



Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

Please notify the Department that you require interpretation services if you do not speak, read or write English. Interpretation may be provided, at no cost to you, in your primary language to help you to understand this notice.

STOP!!! IMPORTANT INSTRUCTIONS

*Please read carefully.... **DO NOT FAX YOUR PACKET.***

This packet needs to be completed so that we may finalize our review of your annual eligibility and process your upcoming re-examination. If your packet is not filled out completely, it will be returned to you. Failure to return this packet within a timely manner may lead to termination from your rental assistance program.

1. Please fill out ALL areas of packet completely (no "blank spots"). Please do not put "on file". You must write in the information or write "none".
2. ALL signature and date lines need to be completed.

Please include copies of the following items **** IF THEY APPLY TO YOU****:

IF YOU HAVE THIS...	PROVIDE COPIES OF THIS...
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, <input type="checkbox"/> 401K <input type="checkbox"/> "Cash Value" Life Insurance Policy <i>or</i> <input type="checkbox"/> Any other banking asset.	Six (6) months of current bank statements for all accounts. Current account page for other assets.
<input type="checkbox"/> Income from a Job <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Trust accounts <input type="checkbox"/> Family Support paid to you, <i>or</i> <input type="checkbox"/> Any other income for the household	Six (6) of your most recent paycheck stubs, copy of benefit award for unemployment, Social Security, Pension or Trust account, Child Support case # or 12 month print out of account from Division of Child Support or signed statement from parent providing support, signed statement from Family member providing support.
<input type="checkbox"/> Self Employed or <input type="checkbox"/> Own Business	Copy of last year's federal income tax forms
<input type="checkbox"/> Enrolled in School	Copy of current financial aid award letter and enrollment showing your credit hours
<input type="checkbox"/> If you pay for child care and are employed, seeking employment, or attend school	Three (3) most recent receipts or canceled checks for child care or a statement from your child care provider. Make sure to include complete name, address, and phone number of the child care provider.
<input type="checkbox"/> If you are age 62+ or are disabled and are reporting Medical Expenses	Complete the HIPPA Medical Release form in the Packet. You must include all requested information <i>or</i> Provide current printouts from your medical providers that show your out of pocket medical expenses in the last 12 months (i.e. doctor visit co-pays, prescriptions, insurance premiums)



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information. The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410


New Tenancy Information Release Form added to Request for Tenancy Approval

If you are thinking about moving now or in the future, we want you to be aware that a new form has been added to the Request for Tenancy Approval (RTA) packet.

The Authorization for the Department of Housing Services to Release Information from the Section 8 Tenant File (sample at right) is a form that you may sign so that a potential landlord may be given the following information from your file, if it is available:

1. The names, addresses and telephone numbers of my current and two most recent landlords, within the last three years,
2. The dates of occupancy of current and two most recent addresses within the last three years,
3. The number of people in the household, and
4. Any amount of money owed to the Washington County Department of Housing Services, and payment status, by any member of my household within the last 3 years.

The information is intended to help a landlord screen you as a potential renter. If you have questions about moving, or the new form, please contact your Occupancy Specialist.

**WASHINGTON COUNTY**
OREGON

Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

AUTHORIZATION FOR THE DEPARTMENT OF HOUSING SERVICES TO RELEASE INFORMATION FROM THE SECTION 8 TENANT FILE

I, _____ (TENANT NAME), have been notified that the Washington County Department of Housing Services, will divulge the following information from my Participant File, if available and applicable to current or potential landlords:

1. The names, addresses and telephone numbers of my current and two most recent landlords, within the last three years,
2. The dates of occupancy of current and two most recent addresses within the last three years,
3. The number of people in my household,
4. Any amount of money owed to the Washington County Department of Housing Services, and payment status, by any member of my household within the last 3 years, and
5. Current status of my eligibility


Please send the following Landlord the above information on my behalf:

Landlord Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Fax Number: _____ Phone: _____
Email: _____

By my signature below, I acknowledge I have read and understand that The Washington County Department of Housing Services may be given to a specific landlord and understand that The Washington County Department of Housing Services may give my information with other landlords as needed.

