

GRANITE CITY HOUSING AUTHORITY

P. O. Box 794

Granite City, Illinois 62040

Phone: (618) 876-0975

TDD : (800) 545-1833 EXT 254

Fax: (618) 876-8992

**PRE-APPLICATIONS AND  
APPLICATIONS MAY BE  
RETURNED BETWEEN**

**9:00 AM - 11:00 AM**

**MONDAY AND**

**WEDNESDAY,**

**&**

---

**2:00 PM - 4:00 PM**

**TUESDAY AND THURSDAY**



# GRANITE CITY HOUSING AUTHORITY

## NOTICE

THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION WILL RESULT IN REJECTION OF SAID APPLICATION.

Applicant

Signature: \_\_\_\_\_

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

Applicant

Signature: \_\_\_\_\_

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

# GRANITE CITY HOUSING AUTHORITY

P. O. Box 794

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Phone: (618) 876-0975 TDD: (800) 545-1833 EXT 254 FAX: (618) 876-8992

This confirms your receipt of an application package to place an application for housing with the Granite City Housing Authority.

**THE FOLLOWING INFORMATION IS NECESSARY TO COMPLETE YOUR APPLICATION. AN APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL REQUIRED INFORMATION IS RECEIVED. FAILURE TO PROVIDE ANY ITEMS OF INFORMATION WILL GREATLY DELAY THE PROCESSING OF YOUR APPLICATION AND INCREASE THE TIME NEEDED TO DETERMINE IF YOU ARE ELIGIBLE FOR PUBLIC HOUSING.**

Please use the checklist below to assist you.

\_\_\_\_\_ Verification of all sources of income – Verification of TANF (Public Aid) benefits and a copy of your medical card. Award Letter from Social Security if you receive benefits from Social Security. If employed two (2) most recent paystubs.

\_\_\_\_\_ Original Certified Birth Certificates and Social Security Cards for all members of the family

\_\_\_\_\_ Picture ID for all adults in the family

\_\_\_\_\_ Proof of ownership of all assets. Copy of most recent Bank Statement and Savings Accounts, verification of investments including Certificate of Deposits, Stocks & Bonds and annuities. Verification of Fair market value of any real estate owned. Bankruptcy Documents if filed in last 7 years.

\_\_\_\_\_ Names and Address of all Landlords for the past 5 years - if living with relative, we need an Affidavit from that person verifying address and time frame

\_\_\_\_\_ Marriage License, Divorce Papers, Death Certificate of Spouse or Custody Papers, if applicable

\_\_\_\_\_ If elderly, verification of any medical expenses that you pay from your own pocket that are not reimbursable from insurance

\_\_\_\_\_ Medical insurance premiums that you pay - not life insurance

\_\_\_\_\_ Rent receipts and utility bills that you may currently be paying

\_\_\_\_\_ Police Report for each Locality of residence that you have lived at in the past 5 years excluding Granite City and City of Madison, Illinois.

\_\_\_\_\_ Any Head of Household under the age of 18, Emancipation Order as required by Ameren IP to establish utility service.



May 1988  
P-88-2

# Things You Should Know

Please  
Read and  
Initial

*Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.*

## Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

## Penalties for Committing Fraud

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

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

## Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

## Completing the Application

When you give your answers to application questions, you must include the following information:

## Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

**Family/Household Members**

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

## PERSONAL DECLARATION (Application)

**INSTRUCTIONS:**

**YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR OFFICE APPOINTMENT. (Please Print or Type)**  
**THIS FORM MUST BE SIGNED BY ALL ADULTS AT THE OFFICE APPOINTMENT; DO NOT SIGN IT AT HOME.**  
*(Failure to complete this form will result in delays in processing your application and/or rescheduling your office appointment.)*

*The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.*

**APPLICANT FAMILY/UNIT:**

APPLICANT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_ ZIP \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

Person to call in case of emergencies:

NAME OF FRIEND/RELATIVE \_\_\_\_\_ ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_ ZIP \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

**A. HOUSEHOLD ADULT MEMBERS:** [List children in Part B.]

List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for adults only.

1.

