

Fort Smith Housing Authority

2100 North 31st Street

Fort Smith, Arkansas 72904

(479) 785-4881 FAX (479) 709-9381

**HOUSING CHOICE VOUCHER/
SECTION 8 APPLICATION**

Dear Applicant,

The Fort Smith Housing Authority has added two local preferences for which you may qualify. The first is a working preference for families in which the head of household or spouse works a minimum of thirty (30) hours per week at no less than minimum wage, which is currently \$7.50 per hour. You must have worked the last six months and continue to work for twelve months after receiving the preference. The second is for elderly, handicapped or disabled families. An elderly preference is given to a family whose head of household or spouse is age 62 or older. A disabled family is one in which the head of household or spouse is handicapped or disabled. Enclosed is a copy of the two preferences we have added. If you believe you qualify for either preference, please call to inquire at 479-782-4991 ext. 10. Please note that these are local preferences only; they do not port out to other agencies.

Sincerely,

Fort Smith Housing Authority

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

All preferences are ranked and based on date of application

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

The Fort Smith housing Authority has implemented five (5) local preferences:

- (1) Abuse preference
- (2) Natural disaster preference
- (3) Elderly, handicapped or disabled preference
- (4) Working Preference
- (5) One homeless family per month will be referred by local homeless services provider agencies

A Violence/Domestic Abuse preference will apply when a victim is forced from their residence by a member of the household acting in such abusive manner that it is a life threatening situation. Applicant applying for preference shall furnish a letter from the Crisis Intervention Center verifying the abuse. An applicant granted a preference for abuse will be required to enroll into a support group at the Crisis Intervention Center and complete the course. Upon successful completion a certificate will be given to the applicant. If an applicant fails to complete the course rental assistance will be terminated by the PHA giving a thirty day notice to the applicant and landlord. The applicant shall also sign a certification that the former abuser will not under any circumstances reside with the tenant family unless the PHA has given advance written approval. Applicant must apply for preference within forty five (45) days of being forced from their residence.

A Natural Disaster preference will apply when a victim is forced to vacate their residence because of a natural disaster, in which the residence is destroyed or left in an unlivable condition. The applicant applying for the preference must be the person named on the lease for that residence. Applicant shall furnish proof of

residence and proof of action that caused it to become unlivable. Applicant must apply for preference within forty five (45) days of said disaster.

An elderly, handicapped or disabled family is eligible for a local preference if they otherwise qualify for the rental program and the head of household or spouse is 62 years of age or older, is receiving SSI, Social Security, or another type of payment verifying disability.

A family will be eligible for the working preference if the head of household or spouse has been employed full time for at least minimum wage for the last consecutive six month period before application is made. If a family qualifies for the preference the working member must maintain the full time status for an initial consecutive twelve month period after they are accepted for the rental program and rental assistance begins. If the working member loses their employment for any reason other than layoff due to lack of work or closure of the business during the initial twelve month period the Fort Smith Housing Authority will terminate rental assistance after a thirty day notice of termination in writing to the family and the landlord. For purposes of this preference full time employment is a minimum of thirty hours per week. **ANY NUMBER OF HOURS LESS THAN THIRTY IS CONSIDERED PART TIME!** All adults in the household must sign an agreement verifying they understand these conditions and agree to comply with them in order to obtain the Working Preference.

A preference will be provided for one (1) homeless family per month. In order to receive the preference a family must be referred to the PHA by a single collective recommendation from local homeless services provider agencies.

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OFFICE HOURS: MONDAY THROUGH FRIDAY 8:00A.M. TO 4:30P.M.

NOTICE

The Fort Smith Housing Authority **does not** have funds available for immediate and/or emergency rent assistance. Choosing of applicants is based on a first come, first serve basis.

We are unable to give you an approximate date of how soon we will be able to help you. Therefore, you will have to wait your turn on the waiting list.

We will need copies of **birth certificates**. If you do not have the birth certificates, then you will have to send off for them.

