

**LIBERTY HOUSING AUTHORITY
ANNUAL RECERTIFICATION CHECKLIST**

**BE SURE TO BRING ALL THESE ITEMS TO
YOUR APPOINTMENT! USE THE CHECKLIST
BELOW TO BE SURE YOU DO NOT FORGET.**

Check Off	Items to Bring
	<p align="center">Complete Recertification Application Packet</p>
	<p align="center"> HUD Form 9886 Authorization for Release of Information HUD Form 92006 RHIP Form </p>
	<p align="center"> Employment Verification: 4 Consecutive Paystubs Employment Letter from Employer New Hire Letter Must be no older than 60 days </p>
	<p align="center"> Child Care Expense Verification Can use if you are employed, attend school or job training program </p>
	<p align="center"> Bank statements Checking, savings, CD's, etc. for the last 60 days </p>
	<p align="center"> Child support Case Numbers Court Jurisdiction or responsible party </p>
	<p align="center"> Social Security/SSI most recent award letter </p>
	<p align="center"> IF YOU ARE ELDERLY OR DISABLED Medical Deduction Receipts of expense, if over the counter must have prescription. Last 12 months </p>

Liberty Housing Authority
APPLICATION FOR ANNUAL RECERTIFICATION

NAME: _____ PHONE: _____

ADDRESS: _____

Email: _____

List ALL persons living in unit, including yourself:

Name of Family Member	Age	Relationship
1.		Head of Household
2.		
3.		
4.		
5.		
6.		
7.		

If you are asking to add NEW household members, check here _____

List ALL sources of income: Employment, Child Support, Social Security, Gift, Unemployment, Alimony, Workers Compensation, etc:

Must attach verification of all sources.

Income Source, Case number, Rate	Estimated Annual Income

Is there ANY income you have not reported from the last 12 months? _____

If yes, explain:

Complete the following if household members are employed:

	Employer #1	Employer #2
Name of Employer		
Street Address of Employer		
City, State and Zip Code		
Phone Number		
Family Member Employed		
Name of Employer		
Street Address of Employer		
City, State and Zip Code		

Phone Number		
Family Member Employed		

ASSETS: Check and List ALL of the following your family has:

Asset Description	Yes	No	Current Value	Income
			\$	\$
Checking Account			\$	\$
Savings Account			\$	\$
C.D.'s / Investments			\$	\$
Real Estate			\$	\$
Stocks / Bonds			\$	\$
Other			\$	\$
TOTAL NET FAMILY ASSETS			ASSET INCOME	\$

Child Care Expense paid by family: \$ _____ per week

Child Care is needed because:

_____ Adult household member is employed

_____ Adult household member attends school or job training program.

Medical Expenses	Paid To:	Total last 12 Months:
COMPLETE ONLY IF ELDERLY OR DISABLED		\$
		\$
		\$
		\$
		\$

List elderly persons in household (age 62 or older): Name: _____

List disabled persons in the household: Name: _____

List vehicles owned by household members:
 Make / Model: _____ License #: _____

List a person we can contact in case of an emergency:
 Name: _____ Phone #: _____

Is any household member subject to a lifetime registration requirement under a state sex offender registration program? _____ If yes, list name and state: _____

Has any adult household member been charged with or convicted of a crime? Yes or No
 If yes, please explain:

**Disposal of Assets Certification: Check the true statement below.
Check only one statement.**

_____ I/We certify that I/we have not disposed of any assets for less than fair market value in the past two years.

_____ I/We certify that I/we have disposed of the following assets for less than fair market value in the past two years.

Type of asset _____

Date of disposal _____ Amount Received \$ _____ Market Value \$ _____

Release: I/We give permission for the Liberty Housing Authority to disclose information to the Division of Family Services, Liberty Aging Services, Community Christmas Tree, United Services, Metropolitan Lutheran Ministries, In-As-Much, Love, Inc., Tri-county Mental Health, Mo Dept. of Mental Health, Office of the Public Administrator and local school district officials regarding reported household composition and income, rental assistance payments and utility reimbursement payments made in behalf of the household.

