

When you submit your application we will need copies of:

- ⇒ **Social Security cards** for everyone in the household.
- ⇒ **Birth certificates** for everyone in the household.
- ⇒ **Drivers License** or picture ID for all family members over 18.
- ⇒ MOST RECENT INCOME TAX RETURN with W-2's and 1099's.
- ⇒ **Tenants attending college:** College schedule, your signed Financial Aid Award letter, and request Parent Form from our office.
- ⇒ **Social Security Recipients:** Your Benefit letter from Social Security. Proof of any out-of pocket medical expenses from provider for 1 year.
- ⇒ **SRS Recipients:** A copy of your Family Plan or benefit verification letter.
- ⇒ **Pay Stubs:** A recent and complete history of pay check stubs (at least three months, if available)

We can make copies at our office for your convenience. Thank you.
More information available at: www.colbyhousingauthority.com

APPLICATION FOR ADMISSION TO COLBY HOUSING AUTHORITY

PLEASE PRINT USING BLUE OR BLACK INK WE ONLY ACCEPT ORIGINALS-NO FAXED APPLICATIONS

A No Smoking Policy is effective February 1, 2010

Applicant Name _____ Date of Application _____ Time _____

Address _____ Phone #s: Home _____

City _____ State _____ Zip _____ Work _____

Cell _____

Date wanting Apartment _____ Email Address _____

Type of Housing: Elderly/Disabled _____ Family _____ ; Number of Bedrooms Needed _____

Type of Family: Race _____ Over Age 62 _____ Family _____ Single _____

Disabled (optional) _____ Accessible Unit Required? _____

I. FAMILY COMPOSITION

Mbr. No.	First Name	MI	Last Name	Relation/Head	Birth Date	City & St. of Birth	Sex	Age	SS #
1				Self					
2									
3									
4									
5									
6									

Anticipated changes in family composition _____

II. INCOME (Attach another page if more lines are needed for your information.)

A. Income from Earnings, Wages, Tips & Commissions:

Mbr No. _____ Name & Address of Employer _____ Date Employed _____ Hours Per Week _____ Pay Rate _____

B. Income from Retirement, Pensions, SRS, SSI, Unemployment, Social Security, Child Support, Parents:

Mbr No. _____ Type _____ Case Worker/Provider Name _____ Amt Per Hr/Wk/Mo/Yr _____

C. Income from Assets/(Savings, investments, CD's, property, etc.):

Mbr No. _____ Type & Where Located (Name & Address) _____ Value _____ Earnings/Interest _____



III. ALLOWABLE EXPENSES**A. Child Care**

Member Amount Paid Provider's Name, Address, and Phone No.

B. Medical (Elderly/Disabled ONLY)

Member Amount Paid Provider's Name, Address, and Phone No.

C. Handicap Assistance

Member Amount Paid Provider's Name, Address, and Phone No.

IV. RESIDENTIAL HISTORY - Provide a **minimum of three references and five years**. Attach more history on a separate page if this form will not cover a five-year span.

Current Address:	Rent Amount: \$	Landlord's Name:
City/St/Zip:	Utilities:	Address:
	Date rented from _____ to _____	City/St/Zip:
		Ph. # Relative: Yes / No
Previous Address:	Rent Amount: \$	Landlord's Name:
City/St/Zip:	Utilities:	Address:
	Date rented from _____ to _____	City/St/Zip:
		Ph. # Relative: Yes / No
Previous Address:	Rent Amount: \$	Landlord's Name:
City/St/Zip:	Utilities:	Address:
	Date rented from _____ to _____	City/St/Zip:
		Ph. # Relative: Yes / No

V. PRIOR COLBY HOUSING AUTHORITY/SECTION 8 RESIDENCY

A. 1. Are you a prior Colby Housing Authority resident? NO _____ YES _____

If YES, list name used, where & when: _____

2. Have you applied for housing at Colby Housing Authority before? NO _____ YES _____

If YES, list name used & when: _____

B. Have you ever been housed under Section 8 or any other HUD subsidized program? NO _____ YES _____

If YES, list where and when: _____



VI. CHILD SUPPORT INFORMATION

Complete for each separate case if there are more than one, whether you receive child support or not.

Name of absent parent(1) _____

Name of absent parent(2) _____

Child (Children)'s Name(s):

_____Child (Children)'s Name(s):

_____State & County where child support was awarded: _____
_____State & County where child support was awarded: _____

Court Case # _____ Amount Awarded \$ _____

Court Case # _____ Amount Awarded \$ _____

VII. OTHER REQUIRED INFORMATION

1. Do you have a pet? NO _____ YES _____ How Many? _____ What Kind? _____

2. Has any member of the household ever been arrested or fingerprinted? NO _____ YES _____

If YES, when and for what were you printed? _____

Convicted? NO _____ YES _____

By signing this application, you authorize the Housing Authority to verify your criminal history with the National Crime Information Center (NCIC) through the Colby Police Department and the FBI.