Signature: _____ Date: _____
Last 4 Digits of Social Security #: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Message Phone: _____

Department of Housing Services
111 NE Lincoln Street, Suite 200-L, MS 63, Hillsboro, OR 97124-3072
(503) 846-4794 • fax (503) 846-4795 • TTY dial 711 or (503) 846-4793
www.co.washington.or.us/housing
Equal Housing Opportunity



Reporting Income

The United States Department of Housing and Urban Development (HUD) requires all Voucher Program participants to certify their income at least once each year. The Washington County Department of Housing Services (DHS) also requires participants to report any changes in income within 10 business days of when the change happens.

HUD has reached agreement with several agencies, including the Social Security Administration, which allows HUD to computer match the income reported to DHS with the income reported to these Agencies, for each Section 8 family member.

HUD will notify any participant who has not fully reported the income of all the family members. The participant will be asked to contact DHS and explain the discrepancy. DHS will meet with each family that receives a discrepancy letter. We must report the results of the meeting to HUD. Some discrepancies can and will be explained as error (these families will continue to receive Section 8 assistance without interruption).

Some discrepancies will be the result of deliberate underreporting of income. A family that deliberately fails to report household income may lose their Voucher assistance.

If you have any questions about reported income, please contact your Occupancy Specialist.

Inspection Process: Update!

Effective November 1, 2009, DHS Inspectors began taking photos of units during inspections to assist the Department in determining rent reasonableness for units leased by our program participants. The photos do not determine clients' eligibility to remain on the program. If you have questions about this process, please contact your Occupancy Specialist.

For more details about your responsibilities during the annual inspection process, please see the other side of this sheet.



THIS IS NOT A NOTICE OF INSPECTION, FOR FUTURE REFERENCE ONLY

ATTENTION SECTION 8 CLIENTS!

Please be aware of the following information as it relates to your annual unit inspection.

Notice and Scheduling

- The family must allow the PHA to inspect the unit at reasonable times with reasonable notice [24 CFR 982.551(d)].
- Both the family and the owner will be given reasonable notice of all inspections. Except in the case of a life threatening emergency, reasonable notice is considered to be not less than 48 hours. Inspections may be scheduled between 8:00 a.m. and 5:00 p.m. Generally inspections will be conducted on business days only. In the case of a life-threatening emergency, the PHA will give as much notice as possible, given the nature of the emergency.
- The PHA will not reschedule inspection appointments, except for bona fide, verifiable emergencies.

Attendance at Inspections by Owner and Family

- HUD permits the PHA to set policy regarding family and owner presence at the time of inspection [HCV GB p.10-27].
- When a family occupies the unit at the time of inspection, an adult (at least 18 years of age) must be present for the inspection. The adult may be a family member, or another adult selected by the family to be at the unit instead. **You must provide written notice to the Housing Authority three (3) days prior to the inspection day.** The presence of the owner or the owner's representative is encouraged but is not required.
- At initial inspection of a vacant unit, the presence of a family representative is permitted, but is not required.
- The inspector may enter a vacant unit without a representative of the owner present if the owner has granted such permission.

"No Show" Inspections

- A regularly scheduled inspection where the family occupies the unit to be inspected will be considered a "no show" if:
 - No adult representative of the family, age 18 or over, is present for a scheduled inspection, or
 - No one is present at the unit for a scheduled inspection
- If the family is not present, or does not arrange for an adult to be present, at two (2) consecutively scheduled inspections, the family will be considered to be in non-compliance with the family obligation of allowing the PHA to inspect the unit at reasonable times and after reasonable notice and the PHA may initiate termination procedures as outlined in this plan.
- Additionally, if the family establishes a history of consistently missing inspections or failing to arrange for a representative to be at the unit at the scheduled inspection time, the PHA may initiate termination procedures for non-compliance with family obligations, as described above. For the purpose of this section of the plan, an "established history" is defined as having three "no show" inspections as described above **within a 36-month period**, whether or not they were consecutively scheduled.
- The PHA reserves the right to consider mitigating circumstances when determining whether or not to take action to terminate a participant's rental assistance for "no show" inspections. The owner is not responsible for the tenant's obligation of allowing the PHA to inspect the dwelling. In no event will the PHA abate or otherwise withhold housing assistance payments to the owner due to a tenant's non-compliance with the obligation to attend inspection appointments.

