



DuBois Housing Authority

ADMINISTRATIVE OFFICES
GATEWAY TOWERS APT. BUILDING
21 E. LONG AVENUE
DUBOIS, PENNSYLVANIA 15801

Tel (814) 371-2290
Fax (814) 371-2733
TTD (800) 654-5984

HOUSING APPLICATION CHECKLIST

PLEASE USE CHECKLIST BELOW TO ASSURE ALL HAS BEEN COMPLETED BEFORE SUBMITTING YOUR APPLICATION; INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

_____ REVIEW, COMPLETE, SIGN, AND DATE ALL FORMS; SIGNATURES ON FORMS FOR HOUSEHOLD MEMBERS 18 AND OLDER: APPLICATION, HUD-9886, AUTHORIZATION FOR RELEASE OF ELIGIBILITY, AND PROGRAM INTEGRITY

_____ COMPLETE A RACE AND ETHNIC FORM AND DECLARATION OF SECTION 214 FOR EACH HOUSEHOLD MEMBER

_____ PROOF OF LEGAL ENTRY OR ALIEN STATUS NEEDED IF NOT A US CITIZEN

_____ ORIGINAL BIRTH CERTIFICATES OR BAPTISM CERTIFICATES, ORIGINAL SOCIAL SECURITY CARDS FOR EACH HOUSEHOLD MEMBER, AND DRIVER'S LICENSE OR PHOTO ID FOR EACH HOUSEHOLD MEMBER (18 YEARS OF AGE AND OLDER)

_____ COMPLETE THE CURRENT AND PREVIOUS LANDLORD SECTION WITH FULL NAMES AND ADDRESSES, IF APPLYING FOR PUBLIC HOUSING

_____ COMPLETE THE PERSONAL REFERENCE SECTION PROVIDING THREE (3) REFERENCES WITH FULL NAMES AND ADDRESSES, IF APPLYING FOR PUBLIC HOUSING

PLEASE NOTE THAT IT TAKES APPROXIMATELY 30 DAYS TO PROCESS EACH APPLICATION AND FOR STAFF TO COMPLETE THE FOLLOWING: CRIMINAL BACKGROUNDS, BALANCES DUE TO OTHER HOUSING AUTHORITIES, AND TO SEND AND HAVE REFERENCES RETURNED.



Equal Housing
OPPORTUNITY

DuBois Housing Authority

Administrative Offices
21 East Long Avenue
DuBOIS, PA 15801
(814) 371-2290
Fax (814) 371-2733
TDD (800) 654-5984



Dear Prospective Applicant:

This document is the application for housing with the DuBois Housing Authority.

Please complete the entire application with attachments to avoid delays in the processing of the application.

NOTE:

- Be sure to complete programs applying for – Page 1 top right corner
- If applying for Gateway Towers Apartments, Garden Grove Townhouses, Acquisition Site and/or the Gray Foundation Apartments **LANDLORD AND PERSONAL REFERENCES ARE REQUIRED!** The application for these programs will not be processed if the information is not supplied
- Complete one Race and Ethnicity form for each family member
- Complete one Declaration of Citizenship for each family member
- Birth Certificates and social security cards, for all household members, are required

Should you need additional copies of any forms, please print/copy them to ensure your application is complete when submitting it to the Housing Authority for processing.

It takes approximately 30 days to process applications: criminal background check is completed on all members 18 years of age and older, a check for balances due Housing Programs is completed and References are mailed to Housing Agencies, Landlords and/or Personal References.

Should you have any questions concerning this application, please contact the DuBois Housing Authority office at 814-371-2290.

DUBOIS HOUSING AUTHORITY PROGRAMS

The Application you have requested is for the following programs; please choose the programs which will fit your family size and situation.

Gateway Towers Apartments located at 21 East Long Avenue, DuBois, has 99 apartments with sizes of studio, one bedroom and two bedroom apartments. Rent charges are based on 30% of adjusted monthly income, all utilities are included in the rent figure. (Residents pay telephone and cable) *This site is for Elderly, Near-Elderly and Single individual/s families over the age of 18.*

Garden Grove Townhouses located on Oklahoma/Salem Road, DuBois has 75 townhouse apartments with sizes ranging from one bedroom to five bedrooms. Rents charges are based on 30% of adjusted monthly income, all utilities are included in the rent figure. (Residents pay telephone and cable) *This site is for families/single persons.*

Acquisition Site located on Rumbarger Avenue, South State Street, Linden Avenue, and Spruce Alley, DuBois, are 16 individual three bedroom houses. Rent charges are based on 30% of adjusted monthly income, less a utility allowance, with residents paying all utilities. *This site is for families with a three bedroom family composition.*

Gray Foundation Apartments located at 54 West Long Avenue, DuBois, has 39 one bedroom apartments. Monthly rent charged includes all utilities. (Residents pay telephone and cable) *This site is for persons/couples over the age of 55.*

PLEASE CALL FOR CURRENT RENT FIGURE

Housing Choice Voucher Program are privately owned apartments and housing of all sizes located throughout the City of DuBois, Township of Sandy, and Township of Brady. The Authority has 192 allocations of funding to assist Very Low Income families and elderly, with rental assistance in homes, which must meet Uniform Physical Standards. *This program is available for all applicants with the 75% of those assisted being Extremely Low Income.*

All persons must meet screening criteria and income limitations required by the individual program.

