



# Worcester Housing Authority

## Certification of Applicant Statement

I certify that the information given to the Worcester Housing Authority ("WHA") regarding my household composition, income and assets are accurate and complete to the best of my knowledge and belief. I understand that any false statements and/or information are punishable under Federal and State law. I also understand that any false statements and/or information are grounds for termination of housing assistance and/or termination of tenancy.

\_\_\_\_\_  
Signature Of Head Of Household

\_\_\_\_\_  
Date

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at 1-800-424-8690. (Within Washington D.C. Metropolitan Area, call 428-3600)

.....  
**WHA OFFICIAL CERTIFICATION FOR TENANT'S FILE**

WHA Official's Statement

I certify that:

- (1) The information given to the Worcester Housing Authority by the Household of \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of WHA Official or Representative

\_\_\_\_\_  
Date

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

The WHA will provide reasonable accommodations to persons with disabilities.

This confirms that \_\_\_\_\_ ("Participant") attended a briefing presented by the Worcester Housing Authority ("WHA") Leased Housing Program on \_\_\_\_\_ (date). The briefing provided information about the program, including: leasing an apartment, Participant responsibilities, family obligations, communication with the WHA, and important documents (voucher, lease, and contract). Below are some important reminders presented at the briefing.

Participant is to:

1. Provide the WHA with required documentation/information that is accurate and truthful by the deadline date. Provide a 30 or 60 day written notice (30 or 60 days depending on what your lease requires) to WHA and to the your landlord before you vacate the apartment.
2. Be present for all WHA scheduled inspections of your apartment and not cause breaches in Housing Quality Standards.
3. Take responsibility and pay for any utilities that are your responsibility according to your lease. Use utility allowance checks that you may receive from the WHA to pay for the utilities that you are responsible for.\*
4. Provide WHA with a written notice of any new or increased change in the income of any member of your household within (30) days of the change. Providing notification of a decrease in income is optional and at the request of the Participant.
5. Obtain permission from both the WHA and your landlord before allowing others, including partners, new family members, or Foster Children to move in (except in the cases of birth, adoption or court awarded custody).
6. Promptly notify the WHA in writing if any family member no longer lives in the unit.
7. Promptly notify the WHA in writing when the family is away from the unit for more than 30 days.
8. Attend any WHA scheduled required meetings, briefings, or hearings.
9. Not engage in criminal activity. Neither the Participant nor household members should engage in drug activity, violent criminal activity, or criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity.
10. Not work out side deals with your landlord.
11. Inform the WHA if a live-in aide is required for the health and safety of the Participant. All live-in aides must be approved by the WHA prior to moving in with the Participant.

Participant understands that failure to comply with the required responsibilities and/or rules, may result in termination from the subsidy program, and Participant will be responsible for the total rent. **I/we certify that I/we have read and understand all of the above:**

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

\_\_\_\_\_  
Signature of Spouse or Co-Head Date

\_\_\_\_\_  
Signature of other Household Adult Date

\_\_\_\_\_  
Print/Signature of WHA Program Representative Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line @ (800)424-8590.

\* 24 CFR § 982.517(b)(2)(i) Utilities- space heating; air conditioning; cooking; water heating; water; sewer; trash collection (disposal of waste and refuse); other electric; refrigerator (cost of tenant-supplied refrigerator); range (cost of tenant-supplied range); and other specified housing services.

## **IMPORTANT NOTICE !**

### **Unauthorized Use of Your Apartment Will Result In Loss of Your Voucher**

#### **Section 8 Guest Policy**

Most of our residents follow the rules and use their housing voucher in accordance with the rules. Those who violate the rules:

1. May lose their housing voucher
2. Will be civilly liable for any additional charges
3. Could face criminal prosecution for fraud

To avoid any problems, please be certain that you follow these rules.