*****PHOTOS ARE NOW TAKEN AT EVERY INSPECTION*****
Please contact your Occupancy Specialist if you have questions.

Department of Housing Services
111 NE Lincoln Street, Suite 200-L, MS 63, Hillsboro, OR 97124-3072
(503) 846-4794 • fax (503) 846-4795 • TTY dial 711 or (503) 846-4793
www.co.washington.or.us/housing
Equal Housing Opportunity



VOUCHER PROGRAM Personal Declaration

Any individual with a disability or other medical need who needs accommodation with respect to this form should inform the Department.

Instructions for completing this form: Complete this form IN INK. Complete all blanks. Write the word "NONE" if the information does not apply. All adult members in the household must sign this declaration to certify accuracy of the information reported.

1. Household Composition. Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race*	Ethnicity*	Disability? (Yes/No)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Providing this information is voluntary. It is used for statistical purposes only.

Mailing Address: _____
 (Street Address and Apartment, or PO Box)

 (City) (State) (Zip)

Telephone: _____ Message Phone: _____

Email Address: _____

2. Household Information. Answer all questions about your household.

a. Students. List all household members who are attending school or college.:

Student Name	School Name	Full or Part Time?	Financial Aid?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Other Household Information. Please answer the following questions. If you need more space, please use an additional sheet.:

Is there any member of the household who is now temporarily or permanently absent from the home? Yes No
 If yes, please explain: _____

Does any household member under the age of 6 years have an Elevated Blood Lead Level? Yes No

Do you have any regular overnight guests, or someone who spends more than 2 nights per month? Yes No
 If yes, please list guests' names and explain: _____

Has any member of the household been convicted of any crime? Yes No
 If yes, please explain: _____

Has any member of the household lived in subsidized housing other than with the Department of Housing Services? Yes No
 If yes, please explain: _____

Has any member of the household had a change in citizenship or immigration status? Yes No
 If yes, please explain: _____

Continue to next page ➤

3. Household Income and Assets. Include all income and assets received or held by all members of the household.

Note: Provide the complete mailing address for employers, including the zip code.

a. Employment Income. If you need to list more than 2 employers, please use an additional sheet.

Family Member #1 Name:	Name of Employer:	Telephone:	
Complete Employer Address, including zip code:	Gross Income:	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	Hours per week:
Family Member #2 Name:	Name of Employer:	Telephone:	
Complete Employer Address, including zip code:	Gross Income:	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	Hours per week:

b. Other Types of Household Income. Fill in **ALL** blanks. If the information does not apply, write "none".

Social Security (Self)	\$ _____ per month	TANF (Cash Assistance)	\$ _____ per month
Social Security (Other)	\$ _____ per month	Food Stamps	\$ _____ per month
SSI	\$ _____ per month	Unemployment	\$ _____ per week
VA Pension	\$ _____ per month	Educational Grant	\$ _____ per month
Other Pension From: _____	\$ _____ per month	Self-Employment	\$ _____ per month
Child Support Case # _____ <input type="checkbox"/> Through State of _____ <input type="checkbox"/> Paid directly by: _____	\$ _____ per month	Other _____	\$ _____ per month

Does any household member have an income source that is currently being **garnished**? Yes No

If yes, please explain: _____

c. Assets

List all bank accounts held by **any member** of the household. (If you need to list more than three accounts, please use an additional sheet):

Family Member	Account Number	Bank Name	Bank Address

d. Other Income and Assets

Does any agency or person outside of your household **regularly help you with household expenses or supplies**? Yes No

If yes, please explain: _____

Are you an owner or co-owner in any **business or real estate**? Yes No

Is your name listed as owner or co-owner on **any vehicle registration**? Yes No

If yes, list model, year, and license plate number for each vehicle (attach extra sheet if necessary):

Does any member of the household have a **life insurance policy with a cash value** (usually called "whole life")? Yes No

If yes, please include the most recent **statement** from the life insurance company.

Does any household member have any of the following (check those that apply):

- Money Market Account
- IRA/KEOGH
- Trusts
- Company Retirement Account
- Stocks, Bonds, or Annuities
- NONE**

If yes to any of these, please provide a separate sheet with the name and contact information for the company with which you have the account.

