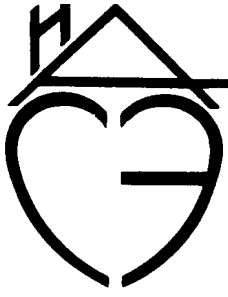


HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana

www.ehai.org

Phone 574-295-8392
Fax 574-293-0580
TTY 574-295-9682



Outgoing Portability Request- Page One

Regulatory conditions pertaining to an assisted family include:

- The PHA will deny a family permission to make an elective move during the initial lease term. The PHA will also deny a family permission to make more than one elective move during any 12-month period.
- The family must be in good standing and must not owe the PHA for unreported income or other balances.
- The family has a right to terminate the lease on notice to the owner. The lease specifies the requirement on notice to terminate the lease.
- The lease for the unit has been terminated by mutual agreement of the owner and family. The family must provide the PHA a copy of the termination agreement.

The family must be in good standing with the HCV Program which includes that no outstanding balances with the PHA or the landlord. The participant must leave the unit in good condition. Damage beyond normal wear and tear will be cause for termination. A forty-five (45) day notice must be provided to the Housing Authority.

1. When the family moves under portability they must inform the initial PHA of the PHA they wish to move. The HCV staff will contact the receiving PHA via email, fax or other confirmed delivery method to determine if the receiving PHA will bill or absorb the family's voucher.
2. It is the participants' responsibility to determine the area to port the voucher. The participant should be certain of the location as the Elkhart Housing Authority will only process one portability request per year. You can go to HUD's web site to look for Housing Authorities in the area you wish to move.
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts
3. At the scheduled Appointment, a Tenant Notice to Vacate (TNTV) will be completed with the appropriate vacate dates and sent to the landlord. The landlord will be advised to submit in writing any outstanding balances and to conduct an inspection to determine the unit is in satisfactory condition.
4. You will be issued a voucher and Portability Paperwork will be issued to the PHA of your determination. The HCV staff will inform you of the steps you must take.
5. If landlord advises the HCV Program that there are outstanding balances or the unit is not in good condition the paperwork will be suspended until conditions are remedied.

FORM CONTINUED ON NEXT PAGE

Outgoing Portability Request- Page Two

Complete this section and print all information except for signature.

Participant Name

Participant Phone Number

Participant Current Address

Participant Email Address

Date Lease Ends

Date I intend to move out of current unit. This must be at least 45 days from the date this form is submitted.

Housing Authority I wish to relocate to is: _____

I have read this form and understand that I must be in good standing with the HCV Program and in compliance with the lease for my current unit. I further understand that I have chosen the location I wish to relocate and that I will be required to wait 12 months to submit an additional portability request.

Participant Signature

Date

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Housing Authority City of Elkhart
1396 Benham Avenue
Elkhart, IN 46516

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(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 concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

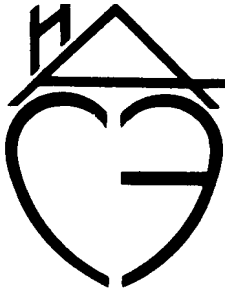
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

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

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana 46516

www.ehai.org

Phone 574-295-8392
Fax 574-293-0580
TTY 574-295-9682

Date _____

PROGRAM COMPLIANCE WAIVER

I, _____, hereby swear and attest that I understand that if I commit any program violations and/or receive any lease violations prior to my move out date my approval will be rescinded.

I further understand that failure to comply with family obligations and program policy will result in termination of assistance.

HCV Participant

Date

HCV Specialist

Date

This waiver in no way absolves action that may be taken for the termination process for violation of program rules. It is to serve as a notice to make the client aware that current actions or inactions must be corrected to have continued subsidy assistance.