\_\_\_\_\_  
 Last Name                      First Name                      MI                      Soc. Sec. #

\_\_\_\_\_  
 Birth Place / City, State                      Birth Date                      Driver's License # / State

Check all that apply:

- |                                   |                                     |  |                                      |
|-----------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Single   | <input type="checkbox"/> Married    | <input type="checkbox"/> Divorced      | <input type="checkbox"/> Separated   |
| <input type="checkbox"/> Widow    | <input type="checkbox"/> Student    | <input type="checkbox"/> Disabled      | <input type="checkbox"/> Handicapped |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self employed | <input type="checkbox"/> Retired     |

Male                       Female

Relation to Head  
of Household:  
**SELF**

If you are separated or divorced, complete the following:

\_\_\_\_\_  
 Spouse/Ex-spouse Name                      Address

\_\_\_\_\_  
 Social Security #                      Birth Date

2.

\_\_\_\_\_  
 Last Name                      First Name                      MI                      Soc. Sec. #

\_\_\_\_\_  
 Birth Place / City, State                      Birth Date                      Driver's License # / State

Check all that apply:

- |                                   |                                     |  |                                      |
|-----------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Single   | <input type="checkbox"/> Married    | <input type="checkbox"/> Divorced      | <input type="checkbox"/> Separated   |
| <input type="checkbox"/> Widow    | <input type="checkbox"/> Student    | <input type="checkbox"/> Disabled      | <input type="checkbox"/> Handicapped |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self employed | <input type="checkbox"/> Retired     |

Male                       Female

Relation to Head  
of Household:

If you are separated or divorced, complete the following:

\_\_\_\_\_  
 Spouse/Ex-spouse Name                      Address

\_\_\_\_\_  
 Social Security #                      Birth Date

**OFFICIAL USE ONLY**

**Housing Assistant**

1.

- SSA Card on file.
- ID/Birth Certificate on file.
- Review Personal Status.
- Aged/Disabled.
- Divorce Papers.
- Divorce/Separation Certification.

2.

- SSA Card on file.
  - ID/Birth Certificate on file.
  - Review Personal Status.
  - Aged/Disabled.
- Yes    No
- Applicant
- Divorce Papers.
  - Divorce/Separation Certification.

3.

Last Name	First Name	MI	Soc. Sec. #
Birth Place / City, State	Birth Date	Driver's License # / State	

Check all that apply:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	Relation to Head of Household:			
<input type="checkbox"/> Widowed	<input type="checkbox"/> Student			<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed			<input type="checkbox"/> Self employed	<input type="checkbox"/> Retired

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

4.

Last Name	First Name	MI	Soc. Sec. #
Birth Place / City, State	Birth Date	Driver's License # / State	

Check all that apply:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	Relation to Head of Household:			
<input type="checkbox"/> Widowed	<input type="checkbox"/> Student			<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

**B. CHILDREN IN HOUSEHOLD:** List all children who stay with you.

1.			Relation to Head of Household:
Last Name	First Name	MI	
Social Security #	Sex	Birth Date	
Birth Place	School Name	Address	Zip Code
Mother's Name	Social Security #	Birth Date	Address
Father's Name	Social Security #	Birth Date	Address

2.			Relation to Head of Household:
Last Name	First Name	MI	
Social Security #	Sex	Birth Date	
Birth Place	School Name	Address	Zip Code
Mother's Name	Social Security #	Birth Date	Address
Father's Name	Social Security #	Birth Date	Address

**OFFICIAL USE ONLY**

3.

SSA Card on file.

ID/Birth Certificate on file.

Review Personal Status.

Aged/Disabled.

Applicant Yes No

Divorce Papers.

Divorce/Separation Certification.

4.

SSA Card on file.

ID/Birth Certificate on file.

Review Personal Status.

Aged/Disabled.

Applicant Yes No

Divorce Papers.

Divorce/Separation Certification.

**B.**

**1.**

SSA Card on file.

ID/Birth Certificate on file.

Review Information on Parents.

Applicant Yes No

**2.**

SSA Card on file.

ID/Birth Certificate on file.

Review Information on Parents.

Applicant Yes No

3.