- The family must use the apartment for residence by the family. The apartment must be the family's only residence.
- The Worcester Housing Authority must approve the members of the family residing in the apartment. The family must promptly inform the WHA of the birth, adoption or court-awarded custody of a child. The family must request WHA approval to add any other family member as an occupant of the unit.
- If a member of the family, on the lease, is leaving the apartment for an extended period, the head of household must notify the Worcester Housing Authority.
- No guest may stay overnight for more than a total of twenty-one (21) nights, or, twenty-one (21) days (if the guest sleeps in the unit during the day), in any twelve (12) month period.
- Any guest that stays longer than the time indicated, will be considered an unauthorized occupant, and the family will be subject to termination.

***Please help us by following these simple rules!***

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Signature

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Date

## **AVISO IMPORTANTE!**

### **EL USO NO AUTORIZADO DE SU RESIDENCIA RESULTARA EN LA PERDIDA DE SU VOUCHER**

#### **POLITICA DE HUESPEDES DEL PROGRAMA DE SECCION 8**

La mayoría de nuestros residentes siguen las reglas y usan su Sección 8 de acuerdo a los reglamentos del programa. Aquellos que violen las reglas:

1. Pueden perder su voucher de asistencia de Sección 8
2. Serán civilmente responsables por cargos adicionales
3. Podrían enfrentar proceso criminal por fraude

Para evitar cualquiera de estos problemas, asegúrese seguir las siguientes reglas:

- La familia debe de usar su unidad para la residencia de su familia. La unidad debe ser la residencia única y principal.
- Worcester Housing Authority debe aprobar los miembros de su familia residiendo en su unidad. La familia debe informar inmediatamente al WHA del nacimiento, adopción o la custodia concedida por corte de un niño. La familia debe solicitar la aprobación de WHA para añadir a cualquier otro miembro de la familia como inquilino de la unidad.
- Si algún miembro de la familia en el contrato se va por un periodo extendido de tiempo, la cabeza de la familia tiene que notificarlo al WHA.
- Ningún huésped puede permanecer durante la noche más de 21 noches en cualquier mes o 21 días (si el huésped duerme en la unidad durante el día), en un periodo de 12 meses.
- Cualquier huésped que permanece en la unidad más del tiempo indicado será considerado un ocupante ilegal de la unidad y la familia será sujeto a terminación del programa de Sección 8.

***POR FAVOR AYUDENOS SIGUIENDO ESTAS SIMPLES REGLAS!***

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Firma

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Fecha



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](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

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

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

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

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

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

Signature

Date



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

## DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					



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"/> 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	
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.

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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.



# Worcester Housing Authority

## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I, the above mentioned individual, have authorized Worcester Housing Authority to verify with the following sources, the accuracy of the information which I have provided them:

- Employers
- Public Benefits, ( DES; DPW (TAFDC OR EAEDC); SSA;SSI; VA Benefits)
- Other Federal, State or Municipal Pensions
- Interest on bank accounts
- Dividends on investments
- Income from trust funds
- Lottery proceeds
- Child support payments/Alimony
- Income from Annuities, Private Pensions, IRAs, or 401K Plans
- Worker's Comp or other health/accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Income from self-employed business or profession
- Student Status/ Scholarships information from Schools
- Unemployment
- Child custody agencies
- Department of Social Services
- Department of Developmental Services

I authorize you to release the information requested on the attached form to Worcester Housing Authority, subject of the condition that it be kept confidential. Please supply this information within five (5) business days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

THIS AUTHORIZATION IS VALID FOR A PERIOD OF (15) MONTHS FROM THE DATE SIGNED.

# 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. 07/31/2017

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

LEASED HOUSING DEPARTMENT  
WORCESTER HOUSING AUTHORITY  
40 BELMONT STREET  
WORCESTER, MA 01605

508-635-3148

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.

Don't miss out on the opportunity to join this great program!

There are a limited number of slots available.

