

Enclosed you will find the application forms needed to apply for an apartment with the Mercer County Housing Authority. Please fill out, sign and date all forms.

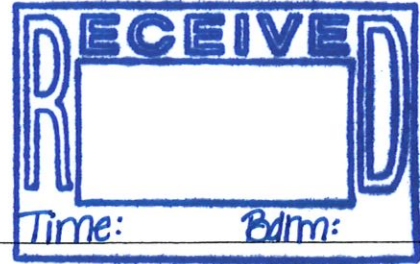
**YOU MUST PROVIDE COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS.
WE CAN NOT ACCEPT YOUR APPLICATION WITHOUT IT.**

*Applications can be turned in Monday-Friday from
8:30am-3:00pm.*

Application for Admission

MERCER COUNTY HOUSING AUTHORITY
80 JEFFERSON AVENUE
SHARON, PA 16146
(724) 342-4010

For Office Use Only
DATE AND TIME RECEIVED



I. Current Applicant Information

General Information

Applicant SSN: _____
Applicant Name: _____
Street Address: _____
City, State, Zip Code: _____
Phone Number: () _____ Household Size: _____
() _____

Accessibility Features Requested

vision Hearing Mobility

Pet Information

Mailing Address Same as current address

Street Address: _____
City, State, Zip Code: _____

Current Address Information

Lived there from/to: _____
Bedroom Size: _____ Monthly Rent: _____

Current Landlord

Landlord Name: _____
Street Address: _____
City, State, Zip Code: _____

II. Preference

Homeless Trans. Housing Veteran

III. Family Composition Information Head of household name first				
No.	Name	SSN	Relationship to Head	Date of Birth
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

Mark as needed Head of household name first											
No.	Birth Place	Gender (M/F)	Race					Ethn	Disabled	Elig	Alien Registration
			1	2	3	4	5				
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

Codes		
Race Codes: 1. White 2. Black/African American 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/Other Pacific Islander	Ethnicity: H = Hispanic N = Non-Hispanic	Eligibility EC = Eligible Citizen EN = Eligible Noncitizen IN = Ineligible Noncitizen PV = Pending Verification

IV. Employment/Income Information

Member Name:	_____	Source Name:	_____
Income Type:	_____	Position:	_____
Start Date:	How Long: _____	Address:	_____
Amount/Freq:	Per _____	City, State, Zip Code	_____
Annual Amount:	_____	Phone Number:	_____

Member Name:	_____	Source Name:	_____
Income Type:	_____	Position:	_____
Start Date:	How Long: _____	Address:	_____
Amount/Freq:	Per _____	City, State, Zip Code	_____
Annual Amount:	_____	Phone Number:	_____

Member Name:	_____	Source Name:	_____
Income Type:	_____	Position:	_____
Start Date:	How Long: _____	Address:	_____
Amount/Freq:	Per _____	City, State, Zip Code	_____
Annual Amount:	_____	Phone Number:	_____

Member Name:	_____	Source Name:	_____
Income Type:	_____	Position:	_____
Start Date:	How Long: _____	Address:	_____
Amount/Freq:	Per _____	City, State, Zip Code	_____
Annual Amount:	_____	Phone Number:	_____

V. Asset Information

Member Name:	_____	Source Name:	_____
Asset Description:	_____	Contact:	_____
Cash Value:	_____	Address:	_____
Annual Income:	_____	City, State, Zip Code	_____
		Phone Number:	_____

Member Name:	_____	Source Name:	_____
Asset Description:	_____	Contact:	_____
Cash Value:	_____	Address:	_____
Annual Income:	_____	City, State, Zip Code	_____
		Phone Number:	_____

Member Name:	_____	Source Name:	_____
Asset Description:	_____	Contact:	_____
Cash Value:	_____	Address:	_____
Annual Income:	_____	City, State, Zip Code	_____
		Phone Number:	_____

Member Name:	_____	Source Name:	_____
Asset Description:	_____	Contact:	_____
Cash Value:	_____	Address:	_____
Annual Income:	_____	City, State, Zip Code	_____

VI. Emergency Contact

Name: _____ Type/ _____
Street Address: _____ Relation: _____
City, State, Zip Code: _____
Telephone: (-) _____

IX. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly **makes false or fraudulent statements** to any Department of the U.S. government is guilty of a felony. Guilty of a felony can result in a fine up to \$10,000 or imprisonment of up to 5 years.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration of admission or participation, and *may* be grounds for eviction or termination of assistance.

I do hereby certify that the above Information is true, accurate, and complete to the best of my knowledge.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Other member over 18: _____ Date: _____

Other member over 18: _____ Date: _____

Other member over 18: _____ Date: _____

Other member over 18: _____ Date: _____

For Office Use
Only

Interviewed By

Signed

Date

Title

A. Community Number: _____ D. Date Assigned: _____

B. Unit Number: _____ E. Lease Effective Date: _____

C. Unit Size Assigned: _____

Application of admission qualifying question survey

Are you the applicant or any of household members subject lifetime state sex offender registration program in any state, if so, list all states you are registered in.