Last Name			First Name			MI			Relation to Head of Household:	
Social Security #			Sex			Birth Date				
Birth Place			School Name			Address			Zip Code	
Mother's Name			Social Security #			Birth Date			Address	
Father's Name			Social Security #			Birth Date			Address	

4.

Last Name			First Name			MI			Relation to Head of Household:	
Social Security #			Sex			Birth Date				
Birth Place			School Name			Address			Zip Code	
Mother's Name			Social Security #			Birth Date			Address	
Father's Name			Social Security #			Birth Date			Address	

5.

Last Name			First Name			MI			Relation to Head of Household:	
Social Security #			Sex			Birth Date				
Birth Place			School Name			Address			Zip Code	
Mother's Name			Social Security #			Birth Date			Address	
Father's Name			Social Security #			Birth Date			Address	

**C. FOSTER CHILDREN:**  
 Is anyone living in your home a foster child?  Yes  No  
 If yes, list complete name for each foster child:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:**

Student's Name	Name and Address of School
Student's Name	Name and Address of School
Student's Name	Name and Address of School

**OFFICIAL USE ONLY**

3.  
 SSA Card on file.  
 ID/Birth Certificate on file.  
 Review Information on Parents.

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>

4.  
 SSA Card on file.  
 ID/Birth Certificate on file.  
 Review Information on Parents.

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>

5.  
 SSA Card on file.  
 ID/Birth Certificate on file.  
 Review Information on Parents.

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>

**C.**  
 Documentation of foster care status, for each child.  
 Foster Care License.

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>

**D.**

Student Aid	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Student Aid	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Student Aid	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>



E. **WORKING:** Is anyone working or expecting to work in the next 6 months?

Yes  No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Do you ever receive any of the following:

Overtime  Yes  No Tips  Yes  No  
Bonus  Yes  No Commission  Yes  No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Do you ever receive any of the following:

Overtime  Yes  No Tips  Yes  No  
Bonus  Yes  No Commission  Yes  No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Do you ever receive any of the following:

Overtime  Yes  No Tips  Yes  No  
Bonus  Yes  No Commission  Yes  No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Do you ever receive any of the following:

Overtime  Yes  No Tips  Yes  No  
Bonus  Yes  No Commission  Yes  No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Do you ever receive any of the following:

Overtime  Yes  No Tips  Yes  No  
Bonus  Yes  No Commission  Yes  No

**OFFICIAL USE ONLY**

E.

Paystubs on file.  
 Employer's report on file.  
 W2 / 1099.

Earnings Exempt:

Yes No

Paystubs on file.  
 Employer's report on file.  
 W2 / 1099.

Earnings Exempt:

Yes No

Paystubs on file.  
 Employer's report on file.  
 W2 / 1099.

Earnings Exempt:

Yes No

Paystubs on file.  
 Employer's report on file.  
 W2 / 1099.

Earnings Exempt:

Yes No

Paystubs on file.  
 Employer's report on file.  
 W2 / 1099.

Earnings Exempt:

Yes No





K. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money?  Yes  No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle?  Yes  No  
If yes, complete the following:

Type	License #	State	Year	Make and Model
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

M. Do you have a live-in aide?  Yes  No If yes, complete the following:

Name	Social Security #
_____	_____

Do you pay for this service yourself?  Yes  No If no, please explain:  
\_\_\_\_\_

N. Have you or any member of your household (listed above) ever been arrested for any drug-related criminal activity?  Yes  No If yes, please give dates, charges, city and state:  
\_\_\_\_\_

O. Have you or any member of your household (listed above) ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another?  Yes  No  
If yes, please give dates, charges, and city and state:  
\_\_\_\_\_

P. Have you or any other adult member ever used any name(s)/social security number(s) other than the one you have listed?  Yes  No If yes, explain:  
\_\_\_\_\_

Q. Have you or any other adult household member sold any business or asset in the last 2 years for less than its full value?  Yes  No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

R. Have you or any other household member lived in any rental assisted housing?  
 Yes  No If yes, give the details:

Where	When
_____	_____

S. Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs?  
 Yes  No If yes, explain:  
\_\_\_\_\_

