will receive a letter acknowledging that you have been placed on the Section 8 waiting list.

**(OVER)**

**HOW LONG WILL IT BE BEFORE I RECEIVE RENTAL ASSISTANCE?**

Of course, it is not possible to give a definite date when rental assistance will be available; however, the usual wait is twelve to twenty-four months. Once your name reaches the top of the waiting list, you will be required to bring in certain documentation and verification. These will include Birth Certificate, original Social Security Card(s), Marriage License/Divorce Decree (if applicable) and income verification for every member in the household.

**HOW MUCH WILL MY RENT BE?**

Your rent will be determined by your income; you will pay 30% of your adjusted gross income, minus any allowable deductions; or minimum rent of \$50.00 (whichever is greater).

**WILL I BE REQUIRED TO PAY A SECURITY DEPOSIT?**

Yes. The security deposit you will be required to pay may not exceed the legal limits as set forth by the Kansas Landlord /Tenant Act.

**WHAT SHOULD I DO IF ANYTHING CHANGES WHILE I AM ON THE WAITING LIST?**

Be sure to notify this office *In writing immediately*, especially any change of your address and household composition. You will be contacted *by mail* when you are reaching the top of the Section 8 waiting list; *failure to respond to request for information may result in your name being remove from the Section 8 Waiting list.*