*I want to join! What is the next step?*

- Call to have an application mailed to you.
- Attend 2-3 initial meetings with a Case Manager.
- Work with the FSS program to create a plan to help work towards your goals.
- Maintain regular on-going contact with the FSS office to monitor your progress.

For more information or to join, call:

(508) 635-3151

(508) 635-3357

(508) 635-3262

Hector Gomez (508) 635-3145

This is an important message.

Please have it translated.

Este e um aviso importante. Queira manda-lo traduzir.  
Este es un aviso importante. Sirvase mandarlo traducir.  
DAY LA MOT BAN THONG CAO QUAN TRONG  
XIN VUI LANG CHO DICH LAI THONG CAO AY  
Ceci est important. Veuillez faire traduire.

We want to  
put money  
in the bank



Family  
Self-Sufficiency  
Program

**Worcester**  
Housing Authority

508-635-3000

Let us help you find the  
direction you need to turn  
your dreams into reality!

Are you:

- **A current Section 8 voucher holder?**
- **Tired of relying on public assistance?**
- **Interested in becoming financially secure by earning your own income?**
- **Having trouble finding the services needed to achieve financial independence?**

If you answered YES to any of these questions, this program could be for you. Read on...

### **What is the Family Self-Sufficiency Program?**

The Family Self-Sufficiency (FSS) Program is designed to help Section 8 families become self-supporting so they will no longer need public assistance. This program is voluntary and open to all families that are currently enrolled in the Section 8 Voucher Program through the Worcester Housing Authority. The only requirements are a desire to become self-sufficient and a willingness to take the steps necessary to make this happen. The FSS Program provides support and assistance to the entire family for up to five years.

### **What can the FSS Program do for you?**

- Help you save money
- Help you determine your life goals and show you how to get there
- Help you find the job of your dreams
- Help you work toward homeownership
- Help you resolve credit problems and learn budgeting skills

### **How does the FSS program work and how does it help me?**

You will be given individualized attention from a case manager to find the services that you need to help you reach your goals.

The head of household enters into a five-year contract with the WHA. This contract contains a service plan that identifies the employment goal of the participant and outlines the activities and services necessary to achieve this goal.

Some examples of the services that we can connect you to are:

- Job Training and Employment Search
- Educational Services/GED
- Mental Health Counseling
- Homeownership classes
- Starting your own business
- And many, many more

Your case manager will assist you every step of the way to help you set goals and reach self-sufficiency.

Then as your family's earned income increases, the WHA establishes a savings account (escrow account) on behalf of the family.

### **How does the ESCROW ACCOUNT work?**

When your rent goes up due to an increase in your earned income, the amount of the increase will be placed in an account for you and your family. You will receive the money that has accumulated in your account, plus interest, when your FSS contract is successfully completed.

### **Do I have to give up my Section 8 assistance at the completion of my FSS contract?**

**NO!** You continue to receive Section 8 assistance as long as you are eligible.

### **If I join FSS and later decide that it is not working for me, will I lose my housing assistance?**

**NO!** You will only lose your Section 8 assistance if you violate your program obligations for Section 8.

### **What's the catch?**

To complete the program, you must be working full time and *all family members* must be free of public assistance for at least the last 12 months of the five-year contract.

### **Do I have to join if I am receiving Section 8 assistance?**

No. This program is completely VOLUNTARY and is not in any way required by Worcester Housing Authority.

## Lead Based Paint Brochure

I have received a copy of the Lead Based Paint brochure in my briefing packet. I understand that if I have children under the age of 6, then the unit that I lease, must be in compliance for lead paint. If I have children under the age of six with an elevated blood level of lead paint, then the unit I lease must be lead free.

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

\_\_\_\_\_  
Date

## HOUSING SEARCH VERIFICATION

You **MUST** complete this form in order to apply for an extension if your voucher expires (in 120 days).  
Please be sure to fill out all of the information requested.