**DUBOIS HOUSING AUTHORITY
APPLICATION FOR ADMISSION**

DUBOIS HOUSING AUTHORITY
21 EAST LONG AVENUE
DUBOIS, PA 15801
(814) 371-2290

PROGRAM APPLIED FOR:

Gateway Towers Apartments _____
Garden Grove Townhouses _____
Acquisition Site _____
Gray Foundation Apartments _____
Housing Choice Voucher Program _____

I. APPLICANT INFORMATION

Applicant SSN _____
Applicant Name _____
Street Address _____
City, State, Zip _____
Home Telephone _____
Work Telephone _____
Message Telephone _____

Accessibility features requested?

Vision _____
Hearing _____
Wheelchair _____
Physical _____

Household Size _____
Emancipated Minor Yes No

Pet Information Cats ___ Dogs ___ Other ___ Comments _____

Mailing address same as current address? Yes No

If different: Mailing Address _____
City, State, Zip _____

Current Information

Lived there from _____ To _____
Number of bedrooms _____ Rent _____

Reason for Moving

About to be or without housing Sub-Standard Housing Other (Please specify) _____

Current Landlord

Address _____ Telephone _____
City, State, Zip _____

II. PREVIOUS INFORMATION

Previous Address _____ **Number of Bedrooms** _____
City, State, Zip _____ **Rent \$** _____
Lived there from _____ **To** _____

Previous Landlord _____
Address _____ Telephone _____
City, State, Zip _____

Previous Landlord _____
Address _____ Telephone _____
City, State, Zip _____ Address of rental _____

Previously lived in Public Housing Yes No

Previous HA Name _____
Address _____ Telephone _____
City, State Zip _____
Lived there from _____ To _____

OFFICE USE ONLY Bedrooms _____	Date: _____
Program GT - GGT - AS - GFA - HCV	Time: _____

Application for Admission Initials _____

III. PROGRAM INTEGRITY

1. Has anyone in your household been arrested or convicted of the use, sale, manufacture or distribution of controlled substances (drugs)? Yes No
If yes: Who? When? For What? _____
2. Does anyone in your household currently use a controlled or illegal drug? Yes No
If yes, please explain _____
3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? Yes No
If yes: Who? When? For What? _____
4. Has anyone in your household been convicted of a crime other than a traffic violation? Yes No
If yes: Who? When? For What? _____
5. Does anyone outside of your household pay for any of your bills or expenses? Yes No
If yes: Who? When? For What? _____

IV. FAMILY COMPOSITION INFORMATION

	Head	SSN	Student Y/N	Relationship to Head	Birthdate
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

	Birthplace	Gender (M/F)	Race					Ethnicity Hispanic?	Handicap	Disabled
			1	2	3	4	5			
Head										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Race Codes:
 1 = White
 2 = Black/African America
 3 = American Indian/Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member _____
 Income Type _____
 Start Date _____
 Income Per ___ hour ___ week ___ month ___ Year
 ___ weeks per year ___ hours per week
 Income Amount \$ _____

Source/Company _____
 Position _____
 Address _____
 City, State, Zip _____
 Telephone _____

Family Member _____
 Income Type _____
 Start Date _____
 Income Per ___ hour ___ week ___ month ___ Year
 ___ weeks per year ___ hours per week
 Income Amount \$ _____

Source/Company _____
 Position _____
 Address _____
 City, State, Zip _____
 Telephone _____

Family Member _____
 Income Type _____
 Start Date _____
 Income Per ___ hour ___ week ___ month ___ Year
 ___ weeks per year ___ hours per week
 Income Amount \$ _____

Source/Company _____
 Position _____
 Address _____
 City, State, Zip _____
 Telephone _____

Family Member _____
 Income Type _____
 Start Date _____
 Income Per ___ hour ___ week ___ month ___ Year
 ___ weeks per year ___ hours per week
 Income Amount \$ _____

Source/Company _____
 Position _____
 Address _____
 City, State, Zip _____
 Telephone _____