4. Household Expenses

Do you have **child care costs** for minor children in the household? Yes No Monthly Amount: \$ _____

If yes, please list **the full name and mailing address** of your child care provider (attach extra sheet if necessary):

Do you receive financial assistance with your child care costs from the State? Yes No Monthly Amount: \$ _____

Continue to next page ➤

5. Disposal of Assets. HUD requires Public Housing Agencies to verify whether recipients of rental assistance have disposed of any assets within the past 24 months. "Dispose" means to get rid of, sell, or give away. Assets include, but are not limited to: stocks, bonds, savings certificates, money market funds, equity in real property or other capital investments, cash value of trust accounts, IRAs, Keogh accounts, contributions to company retirement or pension funds, lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, personal property held for investment such as gems, jewelry, coin collections, cars, cash value life insurance policies, etc.

In the past 24 months (2 years), have you or any member of your household disposed of any assets for less than their market value?

YES, I/we have disposed of asset(s).

NO, I/we have not disposed of any asset(s).

If you have disposed of any asset(s), please complete the following:

1. What was the asset? _____
2. What is the date the asset was disposed of? _____
3. What was the value of the asset at the time it was disposed of? _____
4. List the actual amount received for the asset: _____

6. Certification. All adult members in the household must sign this declaration to certify accuracy of the information reported.

Giving True and Complete Information: I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge.

Reporting Changes in Income or Household Composition: I know I am required to report immediately in writing any changes in income and household size. I understand the rules and regulations 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 received any previous Federal housing assistance and whether or not any money is owed. I certify that if I have received 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 dwelling unit will be my principal residence and I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Department of Housing Services in writing. I will not sub-lease 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 my true circumstances. Cooperation includes attending pre-scheduled meetings and 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 or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

By my signature below, I do hereby swear and attest that all of the information reported on this form about me and my household is true and correct, and I have read agree to the certifications contained in this form. I also understand that all changes in household members or income must be reported to the Department of Housing Services in writing, immediately.

X	
Signature of Head of Household	Date

X	
Signature of Spouse or Other Adult	Date

X	
Signature of Other Adult	Date

X	
Signature of Other Adult	Date

Continue to Next Page ➤

Authorization for the Release of Information

All adult family members must read and sign this form.

By signing below:

I/we hereby authorize the Washington County Department of Housing Services and its staff to contact any agencies, sources, offices, groups, or organizations to obtain any information or materials which are deemed necessary to determine my eligibility to participate in its program(s).

General Information (i.e. income sources, assets, school enrollment, others):

I/we hereby authorize any and all agencies, sources, offices, groups, or organizations contacted by the Washington County Department of Housing Services and its staff to cooperate fully and divulge all information requested.

Employment Division Records:

Furthermore, I/we authorize the Employment Division of the State of Oregon to release to the Washington County Department of Housing Services information from my records on file with the Employment Division.

Immigration Records:

This authorization form also hereby acknowledges that evidence of eligible immigration status for members of my household may be released by the Washington County Department of Housing Services to (1) US Department of Housing and Urban Development (HUD) as required by HUD, and (2) Immigration and Naturalization Service (INS) for purposes of verification of immigration status. HUD may release evidence of eligible immigration status only to INS for purposes of establishing eligibility for financial assistance.

Health Information:

If I or my spouse or co-head is an elderly person or a person with disabilities, I also authorize the Washington County Department of Housing Services to contact any health care providers I have identified for the purpose of verifying my household's medical expenses.

Expiration of Authorization:

For the purpose of obtaining health-related and medical information, this authorization expires in six (6) months unless revoked in writing by me.

For the purpose of obtaining information other than health and medical information, this authorization does not expire unless revoked in writing by me.

Copies of this document may be used for any and all of the purposes described above with the same force as an original.