I/We certify the information given to the Liberty Housing Authority in this Application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance payments and may result in a report to the Inspector General, investigation and prosecution for fraud, and future denial of assistance from federally funded housing assistance programs.

I/We further understand the Liberty Housing Authority will release the following information to properly identified potential landlords: present address, name and address of the current landlord, name and address of previous landlords, know information about tenancy, history of drug trafficking by household members, information obtained and confirmed from law enforcement agencies and other criminal record checks.

Head of Household

Other Adult Signature

Date Signed

Date Signed

What is FSS?

FSS stands for Family Self-Sufficiency. It is a process of working together with your FSS Coordinator to achieve your goals.

FSS participants design and sign a 5 year contract consisting of education, job, and life skills training achieved by partnering with agencies/organizations throughout the community.

You can complete the program as soon as your goals are completed. You have up to 5 years to complete your goals!

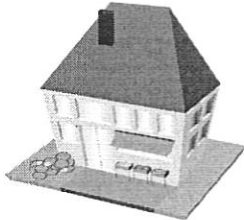
WHO IS ELIGIBLE?

The program is voluntary, and you can request to be part of FSS after you become a Section 8 participant. Contact the Coordinator at the Liberty Housing Authority for more information at 816-792-1113.

WHY PARTICIPATE?

Learn skills for:

- Job Training
- Life Skills
- Resources
- Supportive Services
- Decrease dependency for Public Assistance
- Save escrow money that earns interest when wages begin or increase
- Save your money to buy a house or for tuition, and many other options for when you graduate.



Family Self-Sufficiency

“On a successful journey to a self-sufficient life!”

Date: _____

First Name: _____ Last Name: _____

Current Address: _____ Apt: _____

City: _____ Zip Code: _____ Phone: _____

Email: _____

_____ I am **NOT INTERESTED** in the FSS Program at this time.

_____ I **AM INTERESTED** in the FSS program and would like someone to call me for enrollment in the program.

I would like to achieve the following goals: (Please check all that apply)

Earn a college degree [] Become self-employed [] Earn a GED []

Improve my credit score [] Establish a career [] Maintain savings []

Further current career [] Learn how to budget []

Become self-sufficient from government assistance []

Tell me more about your goals:

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 (f

Liberty Housing Authority

8 Westowne St Suite 800
Liberty, Mo 64068

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.

LIBERTY HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION

ALL ADULTS (18 & OVER) LIVING IN THE ASSISTED UNIT MUST
READ AND SIGN THIS FORM

PURPOSE

The Liberty Housing Authority (LHA) may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the Housing Authority.

I/we authorize the Housing Authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and ALL members of my household.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Medical Expenses
Handicapped Assistance Expenses	Family Composition
Credit History	Social Security Numbers
Identity and Marital Status	Employment Income, Pensions & Assets
Criminal History and Activity	Residences & Rental History
Law Enforcement Records	Federal, State, Tribal or Local Benefits
Probationary Records	Community Support Assistance

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Banks & Other Financial Institutions	Providers of:
Local/State/Federal Courts	Alimony
Local/State/Federal Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past & Present	Credit
Schools & Colleges	Handicapped Assistance
Landlords	Medical Care/ Services
Local Community Social Service Agencies	Pension/Annuities
Utility Companies	Mental Health Services
State Welfare Agencies	Substance Abuse Treatment

CONDITIONS

I/we agree that to release information for the purposes stated above will remain in effect as long as I/we remain a participant in the LHA Housing Choice Voucher Program or a resident in a unit assisted by LHA. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies and faxes of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the Liberty Housing Authority.

Print Name: _____ Social Security # _____

Address: _____ Date of Birth: _____

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

Liberty Housing Authority

Criminal and Sex Offender Screening Application

Federal Law requires the Liberty Housing Authority to obtain drug and criminal background and sex offender registration information about **all adult** household members applying for assisted housing. To enable us to do this, all household members **18 years of age or older** must answer the questions below, and then sign the consent to a background check. The questions about drug related and other criminal activity that could adversely affect the health and safety, or welfare or other residents or program participants.