If your income and money is derived from sources listed below, you are required to provide our office with the following:

- (a) Income earning statement;
- (b) Statement from the Social Security Administration verifying social security benefits received by you and members of your family;
- (c) Statement from the Employment Security Division verifying unemployment benefits received by you and members of your family;
- (d) Recent statement from the Department of Health and Human Services verifying the amount of your TEA & Food Stamps;
- (e) Statement from Child Support Enforcement Unit, or a copy of a court ledger verifying the amount of child support you receive in a 12 month period;
- (f) Statement from all individuals providing you with financial assistance;
- (g) Copy of your recent bank statement verifying your savings and checking account, stocks, bonds, annuities, etc;
- (h) Statement verifying VA benefits, workmen compensation, royalties, retirement benefits, military pay, etc; and
- (i) Copy of your divorce papers.

The Applicant/Tenant Certification form must be completed in its entirety and signed by you and your spouse. Please answer each question. Do not put N/A or draw lines in blanks. If you have a question about any particular question(s) on the form, do not hesitate to ask questions. It is important that you be truthful and accurate when answering the questions.

Thank you.

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ANNUALIZED INCOME FOR VERY LOW INCOME FAMILIES

NUMBER OF PERSONS IN HOUSEHOLD

1	2	3	4	5	6	7	8
VERY LOW INCOME							
\$16,500	\$18,850	\$21,200	\$23,550	\$25,450	\$27,350	\$29,250	\$31,100
APPROXIMATE GROSS <u>MONTHLY</u> INCOME							
\$1,375	\$1,570	\$1,766	\$1,962	\$2,120	\$2,279	\$2,437	\$2,591
APPROXIMATE GROSS <u>WEEKLY</u> INCOME							
\$317	\$362	\$407	\$452	\$489	\$525	\$562	\$598
APPROXIMATE GROSS <u>HOURLY</u> INCOME							
\$7.93	\$9.06	\$10.19	\$11.32	\$12.23	\$13.14	\$14.06	\$14.95

AMOUNTS ARE ON GROSS INCOME BEFORE TAXES ARE TAKEN OUT

Please make a note of the amount of income your household is allowed to earn and still qualify for rental assistance. Be aware that the above chart refers to your income at the time you are called in to be placed on the program, not your income at the time of your application. If you are presently over income, you may still make an application for the program. If your income, when you are called in, is the same or higher than those listed in the chart above, we will be unable to assist you.

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WHAT CAN I DO IN THE MEANTIME?

HOMELESS INDIVIDUALS/FAMILIES

& VETERANS:

Next Step Day Room
123 N 6th Street 782-5433
Monday-Friday 8:00 a.m. – 4:00 p.m.
Identification Assistance, Lunch Served Daily

SERVICES ONLY:

Area Agency on Aging
524 Garrison 783-4500

Crawford-Sebastian Community Development
4831 Armour 785-2303

Community Services Clearing House
4420 Wheeler Ave. 782-5074

Department of Human Services (DHS)
Fort Smith, 616 Garrison 782-4555
Van Buren, 704 Cloverleaf Cir. 474-7595

Public Transit 783-6464

SERVICES AND HOUSING:

Crisis Intervention Center
5603 S 14th Street 782-1821

Gospel Rescue Mission/ Van Buren
201 Drennen 474-4163

Red Cross
1709 S Greenwood 782-1056

Rescue Mission
310 N F Street 782-1443

Salvation Army
401 North 6th 783-6145

LOCAL HOUSING AUTHORITIES:

Alma Housing Authority
9 West Main 632-2043

Crawford County Rental Assistance
11-A Pointer Trail West 474-0512

Greenwood Housing Authority
319 West Cedar Street 996-4661

Oklahoma Housing Finance Agency
HUD, P.O. Box 26720
Oklahoma City, OK 1-800-256-1489

Van Buren Housing Authority
1701 Chestnut 474-6901

INCOME BASED HOUSING:

Allied Gardens
5221 Johnson 782-3611

Briarwood Apartments
3400 Duke Ave. 646-2815

North Pointe/Clayton Heights
3408 N 6th St. 494-7729

West Apartments
4118 North 50th 783-7663

ELDERLY/ DISABLED/HANDICAPPED:

Gorman Towers
5800 Grand 452-7670

Mid-Town Apartments
1411 Rogers Ave. 783-1089

Nelson Hall Homes
2100 N 31st Street 782-4991



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**NOTICE TO APPLICANTS APPLYING FOR
AND TENANTS CURRENTLY RECEIVING
HOUSING ASSISTANCE**

The Law: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible noncitizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final “Noncitizens Rule” entitled Restrictions on Assistance to Noncitizens, which was published in the Federal Register on Monday, March 20, 1995 (60 FR 14846-4861).

