

Central Wisconsin Community Action Council, Inc.  
Housing Choice Voucher Department



HOUSING CHOICE VOUCHER (HCV) PROGRAM INFORMATION SHEET

YOU ARE APPLYING TO BE PLACED ON A WAITING LIST FOR THE COLUMBIA COUNTY HCV PROGRAM. PROGRAM ELIGIBILITY IS DETERMINED BY THE NUMBER OF MEMBERS IN A HOUSEHOLD, THE HOUSEHOLD'S GROSS ANNUAL INCOME, AND A CRIMINAL BACKGROUND CHECK.

HUD'S HCV 2021 INCOME LIMITS FOR COLUMBIA COUNTY, WI:

<u>Number of People in Household:</u>	<u>Gross Income Limit:</u>
1-----	\$29,150
2-----	\$33,300
3-----	\$37,450
4-----	\$41,600
5-----	\$44,950

- PLEASE MAKE SURE THE APPLICATION IS COMPLETE, SIGNED AND DATED BY THE HEAD OF HOUSEHOLD AND ALL OTHER HOUSEHOLD MEMBERS 18 OR OVER. PLEASE PROVIDE ALL REQUESTED DOCUMENTS LISTED ON THE NEXT PAGE. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
- ALL ELIGIBLE APPLICANTS WHO SUBMIT COMPLETE APPLICATIONS WILL BE PLACED ON THE WAITING LIST. CONFIRMATION LETTERS WILL BE MAILED WITHIN 10 DAYS OF RECEIVING YOUR COMPLETE APPLICATION.
- PLEASE BE PATIENT; WE DO NOT KNOW WHEN WE WILL BE ISSUING VOUCHERS. THIS COULD TAKE 6 MONTHS OR LONGER. YOU WILL BE CONTACTED BY MAIL WHEN YOUR NAME REACHES THE TOP OF THE LIST. IT IS YOUR RESPONSIBILITY TO UPDATE YOUR ADDRESS AND PHONE WITH US IF YOU MOVE. IF OUR LETTER TO YOU IS RETURNED MARKED 'UNDELIVERABLE', YOUR NAME WILL BE REMOVED FROM THE WAITING LIST AND YOUR APPLICATION WILL BE CLOSED.
- YOU WILL BE NOTIFIED BY MAIL WHEN FUNDS ARE AVAILABLE.
- THIS IS A FEDERAL RENTAL ASSISTANCE PROGRAM ONLY. YOU CAN NOT OWN A HOME OR RENT FROM A RELATIVE.



*Central Wisconsin Community Action Council, Inc.*  
*Housing Choice Voucher Department*



- **PLEASE MAKE SURE THE APPLICATION IS COMPLETE, SIGNED, AND DATED BY THE HEAD OF HOUSEHOLD AND ALL MEMBERS 18 OR OVER.**
  
- **COPIES OF THE FOLLOWING DOCUMENTS MUST BE RETURNED WITH YOUR APPLICATION:**
  - **COPY OF SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES ARE REQUIRED FOR ALL MEMBERS OF THE HOUSEHOLD**
  
  - **COPY OF A PHOTO ID FOR ALL MEMBERS 18 AND OLDER**
  
  - **INCOME - SS OR SSI AWARD LETTER, CHILD SUPPORT, TWO CONSECUTIVE CURRENT PAY STUBS IF EMPLOYED, PENSIONS, ETC.**
  
  - **ASSETS – CURRENT STATEMENT FROM CHECKING, SAVING, OR ANY TRUST OR CD'S**

**NOTE** – Remember, incomplete applications will not be accepted.

**Completed applications for Columbia County can be returned to:**

CWCAC, located at 1874 Highway 13, Friendship, WI.  
There is a drop box in the front entry that is open 24/7.

Mailed to: CWCAC, PO Box 680, Friendship, WI 53934

Fax to 608-339-9955

If you have any questions, please call 608-472-2687 or 608-339-0273

## ELIGIBILITY, INCOME, ASSET, AND DEDUCTION CHECKLIST ADDENDUM TO APPLICATION & CERTIFICATION FORMS

*(All Household Members 18 and Over Should Complete At Application and Annual Recertification)*

Tenant ID \_\_\_\_\_

Please review and complete this form. This information will help us determine your assistance.

