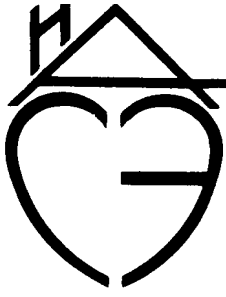


# HOUSING AUTHORITY CITY OF ELKHART

## Housing Choice Voucher Program



1396 Benham Avenue  
Elkhart, Indiana

www.ehai.org

Phone 574-295-8393  
Fax 574-293-0580  
TTY 574-295-9682



## Unit Transfer Request

### Regulatory conditions pertaining to an assisted family unit transfer requests 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 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 exist with 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. Complete this form and the attached packet. Attach all necessary documentation and submit the entire packet. If all documentation is submitted and verified you will receive an appointment in ten business days.
2. 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.
3. You will be issued a voucher and a Request for Tenancy Approval (RTA).
4. If landlord advises the HCV Program that there are outstanding balances or the unit is not in good condition the Unit Transfer will be suspended until conditions are remedied.

### Complete this section and print all information except for signature.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Phone Number

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Participant e-mail address

\_\_\_\_\_  
End date of lease.

\_\_\_\_\_  
Date I would like to be moved by.

**This must be at least 45 days from the date this form is Submitted.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Continued on Back

## Documentation Required at Unit Transfer

**Employment Verification:** Three most recent and consecutive check stubs or 6 month pay history for Temp Agencies, Seasonal. If self-employed please provide either a W-2 or a 12 month income and expense worksheet.

**TANF (cash assistance):** Most recent benefit letter and/or 3 month TANF history report or cancellation letter.

**Unemployment:** Original award letter from Unemployment Compensation and current stub or exhaust letter.

**Child Support:** Notarized letter from the provider and/or 12 month print out for all payees from the Child Support office.

**SSI/Social Security Benefits:** Current award letter.

**Bank Accounts/Assets:** (i.e. checking , savings, stocks, bonds, property, IRA's mutual funds, annuities, trusts, inheritances and settlements) Current statement or letter from bank stating current balances with annual interest rate.

**Full Time Student Status:** any member of the household 18 years of age or older current year financial aid award letter and tuition cost.

**Child Care:** Original Notarized letter/company letterhead from provider stating how much paid and timeframe in which child care is provided. Provided documentation must include contact information (Name, address & phone number).

**Medical Deduction:** At least 62 or disabled head, co-head or spouse- 12 month patient payment history printouts from pharmacy or doctor's office for out of pocket medical expenses for the past year.

**Other:** \_\_\_\_\_  
\_\_\_\_\_

## Housing Authority City of Elkhart Indiana Personal Declaration/Intake and Annuals

**YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR APPOINTMENT! This form must be signed by all adult household members age 18 or older.** Failure to complete this form will delay processing. Such delays caused by the family may be grounds for denial or termination of housing assistance.

All information that you provide on this form **MUST** be accurate and complete.

The Housing Authority City of Elkhart, Indiana is an equal opportunity housing provider committed to providing quality housing opportunities and services to all eligible applicants and participants regardless of race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18) and/or handicap/disability.

### Accommodation/Modification:

Do you or any member of your household require any modification(s) and/or accommodation(s) to fully participate in this or any EHA program or service?	Choose One  Y/N	Description of accommodation or modification(s) being requested:
Are there any children 7 years and under who have an elevated level of lead in their blood?	Choose One  Y/N	List child(ren) name(s):

**Household Head Information:** Please provide all information requested. Clearly print/type responses.

Head of Household			
Last Name:	First Name:	Middle Name:	
Social Security #:	Date of Birth:	Phone(s):	
Single Parent/Adult		Choose One	
Are you the only parent/adult that will be living in the assisted unit?		Yes/No	
Disability		Choose One	
Are you a disabled individual?		Yes/No	
Marital Status (Choose One)		Employment Status Check all that Apply	
<input type="checkbox"/>	Never Married	<input type="checkbox"/>	Employed
<input type="checkbox"/>	Married	<input type="checkbox"/>	Self-Employed
<input type="checkbox"/>	Separated	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Widow(er)	<input type="checkbox"/>	Job/Training/Student
		<input type="checkbox"/>	Retired

Spouse/Ex-Spouse Name	Address	Social Security #	D.O.B.

