

**Eastman Housing Authority**  
**APPLICATION INFORMATION & NEED LIST**

Eastman Housing Authority is 100% Smoke-Free Housing.  
Smoking is completely prohibited.

You must provide the Housing Authority with the following information to enable the Authority to determine your need for housing and the appropriate size unit for you and/or your family.

**The following items must be brought to the office with the completed application:**

1. Certified birth certificates for **ALL** family members.
2. Social Security cards for **ALL** family members.
3. State Issued Picture ID card or Driver's License for **ALL ADULT** family members over the age of 18.
4. Proof of income and verification of family assets of **ALL** family members, i.e. wages, Social Security, SSI, TANF, Food Stamps, etc...
5. If your name is different than the name on your birth certificate, you must provide legal documents for proof of the name change, i.e. marriage license, court ordered adoption papers, etc...

**\*\*\* No applications will be received without the required information!\*\*\***

1. Once you have filled out the application and returned to the Eastman Housing Authority all information you provided in your application is verified by 3<sup>rd</sup> party for previous landlords, public assistance agencies, employers, creditors, etc.
2. After information has been verified, a determination is made as to eligibility. An applicant who is determined to be eligible will be added to the waiting list and notified by mail.
3. Applicants who are determined to be ineligible will be notified by mail. Applicants may re-apply for housing after a period of **1 year** from the date of the letter, unless otherwise stated in the rejection letter.

**The Fair Housing Act, as amended in 1988, prohibits housing discrimination.**

It is the policy of the Eastman Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Eastman Housing Authority's programs.

Persons with disabilities who require a reasonable accommodation in completing an application may call the Eastman Housing Authority to make special arrangements. A Telecommunication Device for the Deaf (TDD) is available for the deaf. The TDD telephone number is 800-255-0056.

**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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

**WARNING!** THE OFFICIAL CODE OF GEORGIA, SECTION 16-9-55, AS AMENDED, STATES THAT A PERSON IS GUILTY OF A MISDEMEANOR FOR FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN PUBLIC HOUSING OR REDUCTION IN PUBLIC RENT.

**HOUSING AUTHORITY OF THE CITY OF EASTMAN, GEORGIA**

Post Office Box 100  
824 Griffin Avenue, SW  
Eastman, GA 31023  
**Telephone: 478/374-5414**  
**TDD: 800/255-0056**  
**Spanish Relay: 888/202-3972**



# Eastman Housing Authority

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***Please read the following information carefully before completing the application form:***

- Incomplete applications will not be processed. All requested documentation must be provided.
- The application must be completed using ***black*** or ***blue*** ink.
- Persons with disabilities or persons limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Answer all questions on the application form. ***Do not leave any questions blank***. If a question does not apply to you such as “*What is your telephone number*” and you do not have a telephone, write “**none**”.
- Where indicated on this form list members, the questions apply to all members of the family which is applying for housing.
- Be advised that the EHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides. Not be subject to lifetime sex offender registration.
- Furnish Child Support document or visit (<https://services.georgia.gov/dhr/cspp/do/Logon>); DFACS award letter via (<https://compass.ga.gov>), 4 payroll pay stubs, and Social Security Administration Award Letter or 3rd party verification documentation.

**In order to qualify for Public Housing an applicant must:**

- Be a family as defined by HUD. A copy of the definition is available at the housing agency offices.
- Meet the HUD requirements on citizenship or immigration status.
- Meet the HUD income guidelines at the time of admission. Income must not exceed the limits established by HUD for Dodge County, as shown below:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$26,000	\$29,700	\$33,400	\$37,100	\$40,100	\$43,050	\$46,050	\$49,000

- Pay any money owed to the EHA or any other housing authority or Section 8.
- Sign authorization forms so that the EHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity
- Qualify under the EHA screening criteria.

**Information to Prospective Applicants:** Eastman Housing Authority staff will review and process your application. If you qualify a notice of eligibility will be generated and mailed to you and you will be placed on the waiting list based upon preferences listed by and certified by you, and the date/time your application was received by the Eastman Housing Authority. We will contact the first family on



## Eastman Housing Authority

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the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

If in making the offer to the family the Eastman Housing Authority skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the Eastman Housing Authority did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause, the family will forfeit their application's date and time. The family will keep their preferences, but the date and time of application will be changed to the date and time the unit was rejected.

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause includes, among other things, reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal review of the decision to alter their application status.

### **Instructions for turning in your Application:**

**Please call for an appointment once you have completed your application and you have all required documents. A short interview will be conducted at the time of your appointment to ensure the proper documentation is submitted to process your application for eligibility for the rental assistance with the Eastman Housing Authority.**

*Please call **Leigh Ann Greene @ 478-374-5414 ext. 3** to schedule your appt. time.*

**We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex, national origin, religion, disability or familial status (having children under age of 18).**

\_\_\_\_\_  
Applicant  
Initial Here





November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application 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	<p>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:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
Assets	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- 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.

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**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 the 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.

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**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 increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**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; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**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 complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



## HOUSING AUTHORITY OF THE CITY OF EASTMAN

### NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

#### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Eastman Housing Authority (Authority) complies with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

#### **Protections for Applicants**

If you otherwise qualify for assistance under the Authority's Housing Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### **Protections for Tenants**

If you are receiving assistance under the Authority's Housing Program you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Authority's Housing Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control), or any individual, tenant, or lawful occupant living in your household.

