

**HOUSING AUTHORITY  
OF THE CITY OF ANACORTES**



719 Q Avenue • Anacortes, Washington 98221

Office: (360) 293-7831

Fax: (360) 293-8998

TTY: (360)-293-8998

E-mail: applications@anacorteshousing.com

**OFFICE HOURS: Tuesday-Friday 9:00am-3:00pm**

**CLOSED MONDAYS AND HOLIDAYS**



**APPLICATION INSTRUCTIONS:**

- **APPLICATION MUST BE COMPLETELY FILLED OUT AND SUBMITTED WITH PHOTO ID FOR EVERYONE 18 YEARS OF AGE OR OLDER, SOCIAL SECURITY VERIFICATION AND BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS. COPIES OF PHOTO ID, SS VERIFICATION AND BIRTH CERTIFICATES CAN BE MADE AT OUR OFFICE FREE OF CHARGE.**
- If a question does not apply you may put N/A (not applicable). DO NOT LEAVE ANY BLANKS.
- Please use black or blue ink when filling out the application and print boldly and clearly.
- Make sure you have listed your current mailing address and correct daytime phone numbers and employer information.
- Sign the application. All household members over the age of 18 must sign all applicable forms.

You are responsible for maintaining current and accurate application information. You are required to notify the Anacortes Housing Authority of any changes in contact information (phone number or address), income, or family composition immediately. Failure to report such changes may result in the cancellation of your application. **IF WE CANNOT CONTACT YOU AT THE MAILING ADDRESS LISTED ON THE APPLICATION AND YOU HAVE NOT UPDATED YOUR ADDRESS WITH US, YOU WILL BE REMOVED FROM THE WAITING LIST AND WILL HAVE TO REAPPLY.**

**APPLICATION PROCESS:**

1. Completed applications are placed on the appropriate waiting list(s).
2. When you are in the top 5 applicants you will be scheduled for an interview with staff.
3. When a unit is available and you are at the top of the appropriate waiting list, a credit, criminal and 2-year residence history check will be processed.
4. If you meet AHA criteria and qualify, you will be contacted for housing.
5. If you do not meet AHA criteria or qualify for the program, you will be contacted in writing with the explanation.

**PROGRAMS WE OFFER:**

**Public Housing:**

The Harbor House offers 49 one-bedroom units, preference given to the elderly/disabled. Family housing is located at various sites in Anacortes and offers 62 units (two, three, and four bedroom), including 5 ADA units (two and three bedroom).

**Bayview Apartments:**

46 total units (one, two, and three bedroom). HUD subsidizes 24 of the units (rent based on income), and 22 Tax Credit units are at affordable rent (below Skagit County fair market rent).

**Wilson Hotel:**

25 studio and one-bedroom Tax Credit units at affordable rent (below Skagit county fair market rent), including 2 ADA units.

**OFFICE USE ONLY – RECEIPT OF APPLICATION**

Date rcvd \_\_\_\_\_ Time \_\_\_\_\_ Name \_\_\_\_\_

# HOUSING AUTHORITY OF THE CITY OF ANACORTES ~ APPLICATION

If you need any assistance with this application please contact our office.

Applying for (check all that apply):


PUBLIC HOUSING: BEDROOM SIZE 1    2    3    4	BAYVIEW:    WILSON HOTEL: 1 Bdrm    1 Bdrm Family (2, 3 Bd)    Studio
--	---

OFFICE USE ONLY	
Date rec'd _____	Time _____
App#: _____	

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Previous Address (if less than 2 years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Call \_\_\_\_\_ Message \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

With this Application you must return:  
 - Photo ID for those 18 years and older  
 - Social Security verification for all household members.  
 - Birth certificates for all household members.

Race and Ethnicity information is used for statistical purposes only.  
 Race: Native American, Pacific Islander, Black, Asian, Alaskan Native, White, or Other  
 Ethnicity: Hispanic, or Non-Hispanic  
 Immigration status: Citizen, resident alien, other



EQUAL HOUSING OPPORTUNITY

List all household members who will live in the household starting with head of household, including unborn children with expected due date.