Head of Household \_\_\_\_\_

Unit Address \_\_\_\_\_

Unit City, State, ZIP \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

E-mail Address \_\_\_\_\_  I would like to receive correspondence via e-mail.

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household  
S = Spouse (Married)

K = Co-Head (Not Married)  
F = Foster Child/Adult

Y = Youth Under 18  
E = Full Time Student Over 18

L = Live-In Aide  
A = Other Adult

1. Last Name & Sr, Jr, etc.		2. First Name		3. MI	4. Date of Birth		5. Sex <input type="checkbox"/> M <input type="checkbox"/> F		6. Relation		7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				10. Social Security Number			11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Last Name & Sr, Jr, etc.		2. First Name		3. MI	4. Date of Birth		5. Sex <input type="checkbox"/> M <input type="checkbox"/> F		6. Relation		7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				10. Social Security Number			11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Last Name & Sr, Jr, etc.		2. First Name		3. MI	4. Date of Birth		5. Sex <input type="checkbox"/> M <input type="checkbox"/> F		6. Relation		7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**I) ELIGIBILITY**

A) I have a family member who is absent from the home due to:

- Employment \_\_\_\_\_
- Military Service \_\_\_\_\_
- Placement in foster care \_\_\_\_\_
- Temporarily in nursing home or hospital \_\_\_\_\_
- Permanently confined to nursing home \_\_\_\_\_
- Away at school \_\_\_\_\_
- Other: \_\_\_\_\_

YES	NO	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

B) I have a live-in attendant  
(Will be independently verified.)

_____	_____
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C) Expected changes in the household:

- Baby due on \_\_\_\_\_
- Adopting a child(ren) on \_\_\_\_\_
- Obtaining custody of a child(ren) on \_\_\_\_\_
- Obtaining joint custody of a child(ren) on \_\_\_\_\_
- Receiving a foster child(ren) on \_\_\_\_\_
- Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D) Has any member of the family had any non-traffic criminal charges or convictions in the last five years? If yes, please list the type(s) and location(s) of the offense(s). (Independent verification will be conducted.)

_____	_____
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**II) INCOME AND ASSETS**

A) Income:

1) Are you or any member of the household currently receiving income from any of the following sources:

- Regular recurring contributions from persons or agencies outside the household \_\_\_\_\_
- Wages and salaries \_\_\_\_\_
- Wages earned through a government program such as: Senior Aides, Older American Community Service Employment Program, AmeriCorps, etc. If yes, which program: \_\_\_\_\_
- Tips, bonuses or commissions \_\_\_\_\_
- Overtime pay \_\_\_\_\_
- Income from operation of a business, including Avon, Mary Kay, Shaklee, etc. \_\_\_\_\_
- Social Security and/or SSI \_\_\_\_\_
- Death benefits \_\_\_\_\_
- Pensions/retirement funds \_\_\_\_\_
- Annuities or non-revocable trust \_\_\_\_\_
- Unemployment or disability \_\_\_\_\_
- Military pay \_\_\_\_\_
- Workman's Compensation \_\_\_\_\_
- Public Assistance/TANF \_\_\_\_\_
- Alimony and/or child support (complete even if no support is received) \_\_\_\_\_
- Income from rent or sale of property \_\_\_\_\_
- Foster Care payments \_\_\_\_\_
- Periodic payments from lottery winnings \_\_\_\_\_
- Insurance policies \_\_\_\_\_
- Severance pay \_\_\_\_\_
- Other \_\_\_\_\_

YES	NO	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
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_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Add new income sources in the space provided below. An income is any one of the following types without limitation:

