



Project-Based Program

Date: _____

Sender's Name (not agency name) _____

Phone: _____

Email: _____

Head of Household: _____ Property Name: _____

Address & Unit Number: _____

Interim Review Packet C:

Use when CHANGING the Head of Household

Email this packet to projectbasedspecials@seattlehousing.org or fax it to 206-239-1770

**Please attach this checklist along with the items below to complete
your submission**

Incomplete packets will be returned to you for completion

We cannot accept incomplete submissions. If your special review packet is incomplete we will return it to you with a list of outstanding documents needed. The following items must be submitted in order for the special review packet to be complete:

- ☐ **Change of income or household conditions form**
- ☐ **Personal Declaration**
- ☐ **Reporting Requirements form**
- ☐ **SHA General Release of Information** (*adults only*)
- ☐ **Declaration of Citizenship Status**
- ☐ **Eligible Immigration Status - Verification Consent Form**
- ☐ **Debts Owed Form** (*adults only*)
- ☐ **Statement of Family Responsibility**
- ☐ **New Lease** (*only if new head of household is not listed on current Lease*)
- ☐ **If the former Head of Household will no longer be living in the Household, obtain proof of their new address.**

Timelines

- Changes must include supporting documentation and be reported, in writing, within 10 business days of the change occurring.
- Accepted income decreases received will be effective the 1st of the following month it is submitted to Seattle Housing Authority.
- Accepted income increases will take effect with 30-day notice from Seattle Housing Authority (if reported within 10 business days of the change)

Forms must be signed by all household members 18 years of age or older.



Seattle Housing Authority

101 Elliott Ave W, Suite 100
Seattle, WA 98119-4293

206.615.3300
seattlehousing.org

Report a Change of Income

Head of Household _____ Last 4 digits of SSN _____

Email Address _____ Mobile Phone _____

Instructions: Complete only the sections that are necessary to tell us how your household income has changed. Attach supporting documents verifying the change, such as pay stubs, a letter from the employer, or a benefit statement.

Please check the box that best describes the type of change

☐ Change of Employment (ending or starting a job)

☐ Change in Pay or Hours

☐ Other (Please explain) _____

Change of Employment (ending or starting a job): *attach pay stubs or a letter from the employer*

Household Member Name: _____ Last 4 Digits of SSN: _____

Old Employer Name: _____ Last Date Worked: _____

New Employer Name: _____ Date Started: _____

New Employer Address: _____ New Employer Phone: _____

Hours Worked: _____ per: ☐ week ☐ month Pay Rate: \$ _____ per: ☐ hour ☐ week ☐ month

Change in Pay or Hours: *attach pay stubs or a letter from the employer*

Household Member Name: _____ Last 4 Digits of SSN: _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____ Effective Date of Change: _____

Hours Worked: _____ per: ☐ week ☐ month Pay Rate: \$ _____ per: ☐ hour ☐ week ☐ month

Other Changes in Income: *attach statements verifying the change*

Household Member Name: _____ Last 4 Digits of SSN: _____

☐ Social Security / SSI benefits ☐ VA Benefits ☐ DSHS (TANF/General Assistance/SSP) ☐ Unemployment Benefits

☐ Child Support ☐ Pension or Annuity ☐ Labor & Industries ☐ Gifts or Contributions ☐ Retirement or Trust

Effective Date of Change: _____ **OR** Date Income Ended: _____

Amount: \$ _____ per: ☐ hour ☐ week ☐ month Other: _____

I, (print Head of Household name) _____ authorize Seattle Housing Authority to verify the information provided by me on this form. I understand that if this form is not complete and/or supporting documentation is not attached the review may be cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals on this form.

Head of Household's signature: _____ Date: _____



Seattle Housing Authority

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Report a Change in Household Information (Non-Income)

Head of Household _____ Last 4 digits of SSN _____

Email Address _____ Mobile Phone _____

Instructions: Complete only the sections that are necessary to tell us how your household information has changed. Attach supporting documents verifying the change.

Please check the box that best describes the type of change

☐ Change in Full-Time Student Status

☐ Change in Childcare Expenses

☐ Household Composition Changes

☐ Other: please explain below

Student Status: *attach verification of enrollment*

Household Member: _____ Name of Institution: _____

Start Date: _____ Stop Date: _____ Credit Hours: _____ ☐ per Quarter ☐ per Semester

Childcare Expenses: *attach statement from the provider*

Date of Change: _____ Your portion of the payment: \$ _____ ☐ per week ☐ per month

Provider Name: _____ Provider Phone Number: _____

Provider Address: _____

Household Composition: *attach the verification described below*

☐ **Add Household Member:** Name: _____

You must also complete the **Request to Add a Household Member form**

☐ **Remove a Household Member:** Name: _____ Date Moved Out: _____

☐ **Name Change:** Old Name: _____ New Name: _____

Please attach: ☐ Copy of Social Security Card ☐ Copy of name change court order

Other Change

Household Member Name: _____ Date of Change: _____

Describe Change:

I, (print Head of Household name) _____ authorize Seattle Housing Authority to verify the information provided by me on this form. I understand that if this form is not complete and/or supporting documentation is not attached the review may be cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals on this form.