Last name	First name	M.I.	Sex	Social Security #	Date of Birth	Birthplace State/Country	Relationship to Head of Household	Student Y/N	Race	Ethnicity	Income Source	Gross Monthly Amount
							HEAD					

List additional information such as income or family members on a separate sheet.

Does anyone live with you not listed above? Yes No If yes please list name(s) and explain circumstances \_\_\_\_\_

How did you hear about AHA? (friend, newspaper, etc) \_\_\_\_\_ Have any family members been known by any other name? \_\_\_\_\_

List all states in which any family member has resided \_\_\_\_\_

Are you or any other members of your household disabled? (optional) Yes No If yes, which member(s) and are there any special needs/accommodations? \_\_\_\_\_

*If you (or a family member) have a disability, you may request a reasonable accommodation at any time in the application process or during program participation.*

Are you or any member of your family a student at an Institute of Higher Education? Yes No If yes, who \_\_\_\_\_

Has any household member ever been charged with a crime? Yes No If yes, who, and please explain \_\_\_\_\_

Is any household member subject to a lifetime sex offender registration requirement in any state? Yes No If yes, who \_\_\_\_\_

*Applicants and tenants (regardless of gender) who are victims of domestic violence, dating violence or stalking are protected under Violence Against Women Act.*

Do you have a pet? Yes No If yes, please describe (cat, dog, fish, etc.) \_\_\_\_\_

Are you currently living in subsidized housing? Yes No If yes, where \_\_\_\_\_ Do you currently have a Section 8 voucher? Yes No \_\_\_\_\_

\*Disclosure of gender is optional for Bayview Apartments applications only

The following are types of income and assets that must be reported:

- |   |               |   |
|---|---------------|---|
| Wages, Tips, Bonuses, Commissions, Salary etc. (Gross amount before taxes)  | <u>Income</u> | Assets  |
| TANF, GAUX, General Assistance  |               | Checking account(s)                                 |
| VA Benefits   |               | Savings account(s)                                  |
| Social Security, SSI, SSDI (Amount before deductions/withholdings)  |               | Money market account(s)                             |
| Unemployment  |               | Pension or annuity (NOT receiving income currently) |
| Pension or retirement   |               | Retirement plans i.e., 401(K), IRA, Keogh           |
| Worker's Compensation   |               | Treasury bills, certificate(s) of deposit (CD)      |
| Child Support, Spousal Support  |               | Stocks/Bonds (NOT held in a retirement plan)        |
| Per Capita payments   |               |   |
| Interest income from bank accounts, investments etc.  |               |   |
| Income from real estate   |               |   |
| Contribution from family members or any other income received on a regular basis (this includes regular payments of bills, purchase of products such as diapers, food etc.) |               |   |

BY SIGNING BELOW:

- I/We certify that the information given on this application is accurate and complete to the best of my knowledge and belief.
- I/We understand that false statements or false information are punishable under Federal Law.
- I/We also understand that False Statements or False Information are grounds for termination of housing assistance and termination of tenancy.
- I/We understand that it is my responsibility to provide documentation verifying my circumstances and failure to do so may disqualify my application. I have no objection to any inquiries being made for the purpose of verification and certification of my eligibility for housing assistance.
- I/We understand that it is my responsibility to keep the Anacortes Housing Authority informed of any changes of Address, Phone, Income, or Family composition within 10 days of occurrence in order to keep my application active. Failure to do so may result in the cancellation of my housing application.

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

Signature of Spouse/Other Adult \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date: \_\_\_\_\_

IF WE CANNOT CONTACT YOU AT THE MAILING ADDRESS LISTED ON THIS APPLICATION AND YOU HAVE NOT UPDATED YOUR ADDRESS WITH US, YOU WILL BE REMOVED FROM THE WAITING LIST.

**ANACORTES HOUSING AUTHORITY  
RESIDENTIAL ACCEPTANCE POLICY**

**SCORING:**

Each applicant's screening report shall be reviewed for 2 types of adverse information: **NEGATIVES** and **TERMINALS**.

If **THREE** or more **NEGATIVE** items are found in a report, or  
If **ONE** or more **TERMINAL** items are found in a report, the applicant will be denied admission.

If the application is denied, the applicant will receive a cancellation letter. If the applicant feels the application was denied due to false information or extenuating circumstances (e.g. temporary loss of job; medical reasons, family emergencies, etc.); the applicant may request an appeal. The appeal process will be explained in the cancellation letter.