The Liberty Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check. In addition, your eligibility in the assisted housing programs may be denied upon the result of a criminal background check in accordance with the application regulations.

Head of Household Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Sex: _____ Driver License or ID Number: _____

List of all states you have resided in:

Circle the appropriate response for each question

Have you ever been evicted from federally assisted housing? Yes No

Are you currently subject to the lifetime registration requirements under a state sex offender registration program: Yes NO

Have you been convicted of any crime other than a traffic violation: Yes No

If yes, full name at the time of arrest, charge or conviction: _____

Where, date, and what was the charge? _____

Head of Household Signature _____ Date _____

Other Adult _____ Date _____

INCOME REPORTING CERTIFICATION STATEMENT

INITIALS

- _____ I/We understand it is our responsibility to report all income coming into our household for all household members. Including but not limited to Paychecks, self-employment, Social Security, Workers Compensation, Unemployment, Alimony, Child Support, etc. Failure to do so may result in termination of your Housing Choice Voucher participation.

- _____ I/We understand when a family member turns 18, we must make an appointment for them to fill out paperwork. If they are a F/T student, they will be required to supply a class schedule, acceptance letter, or other form of verification supporting their F/T student status. Failure to provide this documentation will result in their income counting in household income. Failure to report them turning 18 and not having F/T student status may cause an overpayment in housing assistance that will need to be paid back. Failure to do so may result in termination of your Housing Choice Voucher participation.

- _____ I/We understand increases in income must be reported within 15 calendar days and will take effect on the 1st of the month following the 30th day of the **effective** date of the change unless income was late reported.

- _____ I/We understand decreases in income will begin on the 1st of the month. (Note that every family will be required to pay at least one month's increased tenants rent.)

- _____ I/We understand any temporary interruption in income must continue for 30 consecutive days before the annual income and total tenant payment will be recalculated.

- _____ I/We understand failure to report an increase in income may result in an overpayment of Housing Assistance Payments that will need to be reimbursed to the Liberty Housing Authority by our household. Failure to do so may result in termination of your Housing Choice Voucher.

- _____ I/We understand failure to reimburse the Liberty Housing Authority for overpaid Housing Assistance Payments, because of un-reported, income will result in termination from the Housing Choice Voucher program and possible submission of our debt to the Missouri Debt Offset Program offered thru the Department of Revenue.

- _____ I/We understand this information will be available to other Housing Authorities through the EIV system and may prevent us from applying/participating with them until this debt is paid in full.

- _____ I/We understand in the case of missing, incomplete, or inaccurate information our case file may be turned over to the Office of Inspector General for investigation and/or prosecution.

Head of Household

Date

Other Adult

Date

ZERO INCOME
LIBERTY HOUSING AUTHORITY

When your family composition income has been reported as zero, the head of household must submit this form to the office on a Quarterly basis.
Failure to do so may result in the termination of your assistance.

Please mark each question appropriately. For each question that you answer "yes", you must also supply an explanation. Any fraudulent information provided may result in the termination of your assistance. **Answer for everyone in the household.**

Since your last certification:

1. Has anyone moved in or out of your home? () Yes () No
Who and when? _____
2. Has anyone in the household applied for work? () Yes () No
Who and where? _____
3. Has anyone in the household started a job, including self-employment?
() Yes () No Who and where? _____
4. Other than assistance received through this Housing Authority, has anyone in the household applied for or receive any of the following?

Check any that apply:

- | | | |
|--|-------------------------|----------------------------|
| () Public Assistance | () Child Support | () Workman's compensation |
| () TANF | () Alimony/Maintenance | () Self Employment |
| () Social Security | () Pension | () Food Stamps |
| () SSDI | () Unemployment | |
| () Other benefits or contributions: _____ | | |

5. Does anyone outside of your household pay any of your bills, give you money or contribute to the family's income in any way? () Yes () No
Who and how much? _____
6. Please provide an average monthly cost any/all monthly expenses that apply to your family:

Rent	\$ _____	Home Phone	\$ _____	Cable	\$ _____
Electric	\$ _____	Cell Phone	\$ _____	Rentals	\$ _____
Credit Card(s)	\$ _____	Auto Payments	\$ _____	Gas	\$ _____
Health Insurance	\$ _____	Auto Insurance	\$ _____	Water	\$ _____
Child Care	\$ _____	Other _____	\$ _____	Food	\$ _____

I certify that the answers I have given are true and accurate to the best of my knowledge and understand that the Housing Authority has the right to utilize other sources to verify accuracy.