## Removing the Abuser or Perpetrator from the Household

The Authority may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the Authority chooses to remove the abuser or perpetrator, the Authority may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the Authority must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, the Authority may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

## Moving to Another Unit

Upon your request, the Authority may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the Authority may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below; and
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request; and
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means

you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

or

**(4) You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The Authority will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The Authority's emergency transfer plan provides further information on emergency transfers.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

The Authority can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the Authority must be in writing, and must give you at least 14 business days (Saturdays, Sundays, and Federal holidays not included) from the day you receive the request to provide the documentation. The Authority may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the Authority as documentation. It is your choice which of the following to submit if asked to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form included with this notice, which documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.



- A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the Authority has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the Authority does not have to provide you with the protections contained in this notice.

If the Authority receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the Authority has the right to request that you provide third-party documentation within 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the Authority does not have to provide you with the protections contained in this notice.

## **Confidentiality**

Any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA must be kept confidential by the Authority.

The Authority must not allow any individual administering assistance or other services on behalf of the Authority (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The Authority must not enter your information into any shared database or disclose your information to any other entity or individual. However, the Authority may disclose the information provided if:

- You give written permission to release the information on a time limited basis.
- The Authority needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the Authority or your landlord to release the information.

VAWA does not limit the Authority's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the Authority cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the Authority can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If the above can be demonstrated, the Authority should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

## **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD office located in Atlanta, Georgia.

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**Housing Authority of the City of Eastman, Georgia**  
**REASONABLE ACCOMMODATION POLICY AND PROCEDURES**

**Adopted Board Action January 15, 2013**

**POLICY STATEMENT**

The Eastman Housing Authority (EHA) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of EHA's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to an EHA policy, EHA will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the EHA will make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a modification, alteration or adaption in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

EHA will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Office located at 824 Griffin Ave, Eastman, Georgia. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the EHA's Management.

**LEGAL AUTHORITY**

The EHA is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. See Section 504 of the Rehabilitation Act of 1973 (Section 504); Title II of the Americans with Disabilities Act of 1990 (ADA); the Fair Housing Act of 1968, as amended (Fair Housing Act); the Architectural Barriers Act of 1968, and the respective implementing regulations for each Act.

**MONITORING AND ENFORCEMENT**

The Executive Director of the EHA is responsible for monitoring EHA's compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact EHA in writing, by telephone, or by appointment, as follows:

**EHA Executive Director, Michelle Butler**  
**824 Griffin Ave., SW, P.O. Box 100**  
**Eastman, Georgia 31023**  
**Telephone Number: 478-374-5414**  
**TDD/TTY Number: 800-255-0056**  
**Facsimile Number: 478-374-0505**

**STAFF TRAINING**

The Executive Director will ensure that all appropriate EHA staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

**REASONABLE ACCOMMODATION**

A person with a disability may request a reasonable accommodation at any time during the application process residency in public housing. The individual, EHA staff or any person identified by the individual, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable

accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

### **APPLICATION OF REASONABLE ACCOMMODATION POLICY**

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the EHA:

- a. application of public housing;
- b. residents of public housing developments; and
- c. participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the EHA, its agents or contractors including all non-housing facilities and common areas owned or operated by the EHA.

### **PERSON WITH A DISABILITY**

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- a. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor-urinary; anemic and lymphatic; skin; and endocrine; or
- b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

The definition of disability does not include any individual who is an alcoholic or current drug abuser, whose current use of alcohol or drugs prevents the individual from participating in the public housing program or activities; or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

### **EXAMPLES OF REASONABLE ACCOMMODATIONS**

Examples of reasonable accommodations may include, but are not limited to:

- a. Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- b. Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- c. Allowing a live-in aid to reside in an appropriately sized EHA unit;
- d. Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- e. Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- f. Making documents available in large type, computer disc or Braille;
- g. Providing qualified sign language interpreters for applicant or resident meetings with EHA staff; or at resident meetings;
- h. Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- i. Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;

### **PROCESSING OF REASONABLE ACCOMMODATION REQUESTS**

The EHA will provide the “Request for Reasonable Accommodation”, (“Request Form”), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the EHA will ensure that all reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the EHA will assist the individual in completing the Request Form.