T. Are there any children 7 years and under who have an elevated blood level of lead?  
 Yes  No

OFFICIAL USE ONLY

K.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
L.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
M.	<input type="checkbox"/> Physician's Evaluation 24 hour care. <input type="checkbox"/> IHSS Evaluation 24 hour care. <input type="checkbox"/> Live-In Aide Certification
N.	
O.	
P.	
Q.	<input type="checkbox"/> Third Party Verification of Property Value. <input type="checkbox"/> Verification that Asset is no longer owned by household member. <input type="checkbox"/> Disposition of Proceeds.
R.	<input type="checkbox"/> Review for Outstanding Collections.
S.	<input type="checkbox"/> Review eligibility status. (Is account balance zero or up to date?)
T.	

**U. MEDICAL EXPENSES - ELDERLY HANDICAPPED OR DISABLED FAMILIES ONLY**  
 If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

Name of Pharmacy	Address	City, State, Zip
------------------	---------	------------------

**HEAD OF HOUSEHOLD ONLY, please complete:**  
 (Enter code which best describes your race.)

Race [            ]		Ethnicity [            ]	
1 - White	3 - American Indian / Alaskan Native	1 - Hispanic	
2 - Black or African American	4 - Asian / Pacific Islander	2 - Non-Hispanic	

**FEDERAL PRIVACY ACT NOTICE**

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency / Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.



## PUBLIC HOUSING PROGRAM TENANCY HISTORY / INFORMATION SHEET

NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

(Check One)

- |  |           |          |
|--|-----------|----------|
| 1. Are you visually impaired? <i>(optional)</i>                    | Yes _____ | No _____ |
| 2. Are you hearing impaired? <i>(optional)</i>                     | Yes _____ | No _____ |
| 3. Does anyone in your family need a wheelchair? <i>(optional)</i> | Yes _____ | No _____ |
| 4. Can you live in an upstairs apartment?                          | Yes _____ | No _____ |
| 5. Will you have any pets?   | Yes _____ | No _____ |

If yes, please describe: \_\_\_\_\_

- |   |           |          |
|---|-----------|----------|
| 6. Has anyone on this application ever been arrested or detained by the police for a crime (other than traffic violations)? | Yes _____ | No _____ |
|---|-----------|----------|

If yes, who? \_\_\_\_\_

Describe criminal activity (conviction/pending): \_\_\_\_\_

Action taken / judgment: \_\_\_\_\_

- |  |           |          |
|--|-----------|----------|
| 7. Has anyone on this application ever been evicted from a rental unit within the last five (5) years? | Yes _____ | No _____ |
|--|-----------|----------|

If yes, give date, address and reason why \_\_\_\_\_

**Below please list your residence history for the past five (5) years. Use additional paper, if necessary.**

1) PRESENT ADDRESS: \_\_\_\_\_  
STREET
CITY/STATE
ZIP CODE

FROM: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

STREET ADDRESS OF OWNER \_\_\_\_\_  
CITY/STATE
ZIP CODE

2) PREVIOUS ADDRESS: \_\_\_\_\_  
STREET
CITY/STATE
ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

STREET ADDRESS OF OWNER \_\_\_\_\_  
CITY/STATE
ZIP CODE

REASON FOR LEAVING: \_\_\_\_\_

7) NEXT PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: \_\_\_\_\_

**FINANCIAL OBLIGATIONS IF APPLICABLE (I.E., CAR PAYMENTS, LOANS, ETC.):**

PAYMENTS TO:	AMOUNT PER MONTH:	PAYMENTS TO:	AMOUNT PER MONTH:
1) _____	\$ _____	4) _____	\$ _____
2) _____	\$ _____	5) _____	\$ _____
3) _____	\$ _____	6) _____	\$ _____

**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.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE PUBLIC HOUSING AUTHORITY TO VERIFY ANY INFORMATION REGARDING RENTAL HISTORY OR CRIMINAL ACTIVITY, INCLUDING OBTAINING A CONSUMER OR INVESTIGATIVE CREDIT REPORT.

I DELCARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS STATEMENT OF FACTS IS TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



3) NEXT PREVIOUS ADDRESS: \_\_\_\_\_ STREET CITY/STATE ZIP CODE  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER  
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE  
REASON FOR LEAVING: \_\_\_\_\_

4) NEXT PREVIOUS ADDRESS: \_\_\_\_\_ STREET CITY/STATE ZIP CODE  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER  
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE  
REASON FOR LEAVING: \_\_\_\_\_

5) NEXT PREVIOUS ADDRESS: \_\_\_\_\_ STREET CITY/STATE ZIP CODE  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER  
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE  
REASON FOR LEAVING: \_\_\_\_\_

6) NEXT PREVIOUS ADDRESS: \_\_\_\_\_ STREET CITY/STATE ZIP CODE  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER  
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE  
REASON FOR LEAVING: \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

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

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

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

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

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

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

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

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

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

#### Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# AUTHORIZATION FOR RELEASE OF INFORMATION

(TO BE COMPLETED IN APPLICANT/RESIDENT'S OWN HANDWRITING)

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, \_\_\_\_\_, and

\_\_\_\_\_ do hereby authorize any agencies, offices, groups, organizations, business firms, and any units of government including but not limited to local, township, county, state and or federal agencies, individuals, or any other source not previously or specifically mentioned to release to the Granite City Housing Authority any information or materials which are deemed necessary to complete my application for participation and/or to maintain my continued eligibility in the low income housing program. these organizations are to include, but are not limited to financial institutions, child support payers, employment security commissions, past or present employers, social security administration, welfare departments, veteran's administration, chancery clerks, utility companies, workmen's compensation payers, hospitals, public and private retirement systems, law enforcement agencies, past or present landlords, and attorneys.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

My SS#: \_\_\_\_\_ My SS#: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Other Related Names

As Shown on  
Social Security Card

Social Security  
Number

Birthplace

As Shown on Social Security Card	Social Security Number	Birthplace

All names must be written as they appear on Social Security Card.

All adults must sign their own name.

Preference Questionnaire

Are You a Resident of Granite City or Working in Granite City Yes \_\_\_\_ No \_\_\_\_

What are your present housing conditions:

1. Without housing through no fault of the family?
  - (a) Reason \_\_\_\_\_
  - (b) Present living arrangements? \_\_\_\_\_
2. About to be without housing through fault of the family?
3. Living in substandard housing conditions: Yes \_\_\_\_ No \_\_\_\_

If Yes check substandard conditions:

- (a) Dwelling structurally unsafe
- (b) No potable running water in dwelling unit
- (c) No usable flush commode in dwelling unit
- (d) No installed usable tub or shower in dwelling unit
- (e) No operating sink or proper stove connection in kitchen
- (f) Inadequate or no electric wiring system in dwelling unit
- (g) Inadequate or unsafe heating facilities in dwelling unit
- (h) Overcrowded No. Bdr. \_\_\_\_ No. persons \_\_\_\_
- (i) Single family unit occupied by 2 or more families

Yes	No

4. Monthly Amount now paid for rent? \_\_\_\_\_
5. Are you a victim of domestic abuse? Yes \_\_\_\_ No \_\_\_\_
6. Military Service: Name of family member who has been or is in the military: \_\_\_\_\_

Relationship: \_\_\_\_\_

Honorably Discharged: \_\_\_\_ Rank \_\_\_\_\_

**I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please list 3 people-we need name, address, and phone #'s-that can contact you quickly, and that you are sure will get a message to you.

1.

2.

3.

## 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 United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check 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 proof of age); 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 or 1010(a)(20) of the 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

\_\_\_\_\_  
Date

\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

- 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, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for 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 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident 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 the, 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), the PHA must enter INS/SAVE Verification Number and date that it was obtained. A PHA 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 "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.



**GRANITE CITY HOUSING AUTHORITY**

P. O. Box 794

Granite City, Illinois 62040

Phone: (618) 876-0975    TDD: (800) 545-1833 EXT 254    FAX: (618) 876-8992

TO: Granite City Police Department  
Madison Avenue  
Granite City, IL 62040

Please be advised that we are considering the applicant(s) listed below for housing at Granite City Housing Authority. We are requesting that a record check be provided to us. The applicant(s) has provided a release for access to this information. The information will be used in determining eligibility status of the applicant and his/her family. A self addressed stamped envelope has been provided for return of the data.