When the Law Became Effective: The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Agency was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

What the Law Means to You: The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

Type of Programs this Law Applies to: The noncitizens Rules applies to the following HUD assisted housing programs:

- 1) Section 8 Rental Voucher Program
- 2) Section 8 Moderate Rehabilitation Program
- 3) Public and Indian Housing Programs

What Persons Are Covered By This Law: Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Noncitizens who have eligible immigration status.

What Evidence Will Be Required: Each family member, regardless of age, is required to submit the following evidence:

For citizens or nationals: A signed declaration of U.S. citizenship (whether by birth or naturalization).

For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995: A signed declaration of eligible immigration status and proof of age.

For All Other Noncitizens, the Evidence Consists of: 1) a signed declaration of eligible immigration status; 2) the immigration and Naturalization Service (INS) documents listed below on this page; and 3) A signed verification consent form.

For All Other Noncitizens, What Immigration Status is Eligible? Under the Noncitizens Rule, a noncitizen would have eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

- 1) **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 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.
- 2) **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 now 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].
- 3) **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 (8U.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].
- 4) **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].
- 5) **Threat to Life or Freedom Under §243(h) 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].
- 6) **Amnesty Under §245A of INA:** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245A].

What INS Documents Are Acceptable? The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

- 1) **Form I-151, Alien Registration Receipt Card** (issued to lawful permanent residents prior to 1979). Form I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.

- 2) **Form I-151, Alien Registration Receipt Card** (for permanent resident aliens).
- 3) **Form I-94, Arrival-Departure Record**, with one of the following annotations:
 - a. "Admitted as Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum"
 - c. "Section 243(h)" or "Deportation stayed by Attorney General";
 - d. "Paroled Pursuant to Section 212 (d) (5) of the INA"
- 4) **If Form I-94, Arrival-Departure Record**, is not annotated, then accompanied by one of the following documents:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 5) **Form I-688, Temporary Resident Card**, which must be annotated "Section 245A" or "Section 210";
- 6) **Form I-688b, Employment Authorization Card**, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12";
- 7) **A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or**
- 8) **If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status**, they will be announced by notice published in the Federal Register.

Note: Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The Housing Agency may not retain the original document(s). The Housing Agency must immediately make copies from the original document(s) and return the original document(s) to the family member.

When Must Evidence of Eligible Immigration Status Be Submitted? Evidence of eligible immigration status must be submitted at the times specified below, subject to any extension granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

Applicants: The Housing Agency must ensure that evidence of eligible immigration status is submitted not later than the date the Housing Agency anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

Families already receiving assistance on June 19, 1995: For a family already receiving the benefit of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

New occupants of assisted units: For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

Changing participation in a HUD program: Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Noncitizens Rule unless the family already has submitted the evidence to the Housing Agency for a covered program.

One-time evidence requirement for continuous occupancy: For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

What Happens if One or More Family Members Does Not Qualify? Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. "Family" as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of eligible immigration status of a family member if:

- 1) The primary and secondary verification of any immigration documents that were timely submitted has not been completed;
- 2) The family member for whom required evidence has not been submitted has moved from the tenant's dwelling unit;
- 3) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant's dwelling unit;
- 4) The INS appeals process has not been concluded;
- 5) For a tenant, the Housing Agency informal hearing process has not been concluded;
- 6) Assistance is prorated;
- 7) Assistance for a mixed family is continued; or
- 8) Deferral of termination of assistance is granted.