- a. The EHA will provide all applicants with the Request Form as an attachment to the EHA application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- b. Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats upon request. EHA will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- c. EHA will provide all residents with the Request form during the annual re-certification and upon request. The EHA will provide the Request Form in an alternate form, upon request.
- d. Residents seeking accommodation(s) may contact the housing specialist office, including office of private management companies acting on behalf of the EHA, within their housing development or the regional management office. In addition, residents may also contact the Executive Director office of the EHA directly to request the accommodation(s).
- e. Within seven (7) business days of receipt, the housing specialist office, supervisor or management official will respond to the Resident’s Request.
- f. Within twenty (20) business days of receipt, the Office of the Executive Director of the EHA, or the resident’s regional or management office will respond to the Resident’s Request.
- g. If additional information or documentation is required, the Office of the Executive Director of the EHA will notify the resident, in writing, of the need for the additional information or documentation. The Office of the Executive Director of the EHA will provide the resident with the “Request for Information or Verification Form” [“Request for Information”], a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- h. Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, EHA will provide written notification to the resident of its decision to approve or deny the residents request(s). Upon request, the written notification will be provided in alternate format. A copy of the “Letter Denying Request for Reasonable Accommodation(s) and “Letter Approving Request for Reasonable Accommodation(s)” are attached.
- i. If EHA approves the accommodation request(s), the resident will be notified of the projected date for implementation.
- j. If the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding EHA’s HUD-approved Grievance Procedures.
- k. All recommendations that have been approved by the Office of the Executive Director of the EHA will be forwarded to the appropriate housing managers for implementation. All requests for reasonable accommodation that are approved by the regional housing manager will promptly be implemented or begin the process of implementation.

## **VERIFICATION OF REASONABLE ACCOMMODATION REQUEST**

EHA may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, EHA may request that the individual provide suggested reasonable accommodations.

The EHA may verify a person’s disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the EHA may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the EHA may not require specific details regarding the individual’s disability. The EHA may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The EHA may not require the individual to disclose the specific disability (ies); or the nature or extent of the individual’s disability (ies).



The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- a. Physician;
- b. Licensed health professional;
- c. Professional representing a social service agency; or
- d. Disability agency or clinic.

Upon receipt, the resident's Housing Specialist, including private management companies operating on behalf of EHA, will forward the recommendation, including all supporting documentation, to the EHA's Executive Director within seven (7) days of receipt.

#### **DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)**

- a. Requested accommodations will not be approved if one of the following would occur as a result:
- b. A violation of State and/or federal law;
- c. A fundamental alteration in the nature of the EHA public housing program;
- d. An undue financial and administrative burden on EHA;
- e. A structurally infeasible alternation; or
- f. An alteration requiring the removal or alteration of a load-bearing structural member.

#### **TRANSFER AS REASONABLE ACCOMMODATION**

EHA shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural EHA changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant comparable, appropriately sized UFAS-compliant unit in that resident's project or an adjacent project, EHA may offer to transfer the resident to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications.

If the resident accepts the transfer, EHA will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, EHA shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of EHA's Tenant and Assignment Plan and any resident's rights there under.

#### **SERVICE OR ASSISTANCE ANIMALS**

Residents of EHA with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. EHA residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirement of EHA's Pet Policy.

#### **RIGHT TO APPEAL/GRIEVANCE PROCESS**

The public housing resident may file a complaint in accordance with EHA's HUD-FHEO approved Grievance Procedure following a formal determination by the EHA's Executive Director.

A public housing applicant may request an informal hearing or meeting to request consideration.

A resident may, exercise their right to appeal an EHA decision through the local HUD Office of the U.S. Department of Justice. Individuals may contact the local HUD office.

**Housing Authority of the City of Eastman, Georgia**  
*P.O. Drawer 100*  
*824 Griffin Avenue, SW*  
*Eastman, Georgia 31023*

Michelle Butler  
Executive Director

Telephone: 478-374-5414  
Fax: 478-374-0505  
TDD: 800-255-0056

**EASTMAN HOUSING AUTHORITY**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

**RE: HOUSEHOLD MEMBER WITH DISABILITY:** \_\_\_\_\_

I hereby authorize the release of information to the Public Housing Authority regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described below.

I hereby authorize \_\_\_\_\_ [*insert name of health care provider or other appropriate documenting authority*] to consult with representatives of the Eastman Housing Authority in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as an individual with a disability for the sole purpose of this reasonable accommodation request.

For purposes of this Release, a "Qualified Individual with a Disability" is defined as a person who has a physical or mental impairment that:

1. Substantially limits one or more major life activities.
2. Has a record of such an impairment
3. Is regarded as having an impairment

"A physical or Mental Impairment" is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs: or
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

The term "Physical or Mental Impairment" includes, but is limited to, such diseases and conditions as visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

"Major Life Activities" include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

"Has a Record of 'Such an Impairment (mental or physical)" means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.

"Is Regarded as Having an Impairment" means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, but is treated by a recipient as constituting such a limitation.
2. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitude of others toward the impairment.



3. Has none of the impairments defined by Section 504's definition of "physical or mental impairment, but is treated by a recipient as having such an impairment.

In addition, I authorize \_\_\_\_\_ [*insert name of health care provider or other appropriate documenting authority*] to provide only documentation that is necessary to verify that I meet the definition of a "Qualified Individual with a Disability", as defined above.

This Authorization solely authorizes the release of information necessary to verify the following:

1. Documentation necessary to verify that the person meets the definitions noticed above;
2. A description of the needed accommodation; and,
3. A description of the identifiable relationship between my disability and the requested accommodation(s).

This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does not authorize the Eastman Housing Authority to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability.

