



# Housing Choice Voucher Program

White River Regional Housing Authority  
Lori Grisham  
HCV Manager

The **Housing Choice Voucher (HCV)** program is the U.S. Department of Housing and Urban Development's (HUD) major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes or apartments that meet the requirements of the program.

Since the demand for housing assistance often exceeds the limited resources available to HUD, long waiting periods are common. Applicants are placed on a waiting list of the county or counties of their choice.

**White River Regional Housing Authority (WRRHA) gives preference to working families** where at the time of application and selection the head of household, spouse or sole member has been employed a minimum of 20 hours per week. **An applicant shall be given the benefit of the working family preference if the head of household or spouse, or sole member is age 62 or older or is a person with disabilities. Families who demonstrate that they qualify for such preference will move ahead of other families on the waiting list.** Applicants who do not qualify for a preference will be selected based on the date and time of application.

- **Make sure that you complete the entire application. If something does not apply to you, write N/A. Be sure to sign and date where indicated on each form. Incomplete applications will be returned to you and will not be added to the waiting list until returned fully completed, signed, and dated.**
- If you submit your application in person, it is not necessary to check your status on the waiting list as you will be notified by mail when your name is reached. If you mail your application and want to verify its receipt, contact the appropriate county coordinator below and then wait until your name is reached.
- **Be sure to update your mailing address if it changes because undeliverable mail that is returned from the US Postal Service will result in your application being placed inactive.**
- **It is very important that your application has an accurate mailing address at all times.**
- The average wait time before being contacted for assistance is three months to one year.
- If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact your county housing coordinator shown below.

**Should you have a change in address or phone number, please contact the appropriate county coordinator below to report the change. Please keep this page for your records!**

White County (WRRHA does not provide assistance within the city limits of Searcy)	Debi Miller	(870) 214-3641
Woodruff County	Deniece Tidwell	(870) 291-1671
Izard, Stone & Indp. Counties	Landon Taylor	(870) 291-1824
Sharp & Fulton Counties	Melissa Lindley	(870) 291-1823
Cleburne & Van Buren Counties	Valarie Miller	(870) 291-5197
Independence County	Marci Avey	(870) 291-1821
Jackson County	Jessica McClellan	(870) 291-1822

**KEEP THIS PAGE FOR FUTURE REFERENCE**

Dear Applicant,

Listed below are documents and/or verifications that we must have in order to determine you or your family's eligibility. You would benefit by making sure that you have the first two items now or by getting them as soon as possible.

**Household Composition Verification:**

1. Social Security cards for all household members contending U.S. citizenship or U.S. national, or eligible immigration status
2. Proof of birth for all household members

*It would also be wise to start saving all documents from Social Security, SSD, SSI, VA, Pensions, Unemployment, Workman's Compensation, Child Support Enforcement, employment paystubs, and/or any other income received not listed.*

When we reach your name on the waiting list, you will be notified **by mail** with an appointment and/or deadline to provide all documents and/or verifications. Once you receive your letter, review the documents that you have been saving to determine if they are more than 60 days old. *(example below).*

**Current income verification (dated within 60 days) for all family members.**

- *Employment needs to be verified by providing two to four of the most recent consecutive paystubs or by a current statement on letterhead from your employer with employer's signature, phone number, and date.*
- *Provide current proof (within 60 days) of child support income or alimony from most recent two to four paystubs, or a 12-month printout from Child Support Enforcement, or a legal document.*
- *Current (within 60 days) benefit verification for all family members such as TEA, Unemployment, Workman's Compensation.*
- *Current (within 60 days) proof of cash contributions received from friends or relatives (must be signed, dated and telephone number listed) .*
- *Pension needs to be verified by providing the most recent annual statement or letter, or providing two to four of your most recent consecutive check stubs.*
- *SS, SSD, SSI, and VA award letters for the current year may be used.*

**Current Asset verification for all family members.**

- most current monthly bank statements for checking accounts
- most current savings account statement
- most current CD statement
- most current stock or bonds statement
- most current document of income from rental property
- most current document of any assets not specifically listed.