- |                                       |                     |                          |                       |
|---------------------------------------|---------------------|--------------------------|-----------------------|
| Alimony Payments                      | Food Stamps         | Self Employment          | Wages/Salaries        |
| Child Support                         | Military Pay        | Social Security Benefits | Welfare Benefits      |
| Disability Benefits                   | Periodic Gifts      | SSI                      | Worker's Compensation |
| Financial assistance to attend school | Retirement Payments | Unemployment Benefits    |                       |

**DOCUMENTATION REQUIRED:** Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	-------------	----------------------	--	--

Verification Source Name and Address

- |  | YES   | NO    | AMOUNT   |
|--|-------|-------|----------|
| 1) Did you or any other members of the household file a federal tax return last year?  | _____ | _____ |          |
| 2) Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, specify the source of the income _____ | _____ | _____ | \$ _____ |
| 3) Are you claiming zero income?   | YES   | NO    |          |

**STOP!**

A certification must also be submitted if zero income is claimed.  
 Complete entire form if answer is YES.  
 Skip to B) ASSETS if answer is NO.

- |   |       |       |  |
|---|-------|-------|--|
| 5) Are you receiving assistance from persons or agencies outside the household? | YES   | NO    |  |
|   | _____ | _____ |  |

List the amount received, the sources of the income and how often the assistance is received.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |  |       |       |       |
|--|-------|-------|-------|
| 6) Do you own a vehicle?<br>Do you have car payments?<br>If yes, amount \$ _____ per _____<br>Car insurance payment \$ _____ per _____<br>Gasoline costs \$ _____ per _____  | _____ | _____ | _____ |
| 7) Do you subscribe to cable or dish TV?<br>Cable or dish payment \$ _____ per _____   | _____ | _____ | _____ |
| 8) Do you have a telephone and/or cell phone?<br>Telephone payment \$ _____ per _____  | _____ | _____ | _____ |
| 9) Do you have a computer?<br>Internet connection payment \$ _____ per _____   | _____ | _____ | _____ |
| 10) Do you pay heat and electricity?<br>Monthly utilities payment \$ _____   | _____ | _____ | _____ |
| 11) Do you receive food stamps to help with groceries?<br>Monthly value of food stamps \$ _____<br><br>Does anyone outside the household contribute groceries, prepared food or cash for groceries on a regular basis?<br>Average weekly contribution \$ _____ | _____ | _____ | _____ |
| 12) Does anyone in the household smoke?<br>Average weekly cost \$ _____  | _____ | _____ | _____ |
| 13) Have you or anyone in the household incurred any medical expenses within the last thirty (30) days?<br>If yes, state cost \$ _____   | _____ | _____ | _____ |
| 14) Do you have any other bills that you pay on a regular basis (i.e., credit cards, member dues, loan payments, etc.)<br>If yes, state monthly total \$ _____   | _____ | _____ | _____ |

List the sources of income and the amount received for the expenses in Items 6-14.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B) Assets:**

1) Do you or any other members of the household have any of the following:

**YES NO AMOUNT**

- Checking accounts \_\_\_\_\_ \$ \_\_\_\_\_
- Saving accounts \_\_\_\_\_ \$ \_\_\_\_\_
- Certificates of deposit \_\_\_\_\_ \$ \_\_\_\_\_
- Money market funds \_\_\_\_\_ \$ \_\_\_\_\_
- IRA/Keogh accounts \_\_\_\_\_ \$ \_\_\_\_\_
- Stocks and/or bonds \_\_\_\_\_ \$ \_\_\_\_\_
- Treasury bills \_\_\_\_\_ \$ \_\_\_\_\_
- Trust funds \_\_\_\_\_ \$ \_\_\_\_\_
  - If yes, is the trust irrevocable? \_\_\_\_\_ \$ \_\_\_\_\_
- Real estate \_\_\_\_\_ \$ \_\_\_\_\_
- Whole life or universal life insurance policy \_\_\_\_\_ \$ \_\_\_\_\_
- Cash held in safety deposit boxes or at home \_\_\_\_\_ \$ \_\_\_\_\_
- Assets held in another state or foreign country \_\_\_\_\_ \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Asset Information:**

Source (Bank, Insurance Agency, etc)

