



Commonwealth of Massachusetts EXECUTIVE OFFICE OF HOUSING & LIVABLE COMMUNITIES

Maura T. Healey, Governor ♦ Kimberley Driscoll, Lieutenant Governor ♦ Edward M. Augustus, Jr., Secretary

To: Regional Administering Agencies
From: Maryssa Schneider McLean, Deputy Director, Division of Rental Assistance
Re: Guidance on Emergency Assistance Shelter Exit Vouchers
Date: February 7, 2024

1.1 OVERVIEW

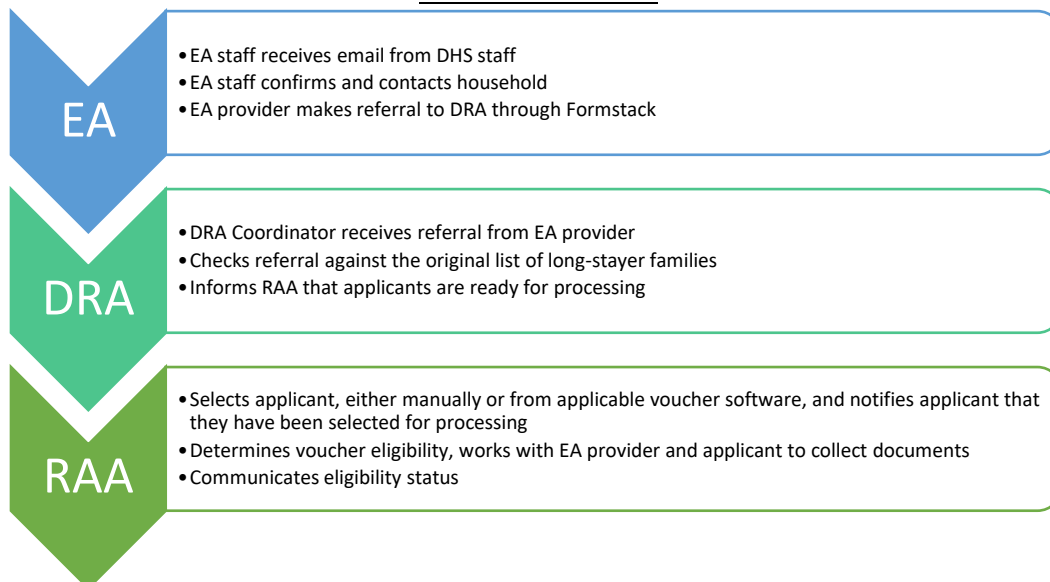
On August 8, 2023, the Healey/Driscoll Administration declared a state of emergency due to a severe lack of shelter in Massachusetts. In response, the Executive Office of Housing and Livable Communities (EOHLC) set aside 1,200 Housing Choice Voucher Program (HCVP) and Massachusetts Rental Voucher Program (MRVP) vouchers specifically designated for families exiting EOHLC's Emergency Assistance (EA) shelters ("exit vouchers").

These vouchers, both HCVP and MRVP, will be administered as regular vouchers and subject to Moving to Work (MTW) and MRVP policies. However, EOHLC is implementing a number of flexibilities in the eligibility, issuance, and leasing processes in order to facilitate lease-ups and thus expedite exits from the EA shelter system.

1.2 REFERRALS

EOHLC's Division of Housing Stabilization (DHS) compiled an initial list of families who had been in EA shelter for 18 months or more as of August 8, 2023, partnering with the Division of Rental Assistance (DRA) to refer those families to Regional Administering Agencies (RAAs) for voucher eligibility screening, issuance of vouchers, and leasing. EOHLC may in the future develop additional categories of families eligible for referral.

REFERRAL PROCESS



Clear and prompt communication among DRA, DHS, the RAAs, and the EA providers is imperative.

1.2.1 Responsibilities of DHS and EA Providers

DHS will provide the EA providers with the names of families to be referred for vouchers. The EA providers will work with those families to complete and submit required documentation and information to the RAA in the jurisdiction in which the family prefers to reside. The EA providers will work with the families to provide housing search assistance, conduct landlord outreach and engagement, arrange move-in costs and landlord incentives, and promote tenant readiness (see [Housing Search Assistance](#)).

1.2.2 Responsibilities of DRA and RAAs

DRA's primary responsibilities include ensuring that families are referred to the proper RAA and providing clear and practicable guidance on HCVP and MRVP program requirements.

The RAAs are responsible for receiving the referred families, working with the families and EA staff to ensure submission of complete information, conducting eligibility screening, determining whether HCVP or MRVP is the appropriate program for the family, briefing the families and issuing vouchers, conducting the approval process for identified units, completing leasing and contracting documents, and providing continuing occupancy administration.