3. Is the head of household or any members of the tenant's household subject to a lifetime state sex offender registration program in any state? NO _____ YES _____

VIII. IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____ Home # _____

(Must be a family member living outside of your home.)

Cell # _____

Address _____ Work # _____

Street

City

State

Zip

IX. VEHICLE INFORMATION

<u>Year</u>	<u>Make, Model & Color of Vehicle</u>	<u>Tag number</u>	<u>County</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____


☞ HOW DID YOU HEAR ABOUT US? ☞

Please let us know by checking all that apply!

_____ Colby Free Press, Country Advocate, or Telephone Book?

_____ Friend or Family Member? _____ Current or Former Resident with us?

_____ Other? Please list _____



NOTE: YOU MUST PROVIDE A SOCIAL SECURITY CARD AND PROOF OF U.S. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS FOR EACH MEMBER OF THE HOUSEHOLD.

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

APPLICANTS MISREPRESENTING ANY FACTS WILL BE DENIED ADMISSION FOR FIVE(5) YEARS.

Applicant(s) Certification

I/We understand that this is not a contract and does not bind either party. Under the penalty of perjury, I/We certify that the information* given to the Housing Authority of the City of Colby, Kansas, on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information (including intentional omissions) are punishable under Federal and/or State law. I/We also understand that false statements or information or omissions are grounds for termination of this application, housing assistance or tenancy. I/We have no objections to inquiries for the purpose of verifying the facts herein stated.

Signature of Applicant

Date

Signature of Applicant

Date

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

**After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development or its agent on Form HUD 50058 (Tenant Data Summary) or electronically. For additional information on its use, see the Federal Privacy Act Statement.*

We have a preference for elderly, disabled and working families.

TO BE COMPLETED BY COLBY HOUSING AUTHORITY PERSONNEL

PHA Official's Certification:

I certify that:

1. The information given to the Housing Authority of the City of Colby, Kansas by the current household composition has been verified as required by Federal Law;
2. The family is eligible for admission; and
3. The family has certified that it has given our agency accurate and complete information.

Signature of PHA Official or Representative Title Date

OR

Withdrawn
 ___ Applicant's Request (Phone; In-Person; Letter)
 ___ Single Able-Bodied Adult(Phone; In-Person; Letter)

Ineligible for Admission
 ___ Exceeds income limit
 ___ Owes Colby HA money (\$_____)
 ___ Other _____

Remarks _____

Remarks _____

Signature of PHA Official or Representative Title Date



Authorization for the Release of Information

PHA requesting release of Information: **COLBY HOUSING AUTHORITY, 600 S. MISSION RIDGE AVENUE, COLBY, KS 67701**

Phone: 785-460-6763 Facsimile: 785-460-6491

Authority: 42 U.S.C. 1437(f) and 3535(d), implemented at 24 CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, household income and assets, residences and rental activity, medical or child care allowances, child support paid or received, credit reports and criminal activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs (including HUD's UIV - Upfront Income Verification System) with these sources in order to verify your eligibility and level of benefits.

Use of Information Obtained: HUD is required to protect the 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 information it obtains in accordance with any applicable State privacy laws.

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.

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.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- | | |
|--|--|
| Previous Landlords (including Public Housing Agencies) | Courts and Post Offices |
| Schools and Colleges | Law Enforcement Agencies |
| Support and Alimony Providers | Past and Present Employers |
| Welfare Agencies | State Unemployment Agencies |
| Social Security Administration | Medical Providers |
| Child Care Providers | Veterans Administration |
| Retirement Systems | Banks and Other Financial Institutions |
| Credit Providers and Credit Bureaus | Utility Companies |

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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

Last 4 digits of Social Security Number (Head of Household)

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

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 this form is restricted to the purpose cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of the City of Colby
600 S. Mission Ridge Ave.
Colby, KS 67701

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

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

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

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

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

DISPOSAL OF ASSETS CERTIFICATION

To meet eligibility and rent determinations it is required by Federal Regulations that the head of household and spouse certify in writing as to whether they have disposed of any assets for less than fair market value during the two years preceding the effective date of certification /recertification of tenant eligibility.

PLEASE CHECK AND SIGN **ONE** OF THE THREE BOXES BELOW:

I certify that I **have not** disposed of any assets for less than fair market value in the past two years.

Head of Household Date

I certify that I **have not** disposed of any assets for less than fair market value in the past two years.

Spouse/Co-Head/Other Family Member over age 18 Date

*****OR*****

I certify that I **have** disposed of the **following** asset(s) for less than fair market value in the past two years.

