



ARIZONA DEPARTMENT OF CHILD SAFETY
FAMILY UNIFICATION PROGRAM (FUP)
Instructions for Application

HUD FUP Housing Application Instructions

The FUP housing application is now a fillable form

- The FUP housing application is now a fillable form
- The application can be filled out on the computer or by hand
- The next page is the Signature Page. This page must be complete and signed by all applicants or it will be returned
- When completed with all client information and city/county has been chosen, you can print and sign or use the digital signature
- All sections on each page of the application must be filled out including signatures, if it does not apply to the client it must say N/A

- Completed applications need to be sent to HUDFUP@azdcs.gov

Information in CHILDS that needs to be complete

- The Case Plan must be current and list housing as a need
- The CSRA or CCSRA must be current
- If the family is reunifying the CSRA or CCSRA must reflect that and the family should be receiving unsupervised visits. If the child/ren are already in the home, the child/ren should be marked as Safe
- Legal status will be checked for each child

If the application is not complete, the signature page is missing, or the information in CHILDS is not correct/current, the application will not be accepted. You will receive an email stating this and asking you to provide any missing information within 10 business days.

The last 3 pages are for you to review with the client and help them gather their information to take with them to their interview.

If the client is missing any of this information, the process will take longer at the Housing Authority.

If you have questions or are unsure what needs to be filled out please send an email to HUDFUP@azdcs.gov.



ARIZONA DEPARTMENT OF CHILD SAFETY FAMILY UNIFICATION PROGRAM (FUP) APPLICATION

FUP Housing Choice Voucher Application for Eligibility

Please complete ALL sections. When not applicable, write "NA" in the blank.

Head of Household (H.O.H) Name _____			Social Security No. _____		
Street Address where you live _____		Mailing Address if different _____		Cell/Mobile Phone No. _____ Home/Other Phone No. _____	
Address 2 _____			Address 2 _____		
City _____	State _____	ZIP _____	City _____	State _____	ZIP _____
Email Address _____					

Household Members and Income

List every person living with you at least 51% of the year, **including yourself**. Live-In Aides do not need to list income. *Use additional sheet if necessary.*

Name (Last, First, M.I.)	Relation to H.O.H.	Soc. Sec. No.	Sex	Date of Birth	Race	Income*: List all money received by each person in the household per month. If no income, write 0.
	self					

*Income includes wages, self-employment, business income, unemployment, SS/SSI, worker's compensation, TANF/DES, Pension, Retirement, Annuities, Trust income, foster care, adoption, etc.

Other Household Information

Is anyone in your household receiving child support payments? If yes, Monthly Amount: _____ Yes No

Is anyone in your household disabled? If YES, please list their name(s): _____

Does anyone outside your household regularly pay any of your bills or contribute money to help pay..... Yes No
 for household expenses? If YES, provide name & contact information:

Name _____		Cell/Mobile Phone No. _____		Home/Other Phone No. _____	
Address _____					
Email Address _____					
City _____	State _____	ZIP _____			

Have you or has any family member of your household been convicted of a crime in the Yes No
 last twelve months? (misdemeanors, felonies, etc.)? If YES, who? _____





**ARIZONA DEPARTMENT OF CHILD SAFETY
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FUP Housing Choice Voucher Application for Eligibility

Current Employment Information

Is anyone in your household currently employed? Yes? – Complete this section No? – Move to the next section

Name of Household Member	Start Date	Name & Address of Employer	Phone/Fax or Email of Employer

Student Information

Is anyone currently a student and is 18 years or older? Yes? – Complete this section No? – Move to the next section

Name of Household Member	Name & Address of School	List of all financial aid received

Bank Accounts and Other Assets

Does anyone in your household have a bank account(s) or assets? Yes? – Complete this section No? – Move to the next section

Name of Household Member	Asset Type (Checking, IRA, Savings, house, etc.)	Current Value (in dollars, \$)	Interest Rate (if left blank, standard rate will be applied)	Name of Financial Institution/Bank

Have you cashed in an asset in the past 60 days? If yes, how much did you receive? _____ Yes No

Have you sold an asset/property in the last two years? If yes, please provide details. _____ Yes No