- 9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the Housing Agency informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures for any of the following events:

- 1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted ; or
- 2) Evidence of citizenship and eligible immigration status is submitted timely, but INS primary and secondary verification does not verify eligible immigration status of a family member; and
 - a. The family does not pursue INS appeal or Housing Agency informal hearing rights; or
 - b. INS appeal and Housing Agency informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member.

What Rights of Appeal are Available? Three distinct forms of appeal process are available to both applicants and tenants:

- 1) **Appeal to INS:** The following instructions apply to the right of appeal to the INS:
 - a. **Submission of request for appeal:** When the Housing Authority receives notification that INS secondary verification failed to confirm eligible immigration status, the Housing Agency shall notify the family of the results of the INS verification. The family shall have 30 days from the date of the Housing Agency's notification to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the Housing Agency with a copy of the written request for appeal and proof of the mailing. For good cause shown, the Housing Agency shall grant the family an extension of the time within which to request an appeal.
 - b. **Documentation to be submitted as part of the appeal to INS:** The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from the INS annotated at the top center in bold print: **HUD APPEAL**. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the Housing Agency.
 - c. **Results of INS Appeal:**
 - (i) The INS will issue the results of the appeal to the family, with a copy to the Housing Agency, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30-day time period, the INS will inform the family and the Housing Agency of the reasons for the delay.

Note: The INS response will be indicated in section B of form G-845S, Document Verification Request, which is returned to family and the Housing Agency. The INS response will be indicated in Section B by a mark in one of the following boxes: 1, 2, 5, 6, 8, 11, 12, 15 or 18.

(ii) When the Housing Agency receives a copy of the INS response, the Housing Agency shall notify the family of its right to request an informal hearing on the Housing Agency's ineligibility determination.

d. **No delay, denial or termination of assistance until completion of INS appeal process; direct appeal to INS:** Pending the completion of the INS appeal, assistance may not be delayed, denied or terminated on the basis of immigration status.

2) Informal Hearing with the Housing Agency

a) **When request for hearing is to be made:** After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family may request that the Housing Agency provide an informal hearing. This request must be made either within 14 days of the date the Housing Agency mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).

b) **Extension of time to request hearing:** The Housing Agency will extend the period of time for requesting a hearing (for a specific period) upon good cause shown.

c) Informal hearing procedures:

(i) **For tenants:** the procedures for the hearing before the Housing Agency as set forth in 24 CFR Part 966.

(ii) **For applicants:** the procedures for the informal hearing before the Housing Agency are as follows:

(A) **Hearing before an impartial individual:** The applicant shall be provided a hearing before any persons(s) designated by the Housing Agency (including an officer or employee of the Housing Agency), other than a person who made or approved the decision under review, and other than a person who is a subordinate of the person who made or approved the decision;

(B) **Examination of evidence:** The applicant shall be provided the opportunity to examine and copy, at the applicants expense and at a reasonable time in advance of the hearing, any documents in the possession of the Housing Agency pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;

- (C) **Presentation of evidence and arguments in support of eligible immigration status:** The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings;
 - (D) **Controverting evidence of the project owner:** The applicant shall be provided the opportunity to controvert evidence relied upon by the Housing Agency and to confront and cross-examine all witnesses on whose testimony or information the Housing Agency relies.
 - (E) **Representation:** The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such person make statements on the applicant's behalf;
 - (F) **Interpretive services:** The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or Housing Agency, as may be agreed upon by both parties;
 - (G) **Hearing to be recorded:** The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the Housing Agency); and
 - (H) **Hearing decision:** The Housing Agency shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the Housing Agency informal hearing. The decision shall state the basis for the decision.
- 3) **Judicial relief:** A decision against a family member under the INS appeal process or the Housing Agency's informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.

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U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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.

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

THIS SECTION FOR OFFICE USE ONLY

APP #: _____

DATE: _____

TENANT #: _____

CERT #: _____

REVIEWED BY: _____

HAP #: _____

TIME: _____

APPLICANT/TENANT CERTIFICATION

When completing this form, you MUST use the correct legal name for each member of your household as it appears on the social security card. ALL adult members of the household must sign below certifying the information pertaining to them. If completing by hand, PLEASE PRINT.