**KEEP THIS PAGE FOR FUTURE REFERENCE**

WRRHA USE ONLY		
Date Received:		
Time Received:		
Preference:	Local	Work N/A
Tcode:		

## White River Regional Housing Authority, PO Box 650, Melbourne, AR 72556

### Application for Housing Choice Voucher Program (HCV)

In what county are you wanting HCV Rental assistance? \_\_\_\_\_

Do you require assistance with the application and/or interview? \_\_\_\_\_

Head of Household Name: (as it appears on social security card): \_\_\_\_\_

Ethnicity: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino ( ) Declined to Report

Race: ( ) White ( ) Black/African American ( ) American Indian/Alaska Native ( ) Asian ( ) Native Hawaiian/Other Pacific Islander ( ) Other ( ) Declined to Report

(This information is requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. Your answers will not affect your selection for the program. Note: "Other" and "Declined to Report" will default to the third selection on the 50058 for the head of household and family members.

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Text Phone Number: \_\_\_\_\_ \*Email address: \_\_\_\_\_

\*Do you have the ability to receive documents by email, print, complete, and return the documents to us by email or text? Yes or No

#### HOUSEHOLD COMPOSITION: LIST ALL HOUSEHOLD/FAMILY MEMBERS WHO WILL BE LIVING WITH YOU IN THE ASSISTED HOUSING UNIT

Member	Name (as it appears on Social Security Card)	Relationship	Birth Date	Age	What Sex do you wish to report?	Social Security Number	Do you wish to declare a Disability?
1		Head			M or F		Yes or No
	What is your relationship to the Head of Household? →	<b>**Relationship Codes:</b> S - Spouse K = Co-Head F = Foster child or Foster adult Y = Youth (under 18 years) E = Student (18+ years) L = Live In Aide A = Other Adult (not spouse or Co-Head)	Birth Date	Age	M = Male F = Female	Social Security Number	Do you wish to declare a Disability?
2	Other Member's Names				M or F		Yes or No
3					M or F		Yes or No
4					M or F		Yes or No
5					M or F		Yes or No
6					M or F		Yes or No
7					M or F		Yes or No
8					M or F		Yes or No

\*\* add additional family member information on reverse side if more than eight members

( ) YES ( ) NO

1. Do you anticipate adding any other family members (by birth, adoption, court order, or guardianship) within the next 12 months?

If so, list names & dates here \_\_\_\_\_

( ) YES ( ) NO

2. Are you now living in a federally subsidized housing unit?

If so, PHA or Management name and phone number \_\_\_\_\_

( ) YES ( ) NO

3. Have you or any household member ever received Housing Choice Voucher (HCV), Project Based Voucher (PBV), or Public Housing Assistance? \_\_\_\_\_

If yes, where? \_\_\_\_\_

If yes, did you participate in the **Family Self Sufficiency** program? \_\_\_\_\_ Did you graduate? \_\_\_\_\_

( ) YES ( ) NO

4. Have you or any household member ever been evicted from Public Housing, PBV, other federally subsidized housing unit, or been terminated from the Housing Choice Voucher program? \_\_\_\_\_

If yes, who? \_\_\_\_\_

If yes, please provide the following information: When? \_\_\_\_\_

For what reason? \_\_\_\_\_

Name of the Housing Authority or complex: \_\_\_\_\_

( ) YES ( ) NO

5. Do you or any household member currently owe rent, other amounts, or judgments to another Housing Authority or past landlord? \_\_\_\_\_

If yes, who? \_\_\_\_\_ What's the phone number? \_\_\_\_\_

If yes, where? \_\_\_\_\_

If yes, have you signed or are you currently paying on a repayment agreement? \_\_\_\_\_

( ) YES ( ) NO

6. Have you or any household member been convicted of manufacturing or producing methamphetamine on the premises of a federally assisted housing project? \_\_\_\_\_

If yes, please provide the following information: When? \_\_\_\_\_ Where? \_\_\_\_\_

What member(s)? \_\_\_\_\_

Name of the Housing Authority or Complex: \_\_\_\_\_

- **Please be advised that household members will be screened through HUD's Enterprise Income Verification (EIV) system and misrepresented answers to question 3, 4, 5, or 6 will be consider Fraud which will lead to denial of assistance.**