YES NO

Please list all states where you the applicant and all household members have resided in.

YES NO

Are you currently homeless, if yes please provide two forms of verifiable documentation to qualify for preference?

YES NO

Are you a full time or part time student? YES NO

Have you ever resided in subsidized housing? YES NO

Did you receive a copy of the VAWA notices HUD form 5380? YES NO

Application for admissions initials _____

MERCER COUNTY HOUSING AUTHORITY

Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Housing Choice Voucher or Rental Assistance** programs are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under the **Housing Choice Voucher or Rental Assistance** programs, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the **Housing Choice Voucher or Rental Assistance** programs, you may not be denied assistance, terminated from participation, or be evicted from

Mercer County Housing Authority.

- 1 Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.
- 2 Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Signature

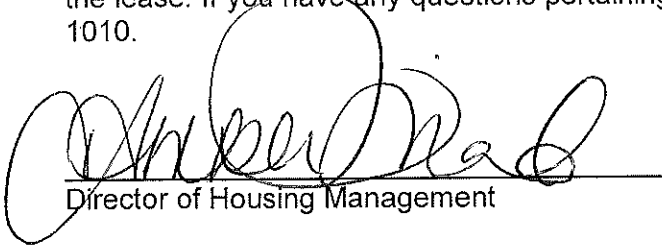
Date

Form HUD-5389
(12/2016)



**VIOLENCE AGAINST WOMEN ACT (VAWA)
HOUSING AUTHORITY OF THE COUNTY OF MERCER**

On January 5, 2006, President Bush signed into law the Violence Against Women Act (VAWA). VAWA was designed to protect victims of domestic violence, dating violence, or stalking and their household members, from being evicted from public housing or having their Section 8 voucher terminated based on acts of such violence against any member of the household. **This Act prohibits public housing agencies and owners, participating in the Section 8 tenant and project based voucher programs, from evicting or terminating the lease of any household containing a victim of domestic violence unless the incident in question presents an actual of imminent threat to other tenants, employees, or others providing services to the property.** Most importantly, VAWA does not protect perpetrators from eviction from the residence. If any individual is claiming to be a victim of domestic violence, dating violence or stalking, the Housing Authority or Section 8 landlord will request that the victim certify, via a HUD-approved certification form, that he/she is a victim of actual or threatened abuse. The certification must name the perpetrator and must certify that the incident in question is an authentic incident of actual or threatened abuse. **As per VAWA, the certification must be provided within 14 business days and must be accompanied by a federal, state, or local police or court record;** or documentation signed under penalties of perjury by an employee, agency, or volunteer of a victim service provider, and attorney, or a medical professional from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking. Except in specific circumstances, all information provided by the victim will be **maintained as confidential**. The consequence of the tenant/victim not providing the certification in a timely manner is that the Housing Authority or Section 8 landlord may evict or terminate the lease of the tenant or any lawful occupant that commits violations of the lease. If you have any questions pertaining to VAWA, please contact our office at 724-342-1010.



Director of Housing Management

Participant Signature

Date

Cc: file

Exhibit 3-7: **Sample Owner's Summary of Family**

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Exhibit 3-4: **Sample Family Summary Sheet**

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Exhibit 3-5: Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY USA (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the county of birth.)

SAVE VERIFICATION NO. _____ (to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____ (print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following document:

a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

b. One of the following documents:

Signature

Date

Check here if adult signed for a child: _____

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

PA88RD0003

Name of Property MCHA	Project No.	Address of Property Multi-Family
Name of Owner/Managing Agent		Type of Assistance or Program Title:

Name of Head of Household	Name of Household Member
---------------------------	--------------------------

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature	Date
-----------	------

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



80 Jefferson Avenue, Sharon, PA 16146
P 724.342.4000 F 724.342.4029

 MCHAchoices.com

Housing Authority
SCREENING COVER LETTER

Applicant Name _____

Applicant Address _____

Dear Sir/Madam:

Our tenant selection policy obliges us to verify certain information about all members of families applying for admission to our developments. To comply with this requirement; we ask your cooperation in supplying the information on the history of the family listed above. This information will be used only in determining whether the family can be accepted for admission. You will note that the family has authorized you to provide this information to us.

Your prompt return of this letter will be appreciated. A self-addressed stamped envelope is enclosed. If you have any questions, please call 724-342-4010.

Sincerely,



Holly Nogay
Executive Director

LANDLORD VERIFICATION FORM
MERCER COUNTY HOUSING

Name of Applicant _____

Landlord Name _____

Landlord Address _____

Are you a relative or friend of applicant? If so, please describe relationship: _____

Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ to _____

Does (did) the applicant have a lease? Yes _____ No _____

Amount of monthly Rent? \$ _____

Does (did) applicant pay rent on time? Yes _____ No _____

Has(had) he/she ever paid late? Yes _____ No _____

How often _____

Have (had) you ever began/completed eviction for nonpayment?