The information/documentation released as a result of this Authorization shall be kept confidential and not shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

\_\_\_\_\_  
Name of Family Member/Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Date

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Name of Health Care Provider/Documenting Authority:  
\_\_\_\_\_

Address of Health Care Provider/Documenting Authority:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Health Care Provider/Documenting Authority: \_\_\_\_\_

Facsimile Number of Health Care Provider/Documenting Authority: \_\_\_\_\_



# Housing Authority of the City of Eastman, Georgia

*P.O. Drawer 100*

*824 Griffin Avenue, SW, Eastman, Georgia 31023*

Telephone: 478-374-5414

Fax: 478-374-0505

TDD: 800-255-0056

Spanish Relay: 888-202-3972

## EASTMAN HOUSING AUTHORITY REQUEST FOR REASONABLE ACCOMMODATION

You may utilize this form to request that the Eastman Housing Authority (EHA) provide a reasonable accommodation to you or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the EHA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to Housing Specialist office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your Housing Specialist at the Administrative Office or the EHA's Executive Director.

Date: \_\_\_\_\_ Name of Applicant/Resident/Participant \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Telephone Number \_\_\_\_\_

1. I am requesting the following reasonable accommodation(s):

\_\_\_\_\_

2. I am requesting the reasonable accommodation(s) on behalf of: (name)

\_\_\_\_\_

3. My reason(s) for requesting this reasonable accommodation:

\_\_\_\_\_

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The Eastman Housing Authority will work with you to determine how to fulfill your reasonable accommodation request. The Eastman Housing Authority may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

\_\_\_\_\_ I wish to have modifications made to my current unit only.

\_\_\_\_\_ I would consider moving to a unit that is currently modified, but only within my current development.

\_\_\_\_\_ I would consider moving to a unit that is currently modified, even in another development.

\_\_\_\_\_  
Signature of Applicant/Resident/Participant

\_\_\_\_\_  
Date

=====  
**EHA Office use only:**

Date and Signature of staff receiving form:

\_\_\_\_\_  
Staff Signature and Title

\_\_\_\_\_  
Date

**Housing Authority of the  
City Of Eastman, Georgia**

824 Griffin Avenue, SW  
Post Office Box 100  
Eastman, Georgia 31023

1

Telephone: 478-374-5414 TDD: 800-255-0056 Spanish Relay: 888-202-3972 Fax: 478-374-0505

**PUBLIC HOUSING APPLICATION**

**We are an equal Housing opportunity provider.**

**We do not discriminate on the basis of race, color, sex, National origin, religion, disability or familial status (having children under age 18).**

Please Note: No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.

**ALL INFORMATION MUST BE PRINTED CLEARLY IN INK** – If we cannot read your application we may not be able to process it.

Applicants with disabilities please indicated if you require a reasonable accommodation(s) during the application process. ( ) Yes ( ) No If yes, applicants name(s) \_\_\_\_\_

What are the requirements? \_\_\_\_\_

1. Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Message Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status ( ) Single ( ) Married ( ) Widowed ( ) Legally Separated ( ) Divorced

**\*Race of Head of Household:** Check the appropriate race.

- White  Black/African American  Native Hawaiian/Other Pacific Islander  
 Asian  American Indian/Alaskan  Other: \_\_\_\_\_

**Ethnicity of Head of Household:** Check the appropriate ethnicity.

- Hispanic or Latino  Not Hispanic or Latino

**\*(This information is required by HUD)**



2. List name, sex, social security number, and dates of birth, relationship and age for all persons in your household. The first person listed should be "HEAD OF HOUSEHOLD":

Full Name	Sex	Social Security #	Date of Birth	Age	Relationship	Disabled Yes/No
1.					<b>HEAD of Household</b>	
2.						
3.						
4.						
5.						
6.						
7.						

### **INCOME VERIFICATION**

Please answer each of the following questions. For each "Yes" response, please provide details.

1. Is any member of your household currently employed full time, part time or seasonal?  
 Yes    No   If Yes, please list each family member employed:

A. Name of Family Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

B. Name of Family Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Does any member of your household receive unemployment? (**Bring Unemployment Insurance Benefit Determination Letter**)

Pending    Yes    No   If yes, how much \$ \_\_\_\_\_ per \_\_\_\_\_.

3. Does any member of your household receive child support? (**Bring Child Support Enforcement Documentation**)

Yes    No   If yes how much \$ \_\_\_\_\_ per \_\_\_\_\_.