Address Information: What is your current address?			
Current Street Number and Name: (Do not use P.O. Box):	City:	State:	Zip Code:

**Household Composition:** Please list all household members currently living with you (or who will be living with you if assisted). List household members from oldest to youngest.

Household Member 2			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 3			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 4			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 5			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 6			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 7			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	

**Anticipated Family Composition Changes:**

Do you expect anyone to move in or out of your household within the next 12 months?  Yes/No	If yes, please indicate who and when.	
	Add:	Date:
	Remove:	Date:

**Program Integrity Information:** (These questions apply to all household members). You **MUST** answer each of the following questions accurately and completely. The Elkhart Housing Authority conducts criminal background checks and your response to these questions may be verified. Providing inaccurate and/or incomplete information may be grounds for denial/termination.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of controlled substances?	Yes/No	If yes, please tell us dates, charges, city and state.
Have you or any member of your household ever been arrested for any criminal activity involving the use, attempted use or threatened use of physical force?	Yes/No	If yes, please tell us dates, charges, city and state.
Does anyone in your household currently (or within the last 3 years) use a controlled substance or illegal drug? Excluding doctor prescribed medications.	Yes/No	If yes, please explain:
Have you or any other adult member ever used any name(s) and/or other name (s) than the one you have listed?	Yes/No	If yes, please explain:

**Previous Housing Assistance:** You **MUST** answer each of the following questions accurately and completely. False and/or incomplete answers may result in denial/termination.

Have you ever lived in public or assisted housing at any time in the past?	Yes/No	If yes, please explain: Include dates and locations.
Have you ever committed fraud or knowingly misrepresented information in any housing assistance program?	Yes/No	If yes, please explain: Include dates and locations.
Do you owe any money to any housing authority or agency that provides housing assistance?	Yes/No	If yes, what agency? How much?
Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?	Yes/No	If yes, please explain: Include dates and locations.

**Income: (This question applies to all household members).** Tell us about all income received in the household.

Income is: "all amounts, monetary or not, which go to or on behalf of the family head or spouse or to any other family member, or that are anticipated to be received from a source outside the family during the 12 month period following admission or the annual reexamination effective date." The Elkhart Housing Authority participates in computer matching programs with federal, state and/or local agencies. Providing inaccurate and/or incomplete information is grounds for denial/termination.

**Income includes:** Employment income, the net income from a business, periodic payments from Social Security, annuities, pensions, alimony and child support, payments in lieu of earnings such as unemployment compensation, workers compensation, severance pay, public assistance (TANF), SSI, military pay and regular contributions and gifts.

Type of Income	Family Member Name	Income Source	Contact Information (address/phone, etc.)	Dollars/Hour, week month, or year
<b>Employment</b>				\$
<b>Employment</b>				\$
<b>Social Security</b>		Circle One SSD/SSI		\$
<b>Social Security</b>		Circle One SSD/SSI		\$
<b>Social Security</b>		Circle One SSD/SSI		\$
<b>Child Support</b> (complete if court order exists, even if not received)		Receiving: Yes/No		\$
<b>Child Support</b> (complete if court order exists, even if not received)		Receiving: Yes/No		\$
<b>TANF</b>				\$
<b>Unemployment</b>				\$
<b>Other/Pension</b> (Please explain)				\$

**Assets: (This question applies to all household members, including children).** Tell us about all assets owned by household members, including assets owned by more than one person, allowing unrestricted access by the household members(s).

