

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

This consent form expires 15 months after signed.

Signatures:

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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not 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, 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 (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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

Wayne Metropolitan Housing Authority  
345 North Market Street  
Wooster, Ohio 44691

Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

## TENANT PERSONAL DECLARATION STATEMENT

You must use the correct legal name for each member of your household. All adult members of the household must sign below certifying the information pertaining to them. This declaration is to be completely filled out at pre-application, full application and all annual and interim re-examinations.

NOTE: Codes pertaining to race and ethnicity are official codes the Federal Government uses for census taking and related activities, and are mandated by the U.S. Office of Mgmt and Budget.

**1. HOUSEHOLD MEMBERS.** List all persons who are or will be living in your home. List the head of household first.

LEGAL NAME OF ALL ADULT MEMBERS	DATE OF BIRTH	AGE	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	STUDENT Y/N	DISABLED Y/N
1						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
2						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
3						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
4						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
NAME OF CHILDREN IN THE HOME (does not include visitation)	DATE OF BIRTH	AGE	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	STUDENT Y/N	DISABLED Y/N
1						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
2						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
3						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
4						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
5						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						
6						
Is this person Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is this person Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other						

**IF BOTH PARENTS ARE NOT IN THE HOME, LIST NAME AND ADDRESS OF ABSENT PARENT(S)**

ABSENT PARENT NAME	ADDRESS	SOCIAL SECURITY NUMBER

**IF SEPARATED OR DIVORCED, LIST NAME AND ADDRESS OF SPOUSE/EX-SPOUSE**

SPOUSE/EX-SPOUSE NAME	ADDRESS	SOCIAL SECURITY NUMBER

**HOUSEHOLD INCOME and ASSETS**

**Completely fill out each section. If it does not apply to you, mark the appropriate box with an "X".**

**List all money received or earned for ALL persons in the home, INCLUDING WAGES FOR MINOR CHILDREN.**

Family Member Name	Source of Income (example: TANF, SS, VA)	Caseworker Name	Phone Number	Amount Received	How Often

Family Member Name	Employer Name	Employer Address	Phone Number	Amount Received	How Often

**LIST EXPENSES INCURRED IN ORDER TO WORK OR ATTEND SCHOOL**

Family Member Name and age	Daycare Provider's Name	Daycare Provider's Address	Phone Number	To work or attend School?	Is family member disabled?

**List all assets owned by any family member INCLUDING MINOR CHILDREN (example: checking, savings, credit union, cash values of life insurance policies, etc)**

Family Member Name	Bank Name	Address	Phone Number	Account Type	Joint Account?

**List all Stocks and Bonds owned by any family member, INCLUDING MINOR CHILDREN**

Family Member Name	Stock Company Name	Address	Phone Number	Account Type	Joint Account?

**List all Real Estate/Property owned by any family member, INCLUDING MINOR CHILDREN**

Family Member Name	Market Value	Address of Property	Monthly Mortgage Payment	Income Received	Joint Account?

**List all vehicles (including boats) owned by any family member, INCLUDING MINOR CHILDREN**

Family Member Name	Type of Vehicle	Year of Vehicle	Make and Model	License Number

**HOUSEHOLD MEDICAL EXPENSES**

Complete the following sections IF you or your spouse are elderly, disabled or handicapped **AND ARE CURRENTLY PAYING** for ongoing medical expenses (example: insurance, prescriptions, regular doctor visits, etc.)

Family Member Name	Doctor's Name	Address	Phone Number	Amount Paid	How Often

Family Member Name	Hospital Name	Address	Phone Number	Amount Paid	How Often

Family Member Name	Pharmacy/Drug Store Name	Address	Phone Number	Amount Paid	How Often

Family Member Name	Health Insurance Company	Address	Phone Number	Amount Paid	How Often

Family Member Name	Miscellaneous Medical	Address	Phone Number	Amount Pd	How Often

**REQUIRED MISCELLANEOUS INFORMATION**

Have you or any other household members ever used any other name or Social Security Number?  Yes  No If yes:

Previous First Name	Maiden Name	Previous Last Name(s) Used	Previous Social Security Number Used

Have you or any other household member ever lived in public or rental assisted housing?  Yes  No If yes:

Family Member First Name	Family Member Last Name	Address of previous unit	Name of Owner/Housing Authority	Phone Number	Date Moved Out

Have you or anyone in your home ever been convicted of a crime other than a traffic violation?  Yes  No If yes:

First Name	Last Name	Reason for Conviction	Year

Have you or anyone in your home ever committed fraud in a federally assisted housing program (public or rental assisted housing) or been required to repay money for knowingly misrepresenting information?  Yes  No If yes:

First Name	Last Name	Reason for Repayment	Year

**NEW/ADDITIONAL INFORMATION**

**Do you receive services or money from any of these agencies?**

Agency Name	Services Provided	YES	NO	Amount Received	How Often
<b>Job and Family Services</b>	Food Stamps				
	Medicaid				
	PRC				
<b>Children Services</b>	Do you have a current Case Plan?				
	Caseworker's Name:				
<b>Earned Income Credit</b>	Employer Name & Address:				