If applicant appeals the decision of the Housing Authority, proof will be needed at the time of appeal regarding the false information or extenuating circumstances. For example, if the application was cancelled due to money owed to a landlord, yet the applicant can provide proof that an effort has been made to pay off such debts (such as receipts), that will be considered at the time of appeal.

**NEGATIVES:** The following items shall be considered negative items:

- \_\_\_\_\_ Each negative marking of "Poor" on the Housing Authority landlord reference form for either "rent paying habits" or for "housekeeping habits".
- \_\_\_\_\_ Each negative marking for any occupancy issue on the Housing Authority landlord reference form with regards to conduct, violations, condition of unit, money owing, etc.
- \_\_\_\_\_ Each repossession, lien or unpaid civil judgment in the last 7 years.

**TERMINALS:** The following items shall be considered terminal and sufficient to decline application:

- \_\_\_\_\_ Any eviction or Unlawful Detainer action in the last 7 years and/or any current Vacate Notice.
- \_\_\_\_\_ Any prior landlord history with the Anacortes Housing Authority which resulted in collection, lease violations, and/or eviction.
- \_\_\_\_\_ Any OPEN bankruptcy.
- \_\_\_\_\_ Any unpaid money owed to landlord(s), Puget Sound Energy, or Cascade Natural Gas that is undisputed.
- \_\_\_\_\_ Any conviction for the selling of drugs or possession of drugs with intent to sell or any conviction for contributing to the delinquency of a minor.
- \_\_\_\_\_ Any charges and/or conviction for engaging in alcohol or drug-related criminal activity if there is reasonable cause to believe that member's behavior from abuse or pattern of abuse may interfere with the health, safety, and right to peaceful enjoyment by other residents.
- \_\_\_\_\_ Any member(s) evicted in the last three (3) years from federally assisted housing for drug-related criminal activity unless member(s) has completed an approved, supervised drug rehabilitation program or the household member(s) no longer reside with the applicant household.
- \_\_\_\_\_ Any registered or unregistered sex offender.
- \_\_\_\_\_ Any history of disruptive, malicious, violent behavior and/or more than 2 petitions or charges of Domestic Violence AGAINST you (a respondent in civil matters and/or defendant in criminal cases).
- \_\_\_\_\_ A criminal conviction which involves theft, burglary, robbery, serious offense, or a crime of violence as defined in RCW 9A.010.
- \_\_\_\_\_ Any outstanding warrants.
- \_\_\_\_\_ Any false or misleading information provided by the applicant on the written application or omission of a material fact.
- \_\_\_\_\_ Any unverifiable residence history within the last two (2) years. (Public Housing & Wilson Hotel & Bayview Tax Credit Programs only)
- \_\_\_\_\_ Any poor rental history (Bayview Project Base Section 8 program only)

I have read and acknowledge the above Residential Acceptance Policy for the Anacortes Housing Authority.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Other Adult

\_\_\_\_\_  
Date

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719 Q Avenue Anacortes, WA 98221

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**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

The Housing Authority of the City of Anacortes may use this authorization and the information obtained with it to administer and enforce program rules and policies.

**AUTHORIZATION:** I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any Anacortes Housing Authority low-income housing programs:

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

**INFORMATION INQUIRIES MAY BE MADE ABOUT:**

- Child-Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal and Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

- Banks or Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Medical Care Providers
- Schools and Colleges
- US Social Security Administration
- US Department of Veteran Affairs
- *Providers of:* Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Pensions/Annuities, Utility Companies, and Welfare Agencies.

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization I also understand that my housing assistance may be denied or terminated.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT:**

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

Use of the information collected on this form is restricted to the purposes cited on this form. 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.

S/Rental Application/AITA Authorization for the Release of Information

**ANACORTES HOUSING AUTHORITY**  
**RESIDENCE HISTORY**

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

List in order **all** your addresses for the last **2 YEARS**. Start with the present address and leave no gaps. Failure to provide complete residence history will result in cancellation of application.