TYPE OF ASSET: _____

DATE DISPOSED OF ASSET: _____

AMOUNT RECEIVED FOR ASSET: \$ _____

MARKET VALUE OF THE DISPOSED ASSET: \$ _____ (at the time of disposition)

Head of Household Date

Spouse/Co-Head/Other Family Member over age 18 Date



Housing Authority of the City of Colby

600 S. Mission Ridge Ave. - Colby, Kansas 67701
(785) 460-6763 - Fax: (785) 460-6491
www.colbyhousingauthority.com

CITIZENSHIP CERTIFICATION

I certify that each member of my household is a _____ citizen of the United States or a _____ noncitizen with eligible immigration status. (Check one)

I understand that noncitizens (head of household, spouse, and any dependents) cannot be housed by a public housing agency without providing documentation of eligible immigration status and that if I falsify citizenship certification, my family will be evicted from our housing unit and may face Federal action.

The Housing Authority is authorized to verify my (our) citizenship/immigration status with the Immigration and Naturalization Service (INS).

Resident

Date

Resident

Date



Housing Authority of the City of Colby

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(785) 460-6763 - Fax: (785) 460-6491
www.colbyhousingauthority.com

BANKING VERIFICATION

NOTE: PLEASE TAKE THIS FORM TO YOUR BANK FOR VERIFICATION.

Federal regulations require that the Colby Housing Authority verify income, assets, and expenses of applicants and participants for federal housing assistance.

1. AUTHORIZATION FOR RELEASE:

Resident(s)/Applicant(s) Name Printed

Resident(s)/Applicant(s) Signature

2. DATE: _____

3. ASSETS: Bank Representative: Please complete the form below and return it to us at the above address or by fax to 785-460-6491 as soon as possible.

a. CHECKING ACCOUNT # _____ BALANCE \$ _____ INT. % _____
What was the average balance for the last six (6) months? \$ _____

b. List the current Savings account balance and interest for all accounts held by the above named individual.

SAVINGS ACCOUNT # _____ BALANCE \$ _____ INT. % _____

SAVINGS ACCOUNT # _____ BALANCE \$ _____ INT. % _____

c. List all Certificates of Deposit, Money Market Funds and Other Investments held by the above named individual.

TYPE _____ BALANCE \$ _____ INT. % _____

TYPE _____ BALANCE \$ _____ INT. % _____

TYPE _____ BALANCE \$ _____ INT. % _____

TYPE _____ BALANCE \$ _____ INT. % _____

TYPE _____ BALANCE \$ _____ INT. % _____

BANK: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____ FAX: _____

BANK REPRESENTATIVE SIGNATURE: _____

DATE _____



Housing Authority of the City of Colby

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(785) 460-6763 - Fax: (785) 460-6491
www.colbyhousingauthority.com

EMPLOYMENT VERIFICATION FORM

(TO BE COMPLETED BY EMPLOYER/MANAGER)

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Employee Name _____ S. S. # _____ Hire Date _____

Occupation _____ Hours/week _____ Effective since _____

Pay rate per hour \$ _____ or week \$ _____ or month \$ _____ Effective since _____

Overtime rate \$ _____ Amount of Tips/Commissions/Bonuses \$ _____ per week.

Actual gross earnings past 12 months or for period of employment if less than 12 months \$ _____

Estimate of anticipated TOTAL gross earnings for the next 12 months \$ _____

INFORMATION REQUESTED BELOW IS OPTIONAL AND MAY BE COMPLETED IF YOUR EMPLOYEE REQUESTS YOU TO DO SO.

The information may be helpful in determining the amount of income to be used
in the dwelling rent amount charged to your employee (our tenant or applicant).

Social Security withheld? Yes ___ No ___ Federal taxes withheld? Yes ___ No ___ State taxes withheld? Yes ___ No ___

Health Insurance Premiums withheld? Yes ___ No ___
Employee's share? \$ _____ per _____ (W-weekly, SM-semimonthly, BW-biweekly, M-monthly?)

Child Support Payments withheld? Yes ___ No ___

If yes, amount per month \$ _____ and will continue until _____ or _____ for the next year.
mm/dd/yyyy

Alimony Payments withheld? Yes ___ No ___

If yes, amount per month \$ _____ and will continue until _____ or _____ for the next year.
mm/dd/yyyy

Other employer-required payroll deductions? Yes ___ No ___

If yes, please specify below the type of deduction and amount.