1.3 WAITING LIST MANAGEMENT

As these vouchers have been specifically set aside for this purpose (with MTW authority for HCVP and regulatory authority for MRVP), these direct referrals will not be added to the general HCVP or MRVP waiting lists.

EOHLC will add HCVP referrals to a designated voucher software waiting list for the purpose of creating a record in the database in order to process voucher issuances and leasing. RAAs will process MRVP referrals according to MRVP procedures.

1.4 FAMILY ELIGIBILITY

1.4.1 Overview

Families referred for HCVP or MRVP screening must meet at least the following minimum eligibility criteria for those programs.

	HCVP	MRVP
Income (household)	<u>Gross</u> income < 50% of AMI for the highest income limit in EOHLC's entire jurisdiction (usually Boston) for the family size, both at issuance and admission to the program	<u>Net</u> income ≤ 80% of AMI
CORI (18+)	Mandatory Denials and Discretionary Denials	Mandatory Denials and Discretionary Denials

	HCVF	MRVP
SORI (18+)	Mandatory Denials	Mandatory Denials
Immigration Status	Must have at least one family member with eligible immigration status	n/a

1.4.2 RAA Screening

To determine eligibility, the RAA will need to review the family's documentation, including at least:

	HCVF	MRVP
Government-Issued Photo ID (18+)	Acceptable documents include: <ul style="list-style-type: none"> • Driver's license • State ID card • Passport • Permanent resident immigration card • Self-attestation form 	Acceptable documents include: <ul style="list-style-type: none"> • Driver's license • State ID card • Passport • Permanent resident immigration card • Self-attestation form
Social Security Number	Acceptable documents include: <ul style="list-style-type: none"> • Social Security card • Documentation from Social Security Administration with number on it • Military record such as DD214 	n/a (must provide if available)
Proof of Age	Acceptable documents include: <ul style="list-style-type: none"> • Birth certificate • Mother's letter from hospital • Passport • Driver's license • Self-attestation for minors including the member's full name, parent(s), precise date of birth, and location of birth 	Acceptable documents include: <ul style="list-style-type: none"> • Birth certificate • Mother's letter from hospital • Passport • Driver's license • Self-attestation for minors including the member's full name, parent(s), precise date of birth, and location of birth
Immigration Status	Acceptable documents include: <ul style="list-style-type: none"> • Birth certificate • Passport • Permanent resident immigration card (both sides) Must also provide declaration form for all family members, and RAA will run USCIS SAVE screening	n/a

Accordingly, for **initial screening**, each family must provide, at a minimum (see Appendix for forms):

- Completed and signed family certification form
- Documentation of all household income (self-attestation acceptable)
- Completed and signed asset self-certification form
- Documentation of citizenship or eligible immigration status (HCVF only; RAA can proceed with issuance even if only one family member has provided)

- Declaration of Citizenship form (HCVP only; RAA can proceed with issuance even if only one family member has provided)
- Photo ID (all adults; self-attestation acceptable)
- Social Security numbers (not required for MRVP)
- Date of birth (self-attestation acceptable)
- Authorization for release of information
- Signed CORI Authorization form for each adult, with appropriate verification
- Form HUD-52675 (HCVP only)
- Form HUD-92006(HCVP only)

From the time the RAA notifies the family that their application has been selected for processing, the family will have 45 calendar days to provide the documentation required for initial screening. EOHLC strongly encourages RAAs to work with families and shelter providers for in-person clinics and communication in order to complete and collect all available documentation, including documentation that will be needed for lease-up if available. If a referred family does not engage in the voucher eligibility process or cannot provide the minimum documents required for initial screening within 30 calendar days after the RAA's initial notice of selection, the RAA will provide a 15-calendar-day warning to the family, the shelter provider, and DHS. If all documents required for initial screening are not received within 15 calendar days from this warning notice, unless an extension has been issued, the RAA will end the voucher process for that family in order to allow for a new referral.

RAAs may issue extensions of up to an additional 15 calendar days on a case-by-case basis where families are in active communication and lack only limited documents or signed forms.

If an RAA ends the voucher process for a family, that RAA shall notify EOHLC's Targeted Voucher Program Coordinator in case a new referral can be made.

1.4.2.1 Mandatory Denials

For both HCVP and MRVP, RAAs are required to deny admission and assistance to any household member who:

1. Has been convicted for drug-related criminal activity for the manufacture or production of methamphetamine (at any location, not just on the premises of federally-assisted housing)
2. Is subject to a lifetime registration requirement under a state sex offender program

For HCVs, this is a federal statutory requirement. EOHLC and the RAAs must also deny admission to the program if any adult member of the family who will be housed with the voucher fails to sign and submit consent forms required for these vouchers, but must first notify the family in writing of these grounds for denial of admission. If an adult member fails to sign and submit required consent forms, the RAA may issue the voucher to the remaining members of the family, but the adult member who fails to sign and submit will not be included in the voucher household.

