





**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: 2501-0014

exp. 07/31/2021

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

Housing Authority of the County of DeKalb  
310 N. 6<sup>th</sup> Street  
DeKalb, IL 60115

Chelsea B. HCV Case Manager A-L  
Kim R. HCV Case Manager M-Z and VASH  
Susan C. LIPH / SPC Case Manager

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(l)(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.



310 N. Sixth Street  
DeKalb, IL 60115  
Phone: 815-758-2692  
Fax: 815-758-4190  
www.dekcohousing.com

## Authorization for Release of Information

*Please Read Carefully*

Form V. 2019  
Updated August 2019

### **CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of the County of DeKalb [HACD] any information or materials needed to complete the determination of eligibility for housing assistance through the programs offered by HACD. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

### **INFORMATION COVERED**

I understand that, depending on the housing program policies and requirements, previous or current information regarding me or my household may be needed. Inquiries and verifications that may be requested include but are not limited to:

Identity and Marital Status  
Residences and Rental Activity/History  
Credit and Criminal Activity

Employment, Income and Assets  
Medical or Child Care Allowances  
SNAP and TANF Eligibility

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program. Information related to specific medical conditions will not be included.

### **AGENCIES, GROUPS & INDIVIDUALS THAT MAY BE ASKED**

I understand that the agencies, groups and individuals that may be asked to release the above information include but are not limited to:

Previous and Present Landlords  
Prospective Landlords  
Welfare Agencies  
Courts and Post Offices  
Banks and other Financial Institutions  
Social Security Administration  
Law Enforcement Agencies  
Utility Companies  
Public Housing Agencies  
Government or Social Service Agency  
IDHS or HFS

Past and Present Employers  
Veteran's Administration  
Retirement Systems  
State Unemployment Agencies  
Schools and Colleges  
Credit Providers and Credit Bureaus  
Medical Providers and Pharmacies  
Support and Alimony Providers  
Childcare Providers  
Individuals providing household contributions

### **CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for one year and one month from the date signed.

### **SIGNATURES**

_____ (Head of Household)	_____ (Printed Name)	_____ (Date)
_____ (Spouse)	_____ (Printed Name)	_____ (Date)
_____ (Adult Member)	_____ (Printed Name)	_____ (Date)
_____ (Adult Member)	_____ (Printed Name)	_____ (Date)
_____ (Signature of Minor's Parent or Legal Guardian)	_____ (Printed Name of Minor Child)	_____ (Date)
_____ (Signature of Minor's Parent or Legal Guardian)	_____ (Printed Name of Minor Child)	_____ (Date)

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER







310 N. Sixth Street  
DeKalb, IL 60115  
Phone: 815-758-2692  
Fax: 815-758-4190  
www.dekcohousing.com

## Family Certification Statement

*Read Carefully – Program Compliance*

### **Certification of Reporting Responsibilities**

HUD requires that all families report to the Housing Authority of the County of DeKalb any changes in sources of income and/or family composition (this includes reporting when a minor turns 18 years of age.) immediately/within 10 days upon the occurrence of such change, whether it is an increase or a decrease.

Initials of Each Adult: \_\_\_\_\_

### **Certification of True and Complete Information**

I/We certify that the information given to the Housing Authority of the County of DeKalb on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/WE understand that false statements or information is grounds for denial of housing and termination of tenancy.

Initials of Each Adult: \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

12/2019



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER







# Checklist for Income, Assets, and Allowances

This checklist must be completed at Admissions and every annual recertification and any time in between at the Housing Authority's discretion. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in termination of assistance. Answer YES/NO to each statement; provide detail if requested.

Last Name	First Name	M.I.
-----------	------------	------

Yes	No	Answer Yes or No to EACH item:
-----	----	--------------------------------

## NON-ASSET INCOME

- |                          |                          |                                                                                                                    |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child under the age of 18 who receives income from SSA.<br>Name(s): _____                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed. List all the company(ies) you work currently for: _____                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive tips, bonuses or commissions.                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently working overtime or expect to work overtime in the next 12 months.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self employed. Type of business: _____                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | I own my own small business. Name of business: _____                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently a student but expect to be employed during the summer months.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from military employment.                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment or Worker's Compensation benefits.                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security.                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income.                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive quarterly payments from the Family Independence Agency for the State-paid portion of SSI.                |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits or benefits from the GI Bill.                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability of death benefits other than Social Security.                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance/SNAP Benefits (LINK Food Stamps Medical Card).                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance/TANF (Cash Assistance).                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony/maintenance payments.                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. How many providers? _____ Is it paid directly to Social Services? _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular cash contributions or gifts.<br>(including utility, phone, cable or rent payments paid for you). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from annuities, an inheritance, or a nonrevocable trust fund.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular payments from insurance policies. List all policies: _____                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from retirement funds. List all companies: _____                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from one or more pensions. List all pensions: _____                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from lottery winnings.                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently having a benefit reduced to adjust for a prior overpayment.                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.      |
| <input type="checkbox"/> | <input type="checkbox"/> | I have received a delayed periodic receipt. List agency: _____                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from other sources not listed above. Explain: _____                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I filed a Federal Income Tax Return for the most recent filing year.                                               |

Yes	No	ASSET INCOME
-----	----	--------------

- |                          |                          |                                                                               |
|--------------------------|--------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash held in my home or in a safety deposit box.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in another state. Type: _____ List state(s): _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in a foreign country. Type: _____ List country(s): _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. How many properties? _____ Name location(s) _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | I have equity in rental property or other capital investments. Name(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive rental income from real estate. Name location(s) _____              |

