



SAGINAW HOUSING COMMISSION

P.O. BOX 3225 • SAGINAW, MI 48605

PHONE: (989) 755-8183 • FAX: (989) 754-3139

Dear Resident:

Enclosed is the Interim Rent Adjustment Packet. Please provide proof of any change you are reporting.

If you are adding a household member:

- New birth
 - will need copy of social security card and birth certificate
- Adding adult household member
 - Will need copy of current government issued ID and social security card.
 - Adult will need to sign all pages of release, along with head of household
 - *Please note: adult cannot move in without SHC approval first.

If you are removing a household member:

- Provide proof of new residency
 - Acceptable forms of proof:
 - current state issued ID showing date of change and new address
 - copy of current lease or utility bill showing new address

If you are reporting a new job:

- Provide proof of income, most recent 2-4 consecutive pay stubs or:
- Acceptance letter showing rate of pay and average hours a pay period.

If you are reporting loss of employment:

- Provide proof of loss of employment ie: letter from employer showing separation date
- Complete Zero Income Checklist enclosed (cannot put all zeros)
- Complete Zero Income Affidavit enclosed



**Saginaw Housing Commission
Public Housing
Interim Rent Adjustment Request**

Date _____ Property Manager Name _____

Participant Name _____ Unit Number _____

Address _____

Telephone Number _____

Reason for Adjustment _____

Change In Household Income (please check all that apply):

- Employment Income Changed From _____ To _____
- Unemployment Income Changed From _____ To _____
- DHS Cash Assistance Changed From _____ To _____
- SS/SSI Income Changed From _____ To _____
- Child Support Changed From _____ To _____
- Other _____ Changed From _____ To _____

Remove/Add Member(s) from Household: (Use other side if additional space is needed)

Name _____ Reason: _____

Name _____ Reason: _____

Documentation of reported changes must be submitted with this Interim Rent Adjustment Packet. If additional documents are required, those documents must be submitted within 10 business days of receiving the request from the SHC. Rent will not change until all necessary forms have been signed and all changes in household composition/household income have been verified.

Any increase in rent will generally be effective on the first of the month following a 30 day notice to the family.

Any decrease in rent will generally be effective on the first day of the month following the month in which the change was reported and all required documentation was submitted.

Signature _____ Date _____

Saginaw Housing Commission-Public Housing

Declaration of Income / Assets / Allowances

COMPLETE ALL SECTIONS OF THIS FORM. THIS FORM MUST BE SIGNED BY ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER. PLEASE PRINT CLEARLY.

LIST ALL HOUSEHOLD MEMBER LIVING IN THE UNIT

Legal Name	Relation to Head of Household	Sex	Age	Date of Birth	Place of Birth	Social Security #	Full-time student? (Yes/No)
	Head of Household						

HOUSEHOLD INCOME:				
Does anyone, including children, receive or expect to receive money from any source listed below?				
Source of Income	YES	NO	WHO	MONTHLY AMOUNT
Employment: Name of Employer				
Employment: Name of Employer				
Self-Employed				
Unemployment Benefits				
SSI				
Social Security or Rail Road Retirement				
Department of Human Services (DHS)				
Case # _____				
Caseworker Name: _____				
Phone Number: _____				
Cash Assistance				
Food Stamps				
Quarterly Payments - State SSI				
Adoption Assistance				
Retirement Funds or Pensions				
Veteran's Administration Benefits				

Workman's Compensation			
Income from rental property			
Address of Property:			
Alimony			
Child Support			
GI Bill Benefits			
Other Income Not Listed Above			

**ASSETS: Does anyone, including children, have any of the following assets?
Check Yes or No for each item. If yes, list who and amount.**

ASSET	YES	NO	WHO	AMOUNT
Savings account. Name of bank or credit union: Account #				
Checking account Name of bank or credit union: Account #				
I have certificates of deposit (CD's), Name of bank or credit union:				
I have stocks, bonds, treasury bills, and mutual funds.				
I own property. Address of Property:				
Life Insurance Policies				
I have sold, given away or otherwise transferred ownership of assets within the last two (2) years.				

MEDICAL EXPENSES – ELDERLY OR DISABLED FAMILIES ONLY

If the head of household or the spouse is 62 years of age or older, or disabled, AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of your monthly/yearly costs.

EXPENSE	YES	NO	WHO	AMOUNT
I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.				
I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums.				
I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription expenses not reimbursed by insurance. Pharmacy: _____ Pharmacy: _____ Physician: _____ Physician: _____				
I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education. Name of Child care provider: Address:				
I pay handicap equipment expenses for a handicapped/disabled family member in order to be gainfully employed.				
I pay handicap equipment expenses for a handicapped/disabled family member, which is not covered by insurance.				

