

**The La Crosse County Housing Authority will accept Housing Applications for the Waiting List for All Properties.**

**Applications Can Be Obtained At:**

615 Plainview Road – La Crosse, WI OR Our Website: [www.lcha.net](http://www.lcha.net)

**Submit Applications To:**

615 Plainview Road - La Crosse, WI 54603

OR

Email: [contact@lcha.net](mailto:contact@lcha.net)

\* \* \* \* \*

**\*\* Instructions \*\***

All applicants **MUST** provide the following when turning in their application:

- \_\_\_ A copy of Social Security / “Green” card for ALL household members.
- \_\_\_ A copy of birth certificate / proof of age for ALL household members.  
Examples: Driver’s License, Passport, State ID.
- \_\_\_ All sections of the application must be filled out completely & signed by ALL household members 18 years of age and older.
- \_\_\_ All forms must be filled out completely & signed by ALL household members 18 years of age and older.
- \_\_\_ All applicants must provide a minimum of 5 years rental history, including address of rental unit, Landlord names & addresses.
- \_\_\_ All applications MUST be on our most current application form dated 04/2023.

## **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**

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

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

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

### **Asking Questions**

When you 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** - You must include the following when you give your answers on your application

#### **Income**

- All sources of money you or any member of your household receives (wages, welfare, 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**

- All bank accounts, saving 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 two years for less than its full value, such as your home to your children

#### **Family Household Members**

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

#### **Signing the Application**

- Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.
- When you sign 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.

### **Re-certifications**

You must provide updated information at least once a year. Some programs require you report any changes in income or family/household composition immediately. Be sure to ask when you must re certify. You must report on re-certification 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
- All assets that you or your household members own and any assets that were sold in the last two years for less than its full value.

### **Beware of Fraud**

You should be aware there are fraud schemes. To avoid falling victim, remember the following:

- 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 for anything 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, call the local HUD office or the HUD Office of Inspector General (IOG) Hotline at (800) 347-3735. You can write HUD OIG Hotline (GFI), 451Seventh St. S.W., Washington, DC, 20410

**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 Optional	Date of Birth Provide Proof for ALL	Social Security # Provide copies of ALL cards	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
<b>The LCHA does NOT have housing for households of MORE THAN EIGHT members.</b>						

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

Indicate any other **Names/Aliases** previously used: \_\_\_\_\_

List **ALL STATES** where household members have ever lived: \_\_\_\_\_

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

**APPLICANTS: CIRCLE Cities** for the Bedroom Size You Desire:

<u>1-Bdrm (30% Rent)</u>		<u>2-Bdrm (30% Rent)</u>		<u>3-Bdrm (30% Rent)</u>	<u>4-Bdrm (30% Rent)</u>	Bdrm: <input type="checkbox"/> 2 <input type="checkbox"/> 3		<u>Elderly Only (50+)</u>	
French Island	Holmen	Holmen	West Salem	Holmen	Onalaska	Cedar Meadows—Holmen		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
West Salem	Bangor	Bangor	Onalaska	Onalaska		<u>NOT 30% Rent</u>		Whispering Pines	
Onalaska	Mindoro	Mindoro						West Salem	
						<u>NOT 30% Rent</u>		<u>NOT 30% Rent</u>	

**General Contact Information**

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

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

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

**Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Relationship to Landlord: \_\_\_\_\_ Landlord: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

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

**Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Relationship to Landlord: \_\_\_\_\_ Landlord: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

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

**APPLICANT BACKGROUND:**

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: \_\_\_\_\_

**Pets over 25 pounds will not be accepted.** (Reasonable accommodations may apply for eligible applicants)

**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)
--	--	------------------------------	-----------------------------	---

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

**Misc. Income Sources**

**\*\* Give Monthly Figures \*\***

**THIS BOX  
MUST BE  
COMPLETED**

Employment \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Pensions \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_  
SSI State \$ \_\_\_\_\_  
W2 \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Caretaker Supp \$ \_\_\_\_\_  
Rental Income \$ \_\_\_\_\_

Veteran's Bene. \$ \_\_\_\_\_  
Military Pay \$ \_\_\_\_\_  
Cash Pay \$ \_\_\_\_\_  
Worker's Comp \$ \_\_\_\_\_  
Bonds \$ \_\_\_\_\_  
Land Contract \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**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 RECEIVED:  
(Please do not include any child support or alimony that YOU pay)**

_____	_____
_____	_____

☆ **\*\* 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/Disabled 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



Minority: White Black Asian Am. Indian Alaskan Native Pacific Islander

Ethnicity: Hispanic Non-Hispanic

**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 \_\_\_\_\_

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: 04/23

**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).

# 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

Please List all residences for the past **five years** Your Name: \_\_\_\_\_

Current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Since: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Relationship to Landlord: \_\_\_\_\_ Landlord Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

## Previous Residences:

Complete address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Relationship to Landlord: \_\_\_\_\_ Landlord Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

---

Complete address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Relationship to Landlord: \_\_\_\_\_ Landlord Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

---

Complete address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Relationship to Landlord: \_\_\_\_\_ Landlord Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

---

Complete address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Relationship to Landlord: \_\_\_\_\_ Landlord Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 Housing at:  
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

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

## 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

(LCHA will send out— Leave Blank)

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

**Company:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

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 Housing at:  
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



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

## 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.

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 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.

<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.	

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

--	--

**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.

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.

<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.	

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

--	--

**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 (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.

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 their 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 not, 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 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 SVA for assistance.

**Unemployment benefit information** reported in EIV originates from the SVA. If you dispute this information, contact the SVA 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 SVA.

**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 as 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) 438-3338, 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/eiv/eivfaq.html>

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

1. Public Housing (24 CFR 983); 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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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

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

**What are my rights?**

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

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

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

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

<p>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 <i>Debts Owed to PHAs &amp; Termination Notice</i>:</p>
	<p>Signature _____ Date _____</p> <p>Printed Name _____</p>

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

--	--	--

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
La Crosse County Housing Authority		Public Housing / MultiFamily

<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>

**Date** (mm/dd/yyyy):

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

<b>Signature</b>	<b>Date</b>

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

# Instructions for the Race and Ethnic Data Reporting

- A. General Instructions:** This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

**Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form.** Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should select one of the two categories.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should select as many as apply to you.

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.