_____ \$ _____ per _____

_____ \$ _____ per _____

Completed by (printed name)

Signature

Title

Name of Business

Phone

FAX

Date



Judy Luedke
Executive Director

Kathy Diederich
Executive Assistant

INCOME EXCLUSIONS FOR WORKING FAMILIES POLICY

The purpose of this policy is to avoid penalizing working family members by charging them thirty percent of gross income for rent. The Housing Authority of the City of Colby hereby adopts optional income exclusions in addition to the federally mandated exclusions incorporated into the Admissions and Continued Occupancy Policy. It applies to all members of a family working the equivalent of at least twenty hours per week at the prevailing Federal minimum wage rate. The following exclusions will become effective upon board approval and at the time of a family's next financial examination to determine rental charge. Any federal regulations supersede the intent of this policy.

In determining the amount a family owes for rent, the following will be excluded:

- fifty percent percent (50%) of the costs that result from earning income, such as social security taxes, and federal and state income taxes;
- any portion of the earned income that is necessary to replace benefits lost because a family member becomes employed, such as amounts that a family pays for the employee's share of health insurance premiums for which it will not be reimbursed by a third party.

The items listed above are not all inclusive. All items the family wish to have considered for exclusion must be presented to the Housing Authority office at the time of rent determination. It is the family's responsibility to provide accurate and timely exclusion documentation. The Housing Authority staff is not, and will not be, responsible for investigating the family's history outside of the specific exclusion information provided by the family.

A recent and complete history of pay check stubs (at least three months, if available) and/or verification from an employer or other third party official will be required before the exclusion is allowed. It is at the Housing Authority's discretion in determining if a request for an income exclusion is fair and reasonable, thus allowable.



SECTION XIX. CONTINUED OCCUPANCY AND COMMUNITY SERVICE

The Community Service Policy is enforceable as mandated by HUD. In order to be eligible for continued occupancy, each adult family member 18 years or older must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

1. Exemptions. The following adult family members (18 years or older) of tenant families are exempt from this requirement:
 - A. Family members who are 62 or older.
 - B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act 42 U.S.C. 416(I)(1) and who provide verification of this disability.
 - C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
 - D. Family members engaged in work activity (at least 30 hours per week at no less than the Federal minimum wage rate) and/or are enrolled as a full time student.
 - E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
 - F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

2. Notification of the Requirement

The Colby Housing Authority shall identify and notify all adult family members who are apparently not exempt from the community service requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Colby Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after April 1, 2001. For families paying flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

3. Volunteer Opportunities

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Colby Housing Authority will coordinate with social service agencies, local schools, and other local public service agencies in identifying a list of volunteer community service positions.

Together with the resident advisory council, the Colby Housing Authority may create volunteer positions such as supervising and record keeping for volunteers, litter patrols, and bus stop attendants.

4. The Process

At the first annual examination, and each annual examination thereafter, the Colby Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual complete the form and have a supervisor date and sign for each period of work.
- D. Assign family members to a coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. Thirty (30) days before the family's next lease anniversary date, the coordinator will advise the Colby Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

5. Notification of Non-compliance with Community Service Requirement

The Colby Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

6. Opportunity for Cure

The Colby Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made. The family must prove compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Colby Housing Authority shall take action to terminate the lease.

7. Prohibition Against Replacement of Agency Employees

In implementing the service requirement, the Colby Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

**COLBY HOUSING AUTHORITY
COMMUNITY SERVICE CERTIFICATION**

In order to be eligible for continued occupancy, each adult family member eighteen (18) years or older must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities *unless* they are exempt from this requirement. Official verification must be provided for compliance or exemption. Detailed information regarding Community Service is available in the Admissions and Continued Occupancy Policy, Page 13, Section XIX.

DIRECTIONS: For *each* qualifying household member, initial on the line applying to you. PROVIDE DOCUMENTATION!

_____ I/We certify compliance with the performance of the Community Service Requirement.

_____ I/We certify **noncompliance** with the performance of the Community Service Requirement.
Refer to Policy for "Opportunity for Cure".

I/We certify EXEMPTION from the Community Service requirement for the following reasons:

_____ Family members are 62 or older.

_____ Family members are blind or disabled as defined under 216(l)(1) or 1614 of the Social Security Act 42 U.S.C. 416(l)(1) and certify that because of this disability she or he is unable to comply with the community service requirements.

_____ Family members are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.

_____ Family members are engaged in work activity and/or are enrolled as a full time student.

_____ Family members are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.

_____ Family members are receiving assistance, benefits or services under a State program funded under part title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

Apartment # _____

Signature of Other Member over 18

Date

OFFICE USE ONLY

Official verification to the above marked items has been submitted and appears to be valid.

Housing Authority Representative

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.

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.

--	--

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.



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.

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

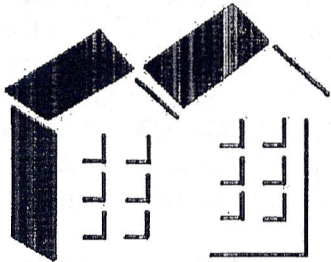
Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

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.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

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

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

Signature

Date