( ) YES ( ) NO

7. Have you or any household member ever been convicted of a crime?

If yes, was it a Felony or Misdemeanor or both? \_\_\_\_\_

If yes, when? \_\_\_\_\_

What member(s)? \_\_\_\_\_

- **Please be advised that all adult household members will be screened through AR Courts and misrepresented answers to question 7 will be consider Fraud which will lead to denial of assistance.**

( ) YES ( ) NO

8. Are you or any household member subject to a lifetime sex offender registration requirement in any state?

If yes, what member(s)? \_\_\_\_\_

State(s): \_\_\_\_\_

- **Please be advised that household members will be screened through the Dru Sjodin National Sex Offender Public website. Misrepresented answers to question 8 will be consider Fraud which will lead to denial of assistance.**

9. In what states has each household member resided? (Please list all states for every household member.)

\_\_\_\_\_  
\_\_\_\_\_

10. Name and address of current landlord, or if homeless, current nighttime residence:

\_\_\_\_\_  
\_\_\_\_\_

Lived there from: \_\_\_\_\_ to: \_\_\_\_\_ Landlord phone #: \_\_\_\_\_

### Income, Asset and Expense Information

The questions below apply to your entire household. For each "yes", provide detail where indicated.

- ( ) YES ( ) NO 1. Work full-time, part-time or seasonally?
- ( ) YES ( ) NO 2. Expect to work for any period during the next year?
- ( ) YES ( ) NO 3. Work for someone who pays them cash?
- ( ) YES ( ) NO 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? Which one? \_\_\_\_\_
- ( ) YES ( ) NO 5. Currently receive or expect to receive unemployment benefits? What's the weekly gross amount? \_\_\_\_\_
- ( ) YES ( ) NO 6. Currently receive or expect to receive child support? What's the weekly or monthly amount? \_\_\_\_\_
- ( ) YES ( ) NO 7. Have an entitlement to receive child support that he/she is not now receiving?
- ( ) YES ( ) NO 8. Currently receive or expect to receive alimony? What's the weekly or monthly amount? \_\_\_\_\_
- ( ) YES ( ) NO 9. Has an entitlement to receive alimony that is not currently being received?
- ( ) YES ( ) NO 10. Currently receive or expect to receive public assistance (TANF - welfare)? Amount? \_\_\_\_\_
- ( ) YES ( ) NO 11. Currently receive or expect to receive Social Security, SSD, or SSI benefits? Which one? \_\_\_\_\_
- ( ) YES ( ) NO 12. Currently receive or expect to receive income from a pension or annuity? What's the amount? \_\_\_\_\_
- ( ) YES ( ) NO 13. Currently receive or expect to receive regular cash contributions from organizations or individuals not living in the unit? \_\_\_\_ If yes, the average amount received \$ \_\_\_\_\_ is received every \_\_\_\_.
- ( ) YES ( ) NO 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? What type of asset? \_\_\_\_\_
- ( ) YES ( ) NO 15. Own real estate or any assets for which you receive no income such as: non-interest bank account, cash, etc.
- ( ) YES ( ) NO 16. Have you sold or given away real property or assets (including cash) in the past two years?

Member Name	Source of Income / Type of Income (Examples: Social Security, SSI, Wages, Child Support, Unemployment, Self-Employment, Interest Income, etc.)	Annual Income	If employed, hire date?	Average Weekly Hours Worked?

- ( ) YES ( ) NO 17. Do you have unreimbursed expenses for child care of a child age 12 or younger? \_\_\_\_\_

If yes, provide the name, address and telephone number of the provider below. What is the weekly cost to you for child care? \_\_\_\_\_

- ( ) YES ( ) NO 18. Do you have unreimbursed costs for a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

If yes, provide the name, address and telephone number below. What is the weekly cost to you for the care attendant and/or the equipment? \_\_\_\_\_

I/We certify that the information given to the **White River Regional Housing Authority** regarding household composition, income, assets, allowable deductions, and other eligibility criteria is accurate and complete to the best of my/our knowledge and belief. I/We understand as head of household and/or Spouse/Co-head that I/we are responsible to fully disclosure all family composition, income, and assets of the entire household. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for denial of assistance or termination of housing assistance if discovered afterwards. I/We have received, read, understand, and signed the "Things You Should Know" form as well as the "What You Should Know About EIV" form.