Family Member _____
 Income Type _____
 Start Date _____
 Income Per ___ hour ___ week ___ month ___ Year
 ___ weeks per year ___ hours per week
 Income Amount \$ _____

Source/Company _____
 Position _____
 Address _____
 City, State, Zip _____
 Telephone _____

Income Type Codes:

P = Pension	S = SSI	G = Assistance	I = Indian Trust/per capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	U = Unemployment Benefit		

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.(checking, savings, stocks, bonds, IRA's, CD's, Keough, trusts, or other assets) Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name _____
 Description of Asset _____
 Cash Value \$ _____
 Annual Income \$ _____

Source _____
 Contact _____
 Address _____
 City, State, Zip _____
 Telephone _____

Family Member Name _____
 Description of Asset _____
 Cash Value \$ _____
 Annual Income \$ _____

Source _____
 Contact _____
 Address _____
 City, State, Zip _____
 Telephone _____

Family Member Name _____
 Description of Asset _____
 Cash Value \$ _____
 Annual Income \$ _____

Source _____
 Contact _____
 Address _____
 City, State, Zip _____
 Telephone _____

VII. References

Personal References

Name _____
Address _____
City, State, Zip _____
Telephone _____

Name _____
Address _____
City, State, Zip _____
Telephone _____

Name _____
Address _____
City, State, Zip _____
Telephone _____

VIII. 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 or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation or failure to disclose information requested in this application may disqualify me from consideration for 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 _____

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 more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

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)

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(1)(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.

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



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

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 record keeping 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 06/30/2026.

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.

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.

Identify 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/dhpcgrants/whiphiv/cfr>

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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)

Signature _____

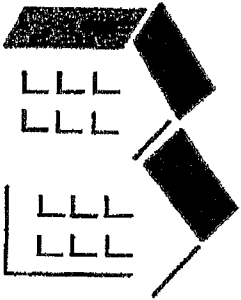
Date _____

February 2010



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

AUTHORIZATION FOR RELEASE OF ELIGIBILITY INFORMATION

CONSENT

I authorize and direct any federal, state, or local agency, organization, business or individual to release to the DUBOIS HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or maintain my Public Housing, and/or 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 administering and enforcing program rules and policies.

INFORMATION COVERED

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

Residence and Rental Activity	Credit and Criminal Activity
Identity and Marital Status	Medical or Child Care Allowances

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (Including Public Housing Agencies)	Law Enforcement Agencies Past and Present Employers
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COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the 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, or Housing agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is 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 file and correct any information that I can prove is incorrect.

_____ SIGNATURE HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ SPOUSE/CO-APPLICANT	_____ PRINT NAME	_____ DATE
_____ ADULT MEMBER	_____ PRINT NAME	_____ DATE

PROGRAM INTEGRITY

Has anyone in your family ever been convicted of any criminal activity?

Has anyone in your family ever been convicted of a crime out of the state of Pennsylvania?

If yes, what state?

Is anyone in your household currently on probation or parole?

If yes, what date will the probation or parole end?

I understand that failure to disclose information requested on this application will disqualify me from consideration for admission or participation. 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:** _____

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)

Name of Property _____ Project No. _____ Address of Property _____

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 format 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.

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship; but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- () I am a citizen by birth, a naturalized citizen or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
 - () Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - () Permanent residence under §249 of INA 4/; or
 - () Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - () Parole status under §§212(d)(5) of the INA 6/; or
 - () Threat to life or freedom under §243(h) of the INA 7/; or
 - () Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

- () Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

DuBois Housing Authority

ADMINISTRATIVE OFFICES
GATEWAY TOWERS APT. BUILDING
21 E. LONG AVENUE
DUBOIS, PENNSYLVANIA 15801

Tel (814) 371-2290
Fax (814) 371-2733
TTD (800) 654-5984



REASONABLE ACCOMMODATION PROCEDURES

A reasonable accommodation may be requested for a disabled person at the time of application, issuance of voucher and/or admission to a Housing Authority program and at any time throughout tenancy.

A reasonable accommodation must be requested in writing with documentation of the need by a professional. The documentation must verify the need of the reasonable accommodation request as related to the disability of the disabled individual.

What is a reasonable accommodation under Section 504?

A "reasonable accommodation" is a change, adaptation or modification to a policy, program, or service which will allow a qualified person with a disability to participate fully in a program, or take advantage of a service. Reasonable accommodations may include fore example, those which are necessary in order for the person with a disability to use and enjoy a dwelling, including public and common use spaces.

An applicant/resident family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there in no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time during your application/residency with the Housing Authority. This is up to you. If you would prefer not to discuss your situation with the Housing Authority, that is your right.

I/we have read and understand the procedures for requesting a reasonable accommodation, should it be necessary.