**Do you or any family member own or have access to any of the following?**

Savings account?..... Yes  No  
 Certificate of deposit?..... Yes  No

Checking account?..... Yes  No  
 Money Market account?..... Yes  No

**If you answered yes to any of the above questions, please fill out the following information:**

Family Member Name	Bank Name	Type of Account/Policy Number	Balance
			\$
			\$
			\$
			\$
			\$
			\$

**Do you or any family member own or have access to any of the following?**

Stocks?..... Yes  No  
 Real Property?..... Yes  No  
 Pensions?..... Yes  No  
 Inheritances?..... Yes  No  
 Any other type of capital investment?..... Yes  No

Bonds?..... Yes  No  
 Trust Funds?..... Yes  No  
 Individual retirement accounts?..... Yes  No  
 Life insurance policies?..... Yes  No

**If you answered yes to any of the above questions, please fill out the following information:**

Family Member Name	Bank Name	Type of Account/Policy Number	Balance
			\$
			\$

**Disposed Assets:** Have you or any member of your household disposed of any assets during the past 2 years?

Family Member Name	Type of Asset Disposed of	Type of Account/Name/Policy #	Balance
			\$
			\$

**Additional Income Information**

Has anyone in your household applied for any benefits or money that is in the process of being approved?	Yes/No	If yes, please list the source and date of application:
Does anyone outside your household give you money and/or pay for any of your bills or expenses?	Yes/No	If yes, provide their name, address and phone number and what amount they give you and how often:
Does anyone in your household receive an educational grant or scholarship?	Yes/No	If yes, list which family member(s), source of income and amount awarded:

**Expenses:** What are your current expenses? Questions relating to medical expense(s) are limited to the name and address of medical professionals. The Elkhart Housing Authority neither seeks nor desires any medical information about any household member.

Do you pay childcare expenses in order to work or go to school?	Yes/No	If yes, how much do you pay? List name, address and phone number of the provider:
Do you pay for the care of a disabled household member in order to work? Please include the cost of any auxiliary apparatus that may be needed. (i.e. wheel chair lift)	Yes/No	If yes, how much do you pay? List name, address and phone number of caregiver:
Do you currently own a vehicle?	Yes/No	If yes, is vehicle paid for? If not, name of lender and amount still owed:
Are you currently paying for automobile insurance?	Yes/No	If yes, what is the name of the insurance agency and what is your monthly payment:

The following questions only apply to households whose head or spouse is age 62 or older or is a person with disabilities.

Do you pay for health insurance (other than Medicare)?	Yes/No	If yes, please provide insurance name, address and premium amount:
Are you currently paying for any out-of-pocket medical expenses (i.e. prescriptions, doctors, medical procedures)?	Yes/No	If yes, please provide the name and address of pharmacy(s) or medical provider(s):



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**Applicant/Tenant Certification and Notice**

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I/We certify that the information given to the Elkhart Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete. I/We understand that false statements and/or information are punishable under Federal law. I/We also understand that false statements and/or information are grounds for termination of housing assistance.

**Warning! TITLE 18, SECTION 1002 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

I/We represent that the statements made above are true and correct and herby authorize verification of references. Any false statements hereon are grounds for denial/termination. I/We authorize the Elkhart Housing Authority to investigate my/our history for the purposes of approval or disapproval of this application. I/We authorize the Elkhart Housing Authority to review a "Consumer Report" for qualification purposes. A consumer report can include credit report, public record searches and employment/residence verifications. I certify under penalty of perjury that I/We will provide notice in writing on a Personal Declaration with ALL supporting documents all changes to my/our household income within 60 calendar cays of such a change and changes of household composition within 10 days. I/We understand that this does not apply during Annual Recertification, Unit Transfer and Move-Ins and must be reported IMMEDIATELY.

I/We declare under penalty or perjury under the laws of the United States of America and the State of Indiana that all information contained in this statement of facts is true, correct and complete.