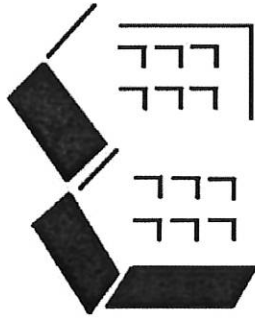
Head of Household Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

Remember, you may receive rental assistance at only one home!

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: https://www.hud.gov/program_offices/public_indian_housing/programs/pih/eiv

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

Notice of Portability

What is portability? The ability of a family to move from one PHA's jurisdiction to another.

Portability policies of the Liberty Housing Authority according to the Housing Choice Voucher Guidebook:

Section 2.1.1 HCV Guidebook Residency Requirements

An applicant family must be allowed to move to another jurisdiction under portability provided that the head of household or spouse was a resident of the PHA's jurisdiction at the time the initial application for assistance was submitted and that all other portability for 12 months from the time the family is admitted to the HCV program. Once a HAP contract is executed on behalf of the applicant family, the family becomes a HCV participant.

Initial PHAs may allow portability moves during this 12-month period. The initial PHA may decide to allow portability when the move would respond to a special family need but not allow such moves in other instances. The PHA is required to document the exceptions to the residency requirements in regards to portability in the administrative plan. The PHA may also choose not to impose a one-year residency requirement and allow for portability immediately for all applicants.

Residency is determined based on the family's domicile at the time that the family initially submitted their application for assistance, not at the time they reached the top of the PHAs waiting list. Domicile means the legal resident of the HOH or spouse as determined by State and local law. The PHA needs to set a policy in the Admin Plan outlining how residency will be verified for those resident applicants wishing to exercise portability.

Section 2.2 HCV Guidebook Family Responsibilities

To begin the portability process, the family contacts the initial PHA to provide the name and the location to which the family wishes to move. If more than one PHA administers a voucher program in the area to which the family is moving, the family either chooses the receiving PHA or requests that the initial PHA make the choice. The family must notify landlord before moving out of the unit. The family is also responsible for providing proper notice to their current landlord in accordance with their lease agreement. Once the receiving PHA has been selected and the portability request approved, the initial PHA also advises the family how to contact eh request assistance from the RHA. The family is then responsible for:

- promptly contacting the RHA and complying with the receiving PHAs procedures for the incoming families
- submitting a request for tenancy approval (RFTA) to the RHA during the term of the RHA voucher

The family will also need to:

- Allow time for the RHA processes, such as:
 - Appointments at the RHA
 - Rent approval and inspection of the unit by the RHA

- Plan for extra expenses, including
 - Living expenses during the move
 - Security deposits
 - Move costs

If a family has moved out of their assisted unit in violation of the lease, the LHA will not issue a voucher and will terminate assistance.

The LHA reserves the right to approve or deny the porting of a voucher to a jurisdiction outside of the LHA, dependent on the current utilization of baseline vouchers, payment standards of receiving jurisdiction, available funding levels, and willingness of receiving housing authorities to absorb.

I have read the above and understand LHA's policy on portability.

Head of Household

Spouse or Other Adult Member

Other Adult Member

Date

You can pick any of these choices. Unless the abuser also produces similar proof, a landlord cannot make you choose any particular kind of proof or more than one type. The landlord must give you at least 14 business days (weekends and holidays do not count) to provide proof of the violence.

8. What happens if the abuser also submits a certification claiming that he or she is a victim?

If the landlord receives proof from the abuser claiming that they are the victim, then the landlord may require you to submit additional proof to show that you are a victim.

