



ANNUAL RE-EXAM PACKET

Completed Annual Re-Exam Packet with supporting documents should be submitted at MHA office during office hours Monday to Thursday 10 AM to 4.30 PM. 4020 Civic Center Drive, San Rafael, CA 94903. No appointment needed.

MHA encourages participants to complete recertification through the portal at apply.marinhousing.org

If you are elderly or disabled and need reasonable accommodation assistance, please call to 415-491-2525

Updated 11-19-2025



Provide language spoken at home (Preferred Language)

If you do not provide a language, we understand English is your primary language.

Limited English Proficiency (LEP)

In accordance with Federal guidelines MHA will make reasonable efforts to provide or arrange FREE language assistance for its LEP clients, including applicants, recipients and/or persons eligible for Public Housing, Housing Choice Voucher/Section 8, homeownership and other MHA programs.

**You may request FREE interpretation services at MHA offices during normal business hours:
Monday – Friday 10 AM – 4:30 PM**

Dominio Limitado del Inglés (LEP)

De acuerdo con las directrices federales MHA hará esfuerzos razonables para proporcionar o coordinar la asistencia de idiomas gratis para sus clientes LEP, incluidos los solicitantes, beneficiarios y / o las personas elegibles para la Vivienda Pública, otros programas de MHA Housing Choice Voucher / Sección 8, propiedad de vivienda y.

Usted puede solicitar los servicios de interpretación gratuitamente en las oficinas de MHA durante el horario normal:

Lunes - Viernes 10 AM - 4:30 PM

Trình độ tiếng Anh hạn chế (LEP)

Theo hướng dẫn của liên bang MHA sẽ nỗ lực hợp lý để cung cấp hoặc thu xếp Trợ giúp ngôn ngữ miễn phí cho khách hàng LEP của nó, bao gồm cả các ứng viên, người nhận và / hoặc những người hội đủ điều kiện cho nhà chung cư, lựa chọn nhà Voucher / Mục 8, sở hữu nhà và các chương trình MHA khác.

Bạn có thể yêu cầu dịch vụ thông dịch miễn phí tại văn phòng MHA trong giờ làm việc bình thường:

Thứ Hai - Thứ Sáu 10 AM - 04:30 PM





Housing Authority of the County of Marin 4020

Civic Center Dr. San Rafael, CA 94903

Phone: (415) 491-2525

RECERTIFICATION PACKET

Resident/Participant Information

Resident/Participant Name:

Current Address

[Empty space for current address]

Contact Information

Home Phone: **Cell Phone:**

Email Address:

[Empty space for email address]

Household Information

List ALL family members who will be living in your home. This includes live-in aides and foster children

Name	Member	SSN	DOB	Age	Gender
	Head of Household				



Income Information

Do you or any member of your household have the following?

		Yes	No	
1.	Are you or any household members currently employed?	<input type="radio"/>	<input type="radio"/>	If yes, you must list each employed family member and attach copies of four (4) consecutive pay stubs or a payroll log from the employer verifying salary and/or wages dated within the last 60 days.
2.	Are you or any household member self-employed?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide last year's IRS tax return form 1040 filed with all attachments including Schedule C. If an audit was conducted for the previous fiscal year, please provide a copy of the audited financial statement. If not audited, please provide a statement of income and expenses.
3.	Do you or any household member receive overtime, bonuses, tips or commissions?	<input type="radio"/>	<input type="radio"/>	If yes, the member should send a signed affidavit of tips received from the prior year and tips anticipated to be received in the coming year.
4.	Are you or any household member a PHA employee?	<input type="radio"/>	<input type="radio"/>	
5.	Are you or any household member a federal government employee?	<input type="radio"/>	<input type="radio"/>	
6.	Do you or any member of your household receive Social Security or SSDI?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most current award letter, dated within the last 120 days.
7.	Do you or any household member receive Supplemental Security Income (SSI)?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most current award letter, dated within the last 120 days.
8.	Do you or any household member receive benefits in lieu of earnings?	<input type="radio"/>	<input type="radio"/>	
9.	Do you or any member of your household receive welfare benefits?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most recent Notice of Action letter from the agency where you are receiving benefits, dated within the last 120 days.
10.	Do you or any household member receive imputed welfare income?	<input type="radio"/>	<input type="radio"/>	
11.	Do you or any member of your household receive General Assistance?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most recent Notice of Action, dated within the last 120 days.



