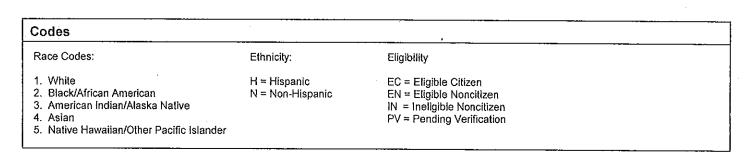
	Appli	cation for .	Admission			
MERCER COUNTY HOU 80 JEFFERSON AVENU SHARON, PA 16146 (724) 342-4010			,	For Office Use	Only	Professional decoration of the second of the
I. Current Applicant l	nformation			IEI Dat	e: I	Antonio de la composició de la composici
General Information Applicant SSN: Applicant Name: Street Address: City, State, Zip Code: Phone Number:				Time:	Bd57:	- Andrews
Accessibility Feature		lobility	Pet Information			
Mailing Address Street Address: City, State, Zip Code: Current Address Int Lived there from/to: Bedroom Size: Current Landlord Landlord Name: Street Address: City, State, Zip Code: Telephone: II. Preferences Homeless	Same as current addres formation Grad. Trans. Ho	Mon	othly Rent:			
3 And St. 41		Office Use	ಪಟ್ಟೆ e Onlv	**************************************		
Waiting List(s) Appl	ied for	Number		Class	ification	Beds
		;		<u></u>	·	-
	,					
						

III. Family Composition Information & Please list yourself 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 J. Please list yourself first											
1	Birth Place	Gender			Rac	е		Ethn	Disabled	Elig	Alien Registration
No.		(M/F)	1	2	3	4	5				
01											
02											
03									:		
04											
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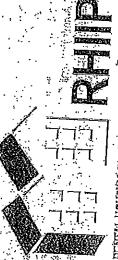
IV. Employment	Income Information		
Member Name: Income Type: Start Date: Amount/Freq: Annual Amount:	How Long:Per	Position: Address: City, State, Zip Code	
Member Name: Income Type: Start Date: Amount/Freq: Annual Amount:	How Long:Per	Position: Address: City, State, Zip Code	
Member Name: Income Type: Start Date: Amount/Freq: Annual Amount:	How Long:Per	Address: City, State, Zip Code	
Member Name: _ Income Type: _ Start Date: _ Amount/Freq: _ Annual Amount: _	How Long: Per	Address: City, State, Zip Code	
V. Asset Informa	ation 🗸		
Member Name: Asset Description: Cash Value: Annual Income:		Contact:	
Member Name: Asset Description: Cash Value: Annual Income:			
Member Name: Asset Description: Cash Value: Annual Income:		Source Name: Contact: Address: City, State, Zip Code Phone Number:	
Member Name: Asset Description: Cash Value: Annual Income:		Source Name: Contact: Address: City, State, Zip Code	

VI. Expenses 🗸			
Member Name: Type of Expense: Amount/Freq: Annual Amount:	Per	Payee: Contact: Address: City, State, Zip Code Phone Number:	
Member Name: Type of Expense: Amount/Freq: Annual Amount:	Per	Payee: Contact: Address: City, State, Zip Code Phone Number:	
Member Name: Type of Expense: Amount/Freq; Annual Amount:	Per	Payee: Contact: Address: City, State, Zip Code Phone Number:	
Member Name: Type of Expense: Amount/Freq: Annual Amount:	Per	Payee: Contact: Address: City, State, Zip Code Phone Number:	
Member Name: Type of Expense: Amount/Freq: Annual Amount:	Per	Payee: Contact: Address: City, State, Zip Code Phone Number:	
VII. Previous Inform	ation J		
Previous Address In Street Address: City, State, Zip Code: Lived there from/to: Bedroom Size: Previous Landlord Landlord Name: Street Address: City, State, Zip Code: Telephone: Previous Public Hou			
HA Name: Street Address: City, State, Zip Code: Lived there from/to: Telephone:			