Signature _____ Date _____

Signature _____ Date _____

Housing Authority _____ Date _____
Representative

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

DuBois Housing Authority



ADMINISTRATIVE OFFICES
GATEWAY TOWERS APT. BUILDING
21 E. LONG AVENUE
DUBOIS, PENNSYLVANIA 15801

Tel (814) 371-2290
Fax (814) 371-2733

MAIN FEATURES OF SECTION 8 RENTAL ASSISTANCE PROGRAMS:

- 1) Monthly payment is based upon 30% of total family GROSS income minus certain deductions.
- 2) Income MUST be verified prior to participation.
- 3) You may find housing in the private rental market with the Housing Authority paying a portion of the rent.
- 4) All apartments/houses must pass a Housing Quality Standard inspection prior to a lease becoming effective.
- 5) A security deposit of up to one months rent can be required by the landlord, to be paid by the tenant.
- 6) A family-type relationship is necessary in order to be eligible.
- 7) The rental lease is a one year lease; after one year is considered a month to month lease.
- 8) The resident is renting the apartment/house on a temporary basis, not purchasing it.
- 9) A family may be transferred to another amount of funding because the family size increases or decreases.
- 10) Residents are responsible for keeping their homes clean.
- 11) Payment of utilities will be determined by the tenant and landlord.
- 12) Residents are responsible for making rent payments each month in ADVANCE by the first of the every month directly to the landlord.
- 13) Total family income of each family MUST BE recertified by the Housing Authority every year.
- 14) Homes MUST be inspected once each year by the Housing Authority for compliance with the lease.
- 15) Homes may be inspected at other times of the year by the Authority.
- 16) Rent payments are based upon income, and will increase or decrease based upon changes in family income and certain deductions.
- 17) Changes in income or family composition MUST BE reported to the Housing Authority at the time of the change.
- 18) Additional persons will be approved by the Landlord and Housing Authority prior to moving into the home.
- 19) There is a minimum monthly rent payment.
- 20) You will be required to Lease in the DuBois Housing Authority jurisdiction for one year before portability procedures to another Housing Authority's jurisdiction can take place.

All of the above stated features of the Section 8 Rental Assistance Housing Program have been THOROUGHLY explained to me. I understand my responsibilities in this Program and I am submitting an application.

Housing Authority Representative

Applicant

Date

Date

DuBois Housing Authority



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GATEWAY TOWERS APT. BUILDING
21 E. LONG AVENUE
DUBOIS, PENNSYLVANIA 15801

Tel (814) 371-2290
Fax (814) 371-2733

MAIN FEATURES OF RENTAL PROGRAM:

- 1) Monthly payment is based upon 30% of total family GROSS income minus certain deductions.
- 2) Income MUST be verified prior to admission.
- 3) A security deposit of \$75.00 MUST be paid prior to admission.
- 4) A family-type relationship is necessary in order to be eligible.
- 5) The rental lease is a month to month lease and is renewed by paying the rent each month.
- 6) The resident is renting the apartment/house on a temporary basis, not purchasing it.
- 7) Housing Authority's insurance on the home DOES NOT cover the family's personal property and possessions.
- 8) A family may be transferred to another home because of the family size increases or decreases.
- 9) The Housing Authority will perform all maintenance on the dwelling, but the resident will pay for any damages beyond normal wear and tear.
- 10) Residents are responsible for keeping their homes clean.
- 11) Residents of Gateway Towers and Gateway Garden Apartments, utilities are included in the monthly rent figure.

Residents of the Acquisition Site are responsible to pay all utilities, which are gas, electric, water, sewage and trash removal/recycling charges.

- 12) Residents are responsible for making rent payments each month in ADVANCE by the first of the month.
- 13) Total family income of each family MUST BE recertified by the Housing Authority every year.
- 14) Homes MUST be inspected once each year by the Housing Authority for compliance with the lease.
- 15) Homes may be inspected at other times of the year by the Authority.
- 16) Rent payments are based upon income, and will increase or decrease based upon changes in family income and certain deductions.
- 17) Changes in income or family composition MUST BE reported to the Housing Authority at the time of the change.
- 18) Additional persons will be approved by the Housing Authority prior to moving into the home.
- 19) There is a minimum monthly rent payment.
- 20) Acquisition Site: An allowance for payment of utilities will be considered in calculations of monthly rent.
- 21) Acquisition Site: The Utility Allowance calculations will be updated periodically.
- 22) Acquisition Site: Some residents may be entitled to utility supplements to assist them in paying their utility bills.

All of the above stated features of the Rental Housing Program have been THOROUGHLY explained to me. I understand my responsibilities in this program and I am submitting an application.

Housing Authority Representative

Applicant

Date

Date