Reasonable Accommodations

Does anyone in the household require a reasonable accommodation due to a disability? Yes: You must request additional forms to request assistance. No: Move to the next section

Childcare Expenses

Do you pay out of pocket expenses for childcare (for child 12 years old or younger) and anticipate the expense to continue over the next 12 months? Yes? – Complete this section No? – Move to the next section

Provider	Provider Address	Provider Phone	Amount Paid Monthly (\$)





**ARIZONA DEPARTMENT OF CHILD SAFETY
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FUP Housing Choice Voucher Application for Eligibility

Medical Expenses (Elderly and Disabled Households Only)

Does any qualifying member of your household have out-of-pocket medical expenses on a regular basis?

Yes? – Complete this section **No?** – Move to the next section

Name of Household Member	Expense Type (Co-pay, Rx etc.)	Payments Made To	Amount Paid Monthly (\$)	Doctor/Prescriber

Emergency Contact

Contact Name	Relationship	Phone No.	Other Phone	Address

Certification

I/We understand all changes to my household composition, income or other circumstances that occur after I/we complete this form must be reported in writing to the housing authority within 10 business days of the change. I/We understand my eligibility for housing depends on my household's full completion of this form as verified by COP HCV. I/We certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the HCV program.

 Head of Household Name (Print)

 Head of Household Signature

 Date

 Co-head/Spouse Name (Print)

 Co-head/Spouse Signature

 Date

 Other Adult Name (Print)

 Other Adult Signature

 Date

 Other Adult Name (Print)

 Other Adult Signature

 Date





ARIZONA DEPARTMENT OF CHILD SAFETY
FAMILY UNIFICATION PROGRAM (FUP) APPLICATION

FUP Housing Choice Voucher Application for Eligibility

Client Consent Form for Income Verification and Background Record Release

By signing below, I give the Housing Authority, Housing Choice Voucher Program permission to obtain or gather information pertaining to my household in order to determine eligibility for rental assistance under the voucher program.

I understand by giving my permission, the Housing Authority will obtain information or materials necessary to complete or verify previous or current employment; retrieve information from the internal Revenue Service, Child Support Enforcement Agency, Social Security Administration, County Health and Human Services, Veteran's Administration, and Bureau of Worker's compensation or any other Agency the HA may use to verify income.

I hereby further authorize and request any and all agencies having information and/or records pertaining to the undersigned, to furnish full and complete information to any duly authorized representatives of HA, who presents this authorization. I authorize any Law Enforcement Agency, Probation Office, Municipal court, Juvenile court, Doctors, Hospitals, Landlords-past and present, and Social Service Clearing-House, with knowledge of my background, to freely furnish their reports, evaluations, and/or opinions to HA for examination and reproduction.

Failure to sign Consent Form by any member of the household 18 years and older will result in the immediate denial of assistance for the Housing Choice Voucher Program.

_____	_____	_____
<i>Head of Household Name (Print)</i>	<i>Head of Household Signature</i>	<i>Date</i>
_____	_____	_____
<i>Co-head/Spouse Name (Print)</i>	<i>Co-head/Spouse Signature</i>	<i>Date</i>
_____	_____	_____
<i>Other Adult Name (Print)</i>	<i>Other Adult Signature</i>	<i>Date</i>
_____	_____	_____
<i>Other Adult Name (Print)</i>	<i>Other Adult Signature</i>	<i>Date</i>



Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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:	
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"/> Contractor
<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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

COMMITMENT REGARDING CRIME BY HOUSEHOLD MEMBERS

In consideration of the execution of a voucher under the Section 8 Housing Choice Voucher Program (HCV), the participant agrees as follows:

1. Participant, any members of the participant's household, or a guest or other person under the participant's control may not 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 ("criminal activity"). Drug-related criminal activity means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802).
2. Participant or members of the participant's household or a guest or other person under the participant's control shall not engage in any act intended to facilitate criminal activity.
3. Participant or members of the household will not permit the dwelling unit to be used for or to facilitate criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. Participant or members of the household will not engage in the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use of a controlled substance at the dwelling or any other location.
5. 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 includes but is not limited to, threats of violence and the unlawful discharge of a weapon.
6. Violation of any of the above provisions shall be good cause for termination of Section 8 benefits. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but may be by a preponderance of the evidence.