**COMPLETE BOTH SIDES**

**Yes No ASSET INCOME, CONT.**

- ☐ ☐ I receive income from rental of farmland. Name location(s) \_\_\_\_\_
- ☐ ☐ I receive income from oil or gas rights. Name location(s) \_\_\_\_\_
- ☐ ☐ I own a land contract, mortgage or deed of trust. Name: \_\_\_\_\_
- ☐ ☐ I have a vacant house or land that currently receives no income. Name locations: \_\_\_\_\_
- ☐ ☐ I own a mobile home. I receive \_\_\_\_\_ monthly rental income from it. It is vacant \_\_\_\_\_.
- ☐ ☐ I own a funeral account. It is revocable. \_\_\_\_\_ It is nonrevocable. \_\_\_\_\_
- ☐ ☐ I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections.)
- ☐ ☐ I have a revocable trust.
- ☐ ☐ I have a pre-paid card(s). How many? \_\_\_\_\_ List all institutions. \_\_\_\_\_
- ☐ ☐ I have savings account(s). How many? \_\_\_\_\_ List all institutions. \_\_\_\_\_
- ☐ ☐ I have checking account(s). How many? \_\_\_\_\_ List all institutions. \_\_\_\_\_
- ☐ ☐ I have time certificates. How many? \_\_\_\_\_ List all institutions. \_\_\_\_\_
- ☐ ☐ I have certificates of deposit (CD). How many? \_\_\_\_\_ List all. \_\_\_\_\_
- ☐ ☐ I have money market accounts. How many? \_\_\_\_\_ List all institution: \_\_\_\_\_
- ☐ ☐ I have IRA's or Keogh's. How many? \_\_\_\_\_ List: \_\_\_\_\_
- ☐ ☐ I have stocks. List all companies: \_\_\_\_\_
- ☐ ☐ I have bonds. List all types: \_\_\_\_\_
- ☐ ☐ I have treasury bills.
- ☐ ☐ I have 401k,/403b/457 or retirement or pension account.
- ☐ ☐ I have a life insurance policy(ies). What type? \_\_\_\_\_
- ☐ ☐ I have assets other than what are listed above. Explain: \_\_\_\_\_
- ☐ ☐ My name is on accounts not effectively owned by me. Explain: \_\_\_\_\_
- ☐ ☐ I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets.
- ☐ ☐ I have joint ownership on one or more of the above assets.

**Yes No DIVESTITURE**

- ☐ ☐ I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years. Explain: \_\_\_\_\_

**Yes No ALLOWANCES**

- ☐ ☐ I am a full-time student and am 18 or older. The school(s) I attend: \_\_\_\_\_
- ☐ ☐ I am *ELDERLY* (62 or older), or *HANDICAPPED* or *DISABLED*
- ☐ ☐ I pay for medical insurance.
- ☐ ☐ I pay expenses relating to a handicap or disability.
- ☐ ☐ I pay medical expenses out of my own pocket.
- ☐ ☐ I pay child care expenses out of my own pocket.
- ☐ ☐ I pay attendant care expenses out of my own pocket.
- ☐ ☐ I pay medical, child care or attendant care expenses, for which I am reimbursed by an outside source or governmental agency.

**CERTIFICATION**

**I certify that to the best of my knowledge, all statements made on this checklist form are true and complete.**

**I understand that false or incomplete statements made on this form could result in the termination of housing assistance.**

**WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**

**Signature**

**Date**

# NOTICE OF PORTABILITY

## WHAT IS PORTABILITY?

Portability is the ability of a family to move from one PHA's jurisdiction to another PHA's jurisdiction.

- Family must lease up in DeKalb County for 12 months if the head of the household or spouse did not reside in the DeKalb County at the time of application to the waiting list.
- Family may move to any location in the United States where a Housing Choice Voucher Program is in operation.
- PHA may deny permission to move if there is insufficient funding for continued assistance.

## TO USE YOUR PORTABILITY OPTION

Contact your case manager if you want to move to any location other than DeKalb County. Your case manager will assist you in completing a *Request for Portability* and provide you with important information.

**I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND PHA POLICY. I HAVE RECEIVED A COPY OF THIS FORM.**

---

Applicant/Tenant Signature

---

Printed Name

---

Date





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.







310 N. Sixth Street  
DeKalb, IL 60115  
Phone: 815-758-2692  
Fax: 815-758-4190  
www.dekcohousing.com

**CERTIFICATION OF RECEIPT OF DOCUMENTS**  
*Housing Choice Voucher Annual Recertification*  
**PLEASE READ CAREFULLY**

This document serves as certification that you have received, read, and understand the rules for successful participation in the Housing Choice Voucher program and that you have been informed of the required information as mandated by the U.S. Department of Housing and Urban Development (HUD).

**This document further certifies that you have been provided a packet containing copies of the following documents:**

- FRAUD – Is it Worth it?
- HCV Family Obligations
- Interim Reporting Requirements
- Grounds for Termination
- Portability: How Portability Works & The Porting Process

**By signing this document, you agree to comply with the rules and regulations of the Housing Choice Voucher Program and acknowledge and understand the conditions of continued participation.**

_____ (Head of Household)	_____ (Printed Name)	_____ (Date)
_____ (Spouse)	_____ (Printed Name)	_____ (Date)
_____ (Other Adult Member)	_____ (Printed Name)	_____ (Date)
_____ (Other Adult Member)	_____ (Printed Name)	_____ (Date)