All adults (18 and over) in the household must sign:

Signature Printed Name Date

Signature Printed Name Date

Signature Printed Name Date

Signature Printed Name Date

Statement of Family Obligations

Under the rental assistance programs offered by the Washington County Department of Housing Services, participating families must meet the Family Obligations in order to continue participating in the program. Violation of any obligation may result in termination of assistance. The Family Obligations are:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.
- The family must comply with lease requirements regarding written notice to vacate to the owner. The family must provide written notice to the PHA at the same time the owner is notified.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.
- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- The family must not sublease the unit, assign the lease, or transfer the unit.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Family members must 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 and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive Housing Choice Voucher (HCV) program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Per my signature below, I have read and understand the Family Obligations. (All adults, age 18 and over, must sign).

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

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	Other Family Member over age 18	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

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.

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.

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.

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

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

Washington County, Oregon
Department of Housing Services
111 NE Lincoln, Suite 200-L
Hillsboro, Oregon 97124
(503) 846-4794 · Fax: (503) 846-4795 · TTY: (503) 846-4793
www.co.washington.or.us/housing

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.



What You Should Know about EIV

A guide for Applicants and 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/pih/programs/ph/rhiip/uiv.cfm>.

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

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

My signature below is confirmation that I have read this guide. I understand that a copy of this guide will be provided to me upon request.

Signature of Head of Household Date

Signature of Spouse/Other Adult Date

Signature of Other Adult Date

WE CAN'T MAKE YOU A MILLIONAIRE. BUT WE CAN HELP YOU GET A FEW STEPS CLOSER!

The FAMILY SELF-SUFFICIENCY Program can help connect you with community resources to reach your goals. The program will also set up a savings account for your family to use after you graduate.

What we do...

- Housing Paid Savings Account
- Goal Coaching and Support
- Home Ownership

Community Resources...

- Job Coaching
- Interview Training
- Family Counseling
- Continued Education
- Family Money Management

About the Program:

HUD sponsored program
5 year commitment from family
Family must set goals and complete them
Family must stay in good standings with Housing Assistance Program
Housing paid savings account to family
Head of Household must be willing and able to work

Who Qualifies for the Program?

Current Housing Choice Voucher Participants and Public Housing Tenants
Single person households or Family households
Must be able and willing to work
Must be willing to follow through on the goals you set

Take that first step!

FSS
Family
Self-Sufficiency

Working for your success!

Let us connect you with people and programs to teach, support and guide you towards a strong future.

You can do this!



Yes! I am interested in the FSS Program! Please contact me with more information!

Name:

Mailing Address:

City:

State:

Zip:

Phone:

Message Phone:

email:

Are you (mark all that apply to you)

- Able to work**
- Willing to work**

- Currently working**
- In School**

- On Cash Assistance (TANF)**

Return this form to:

Washington County Housing
ATTN: FSS
111 NE Lincoln #200-L
Hillsboro OR 97124
or Fax 503-846-4795

Department of Housing Services Language/Alternate Format Designation

The Washington County Department of Housing Services (DHS) wants to provide effective communication and services to all its clients. This includes persons with disabilities, and persons who do not speak English.

The purpose of this form is to gather information to help us serve you better.

Kinds of Communication

DHS can communicate with persons who have disabilities in several ways. Check below to tell us how you would like to get information from the DHS:

- I do not need written materials in a different format.
- I need written materials in the following format:
 - Large Print: **This is 18 point font.**
 - Audiotape: Text is recorded on an audiocassette tape.
 - Braille: Written text is provided in Braille.
 - Electronic format: Written material is saved as "plain text" on a CD-ROM or 3.5" floppy disk.
 - Spoken: Written material is read aloud by a DHS employee, in person or over the phone.
- I need a sign language interpreter.
- Other (please explain): _____

Your Language

- I speak English and read English and do not need help communicating with the DHS.
- I speak English, but I need help filling out paperwork.
- I do not speak or read English, and I need written materials in:
 - Bosnian
 - Cambodian
 - Chinese
 - Korean
 - Laotian
 - Romanian
 - Russian
 - Spanish
 - Vietnamese
 - Other: _____

- I do not speak or read English, and I need oral communication in:
 - Bosnian
 - Cambodian
 - Chinese
 - Korean
 - Laotian
 - Romanian
 - Russian
 - Spanish
 - Vietnamese
 - Other: _____

I have read this form, or it has been read to me.

Print Name: _____ Date: _____

Signature: _____