

LIVONIA HOUSING COMMISSION

MADISON BJERTNESS
EXECUTIVE DIRECTOR

DALIE RIPLEY
DEPUTY DIRECTOR

MEMBERS
CONNIE KUMPULA
STEVE ALEXANDER
ASHLEY KASPER
CARRIE LEACH
DIANN KIRBY



MAUREEN MILLER BROSNAN
MAYOR

HOUSING CHOICE VOUCHER PROGRAM
10800 FARMINGTON RD.
LIVONIA, MI. 48150-2751
(734) 261-0279
(734) 261-0373 FAX

PERSONAL DECLARATION – OTHER ADULT

Name	Relation-ship to HOH	Age	Sex M/F	Date Of Birth	Place of birth: City, State or Foreign Country	Disabled		Student		Social Security # or Alien Registration Number
						Yes	No	Yes	No	

YES NO Have you, or any other adult members of your family, ever used any name(s) or Social Security Number(s) other than the one you are currently using? **If yes**, explain:

YES NO Have you, or any member of your family, lived in ANY assisted or subsidized housing? **If yes**, list where and when below. Include previous participation in Section 8 Housing Choice Voucher Program through any other Housing Agency.

YES NO Have you ever committed any fraud or been evicted from a Federally Assisted Subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **If yes**, explain:

What other state(s) have you lived in? **Please list:**

YES NO Have you ever been convicted of a felony or misdemeanor? **If yes**, explain:

YES NO Are you a registered Sex Offender or do you have to report through a Sex Offender Registry?

YES NO Have you ever been, or are you currently enrolled in a drug or alcohol treatment program?

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members composition, must be reported to the Housing Authority *IN WRITING WITHIN 10 DAYS*.

Signature

Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

EQUAL HOUSING OPPORTUNITY



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ATTACHMENT 3

APPLICANT/TENANT CERTIFICATION

APPLICANT/TENANT STATEMENT:

I/We certify that the information given to the Livonia Housing Commission on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date



EQUAL HOUSING
OPPORTUNITY

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APPENDIX 6
MODEL DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

___ I am a citizen by birth, a naturalized citizen or a national of the United States; or

___ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; 2/ or

___ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

___ Immigrant status under §§101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA); 3/ or

___ Permanent residence under _249 of INA; 4/ or

___ Refugee, asylum, or conditional entry status under __207, 208 or 203 of the INA; 5/ or

___ Parole status under __212(d) (5) of the INA; 6/ or

___ Threat to life or freedom under _243(h) of the INA; 7/ or

___ Amnesty under _245A,of the INA. 8/

(Signature of Family Member) (Date)

___ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____
Date: _____

[See next page for footnotes and instructions]

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1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2/ Eligible Immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3/ Immigrant status under 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.

4/ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

5/ Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

6/ Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].

7/ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

8/ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "check" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child in the statement.

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Authorization for Release of Information

CONSENT

I authorize and direct any Federal, State, or Local agency organization, business, or individual to release to the **Livonia Housing Commission** any information or materials needed to complete and verify my application for participation, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested, include but are not limited to: **Identity and Marital Status Employment, Income, and Assets Residences and Rental Activity Medical or Child Care Allowances Credit and Criminal Activity**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program. **All information will be kept confidential.**

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending upon program requirements) include but are not limited to:

- | | | |
|---|--|--|
| Previous landlords
(Including public housing agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers | Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Utility Companies | Veterans Administration
Retirement Systems
Banks and other Financial
Institutions
Credit providers and Credit
Bureaus |
|---|--|--|

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Services; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

Head of Household

Print Name

Date

Other Adult/Spouse

Print Name

Date

Other Adult/Spouse

Print Name

Date

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ELIGIBILITY CHECKLIST

PLEASE **CIRCLE** ALL ANSWERS

Name _____ Phone # _____

Are you (circle one) Head of Household Spouse Other Adult Co-head

Gross Income

Are you employed? **YES NO** Are you self-employed? **YES NO**

Employer Name _____ Type of self-employment _____

How much per hour? _____ How many hours per week (average)? _____ Tips? _____

Do you receive Unemployment benefits? **YES NO** If yes \$ _____ bi-weekly.

Do you receive Social Security? **YES NO** If yes, how much per month? \$ _____

How much is deducted from your Social Security for medical insurance? _____

Do you receive SSI? **YES NO** Amount \$ _____

Do you receive quarterly state supplement? **YES NO** Amount \$ _____

Are there any minors in the household receiving Social Security or SSI? **YES NO**

Name of recipient _____ Amount \$ _____

Name of recipient _____ Amount \$ _____

Do you receive a pension? **YES NO** If yes, \$ _____ monthly.