1.4.2.2 Discretionary Denials

EOHLC and the RAAs will consider the following as grounds for denial:

- If the RAA determines that any household member is currently engaged in, or has engaged in within the previous three years:
 - Violent criminal activity
 - Drug-related criminal activity
 - Other criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity
- Conviction for an egregious crime, regardless of time elapsed since the conviction
- If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program within the previous 12 months
- If any member of the family engaged in or threatened abusive or violent behavior toward personnel of EOHLC or its designees within the previous 12 months
- If a family member is already receiving rental assistance from another voucher program

EOHLC expects the RAAs to apply these factors as part of the screening of referred households. Decisions to deny based on these factors must be made based on an individualized assessment of relevant mitigating information, including requests for reasonable accommodation. EOHLC expects RAAs to use discretion in favor of applicant households where appropriate, and the RAAs must heavily consider and give strong weight to mitigating information.

1.4.2.3 Duplicate Subsidy

Upon receipt of signed releases, the RAA must use HUD's EIV system to search for all household members using the Existing Tenant Search.

1.4.3 Income Verification

1.4.3.1 Self-Certification of Income

At eligibility screening and admission, EOHLC will permit self-attestation of all household income. Third-party verification (e.g. pay stubs, online printouts) remains the preferred method of verification, but in the absence of readily available third-party verification, applicants may submit a self-certification attesting to their reported income, assets, expenses, and other factors that would affect an income eligibility determination.

If a household has no income, applicants must submit self-certification attesting to that fact.

RAAs and shelter providers should remind households of the obligation to provide true and complete information, and RAAs will address any material discrepancies (i.e., unreported income or a substantial difference in reported income) that may arise later and families may be subject to voucher termination if the RAA discovers a material discrepancy on recertification or otherwise.

RAAs and shelter providers should also remind households that landlords may require them to provide third-party verification of income from employment, benefits, and other sources prior to lease-up or at recertification.

1.4.3.2 Income Validation

For HCVP, once HUD makes the EIV data available, the RAA must:

- Review the EIV Income and Income Validation Tool (IVT) reports to confirm and validate family-reported income within 90 days of the PIC submission date;
- Print and maintain copies of the EIV Income and IVT Reports in the tenant file; and
- Resolve any income discrepancy with the household within 60 days of the income report dates.

For MRVP, the RAA is not required to compare income reported by the household with income listed in Wage Match at eligibility.

Prior to admission, the RAA must use HUD's EIV system to search for all household members using the Existing Tenant Search.

If EOHLC or the RAA later determines that an ineligible household received assistance, the RAA must take steps to terminate that household from the program in accordance with applicable HCVP or MRVP policies.

1.4.4 Social Security Number and Immigration Status Verification

Families referred for MRVP vouchers are not required to provide a Social Security number or documentation of immigration status. However, if a family member has a Social Security number, they must provide it.

For HCVP, at least one family member must have eligible immigration status to be eligible for an HCVP voucher. For applicants who are unable to provide the required Social Security number or citizenship/immigration documentation during the initial eligibility determination, EOHLC will permit those individuals to provide the required documentation no later than 90 days after admission (lease-up) to the program. Rent calculations for families with mixed immigration status will follow the MTW policy described in [Calculation of Rent Share](#).

If EOHLC or the RAA later determines that an ineligible household received assistance, the RAA must take steps to terminate that household from the program in accordance with applicable HCVP or MRVP policies.

1.4.5 Age and Disability Verification

EOHLC and the RAAs will accept self-certification of date of birth and disability status at voucher issuance if a higher form of verification is not immediately available. For date of birth, self-certification must include the member's full name, parent(s), precise date of birth, and location of birth. All self-certifications must be signed by the family member whose information or status is being verified. If self-certification is accepted, the RAA will verify the information, within 90 days of admission, in EIV and/or through other third-party verification. The RAA will note in the household's file that self-certification was used as initial verification and include an EIV printout or other third-party verification confirming the applicant's date of birth and/or disability status.

If EOHLC or the RAA later determines that a household received assistance or deductions to which they were not entitled, the RAA must take steps, as necessary, to make corrections or terminate that household from the program in accordance with applicable HCVP or MRVP policies.

1.5 HOUSING SEARCH AND LEASING

1.5.1 Issuance of Voucher

For each HCVP voucher, RAAs must perform a Calc 10 – Issuance of Voucher action and submit the record to PIC.