Granite City Housing Authority

I hereby give my consent for release of the information requested below to the Granite City Housing Authority. Any other information as may be available shall also be made available to Granite City Housing Authority.

\_\_\_\_\_  
Signature of Applicant

NAME OF APPLICANT: \_\_\_\_\_ SSN \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ANY OTHER KNOWN NAMES: \_\_\_\_\_

NCIC # IL060029Q                      NCIC VERIFIED \_\_\_\_\_

**GRANITE CITY HOUSING AUTHORITY**

P. O. Box 794

Granite City, Illinois 62040

Phone: (618) 876-0975    TDD: (800) 545-1833 EXT 254    FAX: (618) 876-8992

TO: Madison Police Department  
Madison Avenue  
Granite City, IL 62040

Please be advised that we are considering the applicant(s) listed below for housing at Granite City Housing Authority. We are requesting that a record check be provided to us. The applicant(s) has provided a release for access to this information. The information will be used in determining eligibility status of the applicant and his/her family. A self addressed stamped envelope has been provided for return of the data.

Granite City Housing Authority

I hereby give my consent for release of the information requested below to the Granite City Housing Authority. Any other information as may be available shall also be made available to Granite City Housing Authority.

\_\_\_\_\_  
Signature of Applicant

NAME OF APPLICANT: \_\_\_\_\_ SSN \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ANY OTHER KNOWN NAMES: \_\_\_\_\_

NCIC # IL060029Q                      NCIC VERIFIED \_\_\_\_\_



**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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

**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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**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.

**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.
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?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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.

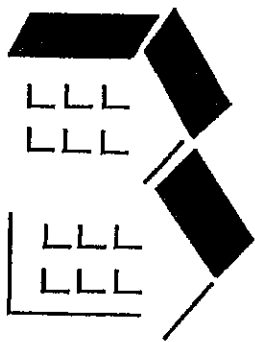
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA 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 <i>Debts Owed to PHAs &amp; Termination Notice</i> :	
	Signature	Date
	Printed Name	



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RHIP**

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 J.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](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

**Where can I obtain more information on EIV and the income verification process?**  
Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/officesbrp/programs/brp/iv/eiv.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



AmerenCIPS  
888-789-2477

AmerenCILCO  
888-672-5252

AmerenIP  
800-755-5000

Fax to: Ameren Solution Center CIPS/CILCO/IP Fax# 800-851-1796

From GRANITE CITY HOUSING AUTHORITY Date: \_\_\_\_\_

Fax#: 618-876-8992

Phone#: 618-876-0975

### Housing Authority – Request for Utility Verification

This section completed by Housing Authority/Applicant (One Applicant per Form Please)

I authorize release of credit information regarding current/previous utility services, and also verification of my eligibility for new services with Ameren.

Please Print Clearly

Applicant Information:

Name \_\_\_\_\_

Social Security# \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Signature: \_\_\_\_\_

This section completed by Ameren

Current Services  CIPS  CILCO  IP Past Due Bill:  Yes  No

Previous Services  CIPS  CILCO  IP Outstanding Bill:  Yes  No

No Current or Previous Services with Ameren CIPS, CILCO, IP

Eligible for New Services

Must make arrangements for payment of outstanding bill before new service is granted.

No credit history. Must call Ameren to complete application for service before new service is granted (see telephone numbers at top of page).

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Please Allow at Least 3 Business Days for Reply

Granite City Housing Authority (GCHA) is asking each resident to answer the following questions in preparation of drafting a Non Smoking Policy for the properties owned by GCHA.

I feel that exposure to second-hand smoke is harmful

Yes

No

I currently allow smoking in my apartment

Yes

No

I am a smoker

Yes

No

I would be interested in living in a building where smoking was partially or completely prohibited

Yes

No

Your input into this process is greatly appreciated.

Granite City Housing Authority