VIII. Emergency Co	ntact 📗	
Name: Street Address: City, State, Zip Code: Telephone:		Type/ Relation:
IX. Certification of	Information	
makes false or fra		e, states that a person-who knowingly and willingly- f the U.S. government is guilty of a felony. isonment of up to 5 years.
may disqualify me f assistance		e to disclose information requested in this application tion, and may be grounds for eviction or termination of and complete to the best of my knowledge.
Applicant:		Date:
Co-Applicant:		Date:
Other member over	r 18:	Date:
Other member over	r 18:	Date:
	r 18:	
	r 18:	
	For Office Us	se Only
On the basis of th be eligible for adn	e determinations set forth above, the ap	plicant family named herein has been found to
Interviewed By		
· · · · · · · · · · · · · · · · · · ·		<u> </u>
Signed Title		Date
A. Community No	umber:	D. Date Assigned:
B. Unit Number:		E. Lease Effective Date:
C. Unit Size Assi		

Application for A	Admission	_		
MERCER COUNTY HOUSING AUTHORITY 80 JEFFERSON AVENUE SHARON PA 16146	For Office	ce Use Only		
SHARON, PA 16146 (724) 342-4010				
Survey/Additional Questions				
Are you the applicant or any of your household members, subje offender registration program in any state. If so list all states yo	ect to lifetime state sex ou are registered.	Yes	No	1002.0
Please list all states where you the applicant an dall household	members have resided in.	Yes	No	To the state of th
Are you currently homeless, if yes please provided two forms of qualify for preference.	f verifiable documenation to	Yes	No	7 - Cat L & C
Are you a full time or part time student.		Yes	No	A CONTRACTOR OF THE CONTRACTOR
Have you ever resided in subsidized housing.	V - N - N - N - N - N - N - N - N - N -	Yes	No	
Did you received a copy of the VAWA notice HUD form 5380.		Yes	No	According to the control of the cont
			·	
		•		

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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

Wesper About Will

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

What is Ely?

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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. 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)

What is the ElV information used for?
Primatly, the information is used by PHAs (and management agents fined 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, cources and amounts sources and amounts, cources and confirm your participation in only one HUD rental assistance program.

Confirm if you owe an outstanding debt to any

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 in members, or your listed emergency confact in the garding deceased household members.

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

EIV will also aler PHAs If you owe an outstanding debt of any PHA (in any state of U.S. territory) and any negative status when you voluntarily of involuntarily moved out of a subsidized unit under the Public Housing of 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.

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), them to obtain information about you for the purpose of determining your eligibility and amount of rental. Used; only to determine your eligibility for the program, unless you consent in writing to authorize additional: used; 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 defined. You may also be terminated from the HUD rental assistance, program,

What are myresponsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose; complete, and accurate information, to the Information; and certify that your reported household composition; and certify that your reported household expenses sinformation is true to the best of your knowledge.

Fébruary 2010

member dies or moves out. You must also obtain the Remember, you must notify your PHA if a household P.H.A'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?

è'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:

- Termination of assistance
- Repayment of rent that you should have paid had you reported your income correctly લંલ
 - Prohibited from receiving future rental assistance for a period of up to 10 years Prohibited
- 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 When completing applications and reexaminations, your must include all sources of any member of your household income you or requirements. 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 immediately to determine if this will affect your rental contact your vour household · income, assistance.

What do I do if the EIV information is

Incorrect? 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 nformation ..directly to .. verify. disputed .income nformation. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

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

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

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

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

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

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

Sometimes someone else dentity: Theft. Unknown EIV information to you can 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 visit their website at: http://www.ftc.gov/. Provide your 772-1213); file an identity theft complaint with your Commission (call FTC at (877) 438-4338, or you;may your income is calculated correctly (call SSA-at (800) the Federal ...] PHA with a copy of your identity theft complaint. be a sign, of identity theft. local police department

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

process on HUD's Publicand Indian Housing EIV web on EIV and the income verification process. You may Your PHA can provide you with additional information also read more about EIV and the income verification pages at: http://www.hud.cov/offices/of/programs.phyfhing/tiv.cfm. The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

- Public Housing (24 CFR 960); and
- Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
- Section 8 Moderate Rehabilitation (24 CFR 882); and . ന
 - Project-Based Voucher (24 CFR 9§3) 4.