- 4. Is any member of your household entitled to but not now receiving child support?  
 Yes    No   If yes, please list family member: \_\_\_\_\_.
- 5. Does any member of your family receive alimony payments?  
 Yes    No   If yes, how much \$\_\_\_\_\_ per \_\_\_\_\_.
- 6. Does any member of your household receive welfare assistance? (**TANF** and/or **Food Stamps**)  
**(Bring DFCS Benefit Documentation)**  
**TANF**  Pending    Yes    No   If yes, how much \$\_\_\_\_\_ per \_\_\_\_\_.  
**Food Stamps**  Pending    Yes    No   If yes, how much \$\_\_\_\_\_ per \_\_\_\_\_.
- 7. Does any member of your household receive Social Security (SS) and/or Supplemental Security Income (SSI)? (**Bring Social Security Benefit Documentation**)  
 Pending    Yes    No  
 If yes, Social Security \$\_\_\_\_\_ per \_\_\_\_\_  
 Supplemental Security Income \$\_\_\_\_\_ per \_\_\_\_\_
- 8. Does anyone in your household have disabilities which would require a unit with accessible features to fully utilize our programs and services?  
 Yes    No   If yes, household member names \_\_\_\_\_
- 9. Does anyone in your household have disabilities which would require any type of special accommodations to fully utilize our programs and services?  
 Yes    No   If yes, household member names \_\_\_\_\_  
 What are their requirements? \_\_\_\_\_
- 10. Does any member of your household receive income from a pension or annuity?  
**(Bring Pension or Annuity Documentation)**  
 Yes    No   If yes, how much \$\_\_\_\_\_ per \_\_\_\_\_.
- 11. Does any member of your household receive regular or irregular cash payments from family, friends or any agency to help with monthly expenses?  
 Yes    No   If yes, how much \$\_\_\_\_\_ per \_\_\_\_\_ Relationship \_\_\_\_\_.
- 12. Does any member of your household receive income from assets, including interest from checking or savings accounts, certificates of deposit, stocks, bonds, or rental property?  
 Yes    No   If yes, how much \$\_\_\_\_\_ per \_\_\_\_\_.
- 13. Is any member of your household who is 18 years of age or older receiving financial aid?  
 Yes    No   If yes, how much \$\_\_\_\_\_ per \_\_\_\_\_.
- 14. Is any member of your household in a training program or receiving work-study?  
 Yes    No   If yes, name of family member \_\_\_\_\_.
- 15. Does any member of your household receive ANY other income not listed above?  
 Yes    No   If yes, please explain: \_\_\_\_\_
- 16. If the above questions do not adequately address your current situation, please explain: \_\_\_\_\_



**ASSET INFORMATION**

17. Do you own a home or real estate? ( ) Yes ( ) No. If yes, please explain and specify the value of the property: \_\_\_\_\_
18. Have you sold or given away real estate property or other assets in the past two years? ( ) Yes ( ) No. If yes please explain: \_\_\_\_\_
19. Do you have stocks, bonds, trusts, CD's, etc., for which you receive income? ( ) Yes ( ) No. If yes list value: \_\_\_\_\_
20. List ALL checking and savings accounts held by family members in your household. Include IRAs certificates or Deposit, deferred compensation accounts, etc.

**YOU MUST PROVIDE A COPY OF ALL CURRENT BANK STATEMENT (S)**

Name on Account	Name of Bank	Type of Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INFORMATION ABOUT HOUSEHOLD EXPENSES**

21. Does any family member have expenses for child care of a child age 12 or younger? ( ) Yes ( ) No. If yes please complete the following:

Child's Name	Care Provider	Care Provider Address	Phone Number	Monthly Amount

Is any portion of these childcare expenses reimbursed from an outside agency or person? ( ) Yes ( ) No  
If yes, how much is reimbursed per month? \$ \_\_\_\_\_

22. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities)

( ) Yes ( ) No. If yes please complete the following:

Care Attendant Name	Address	Phone Number	Monthly Amount

23. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) ( ) Yes ( ) No.

If yes, what is the anticipated monthly cost? \$ \_\_\_\_\_





**MEDICAL EXPENSES**

(These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

24. Do you or any member of the family pay for any of the following items?

Medical Insurance Premiums	( ) Yes ( ) No	Monthly Amount \$ _____
Long Term Care Insurance	( ) Yes ( ) No	Monthly Amount \$ _____
Out of Pocket Prescription	( ) Yes ( ) No	Monthly Amount \$ _____
Medical Bills out-of-pocket	( ) Yes ( ) No	Monthly Amount \$ _____
Other anticipated Medical expenses	( ) Yes ( ) No	Monthly Amount \$ _____

Pharmacist's statement itemizing the medication and cost or receipts for medicine should be submitted with the application. Bring your Medicare and Insurance statements with you.

**RENTAL HISTORY/REFERENCES**

**The Housing Authority will perform a credit check on all applicants.**

**25. PRESENT LANDLORD:**

(If you are currently living with family, please list the last two previous landlords).

Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Rental: To: \_\_\_\_\_ From: \_\_\_\_\_

**PREVIOUS LANDLORD:**

Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Rental: To: \_\_\_\_\_ From: \_\_\_\_\_

26. A. Have you or anyone listed on this application been evicted from a rental or left unpaid rent?

( ) Yes ( ) No If yes, state reason: \_\_\_\_\_

\_\_\_\_\_

B. Has anyone in your home ever had Section 8 or Public Housing assistance anytime in the past?

( ) Yes ( ) No. If yes, please explain whom, when, and where: \_\_\_\_\_

\_\_\_\_\_



27. List three businesses with which you have or had an account in your name, such as utility companies, furniture companies, loan companies, etc.

1. **Company:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

2. **Company:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

3. **Company:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

28. Emergency contact person(s):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

29. Please list two character references (we may have to get character references in writing) **DO NOT USE FAMILY OR FRIENDS:**

1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

**CRIMINAL ACTIVITIES**

30. Have you or anyone in your household 18 years of age or older ever been arrested **and/or** convicted of a crime?

( ) NO ( ) YES If yes, explain, including the name of the person convicted:

\_\_\_\_\_

\_\_\_\_\_



**Certification of the Applicant:** I/We, the applicant(s) named above, certify under penalty of perjury that the information given to the Housing Authority of the City of Eastman, Georgia regarding household composition, family characteristics is accurate and complete to the best of my/our knowledge. Further, I/we understand that false statements or information provided within are punishable by local, state and federal law.

