

Effective immediately (10/7/2016) The La Crosse County Housing Authority is requiring all applicants to provide with their application the following:

- 1. ___ A copy of Social Security/ “Green” card for all applicants.**
- 2. ___ A copy of a birth certificate or proof of age, examples; driver’s license, passport, state ID for all applicants.**
- 3. ___ All sections of the application must be filled out completely & signed by all applicants over the age of 18**
- 4. ___ All forms must be filled out completely & signed by all applicants over the age of 18**
- 5. ___ All applicants must provide a minimum of 5 years rental history, including address of rental unit, Landlord names & addresses.**
- 6. ___ All applications MUST be on our most current application form dated 10/2016**

The La Crosse County Housing Authority will be accepting housing applications for all properties during the **THIRD FULL WEEK** of each month until further notice.

Apr 16th through Apr 22nd , 2017

May 21st through May 27th , 2017

June 18th through June 24th , 2017

July 16th through July 22nd ,2017

Aug 20th through Aug 26th , 2017

Sept 17th through Sept 23rd , 2017

All applications must be received or postmarked during the third week of each month. **APPLICATIONS RECEIVED OUTSIDE OF THE DESIGNATED DATES WILL BE DESTROYED.**

You may obtain an application in the office, lobby or visit our web site at:
www.lcha.net

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"> ○ Evicted from your apartment or house ○ Required to repay all overpaid rental assistance you received ○ Fined up to \$10,000 ○ Imprisoned for up to 5 years ○ Prohibited from receiving future assistance <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you fill out your application, you should know what is expected of you. If you do not understand something, say so. Ask questions.
Completing The Application	When you give your answers to application questions, you must include the following information:
Income	<ul style="list-style-type: none"> ○ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.) ○ Any money you receive on behalf of your children (child support, social security for children, etc.) ○ Income from assets (interest from a savings account, credit union, or certificate of deposit - dividends from stock, etc.) ○ Earnings from second job or part time job ○ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none"> ○ 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 ○ Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children
Family/household Members	<ul style="list-style-type: none"> ○ The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you
Signing the Application	<ul style="list-style-type: none"> ○ 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.
Recertifications	<p>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:</p> <ul style="list-style-type: none"> ○ All income changes, such as pay increases 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 ○ All assets that you or your family/household members own and any assets that were sold in the last 2 years for less than their full value
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ○ Do not pay any money to file an application ○ Do not pay any money to move up on the waiting list ○ Do not pay for anything not covered by your lease ○ Get a receipt for any money you pay ○ Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)
Reporting Abuse	If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline (800) 347- 3735. You can also write to: HUD-OIG HOTLINE, (GFI), 451 Seventh Street, S.W., Washington, DC. 20410.

La Crosse County Housing Authority (LCHA)
 Eligibility Application & Consent www.lcha.net

OFFICE USE ONLY:
 Date: _____
 Time: _____

REVISION
 DATE:
 10/2016

Household Information: List all persons in household. (APPLICANTS *MUST* attach copies of Social Security / "Green" Cards & Proof of Age for EACH person or application will be rejected as incomplete!!)

	Name	Relation	Sex	Date of Birth	Social Security #	Student
1		HEAD				Y / N
2						Y / N
3						Y / N
4						Y / N
5						Y / N
6						Y / N
7						Y / N
8						Y / N

The LCHA does NOT have housing for households of MORE THAN EIGHT members.

Indicate any other Names/Aliases previously used: _____

Check this box if you are requesting a Reasonable Accommodation/Modification or accessible apartment.

APPLICANTS: CIRCLE Cities for the Bedroom Size You Desire:

1-Bdrm (30% Rent)		2-Bdrm (30% Rent)		3-Bdrm (30% Rent)	4-Bdrm (30% Rent)
French Island	Holmen	Holmen	West Salem	Holmen	Onalaska
West Salem	Bangor	Bangor	Onalaska	Onalaska	
Onalaska	Mindoro	Mindoro			

Bdrm: 2 3
 Cedar Meadows—Holmen
NOT 30% Rent

Elderly Only (50+)
 1 2
 Whispering Pines
 West Salem
NOT 30% Rent

General Information: Address: _____

Home #: _____ Cell #: _____ Work #: _____
 E-mail: _____

Residences & Landlords: List ALL Residences For The Past FIVE (5) Years. (Add separate sheet if needed)

Current Landlord: _____ Landlord Phone: _____ Relationship: _____
 Landlord Address: _____

Address: _____ From _____ To _____ Relationship to Landlord: _____
 Landlord: _____ Landlord Phone: _____
 Landlord Address: _____

Address: _____ From _____ To _____ Relationship to Landlord: _____
 Landlord: _____ Landlord Phone: _____
 Landlord Address: _____

Is any household member subject to a lifetime state sex offender registration program in any state? Yes No

List ALL STATES where household members have lived:

Statistical Purposes Only: Circle
 Minority: White Black Asian Am. Indian Alaskan Native Pacific Islander
 Ethnicity: Hispanic Non-Hispanic

APPLICANTS and CEDAR MEADOWS TENANTS:

Has any family member ever lived in subsidized housing? YES NO Where? _____

Has any family member currently living with you ever been convicted of a felony? YES NO Explain: _____

Has any family member ever been evicted from an apartment for any reason? YES NO Explain: _____

Do you own a pet? YES NO What Kind? _____ Weight: _____

Y N Are you or anyone in the household currently or soon to become a student? **full-time or part-time**
(A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)
 List name of student(s) _____
 Name of School _____

Y N Are you separated, but not divorced from your spouse?