9. Can a landlord share the information I provide about the abuse with others?

No, except in limited cases. The housing authority or landlord cannot give the information you provide about the abuse to others. The information may be shared only if you agree in writing, if it is needed to evict the abuser from the housing, or if disclosure is required by law.

10. Does this mean that a victim of domestic violence, dating violence, sexual assault, or stalking cannot be evicted at all?

No. You still can be evicted for serious or repeated lease violations that aren't related to the abuse. The landlord or housing authority must hold you to the same standard as other tenants. The landlord also may be able to evict if there is a real and immediate threat to other tenants if you are not evicted. **If you receive any type of eviction notice, call a legal aid office immediately.**

11. Is the housing authority or landlord required to tell me about VAWA's housing protections?

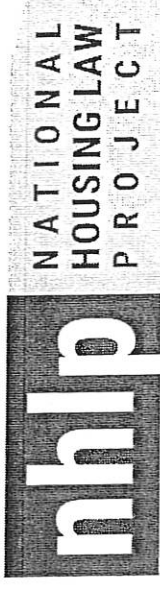
Yes. VAWA requires each housing authority or landlord to tell applicants and tenants of the VAWA housing protections. The notice, Form HUD-5380, available at <https://bit.ly/2NETW1L>, must be given along with the self-certification form mentioned in Question 7 at the time an applicant is denied housing or assistance, at the time an applicant is admitted to housing, or when a tenant is notified of eviction or termination. This notice must be in multiple languages.

12. How does VAWA affect other state or local laws that might protect me?

VAWA is federal law. However, VAWA is not intended to replace other federal, state, or local laws that may provide more protections for victims of abuse. Therefore, there may be state or local laws that also protect you.

13. Who can help me?

Contact an attorney, domestic violence agency, or fair housing agency to see if VAWA can help you.



Know Your Rights: Domestic and Sexual Violence and Federally Assisted Housing

The Violence Against Women Act

Are you a victim of domestic violence, dating violence, sexual assault, or stalking?

Do you live in federally assisted housing?

A law called VAWA, the Violence Against Women Act, may help you.

September 2018

The Rights of Domestic and Sexual Violence Victims: Applying for and Living in Federally Assisted Housing

1. What is VAWA?

The Violence Against Women Act (VAWA) is a law that protects victims and threatened victims of domestic violence, dating violence, sexual assault, and stalking from being discriminated against by certain housing providers because of the abuse committed against them.

2. Am I covered by VAWA's housing protections?

VAWA protects victims of domestic violence, dating violence, sexual assault, and stalking. You don't have to be married to or living with the abuser to be protected by VAWA.

VAWA applies to you if you are applying for or are a tenant in any of these programs:

- Public housing;
- Section 8 Housing Choice Vouchers;
- Section 8 project-based housing;
- Section 202 housing for the elderly;
- Section 811 housing for the disabled;
- Section 236 multifamily rental housing;
- Section 221(d)(3) Below Market Interest Rate (BMIR);
- HOME;
- Housing Opportunities for People with Aids (HOPWA);
- Continuum of Care and Emergency Solutions Grants programs;
- Housing Trust Fund;
- Rural Development multifamily housing; &
- Low-Income Housing Tax Credit (LIHTC) housing.

3. Does VAWA apply to private, market-rate housing?

No. VAWA does NOT cover private housing that does not receive federal assistance. The rights described in this flyer apply only to the above-listed federal housing programs. However, there may be laws in your state or city/town/county that protect victims in market-rate housing. You can contact your local legal aid office or domestic and sexual violence agency to see if there are state and local laws that protect you.

4. What rights does VAWA offer?

If you are a victim of domestic violence, dating violence, sexual assault, and stalking,

- You can't be denied admission or federal rental assistance just because you are or have been a victim or threatened victim.
- You can't be evicted or lose your federal rental assistance just because you are or have been a victim or threatened victim.
- You can't be denied admission or rental assistance, evicted, or lose your subsidy for reasons related to the abuse, such as bad credit history and criminal history.