In addition, I/we understand that this is not an entitlement program and the program participation is contingent upon compliance with the rules and regulations of the Public Housing Program and Recertifications process once assisted.

Finally, I/we understand that it is my/our responsibility to notify the Housing Authority of the City of Eastman, Georgia in writing if and when any information contained in this application changes, including any change of address, and that my/our family failure to do so will result in my/our application being cancelled.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or "Co-Applicant"

\_\_\_\_\_  
Date

**The Housing Authority of the City of Eastman, Georgia does not discriminate on the basis of age, race, color, sex, religion, national origin, familial status or disability, in compliance with the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.**



## EASTMAN HOUSING AUTHORITY PREFERENCES

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### ADMISSIONS AND CONTINUED OCCUPANCY POLICY (ACOP)

#### Section 10.0 Tenant Selection and Assignment Plan

#### 10.0 TENANT SELECTION AND ASSIGNMENT PLAN

##### 10.1 PREFERENCES

The Eastman Housing Authority will select families based on the following preferences within each bedroom size category based on our local needs and priorities:

- A. First Priority: A family whose head of household or spouse, is legally employed by an employer in a full time capacity. This preference is also extending equally to all elderly families and all families whose head or spouses receiving income based on their inability to work, disabled families or displaced families.
- B. Second Priority: A family whose head of household or spouse is legally employed by an employer in a part-time capacity.
- C. Third Priority: All other applicants

**First Priority Working Preferences:** Head of household or spouse is employed in a full-time capacity. The head of household must work for wages, commissions or other consideration of value and have been so gainfully employed after the date of application. The applicant must also demonstrate full time employment for at least nine months immediately prior to the date of placement. It must be apparent that the full term employment is of a continuous nature, and the head of household must anticipate such continuous employment after the date of placement. Head of Household with an adult member enrolled in an employment training program, currently working twenty (20) hours a week, or attending school on a full-time basis. This preference is also extending equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work, disabled families or displaced families. The head and spouse, or sole member is a person age 62 or older, or is a person with disabilities will qualify for working preference [24CFR 960.206(b) (2)]; or **20 Points.**

**Second Priority Working Part Time or Less Than 9 Months Preference:** Head of household or spouse working in a part time capacity and families who qualify in all other respects for the First Priority except has been working less than 9 months. **15 Points**

**Part-time Employment:** Any head of household legally employed by an employer in a part-time capacity. The head of household must work for wages, commissions or other consideration of value and have been so gainfully employed for at least nine months prior to the date of placement. It must be apparent that the part-time employment is of a continuous, as opposed to a temporary nature, and the head of household must anticipate such continuous employment after the date of placement. Self-employed individuals would qualify for this Local Preference if the head of the household was able to demonstrate 9 months of part-time self-employment, of not less than twenty (20) hours per week, immediately prior to the date of placement; or

**Approved Job Training Program:** Any head of household who is participating in, or enrolled for participation in a training, education or employment program funded by HUD, JTPA, (PIC), JOBS/PEACH (DFACS), or any other Federal, State or local organization, provided that the program's primary purpose is to prepare low and very low-income individuals for economic independence or family self-sufficiency. Such participation must be for a minimum of twenty



## EASTMAN HOUSING AUTHORITY PREFERENCES

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(20) hours per week, and must be verified in writing by the training, education, or employment provider.

**Third Preference:** All other applicants. **5 Points**

Working family Verification: This preference may be verified by submission of:

- a. Executed third party Employment Verification Form;
- b. Salary or Pay Stubs for the relevant time period;
- c. State Wage Information Collection Agency documentation;
- d. Letter from employer on company stationery mailed or delivered to the Housing Authority directly by the employer.
- e. Written verification of participation in an eligible training, education or employment program.

Based on the above preferences, all families in First Preference (A) will be offered housing before any families in Second Preference (B), and Second Preference (B) families will be offered housing before any families in Third Preference (C).

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are displaced will be offered housing before other single persons.

**Buildings Designed for the Elderly and Disabled (Mixed Population Developments):**

Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**Accessible Units:** Accessible units will be first offered to families who are on the Housing Authority transfer list that may benefit from the accessible features. If there are no families in any development needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above.

If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, will be requested to sign a lease rider stating they will accept a transfer (at the Housing Authority's expense) if, at a future time, a family requiring an accessible feature applies or a family requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30-day notice.



EASTMAN HOUSING AUTHORITY  
PUBLIC HOUSING APPLICATION

**PREFERENCE INDICATOR FORM**

Full legal name of head of household: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

The Eastman HA has adopted the following preferences for ranking applicants to prioritize selection for assistance. Eastman HA will select families from the appropriate bedroom size, then preference points, and finally date and time of application. Please mark clearly, the preferences you are eligible for, by placing and **X** to the left of the preference, and initial. Please insert the # of points you are eligible for on the right. Please see Eastman HA Preferences in the front information sheet of the application for further in-depth explanation of the EHA's Preferences as referenced in the ACOP Section 10.1.