1.5.2 Initial Voucher Term

HCVP and MRVP vouchers will have an initial term of 120 calendar days, with extensions granted pursuant to program policies. For MRVP, RAAs can approve one 30-calendar-day extension. A second 30-calendar-day extension for MRVP can be requested from EOHLC (thomas.timms@mass.gov). Also, for MRVP, RAAs may grant additional extensions to persons with disabilities as a reasonable accommodation. For HCVP, RAAs can approve extensions either for reasonable accommodation or if necessary due to reasons beyond the family's control. The household must submit a Request for Tenancy Approval (RFTA; HCVP) or Request for Program Payment (RFPP; MRVP) within 120 days or any approved extension period.

1.5.3 Housing Search Assistance

Housing search assistance must be made available to EA households during their initial housing search. The housing search assistance shall be provided by EA service providers, with assistance from the RAAs (e.g. landlord outreach and engagement within their markets). At a minimum, housing search assistance should:

- Help individual households identify potentially available units during their housing search, including physically accessible units with features for family members with disabilities, as well as units in low-poverty neighborhoods;
- Provide transportation assistance and directions to potential units;
- Conduct landlord outreach and engagement, including marketing RAA-funded landlord incentives;
- Assist with collecting vital documents and with the completion of rental applications and EOHLC/RAA forms; and
- Provide approved move-in costs and landlord incentive payments.

1.5.4 Move-In/Financial Services

EOHLC will offer a \$500 issuance fee to an RAA for every HCVP exit voucher that RAA issues February 1, 2024 or later. EOHLC already offers a \$500 lease-up fee for MRVP vouchers.

EOHLC has also approved three types of financial benefits to facilitate and expedite leasing for families exiting EA shelter:

HomeBASE	RAA	Landlord Incentives (via RAA)
<ul style="list-style-type: none"> • Tenant's first month's rent portion • Moving expenses • Furniture • Utility payments or arrearages • Real estate broker fees • Realtor incentive commission • Security deposit (where not payable by RAA) • One month bonus payment to the landlord 	<ul style="list-style-type: none"> • First month's Housing Assistance Payment (HAP)/Voucher Payment • Monthly HAP/Voucher payments • One-time security deposit 	<p>Flexible, landlords may access up to \$4,000 for items including:</p> <ul style="list-style-type: none"> • Lease-up/sign-on incentive of one month's rent • Inspection repairs (needed to pass inspection) • Fund for tenant-caused damages beyond regular wear and tear in excess of the security deposit • The landlord may request the maximum amount of \$4,000 for each successful lease up

Note that a landlord cannot receive both HomeBASE's one-month bonus payment and the RAAs' one-month lease-up/sign-on incentive payment.

1.5.5 Inspections

MRVP

All MRVP units must meet the minimum standards of fitness for human habitation as outlined in the State Sanitary Code. MRVP regulations call for the Board of Health of a municipality to conduct inspections to certify that a unit complies with the State Sanitary Code. If a municipality is unable to conduct the inspection, MRVP regulations permit an inspection by another local code enforcement entity or other certified inspector, such as an inspector qualified to complete Section 8 Housing Quality Standards (HQS) inspections, to be substituted for the Board of Health inspection.

While MRVP does not normally pay for inspections, EOHLC has allowed a waiver for administering agencies to make those payments. EOHLC will reimburse administering agencies for this cost.

HCVP

HUD requires that all units occupied by families receiving HCVP assistance meet HUD's HQS requirements. The RAA will conduct an initial HQS inspection of a proposed unit. Subject to [Owner Self-Certification](#) below, the unit must pass inspection before the Housing Assistance Payments (HAP) contract is signed and before a family can move into the unit.

The RAAs shall make every effort to fast-track the inspection process for the exit vouchers, including adjusting the normal inspection schedule for any required reinspections.

Except as outlined below, all EOHLC HQS requirements apply to HCVP exit vouchers.

1.5.5.1 HQS Pre-Inspections

To expedite the leasing process and develop a pool of eligible units, RAAs may pre-inspect available units that households may be interested in leasing. If a household selects a unit that passed a HQS pre-inspection (without intervening occupancy) within 45 days of the date of the RFTA, the unit may be approved provided that it meets all other conditions under [24 CFR 982.305](#).

Households shall not be required to accept a pre-inspected unit and will remain able to select their own unit.

1.5.5.2 Conducting an Initial Inspection While the Unit Is Still Occupied

If necessary, RAAs may conduct initial inspections on units occupied at the time of inspection.

1.5.5.3 Owner Self-Certification

EOHLC will permit households to lease up and HAP payments to commence based on an owner's written certification that there are no life-threatening deficiencies in or around the unit. Where self-certification is used, the RAA must inspect the unit as soon as practicable, but no later than two months from the date of the owner's certification.