HAVE YOU EVER BEEN A RESIDENT IN ANY LOW RENT HOUSING PROGRAM?  
YES \_\_\_ NO \_\_\_ If yes, name of program \_\_\_\_\_

Managers Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ From: (month/year) \_\_\_\_\_ To: (month/year) \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord/Mortgage Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Relative: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, relationship: \_\_\_\_\_

Former Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord/Mortgage Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Relative: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, relationship: \_\_\_\_\_

Former Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord/Mortgage Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Relative: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, relationship: \_\_\_\_\_

Former Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord/Mortgage Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Relative: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, relationship: \_\_\_\_\_

ATTACH ADDITIONAL ADDRESSES ON SEPARATE SHEET

STENANT FORMS 2007/RESIDENCE HISTORY 2013

Optional and Supplemental 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.

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

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

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.

## Anacortes Housing Authority Income and Assets

(Each household member 18 years and older must complete a separate questionnaire)  
All questions must be answered.

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

Are you employed or have a verifiable start date within the next 12 months? Yes No

Employment Information (including self employment):

Employer Name and Address	Employer phone	\$ per hour	# hours per week	Hire Date

Are you receiving Social Security (SSA) and/or Supplemental Social Security (SSI) or WA State SSI for yourself or on behalf of any other member of the household? Yes No

Monthly gross income (before any deductions) \$ \_\_\_\_\_

Are you receiving public assistance (TANF, GAU, FIP, ADATSA)? Yes No

Monthly gross income \$ \_\_\_\_\_

Do you currently receive unemployment, Labor & Industries, or disability benefits? Yes No

Monthly gross income \$ \_\_\_\_\_

Are you a member of the Armed Forces (Active, National Guard or Reserves)? Yes No

Monthly gross income \$ \_\_\_\_\_

Are you receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits)? Yes No

Monthly gross income \$ \_\_\_\_\_

Are you receiving money regularly from your family, church, friends, or any other form of regular/periodic income (such as rent and utility payments)? Yes No

Monthly gross income \$ \_\_\_\_\_

If you are a student, do you receive financial aid? Yes No

Total amount of Aid received \$ \_\_\_\_\_

Do you receive child support? Yes No

Monthly amount received \$ \_\_\_\_\_

Do you have any bank accounts? Yes No

Bank Name	Type of Account	Account #	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	



Do you have any money market account(s)? Yes No  
Current value of account(s) \$ \_\_\_\_\_  
Annual interest earned \$ \_\_\_\_\_

Do you own any treasury bills, certificate(s) of deposit (CD), or stocks/bonds (NOT held in a retirement plan)? Yes No  
Current value of account(s) \$ \_\_\_\_\_  
Annual income \$ \_\_\_\_\_

Do you receive money from a trust fund? Yes No  
Current value of account(s) \$ \_\_\_\_\_  
Monthly income \$ \_\_\_\_\_  
Is the trust fund revocable or non-revocable? \_\_\_\_\_

Do you have a 401 (k)/IRA/Keogh? Yes No  
Annual interest earned \$ \_\_\_\_\_  
Current value \$ \_\_\_\_\_

Do you have a pension or annuity asset? (NOT receiving income currently) Yes No  
Current value \$ \_\_\_\_\_

Do you have net income from rental property (attach signed tax return with Schedule E)? Yes No  
Current value of real estate \$ \_\_\_\_\_  
Monthly net income \$ \_\_\_\_\_

Do you own OR are you in the process of selling any real estate or do you hold a contract for real estate sold? Yes No  
Current value (or current contract amount) \$ \_\_\_\_\_  
Annual interest earned \$ \_\_\_\_\_

Do you own personal property held strictly as investment assets (art, coins, etc)? Yes No  
Current value \$ \_\_\_\_\_

Have you disposed of assets within the last two years for less than fair-market value? Yes No  
\$ \_\_\_\_\_

Do you have income from assets or sources other than those listed above? Yes No  
If yes, explain: \_\_\_\_\_  
Annual income \$ \_\_\_\_\_

Do you pay any child care expenses? Yes No  
If yes, how much per month: \$ \_\_\_\_\_