**ALL ADULT HOUSEHOLD MEMBERS (AGE 18 AND OLDER) MUST SIGN THIS APPLICATION**

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

\_\_\_\_\_  
Signature of Spouse/Other Adult                      Date

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

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

**NOTE: If a person other than the applicant/participant completes this form, please sign and complete the representative information below.**

\_\_\_\_\_  
Print Name                                      Signature of Representative                                      Date

\_\_\_\_\_  
Address                                      City                                      State                      Zip Code                      Phone Number

# 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:**

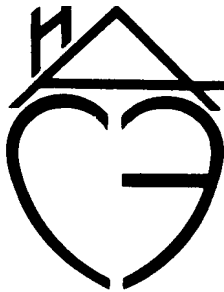
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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 574-295-8393

Fax 574-293-0580

TTY 574-295-9682

Mr. Kim E. Sindle  
Executive Director

EST. 1962

### Release of Information

I (We), \_\_\_\_\_, hereby authorize the Elkhart Housing Authority to share any of my information in its possession, including my name, address, other personal information and the type of assistance I receive. This applies to any or all of the following organizations necessary to coordinate available services and assistance for my case management, or to complete my application, Individual Training and Service Plan (ITSP) or to help move me (us) into Self-Sufficiency.

- |  |   |
|--|---|
| <input type="checkbox"/> Department of Family Resources    | <input type="checkbox"/> Legal Aid            |
| <input type="checkbox"/> Work One                          | <input type="checkbox"/> Utility Companies    |
| <input type="checkbox"/> Bank(s)/Credit Union(s)           | <input type="checkbox"/> Trustees Office      |
| <input type="checkbox"/> College                           | <input type="checkbox"/> Health Care Provider |
| <input type="checkbox"/> Community Agency (CCS, S/A, etc.) | <input type="checkbox"/> REAL Services        |
| <input type="checkbox"/> Child Care Provider               | <input type="checkbox"/> Vocational Rehab     |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____          |

I further release and authorize the Elkhart Housing Authority and its staff to contact any of the above named entities, persons, or agencies to verify information provided by me for participation in the Elkhart Housing Authority's Housing Choice Voucher program including, the Family Self-Sufficiency Program and Homeownership Program.

This authorization/release is valid for 15 months from the date signed or for the duration of my participation in the Housing Choice Voucher program and/or my Family Self-Sufficiency Contract.

I (We) understand that I (We) may revoke this consent only by giving written notice to the person or organization making the disclosures. My signature indicates that I have read the above, or it has been read to me, and that I understand the terms and conditions. I am also signing this release on behalf of my children that are under the age of 18.

Signed:

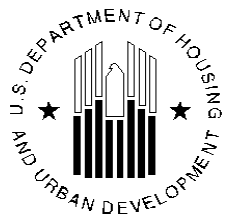
\_\_\_\_\_  
Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-Participant

\_\_\_\_\_  
Date





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

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

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

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

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

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

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

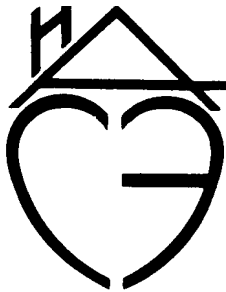
**Signature**

**Date**

**Printed Name**

# HOUSING AUTHORITY CITY OF ELKHART

## Housing Choice Voucher Program



1396 Benham Avenue  
Elkhart, Indiana 46516

www.ehai.org

Phone 574-295-8393

Fax 574-293-0580

TTY 574-295-9682

Mr. Kim E. Sindle  
Executive Director

EST. 1962

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

Clerk of Superior Court  
Support Desk  
315 South Second St.  
Elkhart, IN 46516

RE:  
SS#:  
Payer: **ALL**

To Whom It May Concern:

Please send a payment history for the last twelve (12) months on the above named person. The individual is a current participant in the Housing Choice Voucher Program. As such, all income must be verified.

Thank you, in advance, for your cooperation in this matter. Please contact me at 295-8393 if you have any questions.

Sincerely,

HCV Specialist  
CC: File

### Release of Child Support Information

I, \_\_\_\_\_, authorize the Elkhart Housing Authority to obtain the requested history of any child support I may/may not have received. I further authorize any requested information to be sent to the Elkhart Housing Authority by fax or any other means requested. This release expires 15 months from the date signed.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)





Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> 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.	

**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.