Where a unit has failed inspection, the owner may self-certify to the RAA that the required non-life-threatening repairs have been completed.

If a child under six will be residing in the unit, the owner must provide valid and official documentation of lead compliance, and may not self-certify lead compliance.

1.5.5.4 Biennial Inspections

After leasing, RAAs will conduct regular inspections on a biennial basis. EOHLC and the RAAs reserve the right to inspect a unit on an annual basis if needed. Tenants and owners may request a complaint inspection at any time.

1.5.6 Shared Housing

Shared housing is a single housing unit occupied by an assisted family and another resident or residents. The shared unit consists of both common space for use by the occupants of the unit and separate private space for each assisted family. Following [24 CFR 982.615 through 982.618](#) and EOHLC's [HCVP Administrative Plan](#), § 19.5, EOLHC permits shared housing arrangements for families using exit vouchers. Pursuant to [760 CMR 49.08](#), EOHLC is extending this authorization for shared housing arrangements to MRVP vouchers as well as HCVP.

1.5.7 Master Leasing

HCVP HAP contracts and MRVP Voucher Payment contracts allow for master leasing arrangements, in which a service provider or other entity would contract as direct lessee with the property owner and would serve as "owner" for the purposes of the HAP/Voucher Payment contracts. The lessee "owner" would then sub-lease to families who are struggling to lease and might need an option such as this to build tenant history and creditability. Pursuant to [760 CMR 49.08](#), EOHLC is extending this authorization for master leasing to MRVP vouchers as well as HCVP.

1.5.8 Initial Lease Term

Generally, the initial lease term is for at least 12 months. In two situations, HCVP and MRVP exit voucher holders may enter into an initial lease that is for less than 12 months:

- If the lease begins mid-month, the term of the lease should be for one year less the portion of the first month prior to the lease commencement date (subsequent lease terms would ordinarily be for one-year terms unless the lease form specifies otherwise).

or

- Where EOHLC or the RAA determines and can clearly document that: (i) such shorter term would improve housing opportunities for the tenant; and (ii) the family would otherwise be unable to find housing in the particular rental market.

In these cases, a lease should be for a minimum of six months.

1.5.9 Payment Standard Schedule

Usual payment standard policies for HCVP and MRVP will apply to the exit vouchers, except that:

- In keeping with Executive Order #285, the payment standards for units in Lynn will be 100% of metro-wide 2024 fair market rents.
- For HCVP vouchers for units outside of Lynn, RAAs will use 120% of the higher of small area fair market rent or metro-wide fair market rent for the voucher or unit size.
- For MRVP vouchers for units outside of Lynn, RAAs will use 110% of the higher of small area fair market rent or metro-wide fair market rent for the voucher or unit size.

1.5.10 Rent Reasonableness

All rent reasonableness requirements apply, and do not depend on payment standards.

1.5.11 Calculation of Rent Share

RAAs will calculate family rent shares as per regular HCVP or MRVP policy, as applicable.

However, for families with mixed immigration status choosing an HCVP voucher, EOHLC will utilize its MTW policy allowing a flat increase in rent rather than by HUD's proration policy based on the percentage of family members with eligible immigration status. Instead, families with mixed status will pay an additional 10% of their Total Tenant Payment regardless of the number of family members without citizenship or eligible immigration status.

1.5.12 Affordability

For HCVP, at the time a family initially receives tenant-based assistance for occupancy of a dwelling unit, and where the gross rent of the unit exceeds the applicable payment standard for the family, the family

share cannot exceed 40% of the family's monthly adjusted income. For MRVP, the family share cannot exceed 40% of the family's net monthly income. The MRVP calculation sheet will display a warning if the gross rent appears to be too high at initial occupancy and will list the maximum gross rent for the household.

1.5.13 Portability

The normal portability procedures and requirements apply to HCVP exit vouchers. Portability is not applicable to MRVP vouchers.

1.6 CONTINUED OCCUPANCY

After initial lease-up, and other than specified in this guidance, standard HCVP and MRVP policies for continued occupancy (including but not limited to moves, portability, terminations, and appeals) shall apply.

However, the goal is for households exiting shelter to maintain stable housing, so it is expected that EOHLC and the RAAs will exercise care and consideration of households' needs and mitigating circumstances before resorting to adverse actions.

1.6.1 MTW Flexibilities

The HCVP exit vouchers are MTW vouchers and are subject to the same policies as other MTW vouchers.

1.7 FAMILY SELF-SUFFICIENCY (FSS) PROGRAM

HCVP households are eligible to participate in FSS. MRVP participants may participate in the State Self-Sufficiency Program, if the RAA already participates in the program.