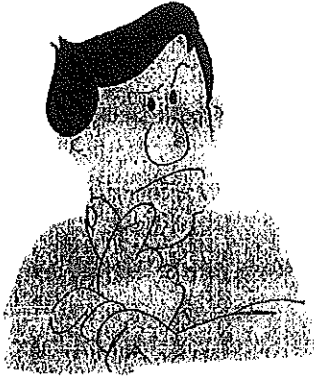
If you are elderly or disabled, do you pay out of pocket medical expenses? Yes No

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my application or tenancy, and/or prosecution.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Print Applicant/Resident Name

\_\_\_\_\_  
Date



# APPLYING FOR HUD HOUSING ASSISTANCE?

Initial: \_\_\_\_\_

## THINK ABOUT THIS... IS FRAUD WORTH IT?

### Do You Realize...

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

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

### Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

### So Be Careful!

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

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

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

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

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

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

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

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

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

### Ask Questions

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

### Watch Out for Housing Assistance Scams!

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

### Report Fraud

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



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

**DECLARATION OF IMMIGRATION STATUS**

Completion of this form is a requirement of your application for assistance. The Housing Authority of the City of Anacortes must be informed about the status of each member of your household. Verification Consent: Evidence of eligible immigration status may be released by the Housing Authority of the City of Anacortes to (1) HUD as required by HUD, and (2) Immigration and Naturalizations service (INS) for purposes of verification of immigration status. HUD may release evidence of eligible status only to INS for purposes of establishing eligibility for financial assistance.

**INSTRUCTIONS:**

**ADULT HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER COMPLETE THIS FORM, FOR CHILDREN LESS THAN 18 YEARS OF AGE CHECK THE BOX.**

Under penalty of perjury, I declare that \_\_\_\_\_  
HEAD OF HOUSEHOLD

- I am a citizen of the United States, or
- I am a non-citizen with eligible status and understand that I must provide documentation of my eligible status.
- I cannot certify that I am a citizen, or non-citizen with eligible status.

\_\_\_\_\_  
SIGNATURE DATE

Under penalty of perjury, I declare that \_\_\_\_\_  
( ) OTHER ADULT OR ( ) CHILD NAME

- I am a citizen of the United States, or
- I am a non-citizen with eligible status and understand that I must provide documentation of my eligible status.
- I cannot certify that I am a citizen, or non-citizen with eligible status.

\_\_\_\_\_  
ADULT OR HEAD OF HOUSEHOLD SIGNATURE IF MINOR DATE

Under penalty of perjury, I declare that \_\_\_\_\_  
( ) OTHER ADULT OR ( ) CHILD NAME

- I am a citizen of the United States, or
- I am a non-citizen with eligible status and understand that I must provide documentation of my eligible status.
- I cannot certify that I am a citizen, or non-citizen with eligible status.

\_\_\_\_\_  
ADULT OR HEAD OF HOUSEHOLD SIGNATURE IF MINOR DATE

**(OTHER SIDE FOR ADDITIONAL HOUSEHOLD MEMBERS)**



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

# EIV & You



**ENTERPRISE INCOME VERIFICATION**

Developed by the U.S. Department of Housing and Urban Development  
Office of Multifamily Housing Programs

### What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure the right benefits go to the right persons.



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

- The Social Security Administration:
- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

- The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):
- Wages
- Unemployment compensation
- New Hire (W-4)

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

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

**Name:** \_\_\_\_\_  
correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

### Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

### Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

### What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

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

### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SSI) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - Child support
  - AFDC payments
  - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent is Determined" which includes a listing of what is included or excluded from income.



### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

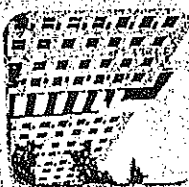
### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft, someone could be using your social security number. If this is discovered, you must notify the Social Security Administrator by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration Website at: <http://www.ssa.gov/pubs/10064.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in, and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/office/shsgfr/hv/hrip/ev/home.cfm](http://www.hud.gov/office/shsgfr/hv/hrip/ev/home.cfm)



JULY 2009



**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.

<p><b>This Notice was provided by the below-listed PHA:</b>                  Anacortes Housing Authority                  719 Q Avenue                  Anacortes, WA 98221                   Phone: 360.293.7831                  FAX: 360.293.8998</p>	<p>I hereby acknowledge that the PHA provided me with the <b>Debts Owed to PHAs &amp; Termination Notice:</b></p>			
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