Date _____

Signature _____

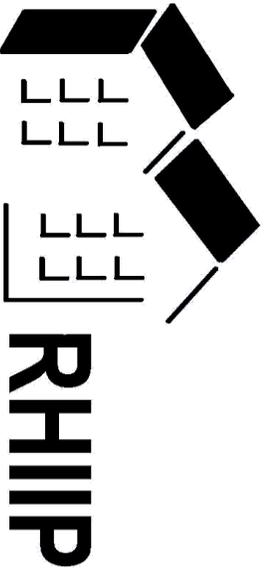
Printed Name _____





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.

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/hiv/ourprograms/pihiv/cfr>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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 _____

TENANT CERTIFICATE

GIVING TRUE AND COMPLETE INFORMATION

I certify that all information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I certify that the information given is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report immediately in writing any changes in income and any changes in household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I receive any previous Federal housing assistance and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be/is my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Agency immediately in writing. I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits or verify by true circumstances. Cooperation includes attending pre-scheduled meetings, completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State criminal law. It also would be grounds for termination of housing assistance and/or termination of tenancy.

Signature and Date of ALL Household Adults

- 1) _____
- 2) _____
- 3) _____
- 4) _____



UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ SSN (last 4 digits) _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Checking Account(s)	\$ _____	_____	\$ _____	Savings Account(s)
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Cash cards used to receive government benefits or other income
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Account(s)	\$ _____	_____	\$ _____	401K Account(s)
\$ _____	_____	\$ _____	Keogh Account(s)	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above: _____				
\$ _____	_____	\$ _____	Personal property held as an investment** : _____				
\$ _____	_____	\$ _____	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in denial or termination of assistance.

Head of Household (sign) _____ Date _____

HOUSING CHOICE VOUCHER PROGRAM
FAMILY OBLIGATIONS

To participate in the Housing Choice Voucher program, you must agree to follow program rules and HUD requirements. See your Voucher and the following list for your obligations.

1. You must supply any/all information that the housing authority or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. Information includes any requested certification, releases or other documentation.
2. You must supply any/all information requested by the housing authority or HUD for use in re-examination of family income and composition in accordance with HUD requirements.
3. You must disclose Social Security numbers unless a family member is not claiming eligible immigration status, and you must sign and submit consent forms for obtaining information.
4. All information supplied must be true and complete.
5. You are responsible for any HQS breach caused by your household or guests.
6. You must allow the housing authority to inspect the unit at reasonable times when notified by the housing authority.
7. You may not commit any serious or repeated violation of the lease.
8. You must notify the housing authority and the owner before you move out of the unit or terminate the lease by a notice to the owner.
9. You must promptly give the housing authority a copy of any owner eviction notice received.
10. You must use the assisted unit for your residence. The unit must be your only residence.
11. The housing authority must approve the composition of the assisted family residing in the unit. You must promptly inform the housing authority of the birth, adoption or court-awarded custody of a child. You must request approval in advance from the housing authority to add any other family member as an occupant of the unit. If the housing authority has given approval, a foster child/foster adult or a live-in aide may reside in the unit.
12. You must notify the housing authority within thirty (30) calendar days if any family member no longer resides in the unit.
13. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence. Any business uses of the unit must comply with zoning requirements and the affected household member must obtain all appropriate licenses.
14. You must not sublease or let the unit and not assign the lease or transfer the unit.
15. You must report all sources and types of income and any changes to family composition.
16. You are required both to notify the housing authority before any/all household member moves out of a unit and to give the housing authority information about any family absence from the unit for more than 30 consecutive calendar days.
17. You may not own or have any interest in the unit.
18. Household members must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs. Members may not 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 person residing in the immediate vicinity of the premises.
19. Household members may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit under any duplicative housing assistance programs.

Head of Household Print & Sign _____ Date _____





ARIZONA DEPARTMENT OF CHILD SAFETY FAMILY UNIFICATION PROGRAM (FUP) APPLICATION

What to Take to Your Interview - A Checklist

Check-mark "✓" all the items below that apply to your household. Attach copies of required documents and information listed by the boxes you check. **Documentation must be dated within 60 days of submission.**

Please Print and Give to Client to Take with Them to Their Interview.