Appendix: Required Eligibility Forms and Documentation

	Document	Notes	Form Attached?
<input type="checkbox"/>	Completed and signed family certification form		Yes
<input type="checkbox"/>	Documentation of all household income	Self-attestation via family certification form is acceptable (with follow-up later)	
<input type="checkbox"/>	Completed and signed asset self-certification form		Yes
<input type="checkbox"/>	Documentation of eligible immigration status (HCV only)	RAAs can proceed with issuance of an HCV with documentation from one member, but will need to obtain later for the rest of the family	
<input type="checkbox"/>	Declaration of Citizenship form	RAAs can proceed with issuance of an HCV with documentation from one member, but will need to obtain later for the rest of the family	Yes
<input type="checkbox"/>	Photo ID (all adults)	Self-attestation is acceptable (with follow-up later)	Yes
<input type="checkbox"/>	Social Security number	RAAs can proceed with issuance of an HCV with documentation from one member, but will need to obtain later for the rest of the family (required for MRVP only if family has Social Security number)	
<input type="checkbox"/>	Date of birth	Self-attestation is acceptable (with follow-up later)	
<input type="checkbox"/>	Authorization for release of information		Yes
<input type="checkbox"/>	Signed CORI Authorization form for each adult		Yes
<input type="checkbox"/>	Form HUD-52675	HCV only	Yes
<input type="checkbox"/>	Form HUD-92006	HCV only	Yes

FAMILY CERTIFICATION FORM

EA EXIT VOUCHERS (HCVP AND MRVP)

Instructions: The Head of Household must complete and submit this form at the time of regular and, if required, interim recertification. Every item listed below must be completed on behalf of **every member of the household**. The form must be signed by the Head of Household.

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household/Participant Name _____

Last Four Digits of SS No. _____

Head of Household/Participant Address _____

Home Telephone: _____

Email Address: _____

Cell Phone: _____

Best Time to Call: _____

Completed By: _____

Date: _____

1. On the chart below please list all household members living in your unit 50% or more of the time. If you need additional space, please attach another page. Make sure to indicate which question you are answering.

Full Name of Member	Relationship to Head of Household	DOB	Sex	Ethnicity	Race	Income	Source of Income	Disabled	Full Time Student
	Head		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sex Categories: M = Male F = Female X = Non-Binary/Other

Ethnicity Categories: H = Hispanic NH = Non Hispanic

Race Categories: 1 = White 2 = Black/African American 3 = American Indian/Alaska native 4 = Asian
5 = Native Hawaiian/Other Pacific Islander

2. What is the primary language spoken in your home?

- ☐ English ☐ Spanish or Spanish Creole ☐ Portuguese or Portuguese Creole ☐ Vietnamese
☐ French Creole ☐ Italian ☐ Russian ☐ Chinese ☐ Mon-Khmer, Cambodian
☐ Other _____

3. If you prefer to receive written communication from in a language other than English, please check the langue that you prefer. EOHLC is required to provide written translation of materials for languages spoken by a significant percentage of households in its jurisdiction. Accordingly, EOHLC will provide translation or interpretation services for the languages indicated below:

- ☐ English ☐ Spanish or Spanish Creole ☐ Portuguese or Portuguese Creole ☐ Vietnamese
☐ French Creole ☐ Italian ☐ Russian ☐ Chinese ☐ Mon-Khmer, Cambodian
☐ Other _____

OTHER INCOME

4. If you selected "Other Income" for any household member, complete the table below by entering the monthly amount and name of household member who receives that type of income.

Income	Amount Per Month	Name of Household Member
Commissions, Tips, Bonuses, & Other Income		
Disability or Death Benefits		
Veteran's Benefits		
Veteran's Disability Benefits		
Payments for a Member of the Armed Services If yes, is the Armed Services member exposed to hostile fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits		
Interests, Dividends or Capital Gains		
Lottery or Gambling Winnings		
Real Estate or Rental Property Income		
Income from an Inheritance		
Insurance, Retirement, Pension, Life Insurance		
Payments for Support of a Foster Child		
Regular monetary or non-monetary gifts		
Other Income _____ Describe		

Adjusted Income

Childcare Deduction

5. Is the family paying for care of children under age 13 so an adult can work? ☐ Yes ☐ No
6. Is the family paying for the care of children under age 13 so an adult can attend education or job training classes?
☐ Yes ☐ No
7. Is the family paying for the care of children under age 13 so an adult can look for work? ☐ Yes ☐ No

Disability Expense Deduction (Eligible only if the head of household, co-head and/or spouse is elderly or disabled)

8. Is the family paying for care or apparatus for a disabled family member so that an adult family member can work?
☐ Yes ☐ No
9. If yes, list name(s) of person with disability who is receiving care or using the apparatus: _____