Does anyone outside your home pay for any of your bills or give you money on a regular basis?  Yes  No If yes, please explain: \_\_\_\_\_

Do you anticipate medical expenses for attendant care or auxiliary apparatus to enable a family member to work?  Yes  No If yes, who is enabled to work? \_\_\_\_\_ Who requires the care or apparatus? \_\_\_\_\_

**In compliance with HUD Regulations, we must verify the accuracy of utilities and appliances supplied by owners and families receiving rental assistance. In order to do this we request that you complete the following information (please circle the appropriate answer).**

<u>UTILITY</u>	<u>PAID BY</u>		<u>SOURCE</u>			
Heat	Tenant	Owner	N Gas	Electric	Fuel Oil	Propane
Cooking	Tenant	Owner	N Gas	Electric	Fuel Oil	Propane
Electric	Tenant	Owner	N Gas	Electric	Fuel Oil	Propane
Hot Water	Tenant	Owner	N Gas	Electric	Fuel Oil	Propane
Water	Tenant	Owner				
Sewer	Tenant	Owner				
Trash	Tenant	Owner				
Who owns the stove?	Tenant	Owner				
Who owns the refrigerator?	Tenant	Owner				

The following outline describes some of your responsibilities as a Section 8 applicant and/or participant with the Wayne Metropolitan Housing Authority. Failure by you, or any other family member, to meet these responsibilities may cause you to be denied or terminated from the Section 8 Program and you may be denied any future Section 8 subsidy.

<b>FRAUD</b>	You must <b>COMPLETELY FILL OUT</b> information contained on the <b>Tenant Release and Declaration Statement Forms</b> . You must provide accurate and complete information on your application/tenant declaration forms or you may be denied assistance or terminated from the Section 8 Program. Failure to completely fill in all areas constitutes your willingness to provide false or inaccurate information and may be considered fraud.
<b>DETERMINATION OF INITIAL OR CONTINUED ELIGIBILITY</b>	You must supply any information that the Housing Authority or HUD determines to be necessary to determine your initial or continued eligibility
<b>FAMILY COMPOSITION AND INCOME (INCLUDING INCOME OF MINOR CHILDREN)</b>	You must report <b>IN WRITING</b> , within ten (10) business days, <b>ANY</b> changes in your family size income or assets. Income includes <b>ALL</b> employment earnings (including earnings from minor children), welfare, social security, disability, lump sum payments, lottery winnings, child support payments, unemployment, workers compensation, etc. <b>FAILURE TO REPORT CHANGES IN A TIMELY MANNER MAY RESULT IN REPAYMENT DUE TO OUR AGENCY AND/OR POSSIBLE TERMINATION OF HOUSING ASSISTANCE.</b>
<b>CRIMINAL ACTIVITY</b>	You or your family members <b>CANNOT</b> engage in drug related criminal activity or violent criminal activity.
<b>INSPECTIONS</b>	You must allow WMHA to inspect your unit upon receipt of reasonable notice.
<b>LEASING</b>	You must comply with all terms and conditions of your lease.
<b>OWNERSHIP</b>	You <b>CANNOT</b> own any part of the rental unit in which you are assisted.
<b>SUBLETTING OR RENTING</b>	You <b>CANNOT</b> sublet, rent or transfer any part of the rental unit. The only individuals who can live in your rental unit are those whom you have reported as being part of your family who have been approved by the WMHA. You must have <b>PRIOR approval</b> from WMHA to add a person to the household.
<b>DUAL ASSISTANCE</b>	You <b>CANNOT</b> receive any other federal rental assistance while receiving Section 8.
<b>USE OF THE RENTAL UNIT</b>	Your rental unit can only be used as a residence. You <b>CANNOT</b> operate a business from the unit without prior approval from the WMHA. <b>DO NOT</b> allow anyone to use your address or use the unit for any other purposes unless they are family members listed on your contract.
<b>MOVING</b>	You must give the Landlord and WMHA a <b>WRITTEN 30-day notice</b> when you plan to move from the rental unit.

**I do hereby swear and attest that all of the information above about me is true and complete.**

Signature of Head of Household                      Date                      Phone/Contact Number                      Date

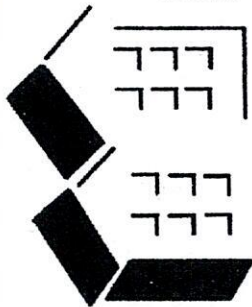
Signature of Other Adult                      Date                      Signature of Other Adult                      Date

**WARNING!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES!**



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.

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

**What are the penalties for providing false information?**

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

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

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

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

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

**What do I do if the EIV information is incorrect?**

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

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

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

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

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

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

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

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

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

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

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