Eligible (place a X and initial)	PREFERENCES	PHA Points
	<b>First Priority Working Preferences:</b> Head of household or spouse is employed in a full-time capacity. The head of household must work for wages, commissions or other consideration of value and have been so gainfully employed after the date of application. The applicant must also demonstrate full time employment for at least nine months immediately prior to the date of placement. It must be apparent that the full term employment is of a continuous nature, and the head of household must anticipate such continuous employment after the date of placement. Head of Household with an adult member enrolled in an employment training program, currently working twenty (20) hours a week, or attending school on a full-time basis. This preference is also extending equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work, disabled families or displaced families.	20 Points
	<b>Second Priority Working Part Time or Less Than 9 Months Preference:</b> Head of household or spouse working in a part time capacity and families who qualify in all other respects for the First Priority except has been working less than 9 months.	15 Points
	<b>Third Preference:</b> All other applicants	5 Points
<b>TOTAL POINTS</b>		

**Certification of the Applicant:** I hereby certify that all of the information I have provided on this form is true and complete and that I understand the various preferences. I understand the importance of providing accurate information and if my circumstances change, I understand that I must report these changes to Eastman Housing Authority.

**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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co head

\_\_\_\_\_  
Date

\_\_\_\_\_  
EHA Representative

\_\_\_\_\_  
Date



# 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)

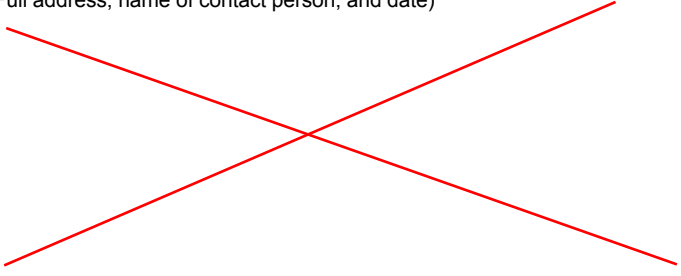
U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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(l)(7)(A) of the Internal Revenue Code.)

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

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

**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.



# Eastman Housing Authority

P. O. Box 100, 824 Griffin Avenue, SW  
Eastman, GA 31023

Telephone: 478-374-5414 TDD: 800-255-0056 Spanish Relay: 888-202-3972 Fax: 478-374-0505

Executive Director- Michelle Butler

## Authorization for Release of Information – Background Check

Consent: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the HOUSING AUTHORITY OF THE CITY OF EASTMAN, GA, any information or materials needed to complete the verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be requested, include but are limited to:

Identify and Marital Status  
Medical or Child Care Allowances

Employment, Income and Assets  
Credit and Criminal Activity

Residences and Rental Activity  
Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that tis not pertinent to my eligibility for and continued participant in a housing assistance program.

### GROUPS OR INIDVIUALS THAT MAY BE ASKED:

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

Previous Landlords (including  
Public Housing Agencies)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Support and Alimony Providers

Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Medical and Child Care Providers

Veterans' Administration  
Retirement Systems  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus  
Utility Companies

### COMPUTER MATCHIN NOTICE AND CONSENT

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

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA. I understand I have a right to review my file and correct any information that I can prove is incorrect.

### SIGNATURES

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

Note: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 1506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATLEY.



**Authorization for Release of Information – Background Check**

CONSENT FORM

“Authorization of Release of Criminal History Record”

I hereby authorize The Eastman Housing Authority to receive any criminal history record information pertaining to me which may be in the files of local, state, or National Crime Information Data Centers.

Applicant: \_\_\_\_\_  
                    Last Name                    First Name                    Middle

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

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

SWORN AND SUBSCRIBED before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

# Background Check Release / Tenant Screen

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

\*Birth date: \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous names (maiden / marriage etc.): \_\_\_\_\_ Date Changed: \_\_\_\_\_  
(Attach additional sheet, if necessary. \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence**. Attach additional sheet, if necessary.)

1. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

How long has applicant lived in state? \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Complex Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Complex Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_ Ckg / Svgs Acct #: \_\_\_\_\_  
(Please Circle One)

## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

At your written request, **Landlord** ("The Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to tenants is an investigation into your prior rental history, education, and employment conducted by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Landlord by contacting the consumer reporting agency identified above directly.

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. The CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

### **ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the FCRA required documents DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. In connection with my application for leasing, I understand that a consumer report and/or investigative consumer report may be requested of my background. I understand that such reports may include, but are not limited to, personal references of character, information regarding past and/or present employment, information regarding past and/or present rental history, credit, criminal, or police records, and other public records. I further understand that such reports will be used for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for leasing. I also authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Landlord at any time after receipt of this authorization and throughout my tenancy, if applicable and allowed by law. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, landlord, school, employer, reference, insurance company, or other entity to furnish any and all requested background information to TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, an other outside organization acting on behalf of Landlord, and/or Landlord itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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

\*The information indicated by an (\*) will be used for background screening purposes only and will not be used as tenant selection criteria.

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

**Signature of Applicant**

**Date**

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

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

# SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE



This questionnaire is to be administered to every applicant at Dwelling Place Housing Communities. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. We ask that every applicant sign the bottom of the form to indicate receipt of the form, whether or not any special features are request. No one is required to disclose a disability.