Name of disabled family member receiving care or using apparatus

10. Cost of care or apparatus: \$_____ per month

Un-reimbursed Medical Expense Deduction (Eligible only if the head of household, co-head and/or spouse is elderly or disabled)

11. Does the family expect un-reimbursed medical expenses over the period covered by the certification?

☐ Yes ☐ No

12. List names of family members who expect un-reimbursed medical expenses:

Name of Family Member

Name of Family Member

13. Check type of **un-reimbursed** medical expenses anticipated and enter annual expense:

Type of Expense	Check if Applicable	Annual Amount
Medical insurance premiums (including Medicare)		
Doctor visits		
Dentist visits		
Dentures, bridgework, or crowns		
Eye doctor visits		
Eyeglasses or contact lenses		
Clinic visits		
Therapy (physical or emotional)		
Lab fees, x-rays, blood work		
Prescription medicine		
Non-prescription medicine		
Hearing aid batteries		
In-home health care		
Medical Transportation		
Medical apparatus (owned or rented)		
Assistive animal expense		
Hospice care		
Other (describe)		
Other (describe)		

Participant Certification

Third-party verification of the above information will be completed and the results will be electronically transmitted to the HUD data collection system. Please refer to the Federal Privacy Act Statement for more information on its use.

I hereby certify that the above information on household composition, income, and assets is complete, true, and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination of Section 8 Housing Voucher Program assistance and for punishment under state and federal laws. Title 18, Section 1001 of the United States Code states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Government shall be fined and/or imprisoned.

If there are any changes in income, expenses, and/or household composition prior to my reexamination effective date and which are different than what I reported on this reexamination questionnaire, I understand that I am required to notify the agency prior to the effective date of reexamination. I understand that these changes will affect my rent determination.

Signature of Head of Household

Date



ASSET INCOME SELF-CERTIFICATION

Applicants and participants who are part of the Massachusetts Executive Office of Housing and Livable Communities' (EOHLC) rental assistance programs must provide verification of income related to assets. The head of household is required to complete and sign this form on behalf of the entire household.

Applicant/Participant Name _____ Participant ID No _____

Applicant/Participant Address _____ City, State _____ Zip Code _____

Is the value of all household assets more than \$50,000? ☐ Yes ☐ No

Regardless of the amount, please specify below.

Description	Asset Value
Stocks and/or bonds	
Cash Value of Life Insurance Policy	
Real Property total assessed value	
Checking account	
Savings account	
Burial plots	
Inheritances, lottery winnings, insurance settlements	
Cash value of Trusts	
IRA, Keough, or other retirement savings	
Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.	
Assets disposed of less than fair market value during the two years preceding certification or recertification	
Lump sum payments from insurance settlements or legal claims	
Other (please, specify)	
Total	

I certify that the information given to EOHLC on family assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law. I also understand that false statements or information are grounds for termination of housing assistance with EOHLC.

This form will be reviewed by an RAA staff member.

Signature of Applicant or Participant _____

Date _____

RAA Staff Signature _____

Date _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ☐ () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
 - ☐ () Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - ☐ () Permanent residence under §249 of INA 4/; or
 - ☐ () Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - ☐ () Parole status under §§212(d)(5) of the INA 6/; or
 - ☐ () Threat to life or freedom under §243(h) of the INA 7/; or
 - ☐ () Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

- ☐ () Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

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



Commonwealth of Massachusetts
EXECUTIVE OFFICE OF HOUSING &
LIVABLE COMMUNITIES

Maura T. Healey, Governor ♦ Kimberley Driscoll, Lieutenant Governor ♦ Edward M. Augustus, Jr., Secretary

SELF-ATTESTATION:
UNABLE TO OBTAIN GOVERNMENT-ISSUED PHOTO ID

If able, all applicants and participants of the Housing Choice Voucher Program must provide a government-issued photo ID (age 18+), birth certificate, and Social Security card. If you and/or another member of your household are unable, despite reasonable efforts, to provide a government-issued photo ID, you may self-attest to that fact.

I, _____ (head of household), certify that I am unable to provide government-issued photo identification for the following members of the household, which may include myself:

_____	_____
	Date of Birth
_____	_____
	Date of Birth
_____	_____
	Date of Birth
_____	_____
	Date of Birth
_____	_____
	Date of Birth

I am unable to provide government-issued photo ID because (check all that apply):

- ☐ Household member(s) requested/applied for government-issued photo ID but will not obtain it in a timely manner.
- ☐ Household member(s) does not have documents required to obtain government-issued photo ID.
- ☐ Government-issued photo ID was lost, stolen, destroyed, and/or expired and has not yet been replaced.
- ☐ Other (provide reason): _____

I understand that I must provide:

- Either a birth certificate OR Social Security card for each household member, including myself, who is unable to obtain government-issued photo ID to be eligible for the Housing Choice Voucher Program;

- Any photo ID that I do have for any household member unable to provide a government-issued photo ID;
- Any and all documentation _____ (RAA) deems necessary to verify the identity, income, and assets of my household; and
- Government-issued photo ID and any other vital documents obtained in the future.