## 2016 Income Guidelines

COUNTY OF RESIDENCE	INCOME LEVEL	NUMBER OF PERSONS IN FAMILY							
		One	Two	Three	Four	Five	Six	Seven	Eight
Chase	30% of median	12,150	16,020	20,160	24,300	28,440	32,580	35,850	38,150
	<b>Very Low</b>	<b>20,250</b>	<b>23,150</b>	<b>26,050</b>	<b>28,900</b>	<b>31,250</b>	<b>33,550</b>	<b>35,850</b>	<b>38,150</b>
	Low	32,400	37,000	41,650	46,250	49,950	53,650	57,350	61,050
Clay	30% of median	12,350	16,020	20,160	24,300	28,440	32,580	36,400	38,750
	<b>Very Low</b>	<b>20,550</b>	<b>23,500</b>	<b>26,450</b>	<b>29,350</b>	<b>31,700</b>	<b>34,050</b>	<b>36,400</b>	<b>38,750</b>
	Low	32,900	37,600	42,300	46,950	50,750	54,500	58,250	62,000
Cloud	30% of median	12,050	16,020	20,160	24,300	28,440	32,580	35,550	37,850
	<b>Very Low</b>	<b>20,100</b>	<b>22,950</b>	<b>25,800</b>	<b>28,650</b>	<b>30,950</b>	<b>33,250</b>	<b>35,550</b>	<b>37,850</b>
	Low	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Dickinson	30% of median	12,700	16,020	20,160	24,300	28,440	32,580	36,730	39,900
	<b>Very Low</b>	<b>21,150</b>	<b>24,200</b>	<b>27,200</b>	<b>30,200</b>	<b>32,650</b>	<b>35,050</b>	<b>37,450</b>	<b>39,900</b>
	Low	33,850	38,650	43,500	48,300	52,200	56,050	59,900	63,800
Ellsworth	30% of median	12,650	16,202	20,160	24,300	28,440	32,580	36,730	39,700
	<b>Very Low</b>	<b>21,050</b>	<b>24,050</b>	<b>27,050</b>	<b>30,050</b>	<b>32,500</b>	<b>34,900</b>	<b>37,300</b>	<b>39,700</b>
	Low	33,700	38,500	43,300	48,100	51,950	55,800	59,650	63,500
Geary	30% of median	12,400	16,020	20,160	24,300	28,440	32,580	36,600	38,950
	<b>Very Low</b>	<b>20,650</b>	<b>23,600</b>	<b>26,550</b>	<b>29,500</b>	<b>31,900</b>	<b>34,250</b>	<b>36,600</b>	<b>38,950</b>
	Low	33,100	37,800	42,550	47,250	51,050	54,850	58,600	62,400
Jewell	30% of median	12,050	16,020	20,160	24,300	28,440	32,580	35,550	37,850
	<b>Very Low</b>	<b>20,100</b>	<b>22,950</b>	<b>25,800</b>	<b>28,650</b>	<b>30,950</b>	<b>33,250</b>	<b>35,550</b>	<b>37,850</b>
	Low	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Lincoln	30% of median	12,050	16,020	20,160	24,300	28,440	32,580	35,550	37,850
	<b>Very Low</b>	<b>20,100</b>	<b>22,950</b>	<b>25,800</b>	<b>28,650</b>	<b>30,950</b>	<b>33,250</b>	<b>35,550</b>	<b>37,850</b>
	Low	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Marion	30% of median	12,400	16,020	20,160	24,300	28,440	32,580	36,550	38,900
	<b>Very Low</b>	<b>20,650</b>	<b>23,600</b>	<b>26,550</b>	<b>29,450</b>	<b>31,850</b>	<b>34,200</b>	<b>36,550</b>	<b>38,900</b>
	Low	33,000	37,700	42,400	47,100	50,900	54,650	58,450	62,200
Mitchell	30% of median	13,150	16,020	20,160	24,300	28,440	32,580	36,730	40,890
	<b>Very Low</b>	<b>21,900</b>	<b>25,000</b>	<b>28,150</b>	<b>31,250</b>	<b>33,750</b>	<b>36,250</b>	<b>38,750</b>	<b>41,250</b>
	Low	35,000	40,000	45,000	50,000	54,000	58,000	62,000	66,000
Morris	30% of median	12,350	16,020	20,160	24,300	28,440	32,580	36,400	38,750
	<b>Very Low</b>	<b>20,550</b>	<b>23,500</b>	<b>26,450</b>	<b>29,350</b>	<b>31,700</b>	<b>34,050</b>	<b>36,400</b>	<b>38,750</b>
	Low	32,900	37,600	42,300	46,950	50,750	54,500	58,250	62,000
Ottawa	30% of median	14,250	16,300	20,160	24,300	28,440	32,580	36,730	40,890
	<b>Very Low</b>	<b>23,750</b>	<b>27,150</b>	<b>30,550</b>	<b>33,900</b>	<b>36,650</b>	<b>39,350</b>	<b>42,050</b>	<b>44,750</b>
	Low	38,000	43,400	48,850	54,250	58,600	62,950	67,300	71,650
Pottawatomie	30% of median	13,700	16,020	20,160	24,300	28,440	32,580	36,730	40,890
	<b>Very Low</b>	<b>22,850</b>	<b>26,100</b>	<b>29,350</b>	<b>32,600</b>	<b>35,250</b>	<b>37,850</b>	<b>40,450</b>	<b>43,050</b>
	Low	36,550	41,750	46,950	52,150	56,350	60,500	64,700	68,850
Republic	30% of median	12,050	16,020	20,160	24,300	28,440	32,580	35,550	37,850
	<b>Very Low</b>	<b>20,100</b>	<b>22,950</b>	<b>25,800</b>	<b>28,650</b>	<b>30,950</b>	<b>33,250</b>	<b>35,550</b>	<b>37,850</b>
	Low	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Riley	30% of median	13,700	16,202	20,160	24,300	28,440	32,580	36,730	40,890
	<b>Very Low</b>	<b>22,850</b>	<b>26,100</b>	<b>29,350</b>	<b>32,600</b>	<b>35,250</b>	<b>37,850</b>	<b>40,450</b>	<b>43,050</b>
	Low	36,550	41,750	46,950	52,150	56,350	60,500	64,700	68,850
Saline	30% of median	12,050	16,202	20,160	24,300	28,440	32,580	35,600	37,900
	<b>Very Low</b>	<b>20,100</b>	<b>23,000</b>	<b>25,850</b>	<b>28,700</b>	<b>31,000</b>	<b>33,300</b>	<b>35,600</b>	<b>37,900</b>
	Low	32,150	36,750	41,350	45,900	49,600	53,250	56,950	60,600
Wabaunsee	30% of median	13,200	16,020	20,160	24,300	28,440	32,580	36,730	40,890
	<b>Very Low</b>	<b>21,950</b>	<b>25,050</b>	<b>28,200</b>	<b>31,300</b>	<b>33,850</b>	<b>36,350</b>	<b>38,850</b>	<b>41,350</b>
	Low	35,100	40,100	45,100	50,100	54,150	58,150	62,150	66,150

\*\*\*Note: Eligibility for the Section 8 Housing Choice



November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.