I. Household Composition: List all adults who will be living in your home, listing head of household first

Adults 18 and Older (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Race	Hispanic (Y or N)	Place of Birth (City/State)

List all children under 18 years of age who will be living in your home:

List names of children as they appear on social security card	Date of Birth	Relationship to Head of Household	Social Security Number	Race	Hispanic (Y or N)	Place of Birth (City/State)

Primary Contact Number: (____) ____-____ Secondary Contact Number: (____) ____-____

Current Address: _____
(Street Address) (City, State & Zip Code)

Mailing Address: _____
(Street Address) (City, State & Zip Code)

Please check box if you are homeless.

Are you, or any member of your household, subject to a lifetime sex offender registration requirement in any state?

Yes _____ No _____

II. Assets: Please answer the following with either YES or NO:

- (1) Do you or any member in your household own or have an interest in any real estate, boat, mobile home, property, and/or commodity? _____ (2) Do you own any stocks or bonds? _____ (3) Do you have a savings and/or checking account? _____ (4) Do you own a car? _____ (5) Do you own or have an interest in any income-producing assets not listed above? _____

If the answer to any of the above is YES, please explain below:

III. Household Income: List all money earned or received by everyone living in your household; including: money from wages, self-employment, child support, alimony, AFDC, social security, SSI, worker's compensation, veterans benefits, retirement benefits, pensions, unemployment benefits, baby-sitting, caring for others, stock dividends, income from bank accounts, rental property income, music entertainment business, and all other sources of compensation.

Household Member	Amount Received	Weekly/Bi-weekly	Monthly	Type of Income

Please list employer, hourly rate, and whether you are a full or part-time employee:

Does anyone outside the household pay for any of your bills or give you money? _____

If yes, please provide the name and address of the person assisting you and what assistance you are receiving:

If you are receiving food stamps, please list the monthly dollar amount: \$ _____

If you are getting TEA, please list your caseworker's name: _____

List your landlord's name and telephone number: _____

If your children are attending school, list the school name and address:

Child's Name	School Name	Address

Are you renting, renting to own, or do you own your home? _____

Have you ever applied for or participated in a rental assistance program? _____

I, do hereby swear and attest, that all of the information above about me is true and correct. I understand that willful false statements, misrepresentation of the facts, and failing to make a full disclosure of the information above are grounds for termination.

Signature of Head of Household Date

Signature of Spouse 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 Unites States.

READ AND INITIAL THAT YOU UNDERSTAND

If you change your address after submitting an application, you **MUST** notify us in writing at: Fort Smith Housing Authority, 2100 N. 31st Street, Fort Smith, AR 72904. Returned mail due to an incorrect address will **IMMEDIATELY** terminate this application!

INITIAL _____ DATE _____

Fort Smith Housing Authority

2100 North 31st Street
Fort Smith, Arkansas 72904
(479) 785-4881 FAX (479) 709-9381

SECTION 8 MODERATE REHAB PROGRAM **RENTAL ASSISTANCE**

The Boardwalk apartment complex located at 4201 Kinkead is privately owned and has made available its one, two and three bedroom apartments to families determined eligible for participation in the rental assistance program by the Fort Smith Housing Authority.

The apartments rent unfurnished and they come equipped with air-conditioners, smoke alarms, range, refrigerator, and dressing room. The apartments are gas heated, having wall furnaces or gas central heating units, and the owner pays the gas and water expenses.

Boardwalk Apartments has a laundry room, security guard, parking facilities for tenants and visitors, and a play area for small children.

If you are interested in leasing an apartment at Boardwalk, you must furnish the following documentation which enables us to determine your eligibility.