Y N Are any household members temporarily absent? Who? _____ How Long: _____

Y N Do you expect any changes to your household within the next 12 months? If yes, please explain:

Y N Are you receiving Section 8 Assistance? Agency: _____ Phone # _____
 Do you have a: **Certificate Voucher** (Circle One)

Asset & Income: Provide **NAMES** and Address of Banks and Financial Institutions for:

Checking/Savings Accts. IRA/Keough/401K	Certificates of Deposit Stock/Bonds	Money Markets Investments	Mutual Funds Real Estate	Whole Life Policies Pensions/Annuity (NOT Regular Payments)
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Misc. Income Sources ** Give Monthly or Weekly Figures **	Employment \$ _____	Social Security \$ _____	Veteran's Bene. \$ _____
	Child Support \$ _____	SSI \$ _____	Military pay \$ _____
	Pensions \$ _____	SSI State \$ _____	Cash pay \$ _____
		W2 \$ _____	Worker's Comp \$ _____
		Unemployment \$ _____	Bonds \$ _____
		Caretaker Supp \$ _____	Land Contract \$ _____
		Rental Income \$ _____	Other \$ _____

**THIS BOX
MUST BE
COMPLETED**

Provide NAMES, Address, & Household Member Who Receives of:

EMPLOYERS: (If Self-Employed, Provide Copy of Current Taxes) (Please Note Who Receives)

PENSION/ANNUITY/VA BENEFITS: (Please Note Who Receives)

CHILD SUPPORT or ALIMONY:

☆ **** APPLICANTS **** ☆

*** **MUST** ***

**** COMPLETE THIS BOX! ****

**Estimated Annual GROSS
Household Income**

\$ _____ (Total per year)

OFFICE USE ONLY:			
ELI	VLI	LI	
30%	50%	60%	80%

Medical Expenses YOU Pay Yourself: Elderly/Handicapped households ONLY

Provide NAMES and Addresses of: **(DO NOT list individual doctors from clinics)**

Health Insurance Co.	Pharmacies	Hospitals	Clinics	Dentists	Chiropractors	Optical/Vision
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

NOTE: Over-the-counter or doctor prescribed non-prescription medicines can only be allowed if they are "prescribed by a physician for a particular medical condition". Receipts must be provided for each item in order to receive any deduction. See LCHA office for form.

Child Care Provider:

ONLY if care is provided due to employment or school

COLLEGE/TECH or HIGH SCHOOL:

Provide School Name and Address:

Full-Time? _____
Part-Time? _____

Student Name

Student Name

Consent:

ANYONE 18 & OLDER MUST SIGN ALL FORMS

I/We certify that all information is true and complete to best of my/our knowledge. I/We understand that providing false or partial information could be grounds for losing my/our housing or rental assistance.

I/We hereby authorize the release of information regarding my/our income, assets, medical expenses, housing, criminal & credit history. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me/us on a separate consent, attached to a copy of this consent. I/We understand & agree that photocopies of this authorization may be used for the purpose stated.

Signature

Date

Signature

Date

Applications are processed in the order they are received. Only complete & approved applications are placed on the LCHA wait list. Complete applications are defined as LCHA in receipt of: Landlord Reference, Criminal Background/Credit Documentation, EIV Verification, & all Supplemental Forms completed and returned.

Rev: 10/2016

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).



LANDLORD REFERENCE CHECK:

Applicant's Name (s) _____

I authorize my current/former landlord to release any information pertaining to my/our rental history to the La Crosse County Housing Authority. This may include, but is not limited to, the questions listed below.

Signature

Date

Signature

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

Applicant/Tenant may not sign the consent if the form does not clearly indicate who will provide the requested information & who will receive the information.