Identification - You must provide:

- Copies of original Social Security Cards for ALL household members.
- Copies of original Birth Certificates for ALL household members.
- Copies of Driver's License or State Picture Identification for Head of Household.

Income - Check ALL that apply to your household

Provide COPIES of this information for ALL checked items:

- Employment / Wages / Job Training:** Four most recent consecutive pay stubs
- Self-Employment / Owned Business:** Your most recent tax returns
- Unemployment Benefits:** Your most recent weekly statement
- Public Assistance (TANF or Welfare):** DES benefit letter
- Worker's Compensation:** A statement which shows your award amount
- Veterans (V.A.) Benefits:** Most recent benefit award letter. Call 1-800-827-1000 if you need the letter
- Social Security or SSI:** Most recent benefit award letter. Call 1-800-772-1213 or visit www.ssa.gov
- Alimony:** A court order or a statement with the amount and frequency of payment
- Child Support:** An original court order, notice or printout from the local Child Support Enforcement Agency provided by you to verify current child support amount and payment status, or a copy of most recent check, recording date, amount, and check number
- Regular Contributions or Gifts from organizations or individuals - contact office if you need this form:**
For example, your brother gives you \$20 in groceries every week or your mom pays your phone bill every month. Provide a statement from the organization or individual stating the amount, frequency and from whom

Assets - Check ALL that apply to your household

Provide COPIES of this information for ALL checked items:

- Checking accounts, savings accounts, certificates of deposit (CD), IRA's, bonds, trust funds, stocks, 401k, insurance policies, equity in real property or other financial investments.**
Two (2) Most recent statements for:
Checking or savings accounts, certificates of deposit, property appraisals, stock or bond documents, or Other most recent financial statements completed by financial institution. Family Declaration form signed by all adult members of the family that the value of all member assets is less than \$5,000.





ARIZONA DEPARTMENT OF CHILD SAFETY
FAMILY UNIFICATION PROGRAM (FUP) APPLICATION

What to Take to Your Interview ~ continued

Check-mark "✓" all the items below that apply to your household. Attach copies of required documents and information listed by the boxes you check. **Documentation must be dated within 60 days of submission.**

Please Print and Give to Client to Take with Them to Their Interview.

Deductions and Allowances - Check ALL that apply to your household

Provide COPIES of this information for ALL checked items:

- Full time student:** Copy of current financial aid award letter and enrollment showing credit hours; cost of tuition including fees
- Household's head, co-head or spouse is elderly (62+) and/or disabled and is reporting Medical Expenses:** Copies of receipts or canceled checks that verify payments on outstanding medical bills that will continue for all or part of the next 12 months; or Copies of income tax forms (Schedule A, IRS Form 1040) that itemize medical expenses (expenses are not expected to change over the next 12 months).
- An adult member of the household is employed or going to school and pays for child care for a child 12 years old or younger:** Copies of receipts or canceled checks of payments to child care provider. For school attendance, school records, that show that the time and duration of school attendance which reasonably corresponds to the period of child care.
- If a member of the household (other than head, co-head or spouse) is disabled and out of pocket expenses allow a family member to work:** Verification of type of expense and payments you have made for the last 12 months.

Deductions and Allowances - Check ALL that apply to your household

Provide COPIES of this information for ALL checked items:

- Application for Continued Occupancy and Authorization for Release of Information (HUD Form 9886):** Fill out all pages (front and back) completely – DO NOT leave any box or line blank; If something does not apply to you or another family member, write "N/A" or "none" on the line or in the box; You and all members who are living in your household who are 18 years or older must sign and date the forms.
- Family Obligations:** The Family Obligations sheet lists the rules and regulations that your family agreed to on your initial voucher. Sign and date.
- RHIIP What You Should Know About EIV:** The RHIIP brochure is also a reminder to you about Enterprise Income Verification web system used to verify employment and income information for your household. Sign and date.

Signatures

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination on of a lease agreement. Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

Head of Household

Date

Co-head/Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