Location of Apartment	Landlord/Owner Name, Address & Phone Number	How did you find the apartment?	# of bedrooms	Monthly Rent \$	What utilities are included?	Date apartment was seen	Was the apt. accepted or refused? When & why?

*[Handwritten signature]*

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

Applicant's Signature: \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_







### RAFT Eligibility Requirements

- BEFORE YOU CONTINUE TO THE NEXT BULLET, PLEASE NOTE: YOU MUST PROVE THAT YOU ARE HAVING A HOUSING CRISIS BY SUPPLYING ONE OF THE DOCUMENTS BELOW:

1. For Eviction help you will be required to present a WRIT OF SUMMARY PROCESS
2. If you are doubled up or in an overcrowded situation you will be required to present a letter from your landlord or from the primary tenant of your unit stating that you are being asked to leave within 30 days
3. If there are health and safety issues in your apartment you will need a CONDEMNATION ORDER of unit from the BOARD OF HEALTH
4. If your building is in Foreclosure you will need a letter from your landlord stating that your unit is in foreclosure and you must leave in 30 days.
5. If your home is in foreclosure you need a NOTICE OF INTENT TO FORECLOSE from lender
6. If you are being asked to leave your unit through NO FAULT OF YOUR OWN, you will need a letter from your landlord stating reason

- MUST HAVE CHILDREN UNDER 21 LIVING WITH YOU
- YOU MUST HAVE AN INCOME AT OR BELOW 30% OF AREA MEDIAN INCOME
- YOU MUST HAVE HAD A ONE TIME SIGNIFICANT DROP IN INCOME THAT RESULTED IN A HOUSING CRISIS AND BE ABLE TO SHOW THAT YOUR INCOME CAN SUSTAIN THIS APARTMENT FOR AT LEAST 1 YEAR.

**YOU WILL BE REQUIRED TO PROVIDE PROOF FOR ALL REQUIREMENTS!**

205 School Street • PO Box 159 • Gardner, MA 01740-0159  
T: 800.488.1969 • 978.630.6600 • TTY: 978.630.6754  
www.rcapsolutions.org

Requisitos Para ser Elegible para el Programa de RAFT

- **USTED DEBE DEMOSTRAR QUE ESTÁ TENIENDO UNA CRISIS DE LA VIVIENDA MEDIANTE EL SUMINISTRO DE UNO DE LOS DOCUMENTOS.**
  1. Para ayuda de desalojo se le exigirá presentar documentación de la corte de vivienda
  - 2 Si usted está en una vivienda con un familiar o amistad a lo cual no puede tenerlos (a) usted debe presentar una carta de su propietario o el inquilino principal de la unidad indicando que usted se les pide dejar el apartamento dentro de 30 días
  - 3 Si hay problemas de salud y seguridad en su apartamento, usted necesitará una orden del Departamento de Salud
  - 4 Si su edificio es una ejecución hipotecaria tendrá una carta de su propietario, indicando que la unidad es una ejecución hipotecaria y debes dejar en 30 días.
  - 5 Si su casa es una ejecución hipotecaria necesita un aviso de intención para excluir de prestamista
  - 6 Si se le pide dejar su unidad no por culpa suya, usted necesitará una carta del propietario indicando razón
- **DEBE TENER HIJOS MENORES DE 21 AÑOS VIVIENDO CONTIGO.**
- **USTED DEBE TENER UN INGRESO EN O POR DEBAJO DEL 30% DEL INGRESO MEDIO DEL ÁREA.**
- **USTED DEBE HABER TENIDO UNA GOTA DE UN TIEMPO SIGNIFICATIVO DE INGRESOS QUE DIO LUGAR A UNA CRISIS INMOBILIARIA Y SER CAPAZ DE DEMOSTRAR QUE SU INGRESO PUEDE SOSTENER ESTE APARTAMENTO POR LO MENOS 1 AÑO.**

**SE LE PEDIRÁ QUE APORTEN PRUEBAS PARA TODOS LOS REQUISITOS!**