Contact Information (Name, Phone Number, Address)

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

**YES NO AMOUNT**

2) Has any member of the household received any lump sum payments, such as:

- Inheritance \_\_\_\_\_ \$ \_\_\_\_\_
- Lottery winnings \_\_\_\_\_ \$ \_\_\_\_\_
- Insurance settlements \_\_\_\_\_ \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

3) Has any member of the household disposed of any assets for less than fair market value in the past two (2) years? \_\_\_\_\_ \$ \_\_\_\_\_

4) Does any member of the household have any assets that are held jointly with another person? \_\_\_\_\_ \$ \_\_\_\_\_

**III) DEDUCTIONS TO DETERMINE ADJUSTED INCOME:**

A) Are there any full-time students 18 years of age or older in the household? \_\_\_\_\_

Name of School

Contact Information (Name, Phone Number, Address)

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

B) Is the Head of Household, Spouse, or Co-Head elderly (62 or older) or a person with disabilities? If yes, please answer (C).

**YES NO**

YES NO AMOUNT

C) Do you have medical expenses that are not paid for by an outside source such as insurance?

\_\_\_\_ \_ \$ \_\_\_\_

Expense and Provider

Contact Information (Name, Phone Number, Address)

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

D) Do you have disability expenses that are not paid for by an outside source?  
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?

\_\_\_\_ \_ \$ \_\_\_\_  
\_\_\_\_ \_

Expense and Provider

Contact Information (Name, Phone Number, Address)

Member Name: \_\_\_\_\_

E) Do you have attendant care expenses?  
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?

\_\_\_\_ \_ \$ \_\_\_\_  
\_\_\_\_ \_

Expense and Provider

Contact Information (Name, Phone Number, Address)

Member Name: \_\_\_\_\_

F) Do you currently pay for childcare services for any children under the age of 13 residing in your household?  
If yes, is this service necessary in order for you to be employed or to attend school?  
If yes, are any of these expenses reimbursed by an outside source?

\_\_\_\_ \_ \$ \_\_\_\_  
\_\_\_\_ \_ \$ \_\_\_\_  
\_\_\_\_ \_

Provider

Contact Information (Name, Phone Number, Address)

Member Name: \_\_\_\_\_

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

- Terminated from the program
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned up to five years
- Prohibited from receiving future assistance

Other penalties may apply under state and local government laws.

**By signing below, I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date



*Central Wisconsin Community Action Council, Inc.*  
*Housing Choice Voucher Department*



**INFORMATION UPDATE FORM**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_  
(IF AVAILABLE)

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Main Office  
CWCAC  
1874 Hwy. 13  
PO Box 680  
Friendship, WI 53934



Ph: 608-339-0273  
Or: 608-472-2687  
Fax: 608-339-9955  
Email: [lcook@cwac.org](mailto:lcook@cwac.org)

Central Wisconsin Community Action Council, Inc.  
Housing Choice Voucher Department



**AUTHORIZATION TO RELEASE INFORMATION**

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

I/We \_\_\_\_\_

(Print all family members over the age of 18) give permission to any employer, financial institution, health care provider, child care provider, insurance companies, investment corporations, governmental agencies, pension provider, educational institutions, and vendors to release information to Central Wisconsin Community Action Council Inc (CWAC). This would include financial information verifying household income, assets, composition, medical expenses, disabilities or handicaps which I/we have claimed as a participant of the Housing Choice Voucher Program.

I/We further agree that this authorization is effective as long as I/we participate in the Housing Choice Voucher Program administered by CWAC.

Signature(s):

Date:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Other Family Member over age 18

If there are any questions, please don't hesitate to contact CWAC and speak to someone in the Housing Choice Voucher Program.