Head of Household's signature: _____ **Date:** _____

Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our programs.



Housing Choice Voucher Program

Personal Declaration for Eligibility and Certification

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (last 4 digits)

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CONTACT INFO (Head of Household)

Write 'NONE' if not applicable

Street address, P.O. Box, or shelter name		City	State	ZIP Code
Mobile phone number	Other phone number	E-mail address		
What language do you speak at home?		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

► **HOUSEHOLD COMPOSITION AND INCOME** *every person living with you at least half of the year. Do not list family members who live elsewhere during the school year. Live-in-Aides do not need to list income. Attach a separate page if you need more space.*

Last Name, First Name, Middle Initial	Relation to Head	Social Security Number (last 4 digits)	Sex (M / F)	Date of birth	Race and Ethnicity (Check all that apply)	Income: list all money received by each person in the household <u>per month</u> , including employment/wages, unemployment benefits, child support/alimony, public assistance, and other. If no income, write '0'.
	HEAD	(Entered above)			<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$

► **CURRENT EMPLOYMENT INFORMATION** *Attach a separate page if you need more space.*

- ☐ **Yes**, someone in my household is employed. *Complete the below information.*
- ☐ **No**, no one in my household is employed. *Go to next section.*

Name of household member	Name of employer (or self-employed)	Employment start date	Employer's address	Employer's phone number	Employer's E-mail



Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our program.

► **OTHER HOUSEHOLD INFORMATION** *Attach a separate page if you need more space.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is anyone in your household disabled? If yes , please list their names:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any household members age 18 or older students? If yes , please list their names and school information: Name: _____ School: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name: _____ School: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <i>You must report within 10 business days if enrollment falls below full-time status</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does anyone outside of your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes , explain here and attach a statement from the person stating how often and the amount:
Is there any other information you would like us to know about your household?		

► **BANK ACCOUNTS AND OTHER ASSETS** *Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposit (CD), IRAs, bonds, trust funds, stocks, 401k, insurance policies, equity in real property, or other financial investments. Assets **do not** include personal property, such as a personal vehicle or furniture.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are your total household assets \$50,000 or more? If yes , please submit verification of the most recent 60 days for all assets.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you cashed in an asset (such as a CD) in the past 60 days? If yes , how much did you receive? \$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you sold an asset/property in the last two years? If yes , provide an explanation on a separate piece of paper.

► **DEDUCTIONS** *Do you have expenses that **you pay out of pocket** and anticipate to continue for the next 12 months? You must qualify and you must provide verification in order to receive a deduction. Attach a separate page if you need more space.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child Care Expenses for a child under 13. If yes , estimate the expense amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Expenses. If yes , and if your household is eligible to have medical expenses deducted from your total income, we will send you a Medical Expense Declaration Form.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disability Assistance Expense. If yes , attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense enables the disabled household member or another adult household member to be employed. Estimate the expense amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Household member who is able to work due to this expense: _____

► **CERTIFICATION**

I understand that **all changes** to my household composition, income, or other circumstances that occur **after** I complete this form must be **reported in writing** to Seattle Housing Authority within **10 business days of the change**. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing Authority. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Head of Household Signature	Date	Spouse or Co-head signature	Date
Signature of other household member (age 18+)	Date	Signature of other household member (age 18+)	Date



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REPORTING OBLIGATIONS

Seattle Housing Authority has calculated your bedroom size and rent portions based on the verifications obtained at your admission to Seattle Housing Authority's Housing Choice Voucher (HCV) Program. The bedroom size and rent portions will change as the income and circumstances of your entire household change.

From the date you apply for the HCV program you must begin reporting to Seattle Housing Authority any income or circumstance change for anyone in your household within 10 business days of the change. Seattle Housing Authority must receive the change in writing at our office no later than 5:00pm on 10th business day from the date of the change.

Failure to report a change in writing within the specified timeframe and/or failure to supply additional information requested from you as a result of a change may result in the termination of your participation in the HCV Program.

