GEORGETOWN
HOUSING AUTHORITY
139 Scroggin Park, Georgetown, KY 40324
Caroline O. Nickell, PHM, Executive Director
Welcoming Families Since 1962

Section 8 Application Instructions

All Sections of the application must be completed. DO NOT leave any sections of the application unanswered or blank. Look on the front and back of each page for questions of required signatures. Applications may be submitted to the Housing Authority Monday – Thursday, 8:00 a.m. -4:30 p.m., and Friday, 8:00 a.m. -12 p.m. You must have original documents, not copies, when turning in your application. Household members 18 years of age and older must sign the forms in the application.

Preference Eligibility: You must bring with you supporting documentation for the preference you claimed on your application, e.g., check stubs, proof of disability, Veteran status, etc.

Documents needed with your Application if applicable to your household:

- Certified Birth Certificates (minors and those 62 years of age and up)
- Social Security Cards
- Picture ID (all adults)
- Child Custody Documents
- Social Security Award Letter
- KTAP Award Letter
- SNAP Award Letter
- Check Stubs (last 6 months)
- Pension Award Letter
- Child Support Print-Out (last 12 months)
- Proof of Disability
- Contribution to the Household (monetary & Non-monetary)
- Student Status (financial aid package & tuition expenses)
- Retirement Accounts (401k; IRA; CD's, etc.)
- Life Insurance Policies (Whole- not term. Must show cash value)
- Real Estate or Property Deeds
- Checking & Savings Statement (the last 6 months)
- Childcare Contract
- Childcare Expenses
- Prescription Cost (elderly &/or disabled)
- Medical Expenses (elderly &/or disabled)
- Disability Expenses (elderly &/or disabled)

"If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please direct your request for reasonable accommodations, in writing, to the housing authority."

GEORGETOWN HOUSING AUTHORITY

Welcoming Families Since 1962

139 Scroggin Park, Georgetown, KY 40324
J. Thomas Wilson, PHM, Executive Director

Public Housing Application: Yes ☐ No ☐

Date of Application: _____ Time: _____
Bedroom Size: _____
Update: Yes ☐ No ☐

Annual Recertification Month: _____
Transfer: Yes ☐ No ☐

Section 8 Application: Yes ☐ No ☐

Date of Application: _____ Time: _____
Bedroom Size: _____
Update: Yes ☐ No ☐

Annual Recertification Month: _____
Transfer: Yes ☐ No ☐

Application for Admission (or) Annual Recertification Declaration

APPLICANT NAME _____ E-MAIL: _____

CURRENT ADDRESS _____ APT. NO.: _____

CITY, STATE, ZIP CODE _____

IS WHERE YOU LIVE ALSO YOUR MAILING ADDRESS? Yes ☐ No ☐

IF NO, MAILING ADDRESS: _____

HOME #: _____ WORK #: _____ CELL #: _____ EMERGENCY#: _____

1. List the Head of Household and all other members who will be living in the unit.

Full Name	Relation to Head	Date of Birth	Age	Sex	Race White, Black, Am. Indian, Asian, Other	Ethnicity Hispanic / Non-Hispanic	SSN #	Disabled Y/N	Marital Status Married Never Married Divorced Separated	Citizen Y/N	Student Y/N
	Head										

2. Does anyone live with you now who is not listed above? Yes ☐ No ☐ Who? _____
3. Does anyone plan to live with you in the future who is not listed above? Yes ☐ No ☐
   Explain if you answered yes to either question: _____
4. Please identify any special housing needs your household has: _____
5. How many people live in your unit now? _____ How many bedrooms do you have? _____
6. Are you now living in a federally subsidized housing unit? Yes ☐ No ☐
7. Have you ever lived in Public Housing or Section 8? ☐ Yes ☐ No If yes, where? _____
   If yes, enter the date(s) of occupancy: _____
8. Have you ever been evicted from Public Housing or Section 8 program? Yes ☐ No ☐
   If yes, provide the following information: When? _____ For what reason? _____
   Name of Housing Authority or owner _____
9. Ever been arrested for use of a controlled substance or activities related to an abuse of alcohol? ☐ Yes ☐ No
10. Name and address of current landlord: _____ Phone: _____
11. Your last address: _____ Dates? From _____ To _____

"If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please direct your request for reasonable accommodations, in writing, to the housing authority administrative office, attention: Tom Wilson."

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

INCOME AND ASSET INFORMATION

Instructions: Answer the questions truthfully ensuring that the income listed represents all the income available to your household.