Main Office  
CWAC  
1874 Hwy. 13  
PO Box 680  
Friendship, WI 53934



Ph: 608-339-0273  
Or: 608-472-2687  
Fax: 608-339-9955  
Email: [lcqok@cwac.org](mailto:lcqok@cwac.org)

# 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)

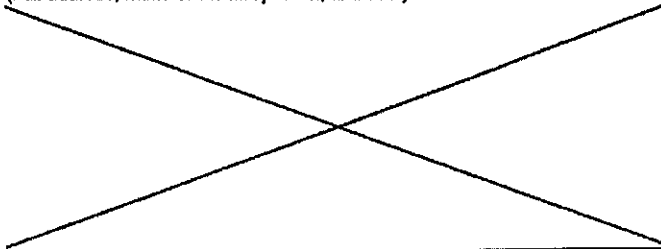
U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

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)

WHEDA  
C/O CENTRAL WISCONSIN COMMUNITY ACTION COUNCIL INC

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.

# ASSET CERTIFICATION FORM

(For households whose combined net assets do not exceed \$5,000)

Head of Household Name: \_\_\_\_\_

Household Address: \_\_\_\_\_

Please complete items #1 through #3:

#1. My/Our assets include:

Source of Asset	Cash Value	Interest or Dividend Rate	Annual Income
Checking or Money Market Account	\$	%	\$
Savings or Certificate of Deposit (CD)	\$	%	\$
Stocks or Bonds	\$	%	\$
IRA/Keogh/401(k)	\$	%	\$
Trust/Retirement/Pension Funds	\$	%	\$
Other Retirement	\$	%	\$
Equity in Real Estate or Land Contracts	\$	%	\$
Life Insurance Policies (excluding Term)	\$	%	\$
Lump Sum Receipts	\$	%	\$
Capital Investments	\$	%	\$
Personal Property** held as an investment	\$	%	\$
Cash on Hand or in Safety Deposit Box	\$	%	\$
Assets Disposed of for less than Fair Market Value within the past two years	\$	%	\$
Other (please list)	\$	%	\$
Other (please list)	\$	%	\$
Other (please list)	\$	%	\$

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage, 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.

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

#2. Yes No Within the past two (2) years I/we have sold or given away assets (including cash, real estate, etc.) for less than Fair Market Value. If yes, the difference between the FMV and the amount received is referenced in the chart above and a separate Divestiture of Assets form has been completed.

#3. 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. The annual income from these assets as determines above is included in the total gross annual income.

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

- Terminated from the program
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned up to five years
- Prohibited from receiving future assistance

Other penalties may apply under state and local government laws.

By signing below, I/we am/are certifying that I/we have completed this questionnaire and that the answers that I/we have given are true and complete to the best of my/our knowledge.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
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:** 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 04/30/2023.

**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:**  
 WHEDA % CWCAC  
 1874 Hwy 13 - P.O. Box 680  
 Friendship, WI 53934

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

**Signature**

**Date**

**Printed Name**

# DECLARATION OF CITIZENSHIP

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

Please complete this form for each individual that you are listing in your household.

**For All Family Members:**

All families must have at least one member who is a citizen or national of the United States, or be a noncitizen with eligible immigration status in order to qualify for federal housing assistance. A mixed family comprised of eligible and ineligible citizens does qualify for assistance.

All members of the household must be listed and all adults must sign where indicated. Children who are not 18 years old must be signed by a responsible representative of the family that will reside in the unit. Signatures are also granting consent to verify eligible immigration status.

Check one box that applies for each household member listed; indicating citizen or national of the U.S., Non-citizen with eligible immigration, or Ineligible Non-citizen.

Printed Name (First, Last)	Age	I am a Citizen Or National of the U.S.	I am a noncitizen with eligible immigration status	I am a noncitizen with ineligible immigration status	Signature of Adult or Guardian for Minors
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: Any household member claiming Noncitizen status must provide this office with an original document from the list below:  
 Form I-551: Alien Registration Receipt Card/ Form I-94: Arrival-Departure Record with appropriate annotations or documents/ Form I-688: Temporary Resident Card/ Form I-688B: Employment Authorization Card/ A Receipt issued by the INS indicating an application for issuance of a replacement document has been made for one of the above listed documents and the applicant's entitlement to the document has been verified.

Please DO NOT mail, fax, or email original documents to this office. Contact our office to arrange for the delivery and copying of original documents.