Applicant/Resident name: _____
Applicant/Resident signature: _____ Date: _____
<input type="checkbox"/> I choose not to complete this form

**Do you, or does any member of your family have a condition that requires:**

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom                            | <input type="checkbox"/> Unit for vision-impaired  |
| <input type="checkbox"/> A barrier-free apartment                      | <input type="checkbox"/> Unit for hearing-impaired |
| <input type="checkbox"/> One-level unit                                | <input type="checkbox"/> BR/bath on 1st floor      |
| <input type="checkbox"/> Physical modifications to a typical apartment |  |

**Can you and all your family members go up and down stairs unassisted?**     Yes     No

If no, please indicate how we should accommodate your family:

\_\_\_\_\_

\_\_\_\_\_

**Will you or any of your family members require a life-in aide to assist you?**     Yes     No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:**

\_\_\_\_\_

\_\_\_\_\_

**Are there any other reasonable accommodations, such as a service animal, etc. that you require?**

\_\_\_\_\_

**What is the name of the family member who needs the features identified above?**

\_\_\_\_\_

**Who should be contacted to verify your need for the features you have identified above?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: EHA Staff

\_\_\_\_\_  
Date

**Eastman Housing Authority**

**VERIFICATION OF NEED FOR UNIT WITH SPECIAL FEATURES**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Applicant \_\_\_\_\_

Dear Sir/Madam:

The above-named person is applying for admission to public housing and has expressed a need for either a unit with the special features, or a live-in aide. The applicant has named you as a person who can verify the need for the features/aide. Indicate whether, in your professional judgment, the applicant needs the above features in an apartment, or needs the services of a live in attendant as a reasonable accommodation to a disability. If you have any questions, please call me at 478-374-5414 ext 2. Your prompt return of this form in the attached stamped, self-addressed envelope would expedite processing.

- =====
1. Name of family member with special housing need: \_\_\_\_\_  
2. Nature of need(s) please check:

**Special Unit:**

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired    |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired   |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom               |

**Live In Attendant**

3. Verification and explanation of need(s): Please do not provide any information about the nature or extent of the applicant's disability. Simply indicate whether, in your professional judgment, the applicant needs the above feature in an apartment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of person providing verification Signature & Title \_\_\_\_\_  
Name of Agency \_\_\_\_\_  
Phone # \_\_\_\_\_ Agency address \_\_\_\_\_ Date \_\_\_\_\_

=====

I \_\_\_\_\_ hereby authorize the release of the requested information  
Signature \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I authorize the release of any information (including documents and other materials) pertinent to determine my eligibility for residency at Eastman Housing Authority.

Inquires may be made about:

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

Any individual or organization including governmental organizations may be asked to release information. For example, information may be requested from:

Schools	State Employment Agencies
Courts	State Welfare Agencies
Banks	Food Stamp Agencies
Financial Institutions	U.S. Postal Office
Law Enforcement Agencies	U.S. Dept. of Veteran Affairs
Credit Bureaus	U.S. Social Security Administration
Employers, Past and Present	U.S. Office of Personnel Management
Landlords, Past and Present	Providers of Alimony, Child Care, Child Support, Credit
Utility Companies	Handicapped Assistance, Medical Care
Welfare Agencies	Pension and Annuities

I agree that photocopies of this authorization may be used. If I do not sign this authorization, I also understand that my residency and/or application may be denied or terminated.

### Head of Household

### Other Adult Household Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### Other Adult Household Member

### Other Adult Household Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





HOUSING AUTHORITY OF THE CITY OF EASTMAN, GEORGIA  
824 Griffin Street, SW  
Post Office Box 100  
Eastman, Georgia 31023

Telephone: 478.374.5414  
Fax: 478.374.0505



## 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 and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

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

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

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 #1001(a)(15) or 101(a)(20) of the INA

Permanent residence under #249 of INA

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

Parole status under #212(d)(f) of the INA

Threat to life of freedom under #243(h) of the INA

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

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

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**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 that declare eligible immigration status in one of the following categories:

**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.

**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.

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

**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].

**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].

**Threat to life or freedom under 245(a) 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].

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

**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 HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

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

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

HOUSING AUTHORITY OF THE CITY OF EASTMAN, GEORGIA  
824 Griffin Street, SW  
Post Office Box 100  
Eastman, Georgia 31023

Telephone: 478.374.5414  
Fax: 478.374.0505

## APPLICANT/RESIDENT CERTIFICATION

I/We certify that the information\* given to the Housing Authority of the City of Eastman, Georgia, Housing Agency on household composition, income, net family assets, and allowed and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800.424.8590. (Within the Washington, D.C. Metropolitan Area, call 462.3500).

\*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement of more information about its use.





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## ***What You Should Know About EIV***

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

#### **What is EIV?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **What are my responsibilities?**

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

**February 2010**

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

### **What are the penalties for providing false information?**

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

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

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

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

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

### **What do I do if the EIV information is incorrect?**

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

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

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

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

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

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](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/offices/pih/programs/pih/thiip/iv.cfm>.

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

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

**My signature below is confirmation that I have received this Guide.**

Signature

Date



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

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

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

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**