Do you receive adoption or foster care subsidy? **YES NO** \$ _____ monthly.

Do you receive direct support – examples: reoccurring gifts, rent, groceries, car, utilities, assistance with child (not paid through Friend of the Court) or cash? Someone who pays bills for you? **YES NO**

If yes, how much monthly? \$ _____ Name of person providing support: _____

Do you have an open Child Support Case? **YES NO** \$ _____ received in last 12 months

Is any household member under the age of 18 years old employed? **YES NO** Name: _____

Assistance

Do you receive DHS assistance? **YES NO** If yes, which DHS office do you report to? _____

Circle all that apply: CASH \$ _____ Food \$ _____ Child Care \$ _____

Please circle all that apply: Do you receive any of the following? **YES NO**

Workman's Comp Military Pay Veterans Alimony Annuity Inheritance Trust Home Health Care

Lottery Winnings Periodic Insurance Policy Rental of Real Estate Own a Home

Any other household income? **YES NO** If yes-\$ _____ monthly. Source: _____



Assets

Do you have any of the following assets: Checking/Savings/Pay card Accounts **YES** **NO**

If yes, name of Financial Institution: _____

Retirement fund, Stocks, Bonds, any other asset? **YES** **NO**

Life Insurance (**if yes, circle one**): Whole or Term

Have you disposed of any assets (car, house, etc.) for less than fair market value in the last 2 years? **YES** **NO**

If yes, list any assets you have disposed of: _____

If assets total less than \$5,000, complete the self-certification letter included in the annual packet

School: Are you a full time student? **YES** **NO** Do you receive scholarships/grants? **YES** **NO**

MISC.

Do you have child care expenses for children under the age of 13 that are **itemized on your taxes**? **YES** **NO**

If yes, list childcare providers name: _____

If yes, amount you pay \$ _____ bi-weekly. Amount DHS pays \$ _____ bi-weekly.

Do you pay Disability Assistance Expense for disabled family member in order to be gainfully employed? **YES** **NO**

Is the Head, Co-Head or Spouse elderly or disabled by Social Security’s definition? **YES** **NO**

If yes, do you or any household member have regular, ongoing and anticipated medical expenses that are being paid for the coming year? **YES** **NO**

If you answered yes to the above question, provide verification and circle all that apply:

Medical Insurance Premiums Prescriptions Recurring Medical Bills
Other Expenses: _____

I certify that to the best of my knowledge all above statements are true and complete.

I will notify the Livonia Housing Commission ***in writing within 10 days of all income changes with verification.***

Signature

Date

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

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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 record keeping 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 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

PARTICIPANT RESPONSIBILITIES IN LIVONIA HOUSING COMMISSION (LHC) HOUSING CHOICE VOUCHER (HCV) RENTAL ASSISTANCE PROGRAM

Violation of any participant responsibilities may result in repayment and/or termination

As a HCV Participant, YOU MUST:

1. Report all changes in income, in writing, within 10 days to the LHC. Changes in income can affect the amount of subsidy that you receive. You will be responsible for your current portion of the rent for 4-6 weeks, until a change is made.
2. Inform the LHC of any request for additional money by the landlord, and get approval from the LHC before you sign any additional agreements with the landlord.
3. Pay your share of the rent to the landlord at the time specified on the lease. IT is your responsibility to live up to the lease that you signed. Pay all utility bills that you are responsible for under the lease.
4. If you need repairs, notify the landlord right away. If the landlord does not complete the needed repairs in a reasonable time, notify LHC in writing to request a special inspection for all HQS repairs.
5. Notify the LHC within 24 hours if any utilities are shut off.
6. Inform the LHC in writing within 10 days of landlord's notice to evict you, and send a copy of all eviction notices.
7. Get approval from the LHC if you intend to move. YOU MUST GIVE AT LEAST A 30 DAY WRITTEN NOTIFICATION TO BOTH THE LANDLORD AND LHC stating your move out date. You must also provide a letter from the landlord stating you have a zero balance on rent, as well as provide utility bills showing they are current. Your move out date cannot be before your lease ends.
8. Pay your security deposit. LHC DOES NOT provide assistance for security deposits.
9. Notify the LHC in writing of any new phone number.
10. Notify the LHC in writing within 10 days of the birth, adoption, or court awarded custody of a child.
11. Notify the LHC in writing within 10 days if any family members no longer lives in the unit, including deaths.
12. Notify the LHC in writing if you intend to add a person to your household. **You need written permission from the LHC before and one 18 years or older moves into the unit.**

Interim appointments will be scheduled for all household composition changes

I HEREBY CERTIFY THAT I UNDERSTAND THE PARTICIPANT RESPONSIBILITIES AND THAT I AGREE TO ABIDE BY THEM. I ALSO UNDERSTAND THAT AT ANY TIME, IF I HAVE A QUESTION REGARDING THE PARTICIPANT RESPONSIBILITIES, OR ANY QUESTIONS REGARDING THE HCV PROGRAM, I CAN CONTACT THE HCV PROGRAM AT 734-261-0279.