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

Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICANT / TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

## WHITE RIVER REGIONAL HOUSING AUTHORITY

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program.

### INFORMATION INQUIRIES ABOUT:

CHILD CARE EXPENSES  
CITIZENSHIP  
CREDIT HISTORY  
CRIMINAL ACTIVITY  
FAMILY COMPOSITION  
EMPLOYMENT, INCOME PENSION & ASSETS


FEDERAL, STATE, TRIBAL OR LOCAL BENEFITS  
HANDICAPPED ASSISTANCE EXPENSES  
IDENTITY AND MARITAL STATUS  
MEDICAL EXPENSE  
SOCIAL SECURITY NUMBERS  
RESIDENCES AND RENTAL HISTORY

### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

BANKS & OTHER FINANCIAL INSTITUTIONS  
COURTS  
LAW ENFORCEMENT AGENCIES  
CREDIT BUREAUS  
EMPLOYERS, PAST AND PRESENT  
LANDLORDS  
PENSIONS AND/OR ANNUITIES  
SCHOOLS AND COLLEGES  
US DEPARTMENT OF VETERANS AFFAIRS  
US DEPARTMENT OF IMMIGRATION & NATURALIZATION


US SOCIAL SECURITY ADMINISTRATION  
UTILITY COMPANIES  
WELFARE AGENCIES  
PROVIDERS OF:  
ALIMONY  
CHILD CARE  
CREDIT  
HANDICAPPED ASSISTANCE  
MEDICAL CARE

**I agree that photocopies 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.**

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


\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

 Signature of Spouse/Co-head \_\_\_\_\_ Date \_\_\_\_\_


\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

 Signature of other Adult \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

 Signature of other Adult \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**  
 U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

WHITE RIVER REGIONAL HOUSING AUTHORITY  
 ATTN: HCV PROGRAM  
 PO BOX 650  
 MELBOURNE AR 72556

**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
 Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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






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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, U.S. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886-A (10/23)  
exp. 10/31/26



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: (Check all that apply)</b>	
<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	
<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.

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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.

Form HUD- 92006 (05/09)



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## What You Should Know About EIV

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

#### What is EIV?

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

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

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

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

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

#### What is the EIV information used for?

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

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

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

**Remember, you may receive rental assistance at only one home!**

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

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

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

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

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

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

#### What are my responsibilities?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/phi/eiv](https://www.hud.gov/program_offices/public_indian_housing/programs/phi/eiv)

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

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

Signature

Date

SPOUSE/CO-HEAD MUST SIGN



November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

**Asking Questions** When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

**Completing The Application** When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
  - Any money you receive on behalf of your children (child support, social security for children, etc.);
  - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
  - Earnings from second job or part time job;
  - Any anticipated income (such as a bonus or pay raise you expect to receive)
- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

**Recertifications** You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

**Beware of Fraud** You should be aware of the following fraud schemes:

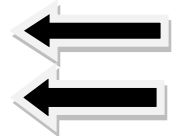
- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

**Reporting Abuse** If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:  
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC 20410.

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION



HEAD OF HOUSEHOLD MUST SIGN  
SPOUSE/CO-HEAD MUST SIGN





**Let's double check those pages to make sure they are complete, signed and dated!!!**

**Page 1 and 2 are for you to keep!** Page one lists the counties that WRRHA provides HCV rental assistance. Be sure to report mailing address changes in order to avoid missing letters, deadlines, and having to reapply.

**Page 3, 4, and 5 -** are all questions answered, blanks fully completed (or marked n/a if they don't apply), and signatures & dates entered by the head of household and spouse/co-head?

**Page 6** needs to be signed and dated by the head of household, spouse/co-head and all adult (18 or older) family members.

**Page 7 and 8** authorizes **White River Regional Housing Authority (WRRHA)** to verify information that relates to your family's eligibility. Head of household, spouse/co-head, and all adult family members (18 or older) must sign and date.

**Page 9 does not have to be completed;** however, it does require a check mark and the head of household signature at the bottom.