Signature _____

Date _____



GENERAL RELEASE OF INFORMATION

I hereby authorize Seattle Housing Authority (SHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. SHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If SHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations. If I participate in the Project-based or Mod Rehab program, I also authorize SHA and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized housing. This consent expires 40 months after it is signed.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- References from employers, including wage and salary information, and job performance;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Credit reports;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source (including State Wage Information Collection Agencies, the Division of Child Support, Department of Health and Social Services, etc.) for all family members;
- Immigration status, citizenship status, and legal identity verification;
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private screening contractors;
- Outstanding debts to other housing agencies.

Head of Household (printed name)

Signature

Date

Co-Head, Spouse, Partner, or Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Authority: This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.

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.



GENERAL RELEASE OF INFORMATION

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 SHA's grievance and Housing Choice Voucher informal hearing procedures.

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 all household members. 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, have and use. Giving the Social Security Numbers of all household members 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, SHA and any owner (or any employee of HUD, SHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on this form is restricted to the purposes cited on the form. 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, SHA or the owner responsible for the unauthorized disclosure or improper use.



DECLARATION OF ELIGIBILITY STATUS

<p style="text-align: center;"><input type="checkbox"/> Head of Household</p> <p style="text-align: center;">I, _____ Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>	<p style="text-align: center;"><input type="checkbox"/> Adult Family Member</p> <p style="text-align: center;">I, _____ Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>
<p style="text-align: center;"><input type="checkbox"/> Adult Family Member</p> <p style="text-align: center;">I, _____ Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>	<p style="text-align: center;"><input type="checkbox"/> Adult Family Member</p> <p style="text-align: center;">I, _____, Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>

Please complete the following only if there are minor children in the family and you are the responsible adult family member. I certify that the following minor children listed in my household are (please check appropriate box(es) and list the name and birthdate.

<u>Minor's Name</u>	<u>Date of Birth</u>	<u>U.S. Citizen</u>	<u>Non-Citizen with Eligible Immigration Status</u>	<u>Choosing not to Declare</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct to the best of my knowledge.

Head of Household/Adult Signature	Date
Spouse/Co-Tenant/Adult Signature	Date
Spouse/Co-Tenant/Adult Signature	Date
Spouse/Co-Tenant/Adult Signature	Date

EXPLANATION OF THE NONCITIZEN RULE

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have an eligible immigration status as set forth in 24 U.S.C. Section 1436(a). Please note that not all "legal" statuses are eligible for subsidy.

WHAT VERIFICATION IS NEEDED

FOR U.S. CITIZENS THE EVIDENCE CONSISTS OF:

- A. A signed Declaration of Eligibility Status

FOR NON-CITIZENS WHO ARE 62 YEARS OF AGE OR OLDER AND ARE RECEIVING ASSISTANCE AS OF JUNE 19, 1995, THE EVIDENCE CONSISTS OF:

- A. A signed Declaration of Eligibility Status; and
- B. Proof of age document.

FOR ALL OTHER NON-CITIZENS, THE EVIDENCE CONSISTS OF:

- A. A signed Declaration of Eligibility Status; and
- B. A signed Verification Consent Form; and
- C. One of the following USCIS documents:
 - i. **Form I-551** Alien Registration Card
 - ii. **Form I-94** Arrival Departure Record annotated with one of the following:
 - ☐ Admitted as Refugee Pursuant to Section 207
 - ☐ Section 208 or Asylum
 - ☐ Section 243(h) or Deportation stayed by Attorney General
 - ☐ Paroled Pursuant to Section 212(d)(5) of the INA
 - iii. If **Form I-94** Arrival Departure Record is not annotated, it must be accompanied by one of the following:
 - ☐ A final court decision granting asylum
 - ☐ A letter from the USCIS asylum officer, or from the USCIS district director granting asylum
 - ☐ A court decision granting withholding or deportation
 - ☐ A letter from an USCIS asylum officer granting withholding of deportation
 - iv. **Form I-766** Employment Authorization Document (EAD) work permit card
 - vi. A receipt from the USCIS indicating the application for issuance of a replacement

If you choose not to declare a family member's eligibility, that person may be included in your family and live in your unit, however, no assistance will be received on their behalf.

WHEN MUST IT BE SUBMITTED:

For Applicants, the evidence for a least one family member must be submitted at the time the family member applies. All family members must submit evidence prior to being housed.

WHAT HAPPENS AFTER IT IS SUBMITTED:

For noncitizens who have claimed eligible immigration status, the submitted documents will be verified in cooperation with the USCIS (U.S. Citizenship and Immigration Services). If eligible immigration status is verified, the family will be placed on the waiting list if they are an applicant or continue in assisted housing if they are a current tenant. If eligible immigration status is not verified, the family will be notified of their ineligibility and given the right to appeal the decision to either USCIS or SHA. If neither appeal is chosen, the family's assistance will be prorated, terminated, or denied. Should the family choose the appeals process and the decision is upheld, the assistance will be prorated, denied, or terminated depending on the circumstances. Tenants in occupancy as of June 19, 1995 may be eligible for and may request a temporary deferral of assistance under the "preservation of families" provision of the law.