If documents are not provided then your family's rental assistance may be reduced, denied, or terminated as per the regulations of the United States Department of Housing and Urban Development; pending any available appeal processes.

**Head of Household Certification**

As the Head of Household, I certify under penalty of perjury that all members of the household are listed above and that all members have indicated whether they are claiming to be Citizens of the United States, Nationals of the United States, Noncitizens with Eligible immigration status, or Noncitizens with Ineligible immigration status.

Signature \_\_\_\_\_

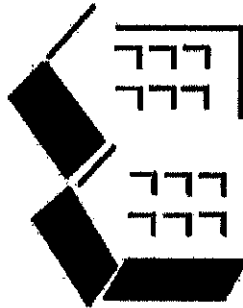
Date \_\_\_\_\_

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of agency of the United States. If this form contains false or incomplete information you may be required to repay all overpaid rental assistance you have received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from future assistance.





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



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## ***What You Should Know About EIV***

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

#### **What is EIV?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **What are my responsibilities?**

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

February 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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

Other Adult Signature

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

--	--

**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.

*Central Wisconsin Community Action Council, Inc.*  
*Housing Choice Voucher Department*



**YOUR RESPONSIBILITIES AS A SECTION 8 PARTICIPANT**

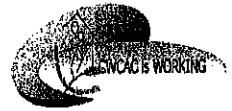
I will report to the House Authority all changes in writing within 10 calendar days from the date of the change. I must report all changes in income, assets, and/or household composition that include but are not limited to:

- Request approval from my landlord and the Housing Authority before allowing anyone to move in,
- If anyone moves out or is removed from my household,
- Income changes for all household member, including those who are 18 years of age or older. This includes but is not limited to income from employment, unemployment, self-employment, child support, social security, SSI, education/job training grants, alimony, etc.,
- Medical expenses not previously reported. Medical deductions are only allowed for elderly, handicapped, or disabled household,
- Childcare expenses not previously reported. Childcare deductions are only allowed to permit adult household members to work, search for employment or attend school. Report only childcare expenses not paid by Title 20 or other programs.

I understand the lease is a contract between the owner and me. I am obligated to live by all the rules and conditions of the lease, such as paying my rent and utilities on time and only allowing the person shown on my lease to reside in my rental unit. I also understand that:

- I am responsible for paying the required security deposit,
- The Housing Authority must approve all leases before I sign them including lease renewals,
- I cannot pay extra money or less money to the landlord unless it is approved by the Housing Authority,
- I cannot assign the lease or sublet the unit or any part of the unit,
- I will notify the Housing Authority and the landlord of my desire to move as required by my lease,
- I must leave the unit in good condition except for normal wear and tear,
- I must make sure that I owe no money to the landlord,
- I should do a check-in and check-out inspection of my rental unit with the landlord,
- I will check the smoke detectors once a year and report to my landlord if they are not working.

*Central Wisconsin Community Action Council, Inc.*  
*Housing Choice Voucher Department*



I, all household members, and guests will not engage in any drug related, violent or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. I, the undersigned, do hereby attest that I, all household members, and guests do not use any illegal drugs and that my household is drug-free. I further understand that if I, any household members, or guests use, sell, or possess illegal drugs, I am subject to termination from the Section 8 Housing Choice Voucher Program.

I understand that an overnight guest(s) is authorized to spend no more than a total of twenty-one (21) days during a twelve (12) month period. I must also follow the terms of my lease, which may require the landlord to approve any overnight guest(s).

I and all household members will follow all Family Obligations listed on my Housing Choice Voucher.

I understand that if the Housing Authority has paid extra rent money on my behalf because I did not follow the program rules, I will be responsible for paying back the Housing Authority.

When there is a disagreement between the Housing Authority and myself over these rules, or if my housing assistance is terminated, I will have the right to an informal hearing.

**I have read and understand this agreement. I understand that my housing assistance may be terminated should any of the program rules be broken.**

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

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Spouse or other adult in household \_\_\_\_\_ Date \_\_\_\_\_