Income information continued ...		Yes	No	
12.	Do you or any member of your household receive payments for child support?	<input type="radio"/>	<input type="radio"/>	If yes, please list all children that receive child support in the household in the space below and submit verification (if payments are made through a State or local entity, submit a statement/payment log for the past 12 months of payments; if applicable, a copy of a separation or settlement agreement or a divorce decree stating the amount and type of support and payment scheduled; if payments are personal checks, submit a copy of the most recent check/payment stub; if payments are in cash, provide the information below on the non-custodial parent).
13.	Do you or any household member receive alimony or spousal support?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide a copy of divorce decree, separation agreement, or the last 60 days of payment history.
14.	Do you or any household member receive foster care payments? *	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most recent Notice of Action and/or printout of payment statement / history for the last 60 days.
15.	Do you or any household member receive payments from pension plans, retirement plans or annuities?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most current agency statement and/or last 60 days of payment stubs, and/or printout verifying gross pension amount. Provide agency information if the information is not available in statement.
16.	Do you or any household member receive student financial assistance?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide any financial aid letters.
17.	Does anyone outside your household help pay your expenses or give you money?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the payer's contact information, the payment date and the purpose of the transaction.
18.	Do you or any member of your household receive Medical Reimbursements?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most current statement and/or the last 60 days of consecutive payment stubs verifying payment amount.
19.	Do you or any member of your household receive Indian Trust/per capita?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most current agency statement and/or the last 60 days of consecutive payment stubs verifying payment amount.
20.	Do you or any household member receive military pay?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most current statement and/or the last 60 days of consecutive payment stubs verifying payment amount.



By signing below: I/We certify that the information given to the Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. 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 termination of housing assistance and termination of tenancy.

Warning! Title 18 Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. You can go to jail if you have knowingly provided false or misleading information on this form! False statements or information are grounds for termination of your housing assistance, tenancy, or application.

All ADULT household members must sign a copy

Head of Household Name:	Date:	Signature:
Adult #2 Name:	Date:	Signature:
Adult #3 Name:	Date:	Signature
Adult #4 Name:	Date:	Signature
Adult #5 Name:	Date:	Signature:
Adult #6 Name:	Date:	Signature:



MARIN COUNTY HOUSING AUTHORITY

STATEMENT OF FAMILY OBLIGATIONS

All information requested by this agency is required to determine initial and/or continued eligibility for participation in the program. You must follow all obligations if you wish to remain eligible for housing assistance.

- I. **Reporting Requirements – *The Family must fill out an Interim Form and send to their case worker. Interim can also be completed in your RentCafe portal. Additional information can be found on <https://www.marinhousing.org/change-of-income-forms>.***
 1. REPORT ALL CHANGES WITHIN TEN (10) BUSINESS DAYS OF OCCURANCE
 2. Report all sources of income and assets accurately. Income means all amounts, monetary or not. Asset incomes mean any amounts derived from assets to which any family member has access.
 3. Report any change in household members or size (this includes foster children and live-in aides), sources of income/assets, work or home phone number.
 4. Supply any documentation that Marin Housing determines to be necessary within ten (10) working days. This includes: a) social security cards, b) evidence of citizenship or eligible immigration status, c) signed authorization for the release of information forms, and d) information for use in a regularly scheduled reexamination or interim of family income and composition.
 5. Promptly notify Marin Housing and the owner when the family is away from the unit for more than twenty (20) days.
 6. Use the assisted unit for residence by the family members named on the lease only. The unit must be the family's only residence. Supply any information requested by Marin Housing to verify that the family is living in the unit.
- II. **Maintenance of Unit – *The family must:***
 1. Maintain the unit in a clean, sanitary and safe condition. Allow Marin Housing to inspect the unit at reasonable times and after reasonable notice. If Marin Housing believes that there are illegal activities or unauthorized individuals residing in unit, we have the right to make periodic unscheduled housing inspections.
 2. Report needed repairs promptly to the manager or owner
 3. Pay utility bills and supply and maintain appliances that the owner is not required supplying under the lease.
 4. Abide by all terms of the lease the family signed with the owner. The family is responsible for behavior of guests and visitors. Show consideration for neighbors.
- III. **Prior to Moving – *The family must:***
 1. You must notify your owner your intentions to move out of the unit in accordance with the terms of your lease. You must get approval from owner and Marin Housing prior to move out. Provide copy of all notices from owner to Marin Housing including eviction notice.
 2. Contact your Eligibility Worker to arrange for a transfer briefing. In order to move to another unit, the family must attend a transfer briefing; leave the current unit clean, free of damages (other than damage from ordinary wear and tear) and owing no rent to the owner. Family must have complied with all terms of the lease. If you owe money to Marin Housing, no transfer voucher will be issued.
- IV. **Certificate and Voucher Violations – *The family must not:***
 1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 2. Commit any serious or repeated violation of the lease.
 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity of the premises.
 5. Sublease the unit or assign the lease or transfer the unit. Nor give out keys, store the belongings of others or allow non-family members to use your address to receive mail.
 6. Receive Section 8 Housing Choice Voucher housing assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program.
 7. Receive Housing Choice Voucher assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the household, unless the unit has been approved by the Marin Housing as reasonable accommodations for disabled families.
 8. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
 9. Offer or pay owner any money other than the amount authorized by Marin Housing.
 10. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity of the premises.
 11. Rent a unit from a relative. Situations in which the tenant is severely disabled will be reviewed.
 12. Fail to vacate the unit at lease end if the owner does not choose to renew.
 13. Engage in threatening, abusive or violent behavior toward Marin Housing staff.
 14. Become delinquent in the repayment of any debt owed Marin Housing.