1. Will any family members receive income from employment?	☐Yes ☐No		
List names of family members who will receive employment income and name and address of income source:			
2. Will any family members receive income from a family-owned business or be otherwise self-employed?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			
3. Will any family members receive Social Security or SSI benefits?	☐Yes ☐No		
List names of family members who will receive such benefits and name and address of income source:			
4. Will any family members receive periodic payments from annuities, insurance policies, retirement funds, pensions, disability or death benefits or other similar periodic receipts?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			
5. Will any family members receive unemployment comp, disability comp, workers comp or severance pay?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			
6. Will any family members receive welfare payments such as SNAP, KTAP, TANF?	☐Yes ☐No		
List names of family members who will receive such payments and name and address of income source:			
7. Will any family members receive alimony or child support?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			
8. Will any family members receive income from assets?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			
9. Has anyone in the family disposed of assets for less than market value in the past two years	☐Yes ☐No		
10. Will any family members receive pay as a member of the armed services?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			

Household Income Sources			
11. Will anyone in the family receive lottery payments paid periodically?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			
12. Will anyone in the family receive monetary or non-monetary gifts or contributions on a regular basis from someone who does not live in the household?	☐Yes ☐No		
List names of family members who will receive such income and name and address of income source:			
13. Will anyone in the family receive any other type of income?	☐Yes ☐No		
List names of family members who will receive other income and name and address of income source:			

ASSET CHECKLIST

Instructions: Complete questions about net family assets for the next 12 months.

Household Assets	Yes or No	Asset Value
1. a. Does your family have cash:		
In a checking account?	Yes☐ No☐	/ / .
In a savings account?	Yes☐ No☐	/ / .
In a safety deposit box?	Yes☐ No☐	/ / .
At home?	Yes☐ No☐	/ / .
Anywhere else?	Yes☐ No☐	/ / .
b. Verification source: Amount of cash held by family		/ / .
2. a. Do you have trust funds available to your family?	Yes☐ No☐	/ / .
b. Verification source: Amount and source of trust funds:		/ / .
3. a. Do you own any real estate?		
A house?	Yes☐ No☐	/ / .
Equity in a rental property?	Yes☐ No☐	/ / .
Land?	Yes☐ No☐	/ / .
b. Do you owe any debt on the real estate?	Yes☐ No☐	/ / .
c. Verification source: Fair market value, debt, and cost to dispose of real estate		/ / .
4. a. Do you own any investments such as		
Stocks?	Yes☐ No☐	/ / .
Bonds?	Yes☐ No☐	/ / .
Mutual funds?	Yes☐ No☐	/ / .
Treasury bills?	Yes☐ No☐	/ / .
Money market funds?	Yes☐ No☐	/ / .
Certificates of deposit?	Yes☐ No☐	/ / .
Annuity?	Yes☐ No☐	/ / .
b. Verification source: Value and cost to dispose of investments		/ / .
5. a. Are you vested in any retirement, 401k or pension funds?	Yes☐ No☐	/ / .
b. Verification source: Value and terms of retirement or pension funds		/ / .

6. a. Do you expect to receive any lump sum receipts?	**Yes☐ No☐**	__/__/__
b. If yes, describe type and amount of lump sum receipts: _____ _____ c. Verification source: Lump sum receipts _____ _____		__/__/__
7. a. Are you holding any personal property as an investment? Coins? Stamps? Automobiles? Collectibles? b. Verification source: Value of personal property held as investment _____ _____	 **Yes☐ No☐** **Yes☐ No☐** **Yes☐ No☐** **Yes☐ No☐**	 __/__/__ __/__/__ __/__/__ __/__/__
8. a. Do you own a "whole life" insurance policy? b. Verification source: Value and terms of whole life policy: _____ _____	**Yes☐ No☐**	__/__/__ __/__/__
9. a. Have you disposed of any assets for less than fair market value in the past two years? b. Verification source:. Date and amount of assets disposed: _____ _____	**Yes☐ No☐**	__/__/__ __/__/__

INCOME DEDUCTION CHECKLIST

Instructions: Complete the questions about deductions from income expected in the coming 12 months.

1. Dependent Deduction a. Do you have any family members, **other than head, spouse, foster children, and live-in attendants** who are under age 18? b. 18 or older **and** either a full-time student or disabled? c. If yes, list names of such family members _____ _____ _____ _____ d. Verification source: Relationship of family members: _____ _____ e. Verification source: Full time student over age 18: _____ _____ f. Verification source: Disability of family member over age 18 _____ _____	**Yes☐ No☐** **Yes☐ No☐**	__/__/__ __/__/__ __/__/__ __/__/__
2. Childcare Deduction a. Family paying for care of children under age 13 so an adult can work? b. Family paying for the care of children under age 13 so an adult can attend education or job training classes? c. Paying for the care of children under age 13 so an adult can look for work? d. If yes, list names of such family members _____ _____ e. Verification Source: Hours and cost of Child Care: _____	**Yes☐ No☐** **Yes☐ No☐** **Yes☐ No☐**	__/__/__ __/__/__ __/__/__