- *If you want WRRHA to discuss your application details with someone not in your household, this document must be completed to reflect who we can talk to and for what reason(s).*

**Page 10 is "What You Should Know about EIV".** **WRRHA** receives information regarding wages, social security, social security disability, supplemental security income, unemployment, and Medicare. EIV also confirms your date of birth, social security number, confirms if you owe an outstanding debt to another housing authority. It is very important that your household reads this document and the head of household and spouse/co-head sign and date the form.

**Page 11 is "Things You Should Know".** It addresses the penalties for committing fraud and other topics. It is very important that your household reads this document and the head of household and spouse/co-head sign and date the form.

**Page 13 and 14** are informational only, does not require completion, signatures, or return.

## **WHITE RIVER REGIONAL HOUSING AUTHORITY POLICY PROHIBITING ILLEGAL DISCRIMINATION**

The White River Regional Housing Authority is an equal opportunity housing provider. We do not discriminate in our housing services on the basis of race, color, national origin, religion, sex, familial status, disability, or other classification protected by applicable law. We prohibit discrimination based upon sex, including sexual harassment, in the furnishing of housing services.

Our employees shall not engage in any of the following behaviors towards our clients or prospective clients: sexual comments, sexual advances, or demand that any client or prospective client perform sex acts in exchange for any of our benefits or Housing Choice Voucher benefits.

Our employees shall not engage in romantic relationships with or otherwise date romantically our clients or prospective clients. If a prospective client has a pre-existing romantic relationship with an employee, it shall be disclosed to that employee's immediate supervisors, the Executive Director, and the Chief Operating Officer as soon as possible after that person becomes a prospective client or client. That prospective client or client will be assigned to a different employee.

### **CONSEQUENCES**

Any employee who makes sexual comments or sexual advances to a client or prospective client, or otherwise violates this policy, will be disciplined and may be terminated.

Any employee who demands a client or prospective client perform a sex act in exchange for any of our benefits or Housing Choice Voucher benefits shall be terminated.

### **WHO RECEIVES REPORTS?**

Any employee can receive a report and must then submit that report to their immediate supervisors, the Chief Operating Officer, and the Executive Director. Reports involving an employee's immediate supervisor may be submitted to the Executive Director and Chief Operating Officer. Reports involving the Chief Operating Officer may be submitted to an employee's immediate supervisor and the Executive Director. Reports involving the Executive Director may be submitted to the Chairperson of our Board of Commissioners. Employees must, and clients or prospective clients should, use the attached compliance form to document these reports.

\* \* \*

All of our offices and services must follow this policy. This policy must be posted in a well-lit location in all offices and service locations where we conduct business with prospective or current clients.

This policy must be distributed to all new clients when they apply for benefits and all new employees when they begin employment.

This policy supplements, and does not replace, our current anti-discrimination employment policies. Nothing in this policy is intended to create a contract of employment or otherwise modify an employee's at-will status.



## COMPLIANCE PROCEDURE

We encourage our clients and prospective clients to immediately report violations of this policy by using the below compliance procedure and form. We expect our employees to immediately report any violations of this policy to their immediate supervisors, the Chief Operating Officer, and the Executive Director, omitting those persons only if he or she is involved in the reported conduct. No person will be retaliated against or penalized due to reporting suspected violations of this policy. Employees who receive an oral report from a client or prospective client must submit the report using the below form and provide a copy of it and the policy to that client or prospective client.

Except as provided above, reports should be submitted in writing to the Executive Director and the Chief Operating Officer. The Chairperson of our Board of Commissioners may also receive a report. Reports may be submitted to [compliance@wrrha.com](mailto:compliance@wrrha.com), which emails the report to those three persons.

1. The name of the White River Regional Housing Authority Employee suspected of violating this policy.

Name of subject of report:	
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2. The specific conduct you observed with dates and details about where this conduct was observed, including the housing project where this occurred.

Description of conduct you observed with date, location, housing project, and other details you believe relevant to your report:	
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3. The reporting person's name, phone number, address, and email address.

Your name, phone number, address, and email address:	
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I, the reporting person, certify this report is true and correct to the best of my knowledge, information, and belief:

SIGNED:

DATED:

I, an employee of the White River Regional Housing Authority, received the above report orally or in writing on the \_\_\_\_ day of \_\_\_\_\_, 202\_\_, at the \_\_\_\_\_ housing project.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_