1. **PROOF OF ALL HOUSEHOLD INCOME (WAGES, LAST THREE (3) CONSECUTIVE CHECK STUBS OR STATEMENT FROM THE EMPLOYER, SS, SSI, DONATIONS, CONTRIBUTIONS, CHILD SUPPORT, FOOD STAMPS, ETC.). ALL INCOME VERIFICATION MUST BE NO OLDER THAN SIXTY (60) DAYS**
2. **SOCIAL SECURITY CARDS & BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS**
3. **PICTURE ID FOR ALL ADULTS**
4. **MARRIAGE LICENSE IF MARRIED**
5. **MOST RECENT BANK STATEMENTS**

You must apply for Boardwalk Apartments in person from 8:30am – 11:00am or 1:00pm – 3:15pm, every weekday except Tuesday.

When eligibility is determined, you will be required to complete an application at the Boardwalk apartment manager's office located at **4301 Kinkead Apt. #8**. The manager must approve your application to lease an apartment at Boardwalk.

When a vacant apartment (of your particular bedroom size) becomes available, you will be notified by Boardwalk to come in for an interim update and briefing session. You will then be sent to the apartment manager to make the necessary arrangements to move into your apartment.

I HAVE READ THE ABOVE INFORMATION. I DO _____ DO NOT _____ WISH TO APPLY AT BOARDWALK APARTMENTS.

NAME: _____

DATE: _____



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Fort Smith Housing Authority

2100 North 31st Street
Fort Smith, Arkansas 72904
(479) 782-4991 FAX (479) 782-0120

AUTHORIZATION TO RELEASE INFORMATION

I authorize the Fort Smith Housing Authority to obtain information about me or my family that is pertinent to eligibility for or participation in rental assistance programs.

Information covered: Inquiries may be made about:

Child Care Expenses	Credit History
Criminal Activity	Family Composition
Employment, Income, Pensions, & Assets	Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses	Identity & Marital Status
Medical Expenses	Social Security Numbers
Residences & Rental History	Unemployment Compensation

Any individual or organizations that may release information

Any individual or organization including any Governmental organization may be asked to release information. For example, information may be requested from:

Banks & other financial institutions
Courts, Law Enforcement Agencies
Credit Bureaus, Employers (past & present), Landlords
Providers of: alimony, child care, child support, credit, handicapped assistance, medical care, pensions/ annuities, schools & colleges, utility companies, and welfare agencies.
The U.S. Social Security Administration and U.S. Department of Veterans Affairs

CONDITIONS

I agree that photo copies of this Authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

Printed name of Head of Household

Printed name of Spouse

Signature of Head of Household Date

Signature of Spouse Date

Printed name of other adult

Printed Name of other adult

Signature of other adult Date

Signature of other adult Date



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IF THIS FORM IS NOT COMPLETED BY YOUR CURRENT LANDLORD AND RETURNED WITH YOUR APPLICATION YOU WILL NOT BE ELIGIBLE TO GO PORTABLE DURING THE FIRST YEAR YOU ARE ON HOUSING ASSISTANCE.

CERTIFICATION OF RENT

We are required by Federal regulations to verify the amount of rent charged and what utilities are paid for directly by the applicant. Therefore, we would appreciate your completing the certification below on behalf of the applicant. **If you are renting, please have the Landlord complete the statement below.**

I, _____, hereby certify that _____
applicant (s)

lives at _____, and is obligated to pay rent in the amount of

\$_____ per _____ plus the following utilities: _____.

The housing was leased to: _____ and _____ on _____.
(head of household) (spouse) (month/day/year)

I certify the above to be a true and accurate statement.

Owner

Telephone Number

Agent

Date

CERTIFICATION OF RESIDENCE

We are required by Federal regulation to verify the place of residence on all applicants applying for participation in the Section 8 Existing Housing Program. Therefore, we would appreciate your completing the Certification below on behalf of the applicant. **If you are living with parents, other family members or friends, have them complete the statement below.**

I, _____, hereby certify that _____
applicant (s)

lives at _____. This has been his/her place of residence

since _____.
(month/day/year)

I certify the above to be a true and accurate statement.

Signature of person certifying residency

Date

Home Address

Telephone Number

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 Unites States.

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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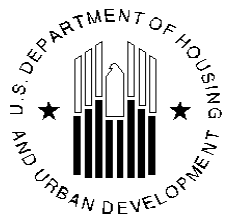
Signature of Applicant

Date

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

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

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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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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