MARIN COUNTY HOUSING AUTHORITY

FAMILY MEMBER/HOUSEHOLD CERTIFICATION

INSTRUCTIONS: All members of the household, 18 years and older must read and sign below.

BY SIGNING BELOW, I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. I HAVE READ THE INSTRUCTIONS AND UNDERSTAND THAT ANY FALSE STATEMENTS ARE SUFFICIENT AND GOOD CAUSE FOR TERMINATION OF MY HOUSING ASSISTANCE AND MAY ALSO SUBJECT ME TO FURTHER LIABILITY OR ACTIONS.

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



_____ Head of Household (print name)	_____ Signature	_____ Date
_____ Spouse (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date

REMINDERS

- You, and all members over the age of 18, must sign.
- All questions must be answered. Incomplete or illegible applications will be returned and your assistance may be terminated.

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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):

Contact Name:

Date:

4020 Civic Center Dr. San Rafael, CA 94903

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(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 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, US. 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.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

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.

<p>This Notice was provided by the below-listed PHA:</p> <p>Marin Housing Authority 4020 Civic Center Drive San Rafael, CA 94903</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p> <p>Printed Name</p>	<p>Date</p>

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 resident/participant for federally assisted housing

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

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

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

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Signature of Applicant

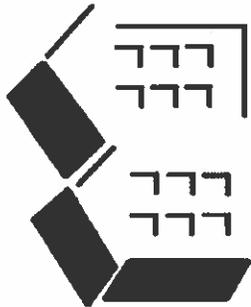
Date

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

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



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.

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know. If necessary, your PHA will contact the source of the information directly to verify disputed income

information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination

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

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

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

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at:

www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

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

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

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

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

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

Signature _____ Date _____

Declaration of Citizenship or Immigration Status

Instructions: Complete this form for all family members. Adults age 18 and over must sign their own portion of the form. A parent or legal guardian must sign for children under the age of 18 years.

Print Name of Household Member	Select the appropriate box:	Signature:	Date:
Head of Household (print name):	<p> <input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status. </p>	<p>Signature of the Head of the Household</p>	<p>Date</p>
Household Member #2 (print name):	<p> <input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status. </p>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	<p>Date</p>
Household Member #3 (print name):	<p> <input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status. </p>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	<p>Date</p>
Household Member #4 (print name):	<p> <input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status. </p>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	<p>Date</p>

Continue to next page >



Declaration of Immigration Status, page 2

Instructions: Complete this form for all family members. Adults age 18 and over must sign their own portion of the form. A parent or legal guardian must sign for children under the age of 18 years.

Print Name of Household Member	Select the appropriate box:	Signature:	Date:
Household Member #5 (print name):	<input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status.	Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below. Signature	Date
Household Member #6 (print name):	<input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status.	Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below. Signature	Date
Household Member #7 (print name):	<input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status.	Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below. Signature	Date
Household Member #8 (print name):	<input type="radio"/> A citizen of the United States <input type="radio"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. is <input type="radio"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive. <input type="radio"/> A non-citizen with no eligible immigration status.	Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below. Signature	Date

If your household has more than 8 people, please make a copy of this sheet to list the additional members.

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