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

Signature

Date

Mercer County Housing Authority RESIDENT AND APPLICANT HIPAA AND PRIVACY POLICY

It is the policy of Mercer County Housing Authority to adhere to privacy and confidentiality laws set forth by, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Information obtained during the application, leasing or re-certification process is used solely to ensure eligibility for housing or housing subsidy or resident services. All information will remain confidential and will not be released to any outside parties, not stated within this policy, without written authorization or by court order to provide specific information.

All information requested is needed to determine adherence to the eligibility requirements of HUD, PHFA or other funding source. Information will also be shared with agency's that provide assistance in maintaining housing. We at Mercer County Housing Authority understand that information requested has been provided to us voluntarily and will not use the information in any manner other than to meet your housing needs. We may at times request updated information or ask for additional information to better serve your needs. This information will also be kept in strictest confidence.

To ensure we are meeting the guidelines of our funding sources, resident files are regularly audited by either a private organization or governmental agency that must also adhere to privacy laws. Any such review or inspection shall require an executed Mercer County Housing Authority Privacy Policy statement for your protection. It shall be documented in your file when someone outside of Mercer County Housing Authority has reviewed your file.

As our customer, you have the right to inspect your file. We request a 48 hour notice to meet this request. We will gladly make arrangements for you to review the file; however the file may not leave the security of the office and you may not make any additions, changes, or corrections to the file nor remove anything from the file. We can make copies for you but only of any information directly provided by you. If you feel that there is incorrect data in your file, you may file a correction notice or appeal with the Property Manager to correct any errors.

All subcontractors, hired by Mercer County Housing Authority, to complete a task at any MCHA facility, will be asked to sign a confidentiality statement to hold all information obtained, viewed or overheard, while employed by MCHA, in the strictest confidence. Subcontractors, except as other wise noted in this statement, will not be given access to your records or other personal data.

The HIPAA laws prohibit the Mercer County Housing Authority staff from posting personal information of any type, without your written authorization. This includes posting names on directories, birth dates or any other personal information. This written authorization may be revoked, in writing, by you at any time.

Your signature on this form indicates that you have read and understand the Mercer County Housing Authority Privacy Policy.

Name	Date		
MCHA Staff	 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.

08/2013

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:	;
Mercer County Housing Authority	,	
80 Jefferson Avenue Sharon, PA. 16146-3352	Signature Date	
DD0.	Printed Name	

08/2013

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.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Housing Choice Voucher or Rental Assistance I 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

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.

Housing Authority SCREENING COVER LETTER

Date:	_
Applicant Name	
Applicant Address	
•	
Dear Sir/Madam:	
Our tenant selection policy obliges us to verify certain inf families applying for admission to our developments. To we ask your cooperation in supplying the information on t above. This information will be used only in determining accepted for admission. You will note that the family has information to us.	comply with this requirement, he history of the family listed whether the family can be
Your prompt return of this letter will be appreciated. A se is enclosed. If you have any questions, please call 724-34	
Sincerely yours,	
Holly Campbell	
Director of Housing Management	

MERCER COUNTY HOUSING AUTHORITY 80 JEFFERSON AVENUE, SHARON, PA 16146 724-342-4010 FAX 724-342-4027

Housing Authority LANDLORD VERIFICATION FORM

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? \square Yes \square No
Amount of monthly Rent? \$ No Does (did) applicant pay rent on time?Yes No
Has(had) he/she ever paid late? Yes No How late How often
Have (had) you ever begun/completed eviction for non payment? Yes No
Have tenant paid utilities ever been disconnected? Yes No
Does (did) the applicant keep the unit clean, safe and sanitary? \(\subseteq \text{Yes} \subseteq \text{No} \)
Has (had) the applicant damaged the unit? Yes No
Describe: Cost of repair \$ How often?
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? Tyes TNo

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:
Have 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 LandlordDate
Iauthorize the release of the information requested on
This form. Signaturedate

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 department 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 HÜD 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).