I certify to _____ (RAA) that I am unable to obtain a government-issued photo ID for myself and/or one or more household members. This is accurate and complete to the best of my knowledge and belief. The names and birthdates of household members listed above are accurate and complete to the best of my knowledge. I understand that false statements or information may result in an investigation and possible prosecution for fraud and/or may result in termination of my participation in the Housing Choice Voucher Program.

Signed under the penalties of perjury.

Signature of head of household*

Date

*If typed, my typed name represents my signature.

The English version of this form is the official version and must be signed.



Authorization for the Release of Information

Massachusetts Executive Office of Housing and Livable Communities ("EOHLC")

Purpose:

EOHLC and the U.S. Department of Housing and Urban Development ("HUD"), and administering agencies, including Metro Housing Boston, may use information, data, documents and other materials ("information") obtained with this Authorization for any of the following purposes:

- To verify salary, wages and assets
- To request certain tax return information from the U.S. Social Security Administration and IRS
- To administer and enforce program rules and policies.
- To determine initial and continuing eligibility for programs
- To determine the appropriate bedroom size
- To determine the amount your family will pay toward rent and utilities
- To analyze utility consumption data for purposes related to energy conservation
- To comply with HUD and other laws, rules and regulations
- To make referrals to other EOHLC-funded programs or MTW initiatives for recruitment and outreach purposes (there is no obligation to participate in these programs)
- To inform external evaluations or academic research conducting reviews of EOHLC programs and MTW initiatives with the goal of analyzing program usage, or increasing program efficiency and efficacy
- For certain routine uses, such as to other government agencies for law enforcement
- To federal agencies for employment suitability
- To housing authorities for the purpose of determining housing assistance

Who Must Sign the Consent Form

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

Authorization and Expiration of Authorization:

This Authorization will expire in 15 months, if recertification is annual, in 27 months, if recertification is biennial, and in 39 months, if recertification is triennial, after the date set forth below.

I authorize the release, at all times while this Authorization remains in effect, to EOHLC, HUD, and/or their agents and administering agencies, of any information about me, my family or the leased premises that is pertinent to any of the purposes

specified above, including my initial and continuing eligibility for participation in any of EOHLC's rental assistance programs.

Individuals or Organizations That May Release Information:

Any individual, governmental or other organization including the following is hereby authorized to release information at any time while this Authorization remains in effect:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers (past and present)
- Landlords
- Schools and Colleges
- State Wage Information Collection Agencies (This consent is limited to wages and unemployment compensation received during period(s) within the last 5 years when assisted housing benefits have been received)
- U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends])
- U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code)
- U.S. Department of Veterans Affairs
- The Massachusetts Department of Revenue
- Utility Companies
- Welfare Agencies
- Department of Revenue
- Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities
- Registry of Motor Vehicles
- INS/SAVE
- Federal, State, Tribal, or local agencies that conduct computer-matching programs

HUD and EOHLC are required to protect the income information they obtain in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. EOHLC is also required to protect the income information it obtains in accordance with any applicable State privacy law. Private owners may not request or receive information authorized by this form.

Failure to Sign Consent Form:

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

Conditions:

I agree that photocopies of this Authorization may be used for the purposes stated on this Authorization for Release of Information form.

I understand that Information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the Information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by Law. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

I understand that, if I do not sign this Authorization, my housing assistance may be denied or terminated.

Printed Name of Head of Household	Signature of Head of Household	Date
Printed Name of Co-Head of Household	Signature of Co-Head of Household	Date
Printed Name of Spouse	Signature of Spouse	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security number of each household member who is eligible to receive a Social Security number.

Other Uses. HUD and EOHLC use your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide.

Penalty: You must provide all of the information requested by the HA, including all Social Security numbers you, and all other household members eligible to receive a Social Security number, have and use. Giving the Social Security numbers of all household eligible to receive a Social Security number is mandatory, and not providing the Social Security numbers may affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and EOHLC and any owner (or any employee of HUD, EOHLC 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 Release Form is restricted to the purposes cited on this Release Form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. 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, EOHLC, or the owner responsible for the unauthorized disclosure or improper use.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing.
As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal
information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my
signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this
Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping 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 06/30/2026.

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 or such other period consistent with State Law.

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.

--	--

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.