**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

# EIV & You

**ENTERPRISE INCOME VERIFICATION**



**What YOU Should Know  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)**

## What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



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

### The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

### The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

## Is my consent required to get information about me from EIV?

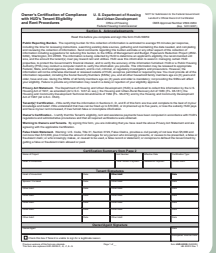
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

## Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009



# FLINT HILLS HOUSING ASSISTANCE

Administered by the NCFH Area Agency on Aging, Inc.

## PRE-APPLICATION FOR PARTICIPATION IN THE HOUSING CHOICE VOUCHER PROGRAM

North Central-Flint Hills  
AREA AGENCY ON AGING, Inc.

### PLEASE PRINT CLEARLY

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

\_\_\_\_\_  
City, St., Zip

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT THAN CURRENT)

WORK PHONE # \_\_\_\_\_

\_\_\_\_\_  
City, St., Zip

Copies of the following must be submitted with this application for every member of the household:  
Birth Certificates, Social Security cards, photo ID (age 18 and over only)

### SECTION I. FAMILY COMPOSITION – LIMITED TO SELF AND LEGAL DEPENDANTS PERMANENTLY RESIDING IN HOUSEHOLD

Race/ Ethnicity	Name(s)	Relationship	Date of Birth	City and State of Birth	Sex	Age	Social Security Number
		HEAD					

Anticipated change(s) in family composition: \_\_\_\_\_

#### Race: (please check all that apply)

White  Black  American Indian  Asian  Hawaiian or Pacific Islander

Ethnicity (Head of Household): Hispanic or Latino  Non-Hispanic or Latino

Please check all that apply: Elderly  Disabled  Not Applicable  Are you a U.S. Citizen? (Y/N) \_\_\_\_\_

Have you received assistance from a previous Housing Authority? Yes  No

If yes, name of agency \_\_\_\_\_

Are you currently a student or plan on becoming a student within the next six (6) months? Yes  No

Have you even been arrested or convicted of any crime other than traffic violations?

Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever been required to register as a sex offender?

Yes  No  If yes, in what state? \_\_\_\_\_

**Please complete the back side of this application**



**NOTE:** I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

## PRE-APPLICATION CERTIFICATION

By signing, I/We certify that the information given to Flint Hills Housing Assistance is true and correct 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.

Also by signing, I/we understand that it is my responsibility to notify the Flint Hills housing Assistance **in writing** of any change in family composition or address change within ten (10) days of the change occurring.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult in Household

\_\_\_\_\_  
Date

***For Office Use Only:***

(Applicants do not fill out)

TENANT NUMBER: \_\_\_\_\_

RECEIVED ON: \_\_\_\_\_ TIME: \_\_\_\_\_

ADDED TO WAITLIST ON: \_\_\_\_\_

INITIALS: \_\_\_\_\_





## 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 08/31/2016.

#### **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.

**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**

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

**FLINT HILLS HOUSING ASSISTANCE  
AUTHORIZATION FOR RELEASE OF INFORMATION**

ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ & SIGN THIS FORM

**PURPOSE**

Flint Hills Housing Assistance, herein after referred to as "housing authority," may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

**AUTHORIZATION**

I/we authorize the release of information, including documentation and other materials, necessary to verify eligibility for, or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my household that is pertinent to the determination of my eligibility for, or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

**INQUIRIES MAY BE MADE ABOUT:**

- |                                 |  |
|---------------------------------|--|
| Child Care Expenses             | Medical Expenses                         |
| Handicapped Assistance Expenses | Family Composition                       |
| Credit History                  | Social Security Numbers                  |
| Identity and Marital Status     | Employment, Income, Pensions and Assets  |
| Criminal History and Activity   | Residences and Rental History            |
| Law Enforcement Records         | Federal, State, Tribal or Local Benefits |
| Probationary Records            | Community Support Assistance             |

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:**

- |  |                           |
|--|---------------------------|
| Banks and Other Financial Institutions       | Providers of:             |
| Local/State/Federal Courts                   | Alimony                   |
| Local/State/Federal Law Enforcement Agencies | Child Care                |
| Credit Bureaus                               | Child Support             |
| Employers, Past and Present                  | Credit                    |
| Schools and Colleges                         | Handicapped Assistance    |
| Landlords                                    | Medical Care/Services     |
| Local Community Social Service Agencies      | Pensions/Annuities        |
| Utility Companies                            | Mental Health Services    |
| State Welfare Agencies                       | Substance Abuse Treatment |

**CONDITIONS**

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in FHHA housing programs. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the housing authority.

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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