ELIGIBLE IMMIGRATION STATUS *Verification Consent Form*

Purpose: In signing this consent form, you are authorizing the Seattle Housing Authority and HUD to verify your status as an immigrant to the United States. This information is needed in order to determine your eligibility for the assisted housing benefits for which you have applied.

Use of the Information to be Obtained: The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, to (1) HUD, as required by HUD, and (2) the USCIS for purposes of verification of the immigration status of the individual. The information supplied will be released by the Housing Authority or HUD to the USCIS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither the Housing Authority nor HUD are responsible for the further use or transmission of the evidence or other information by the USCIS.

Who must sign the form: Each Non-citizen who claims "eligible immigration status" must sign a verification consent form. Adults, age 18 or older, must sign the form themselves. In the case of children (under age 18), the form must be signed by the adult family member who is responsible for the minor child.

Failure to sign the 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 Housing Authority's grievance procedures or Section 8 informal hearing process, whichever is applicable.

Consent: I consent to allow Seattle Housing Authority or HUD to request and obtain verification from the USCIS of the information I have supplied regarding my immigration status. I understand that this information is necessary to determine my eligibility for housing assistance and certify the information I have supplied is true and accurate to the best of my knowledge.

Head of Household	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

List minor children claiming eligible immigration status:

_____	_____
_____	_____
_____	_____



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



Project-Based Program Statement of Family Responsibility

1. Certification. The undersigned public housing agency (PHA) hereby certifies that the family consisting of the following members:

is eligible to participate in the Section 8 project-based voucher program of this PHA and is approved to occupy a unit at:

Under this program, the PHA makes housing assistance payments to owners for units leased and occupied by participating families.

2. Tenant Rent. The tenant rent is the portion of the monthly rent to owner paid by the family, and is based on the family's income, composition, and expenses. The PHA determines the tenant rent in accordance with HUD requirements.

3. Changes in Tenant Rent. A family's tenant rent may change because of changes in program requirements or changes in family income, composition, or expenses.

Any change in a family's tenant rent will be effective on the date stated in a notice by the PHA to the family and owner.

4. PHA Housing Assistance Payment. The monthly housing assistance payment by the PHA to the owner for a unit leased by a family is the rent to owner minus the tenant rent (total tenant payment minus any applicable utility estimate). The family is not responsible for payment of the portion of the rent to owner covered by the housing assistance payment.

5. Family Right to Move.

Project based voucher assistance is site specific. This means that the subsidy remains with the unit if the family should choose to move.

6. Family Obligations.

(A) Any family participating in the project-based voucher program of the undersigned PHA must follow the rules listed below in order to continue to receive housing assistance under the program. Any information the family supplies must be true and complete.

(B) Each family member must:

1. Supply any information that the PHA or HUD determines to be necessary for administration of the program, including submission of required evidence of citizenship or eligible immigration status.
2. Supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
3. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
4. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
5. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
6. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
7. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
8. Use the assisted unit for residence by eligible family members. The unit must be the family's only residence.
9. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
10. Request PHA written approval to add any other family member as an occupant of the unit.
11. Promptly notify the PHA in writing if any family member no longer lives in the unit.
12. Give the PHA a copy of any owner eviction notice.

13. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

(C) The family (including each family member) must not:

1. Own or have any interest in the unit.
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and

persons residing in the immediate vicinity of the premises.

5. Sublease or let the unit or assign the lease or transfer the unit.

6. Receive project-based voucher assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program.

7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

8. Receive project-based voucher assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

9. Engage in abuse of alcohol in a way that threatens the health, safety or right of peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

7. Termination of Assistance. The PHA may terminate housing assistance for any grounds authorized in accordance with HUD requirements, including family violation of any obligation under Section 6 of this Statement of Family Responsibility.

8. Illegal Discrimination. If the family has reason to believe that it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

9. Violence Against Women Act (VAWA). VAWA and HUD's implementing regulations provide housing protections for victims of domestic violence, dating violence, sexual assault, and stalking. The PHA will provide the Notice of Occupancy Rights and Certification Form and is responsible for having an emergency transfer plan. The lease addendum also includes a description of specific protections.

10. HUD Requirements. HUD requirements for the Section 8 project-based voucher program are issued by Headquarters as regulations, Federal Register notices, or other binding directives. The Statement of Family Responsibility shall be interpreted and implemented in accordance with HUD requirements.

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Building Name	
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Building Representative	Title
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Signature	Date
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Head of Household Signature	Date
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SHA Staff	Title
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Signature	Date
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