THIS SECTION TO BE COMPLETED BY THE LANDLORD ONLY

Property resided at _____

Dates of residency: From _____ To _____

1. What was/is the monthly rent? _____ Was it subsidized? YES NO
2. How many bedrooms? _____ Numbers of occupants? _____
3. Was the tenant ever behind on paying rent? YES NO If yes, How often? _____
4. When was the last time you were in the apartment? _____
5. What was the overall condition of the apartment? _____
6. Were there problems with the neighbors? YES NO
Explain: _____
7. Was the tenant destructive to the apartment or surrounding areas? YES NO
If yes, explain: _____
8. Were the police ever called as a result of a disturbance? YES NO
If yes, explain: _____
9. Did the tenant give you proper notice for vacating? _____
10. Would you re-rent to this resident in the future? YES NO
If no, why not? _____

Additional Comments: _____

Signature: _____

Date: _____

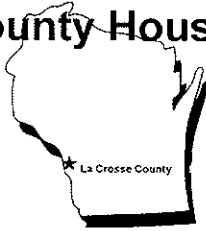
Title: _____

Company: _____

Phone Number _____

La Crosse County Housing Authority

LCHA
Equal Housing
Opportunity
FAX (608) 781-5379
TTY (800) 947-3529 or 711



Gen. Office
War-Leh Manor
615 Plainview
(French Island)
La Crosse, WI 54603
(608) 781-5365

Please List all residences for the past five years Your Name _____.

Present address: _____ Since: _____ Relationship to Landlord: _____

Landlord's Name: _____ Landlord Telephone# _____ & Fax# _____

Landlord's address: _____

Previous Residences:

Complete address: _____ From _____ To _____

Landlords Name: _____ Landlords Telephone# _____ & Fax# _____

Landlords Address: _____ Relationship to Landlord: _____

Complete address: _____ From _____ To _____

Landlords Name: _____ Landlords Telephone# _____ & Fax# _____

Landlords Address: _____ Relationship to Landlord: _____

Complete address: _____ From _____ To _____

Landlords Name: _____ Landlords Telephone# _____ & Fax# _____

Landlords Address: _____ Relationship to Landlord: _____

Complete address: _____ From _____ To _____

Landlords Name: _____ Landlords Telephone# _____ & Fax# _____

Landlords Address: _____ Relationship to Landlord: _____

Complete address: _____ From _____ To _____

Landlords Name: _____ Landlords Telephone# _____ & Fax# _____

Landlords Address: _____ Relationship to Landlord: _____

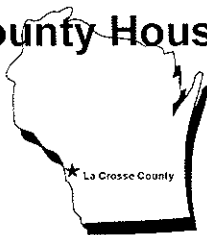
Manor Housing in:
Bangor
Holmen
La Crosse (French Island)
Onalaska
West Salem

La Crosse County Housing Authority does not discriminate
on the basis of handicapped status in the admission
or access to, or treatment or employment in, its
federally assisted programs and activities

Duplexes in
Bangor
Holmen
Mindoro
Onalaska
West Salem

La Crosse County Housing Authority

LCHA
Equal Housing
Opportunity
 FAX (608) 781-5379
 TTY (800) 947-3529 / or 711



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QUESTIONNAIRE FOR STUDENT HEAD OF HOUSEHOLD OR CO-HEAD

To be a household head or co-head, a student must meet special HUD rules. So that we can determine if you meet these rules, please answer the following questions. After you've completed this questionnaire, we will verify the information that you have provided.

Student/Applicant's Name: _____

Address: _____

Phone: _____ Date: _____

	YES	NO
1. Are you 18 years old?.....	_____	_____
2. Have you maintained a separate household from your parents and guardians for at least a year before applying to our site?.....	_____	_____
3. Are any of the following statements true:		
I am an orphan or a ward of the court and 18 years old or younger.....	_____	_____
I am a veteran of the U.S. Armed Forces.....	_____	_____
I have legal dependents other than a spouse (e.g., a child or elderly parent).....	_____	_____
If yes, provide names and ages: _____		
I am a graduate or professional student.....	_____	_____
If yes, provide name and address of school: _____		
I am married	_____	_____
I am at least 24 years old or will turn 24 years old this year.....	_____	_____
If yes, provide your birth date: _____ (mo./dy./yr.)		
4. Did your parents or legal guardians claim you as a dependent on their most recent tax returns?.....	_____	_____
5. Provide information for your parents, legal guardians, or others who provide you financial support.		
Name _____ Tel.# _____		
Address _____		
Name _____ Tel.# _____		
Address _____		

Signature: _____ Date: _____

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Rev: 10/5/2016

Manor Housing at:
 Bangor
 Holmen
 La Crosse (French Island)
 Onalaska
 West Salem

La Crosse County Housing Authority does not discriminate
 on the basis of handicapped status in the admission
 or access to, or treatment or employment in, its
 federally assisted programs and activities

Duplex Housing at:
 Bangor
 Holmen
 Mindoro
 Onalaska
 West Salem

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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



**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.

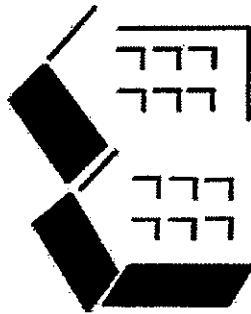
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA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

<p>This Notice was provided by the below-listed PHA:</p> <p>La Crosse County Housing Authority 615 Plainview Road La Crosse, WI 54603</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

Identify 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/dhcr/practising/hpiv.htm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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 _____