Signature- Head of Household

Date

Signature- Other adult

Date



OBLIGATIONS OF THE FAMILY

These are obligations of the family, on the voucher, from the US Department of Housing and Urban Development Office of Public and Indian Housing for the Housing Choice Voucher (HCV) Program. Read, sign and date below:

- A. When the family's unit is approved and the Housing Assistance Payment contract is executed, the family must follow the rules listed below in order to continue participating in the HCV Program.
- B. The family must:
1. Supply any information that LHC or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 2. Disclose and verify Social Security numbers, sign and submit consent forms for obtaining information.
 3. Supply any information requested by the LHC to verify that the family living in the unit or information related to any family members absence from the unit.
 4. Promptly notify LHC in writing when the family is away from the unit for an extended period of time in accordance with LHC policies.
 5. Allow LHC to inspect the unit at reasonable times and after reasonable notice.
 6. Notify LHC and the owner in writing before moving out of the unit or terminating the lease.
 7. Use the subsidized unit for residence by the family. The unit must be the family's only residence.
 8. Promptly notify LHC in writing of the birth, adoption, or court awarded custody of a child.
 9. Request LHC written approval to add any other family member as an occupant of the unit.
 10. Promptly notify LHC if any family member no longer lives in the unit.
 11. Give LHC a copy of any owner eviction notice.
 12. Pay utility bills, provide and maintain any appliances that the owner is not required to provide under the lease.
- C. **Any information the family supplies must be true and complete.**
- D. All persons living in the unit **MUST NOT:**
1. Own or have any interest in the unit (other than a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 2. Commit any serious or repeated violation of the lease.
 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 4. 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.
 5. Sublease or let the unit or assign the lease or transfer the unit.
 6. Receive HCV Program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or Local Housing Assistance Program.
 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guests to damage the unit or premises.
 8. Receive HCV Program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless LHC 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.
 9. Engage in abuse of alcohol in a way that threatens the health, safety, or right of peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

Signature- Head of Household

Date

Signature- Other adult

Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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. 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/pih/thiip/iv.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 received this Guide.

Signature

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

LIVONIA HOUSING COMMISSION

MADISON BJERTNESS
EXECUTIVE DIRECTOR

DALIE RIPLEY
DEPUTY DIRECTOR

MEMBERS
CONNIE KUMPULA
STEVE ALEXANDER
ASHLEY KASPER
CARRIE LEACH
DIANN KIRBY



MAUREN MILLER BROSNAN
MAYOR

HOUSING CHOICE VOUCHER PROGRAM
10800 FARMINGTON RD.
LIVONIA, MI. 48150-2751
(734) 261-0279
(734) 261-0373 FAX

I self-certify that my assets total less than \$50,000.

Tenant Signature

Date

Tenant Signature

Date



EQUAL HOUSING
OPPORTUNITY

VAWA

HUD announced a final rule to expand housing protections for victims of domestic violence, dating violence, sexual assault, and stalking (hereinafter known as “victim”) regardless of sex, gender identity, sexual orientation, or age. The rule became effective December 16, 2016 and housing providers must now include the Notice of Occupancy Rights and the new certification form with future denials or admissions of assistance notices and future eviction or termination of assistance notices.

HUD has made available new forms necessary under the new rule:

Notice of Occupancy Rights under VAWA (HUD-5380) that certain housing providers must give to tenants and applicants to ensure they are aware of their rights under VAWA and these implementing regulations;

New Certification Form (HUD-5382) for documenting incidents of domestic violence, dating violence, sexual assault, and stalking that must be used by housing providers;

Model Emergency Transfer Plan (HUD-5381) that may be used by housing providers to develop their own emergency transfer plans; and

Model Emergency Transfer Request Form (HUD-5383) that housing providers could provide to tenants requesting an emergency transfer under these regulations.

HUD-5380	Notice of Occupancy Rights under the Violence Against Women Act (12/2016)
HUD-5381	Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (12/2016)
HUD-5382	Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (12/2016)
HUD-5383	Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (12/2016).

I, _____
Print your full name

have received the 16 page Violence Against Women Act (VAWA) Rights that were implemented on 12/16/2016. I am responsible for providing information, I have the documents, and I will follow up if necessary. It is the above named persons responsibility to keep this. This is the only copy the Livonia Housing Commission will provide you. Additional copies can be obtained online at HUD.gov.

Sign

Date