Yes _____ No _____

Have tenant paid utilities ever been disconnected? Yes _____ No _____

Does (did) the applicant keep the unit clean, safe and sanitary? Yes _____ No _____

Has (had) the applicant damaged the unit? Yes _____ No _____

Describe: _____

Cost of repair _____

Does (did) the applicant have problems with insect/rodent infestation

Yes _____ No _____

Does (did) applicant's housekeeping contribute to infestation? Yes _____ No _____

Did applicant make any alterations to the unit without your permission? Yes _____ No _____

Is (was) applicant listed on the lease for this unit? Yes ___ No ___

Does (did) the applicant permit persons other than those on the lease to live in the unit?
Yes ___ No ___

Describe:

Has the applicant, family members or guests damaged or vandalized the common Areas? Yes ___ No ___

If yes, describe _____

Does (did) the applicant, family members or guest interfere with the rights and quiet enjoyment of other tenants? Yes ___ No ___

If yes, describe: _____

Has the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?
Yes ___ No ___

If yes; describe:

Has the applicant given you any false information? Yes ___ No ___

Has the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord or landlord's staff? Yes ___ No ___

If yes, describe: _____

Signature of Landlord _____ Date _____



I _____ authorize the release of the information requested on this form.

Signature _____ date _____

PENALTIES FOR Misusing THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any debarment of the United States Government. HUD and any Owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent from. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208-(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8). Equal Opportunity Employer

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

PROJECT MANAGER

Title

Signature & Date
cc:Applicant/Tenant
Owner file

MERCER COUNTY HOUSING AUTHORITY

AUTHORIZATION FOR RELEASE OF ELIGIBILITY INFORMATION

I authorize and direct any federal, state, or local agency, organization, business or individual to release to the Mercer County Housing Authority any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8, PFHA, PMAM, HUD and Public Housing and/or other Housing Assistance Programs. I understand and agree that this authorization and the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and the Housing Authority in administer in and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, collection agencies, or future landlords. This includes records on my payment history, and any violation of my lease or PHA policies.

Information Covered

I understand that, depending on program policies and requirements, previous or current landlord information regarding my household or me may be needed. Verifications and inquiries that may be requested, included but are not limited to:

Previous Landlords
Public Housing Agencies
Courts and post offices
Schools and colleges
Law enforcement agencies

Past and present Employers
Medical and child care providers
Utility companies
Credit providers and Bureaus
Drug treatment centers

Computer Matching Notice and Consent

I understand and agree that HUD or the MCHA may conduct computer matching programs to verify the information supplied for my application or re certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and chance to disprove incorrect information.

HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, County or Housing Authority agencies, including but not limited to: State Employment, Security Agencies, Department of Defense, Office of Personal Management, US Postal Service, Social Security Agency and State Welfare Agencies.

Conditions

I agree that a photocopy of this authorization may be used for the purpose stated above. The originals of this authorization are on file with the PHA and will stay in effect for one year and one month from the date signed. I understand I have the right to review my files and correct any information that i can prove is incorrect.

Head of Household

Date

Spouse/Co applicant

Date

Adult Member

Date

Adult Member

Date

MERCER COUNTY HOUSING AUTHORITY

REQUEST FOR CRIMINAL RECORD CHECK SCREENING

_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden Name	_____ Other names used or aliases	_____ Other names used or aliases
_____ Date of Birth	_____ Social Security Number	American Indian/Alaskan Native Asian Black White Unknown Race (Circle One)
_____ Current Address		_____ Previous Address
_____ 		_____
_____ 		_____

Have you ever lived outside of Pennsylvania?
No _____ Yes _____ If yes, list all states you have lived in _____

Have you ever been EVICTED from any other public housing agency? No _____ Yes _____

WARNING! FAILURE TO LIST COMPLETE AND ACCURATE CRIMINAL INFORMATION WILL RESULT IN DENIAL OF HOUSING. LIST ALL PRIOR ARRESTS AND/OR CONVICTIONS, INCLUDING FELONIES, MISDEMEANORS AND DRIVING UNDER THE INFLUENCE. (IF NO PRIOR ARRESTS OR CONVICTIONS INDICATE NONE)		
Date of Arrest	Crime Charged	Arresting Law Enforcement Agency/Court

Are you now on PROBATION or PAROLE? (Circle One) YES NO
If YES, list name and phone number of PROBATION / PAROLE Officer:

_____ Name of Probation or Parole Agent	_____ Phone Number (Must be Included)
--	--

I hereby authorize Mercer County Housing Authority to secure a Criminal History Background check, as a necessary part of Mercer County Housing Authority's Pre-Housing Application Process for eligibility purposes. I understand the results of this report will remain confidential. Under the provisions of the Pennsylvania Crimes Code, Section 4904, Unsworn Falsification to Authorities, the information contained herein is true and correct to the best of my knowledge.

_____ Applicant's Signature	_____ Date
ACCEPT	REJECT
Signature of MCHA Employee receiving application:	_____ Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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/eiv/ivwcdm>.

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

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

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

Signature

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

MERCER COUNTY HOUSING
80 Jefferson Avenue
Sharon, PA 16146-3352
724-342-4000

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

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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