5. What if I need to get the abuser out of the home?

If someone living in your home uses violence against you, the housing authority or your landlord may evict the abuser alone, and let you, your family, and other household members stay in the home. If you are not listed as head of household or your name is not on the rental assistance, then you generally have 90 days or until the end of the lease to establish eligibility for that subsidy or another housing subsidy, or to find new housing.

6. What if I need to move to escape the abuse?

If you have a Section 8 voucher, you can move for reasons related to the abuse and keep your voucher — even if your lease has not ended.

Housing authorities and landlords must have adopted emergency transfer plans by June 14, 2017 that allow transfers to other federally assisted housing that is available and safe. You are allowed to transfer if you ask your landlord and reasonably believe you are about to be hurt by more abuse, or if you have been a victim of sexual assault that occurred on the property up to 90 days before the request. If your landlord does not have an emergency transfer plan, contact your local legal aid office or domestic and sexual violence agency.

7. How do I prove that I can use VAWA's protections?

The housing authority or your landlord may ask for documentation showing that you are a victim of domestic violence, dating violence, sexual assault, or stalking. The housing provider must make this request in writing. There are three ways to show that you are a victim:

- Complete a self-certification form. The form will ask for: your name; the name of your abuser (if known and safe to provide); the abuser's relationship to you; the date, time and place of the violence; and a description of the violence. To get the form, [Form HUD-5382](https://bit.ly/2E4cNF), go to <https://bit.ly/2E4cNF>, call the housing authority or a legal aid office. In the future, the form may be changed.
- Provide a letter signed by a victim service provider, attorney, or a medical or mental health professional who has helped you with the abuse (also called "third-party documentation"). You must also sign this letter.
- Provide a police report, court record (such as a restraining order), or administrative record.

Liberty Housing Authority
8 Westowne St. Suite 800
Liberty, MO 64068
Phone (816)792-1113 Fax (816)792-1103

VERIFICATION OF EMPLOYMENT

Employer's Information

Name _____ Date: _____
Address: _____ Regarding Tenant Name: _____
Address: _____
Phone: _____

I, _____, hereby authorize _____
(Signature) *(employer's name)*
to release the information requested below regarding my employment status and compensation.

TO BE COMPLETED BY THE EMPLOYER

Please complete the following portion and return this form as soon as possible. If you are unsure how, or are unable to answer a question, please use "N/A" "\$0". Please do not use the following terms: "varies", "depends", "average", "?" or "unknown". Please fill in every line on the form. If the answer is variable, please indicate the range, e.g., "1-5 hours" or "\$3-\$5."

First day of Work: _____ Occupation/Title: _____
Current rate of regular pay: \$ _____ per (circle one) Hour Week Month Year
Current rate of overtime pay: \$ _____ per hour.
of hours per week normally worked: _____ # of overtime hours per week worked: _____
Amount of bonus, incentive pay, commission, tips, etc.: _____ per _____
Do you anticipate a change in the rate of pay? (Circle one) Yes No
If yes, please explain in comments section below.
Is this job a federally-funded training or work study program? (Circle one) Yes No
Gross Annual earnings anticipated for the next twelve months: \$ _____
(Gross Amount includes ALL tips, bonuses, overtime, commissions, etc..)
Comments: _____

I hereby certify that the above information I have provided is true and correct to the best of my knowledge.

Signature of Person who completed form. Printed Name and Title

Telephone Number Date Completed

LIBERTY HOUSING AUTHORITY
17 E KANSAS
LIBERTY MO 64068

CHILD CARE EXPENSE VERIFICATION REQUEST

Head of Household _____
Address _____

Phone _____

AUTHORIZATION TO VERIFY

I authorize you to release/verify to the Liberty Housing Authority information regarding childcare expense for the children named below.

Name	Age	Days attending

Signature Head of Household _____
Date _____
Print Name _____
Address _____

Providers Name _____
Address _____

Phone number _____

Child's Name	Cost per week	Paid by Parent	Paid by others

Provider Signature _____ Date _____
Title _____