SAGINAW HOUSING COMMISSION

1803 Norman Street P.O. Box 3225

Saginaw, Michigan 48605-3225

Phone: (989) 755-8183 Fax: (989) 754-3139

TDD: (989) 755-1880

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8 and/or Low-income Public and Indian Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status
Medical and Child Care Allowances
Residences and Rental Activity

Employment, Income, and Assets
Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

Previous Landlords (including
Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Financial Institutions

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Child Support/Alimony Providers

Utility Companies
Credit Providers/Credit Bureaus
Retirement Systems
Veterans Administration
Medical and Child Care Providers

CONDITIONS

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

SIGNATURES

Head of Household

(Print Name)

Date

Spouse

(Print Name)

Date

Adult Member of Household

(Print Name)

Date

Adult Member of Household

(Print Name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/eiv.cfm>

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

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

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

Signature

Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

SAGINAW HOUSING COMMISSION
1803 NORMAN STREET
P.O. BOX 3225
SAGINAW, MI 48605-3225

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

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

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

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

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

SAGINAW HOUSING COMMISSION

1803 Norman Street P.O. Box 3225 Saginaw, MI 48605-3225
Phone: 989-755-8183 FAX: 989-754-3139 TTY: 989-755-1880

Name: _____

Address: _____ Unit #: _____

NON-INCOME AFFIDAVIT

TO BE COMPLETED BY APPLICANT/PARTICIPANT

You are either an applicant for, or participant in, a federally funded housing assistance program. Please provide the information requested and return to our office personally or via mail as quickly as possible to avoid delay of your benefits in the Public Housing program.

I, _____, hereby swear and affirm that I do **NOT** have any income. This includes but is not limited to income from any of the following:

1. Wages, Public Assistance (TANF, GR, etc.), Social Security, SSI, etc.;
2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.;
3. Assets (homes, stocks, etc.; may be inherited property);
4. Interest Income from Savings, Checking, Christmas Club and other bank accounts, IRA's, Certificates of Deposit, Money market Funds, Credit Unions, etc.;
5. U. S. Saving Bonds, Stocks or Bonds of any kind;
6. Pensions, Annuities, Retirement Funds, etc. (this includes benefits you may receive from being a beneficiary of a life insurance or retirement plan);
7. Whole Life Insurance;
8. Real Estate Property, Earned Income Tax Credit, etc.,
9. Burial Plots; and/or
10. **ANY OTHER INCOME** (includes tips, property sold, babysitting, etc.).

DATE: _____ SIGNATURE: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.



"Equal Housing Opportunity"



Zero Income Checklist and Worksheet: Verification of Non-case Contributions

This Checklist and Worksheet is to be completed for all families whose Total Tenant Payment equals the minimum rent, or, for PHA's without minimum rents, for all families reporting less than \$100 per month in total income. The Form should be completed prior to admission and at each recertification (which may be monthly or quarterly depending on the PHA's policy on re-examination of tenant's with minimum rents or zero income). The form first lists all the cash and non-cash contributions the family is receiving and then assists PHA staff to compute the annual value of such contributions. This form should be completed after the Home Visit to an applicant or a home inspection of a resident. The family is required to submit documentation of amounts claimed.

1. Food Expenses

Is the family receiving Food Stamps? Yes No. If yes, what is the monthly value of food stamps? \$_____. If no, what is the family's monthly grocery bill? \$_____. How does the family pay the monthly grocery bill? _____. If someone other than a member of the applicant/tenant family contributes to groceries, who contributes? _____. What is the average cash monthly amount for groceries contributed from all sources? \$_____.

Does anyone contribute groceries or prepared food to the family on a regular basis? Yes No. If yes, what is the average monthly value of groceries or prepared food contributed? \$_____.

Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income. Food or cash for food contributed by private persons does count as income.

2. Cleaning, Grooming and Paper Products Expenses

What is the monthly value of paper products used by the family? Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers. \$_____. How does the family pay for these paper products? If someone other than a member of the applicant/tenant family contributes to paper products, who contributes? What is the average monthly value of cash contributions for paper products? \$_____.

Does anyone contribute paper products to the family on a regular basis? Yes No. If yes, what is the average monthly value of paper products contributed to the family? \$_____.

What is the monthly value of grooming products and services used by the family? Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services etc. \$_____. How does the family pay for the cost of grooming products and services? _____. If someone other than a member of the applicant family contributes to grooming products, who contributes? _____. What is the average monthly value of contributions (cash or products) for grooming products? \$_____.

What is the monthly value of cleaning products used by the family? Include dishwashing soap, laundry detergent, and household cleaning products. \$_____ How does the family pay for cleaning products? If someone other than a member of the applicant/tenant family contributes

to cleaning products, who contributes? What is the average monthly value of cash contributions for cleaning products? \$_____.

Does anyone contribute cleaning products to the family on a regular basis? Yes
 No. If yes, what is the average monthly value of cleaning products contributed to the family?
\$_____.

3. Transportation Expenses

Does the family own a car? Yes No. If yes, are there still payments due on the car? Yes
 No. If yes, what is the amount of the monthly car payment? \$_____. How does the family make the car payment? If someone other than a member of the applicant/tenant household contributes to the car payment, who contributes? What is the monthly amount of contribution toward the car payment? \$_____.

If the family owns a car outright (no payments are due), what are the average monthly amounts the family pays for the following: Gas \$_____, Maintenance \$_____, Insurance \$_____, Tires \$_____. How does the family pay for these auto-related expenses? If someone other than a member of the applicant/tenant family contributes to the car's operating costs, who contributes? What is the average monthly amount of cash or direct payment contribution to the car's operating costs? \$_____.

If the family does not own a car, what does the family use for transportation? How does the family pay for this transportation? If someone other than a member of the applicant/tenant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$_____.

4. Entertainment Expenses

Does the family have a cable TV connection? Yes No. If yes, does the family have the basic minimum service or do they also have any premium channels? Yes No. What is the average monthly cost of cable TV service? \$_____. How does the family pay for the cable TV service? If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service, who contributes? What is the average monthly contribution (in cash or direct payment to the cable company) for cable TV? \$_____.

What are the average monthly costs of other types of entertainment to the family? Include the following: Magazines \$_____, Movies \$_____, Video Rentals \$_____, Club memberships \$_____, Sporting events \$_____, Liquor/Beer/Wine \$_____, Lottery tickets \$_____, Vacations \$_____, Other entertainment \$_____.

How does the family pay for the other entertainment costs? _____. If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment, who contributes? _____. What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$_____.

5. Clothing Expenses

What are the ages and sexes of all family members? _____
_____.

What is the average monthly cost for clothing and shoes for the family? _____. How does the family pay for clothing and shoes?

If someone other than a member of the applicant/tenant family contributes to the cost of clothing, who contributes? _____.

What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$ _____.

What is the monthly amount spent by the family for laundry/dry cleaning clothing? \$ _____. How does the family pay for cleaning its clothing? _____. If someone other than a member of the applicant/tenant household contributes to the cost of cleaning clothing, who contributes? _____.

What is the average monthly contribution for clothes cleaning? \$ _____.

6. Smoking Expenses

Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes No.

If yes, how many packs per day, are smoked by the smokers in the household?

_____. How does the family pay for the cost of cigarettes/cigars? _____. If someone other than a member of the applicant/tenant household contributes to the cost of smoking, who contributes? _____.

What is the average monthly contribution (in cash, cigarettes or cigars) \$ _____.

7. Communications Expenses

Does the family have a telephone? Yes No. If yes, how many lines does the family have into its house/apartment? _____. Does the family have any special telephone services? _____ (For example, call waiting, call forwarding, caller ID, etc.) Yes No. Does anyone in the family have a cell phone? Yes No.

What is the average monthly cost for telephone service? \$ _____. How does the family pay for the cost of telephone service? If someone other than the a member of the applicant/tenant household contributes to the cost of telephone service, who contributes? _____. What is the average monthly contribution (in cash or direct payment of the telephone bill) for telephone service? \$ _____.

Does anyone in the family have a pager/beeper? Yes No. If yes, how many members have beepers/pagers? _____. What is the average monthly cost for the beepers/pagers?

\$ _____. How does the family pay for the cost of beepers/pagers? _____. If someone other than a member of the applicant/tenant household contributes to the cost of beeper/pager service, who contributes? _____. What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ _____.

Does the family have an Internet connection? Yes No. If yes, who is the Internet provider?

_____. What is the monthly cost of the Internet connection? _____. Is there a dedicated telephone line for the Internet? Yes No. If yes, does the telephone line show on the family's telephone bill? Yes No. If no, get a copy of the family's other telephone bill. How does the family pay for the Internet connection? _____. What is the average monthly cost of the Internet connection?

\$ _____. If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection, who contributes? _____. What is the average

monthly contribution (in cash or direct payment to the Internet provider) for Internet services?
\$ _____ .

8. Shelter Expenses

For applicants, what is the average monthly cost for housing and utilities? \$ _____. How does the applicant pay the cost of shelter? If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____. What is the average monthly contribution to shelter (housing plus utilities)? _____. Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? Yes No. If no, why not? _____

_____. For tenants, what is the average monthly cost for housing and utilities? \$ _____. How does the tenant pay the cost of shelter? _____. If someone other than a member of the tenant household makes a contribution toward the shelter cost, who contributes? _____. What is the value of the contribution toward shelter? \$ _____ .

9. Medical Expenses

Does the family have any unreimbursed medical expenses? Yes No. If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____. How does the family pay for unreimbursed medical expenses? If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes? _____ **Such contributions are not income.**

10. Miscellaneous Expenses

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed toward the expenses: Church contributions \$ _____, Unreimbursed Educational Expenses \$ _____, Unreimbursed Child care Expenses \$ _____, Unreimbursed Job Expenses \$ _____.

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

Resident/Applicant Signature

Date