3. Disability Expense Deduction		
a. Is the family paying for care or apparatus for a disabled family member so an adult can work?	Yes☐ No☐	/ / .
b. If yes, list name(s) of person with disability receiving care or using apparatus: _____ . _____ .		
c. Verification source: Disability of family member: _____ . _____ .		/ / .
d. Verification source: Need for care or apparatus _____ . _____ .		/ / .
e. Verification source: Cost of care or apparatus _____ . _____ .		/ / .
4. Elderly or Disabled Family Deduction		
a. Is the family head or spouse a person age 62 or older?	Yes☐ No☐	/ / .
b. Is the family head or spouse a person with a disability?	Yes☐ No☐	/ / .
c. Verification Source: Age of head or spouse _____ . _____ .		/ / .
d. Verification Source: Disability of head or spouse _____ . _____ .		/ / .
5. Unreimbursed Medical Expense Deduction (Elderly/Disabled families only)		
a. Is the family head or spouse elderly or disabled?	Yes☐ No☐	/ / .
b. If yes, does the family expect unreimbursed medical expenses over the period covered by the certification?	Yes☐ No☐	/ / .
c. List names of family members who expect unreimbursed medical expenses: _____ . _____ . _____ . _____ .		
d. Check type of unreimbursed medical expenses anticipated:		
Medical Insurance premiums (including Medicare)?	Yes☐ No☐	/ / .
Hospital costs?	Yes☐ No☐	/ / .
Doctor visits?	Yes☐ No☐	/ / .
Dentist visits?	Yes☐ No☐	/ / .
Type of Deduction for Adjusted Income	Yes☐ No☐	/ / .
Dentures, bridgework, crowns?	Yes☐ No☐	/ / .
Eye doctor visits?	Yes☐ No☐	/ / .
Eyeglasses or contact lenses?	Yes☐ No☐	/ / .
Clinic visits?	Yes☐ No☐	/ / .
Therapy of any type (include physical, emotional and psychiatric)?	Yes☐ No☐	/ / .
Laboratory fees, X-rays, Diagnostic tests?	Yes☐ No☐	/ / .
Blood or oxygen?	Yes☐ No☐	/ / .
Prescription or non-prescription medicines?	Yes☐ No☐	/ / .
Hearing aid, batteries?	Yes☐ No☐	/ / .
In-home health care?	Yes☐ No☐	/ / .
Medical transportation?	Yes☐ No☐	/ / .
Medical apparatus (rented or purchased)?	Yes☐ No☐	/ / .
Medical costs of permanently institutionalized family member[1]	Yes☐ No☐	/ / .
Hospice care of a family member?	Yes☐ No☐	/ / .
Assistive animal expenses?	Yes☐ No☐	/ / .

[1] But only if member's income is included in Annual Income

e. Other unreimbursed medical expense not listed above? Describe: _____ _____	Yes☐ No☐	/ /
f. Verification Source(s): Unreimbursed Medical Expenses _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		/ / / / / / / / / / / / / /
6. List and verify any optional deductions here:		

Applicant/Participant Certification

I/We certify that I/we have answered the questions on the checklist truthfully, and the information given to the Georgetown Housing Authority on **household composition**, **income**, net family **assets**, **allowances** and **deductions** is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I/We understand as a participant on the HCV program, I/We must report, in writing, to GHA within 10 days, changes in household composition, income, or change in assets.

I/We also understand, as a participant on the HCV program, I must give written notice to GHA and my landlord before I move out of my unit. I understand that I must have written approval from GHA and my landlord be additional person(s) move into my unit.

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

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.

Welcoming Families Since 1962

GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324
J. Thomas Wilson, PHM, Executive Director

DRUG-FREE CERTIFICATION & ALCOHOL ABUSE CERTIFICATION
PUBLIC HOUSING & SECTION 8 APPLICANTS &/OR PARTICIPANTS

I/We do hereby certify that from this day forward neither the head of the household nor any other members of the family will engage in any drug-related criminal activity to be described as follows:

The term "*drug-related criminal activity*" means the illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in Section 21 U.S.C. 802), or any other illicit drug.

Georgetown Housing Authority (GHA) will terminate the contract in accordance with the above provisions for criminal activity by the resident, any member of the resident's household, or a guest in the unit whether such activity occurs in the development where the resident's dwelling unit is located, or off the premises of the federally funded unit.

Should the head of the household or any other member of the family engage in violent criminal activity, including any felonious criminal activity that has one of the elements, the use, attempted use, or threatened use of physical force against the person or property of another. The agency may permit family members not involved in the proscribed activity to continue assistance on the condition that family members determined to have engaged in the proscribed activities will not reside in the unit.

I/We further understand that the GHA shall use the "*preponderance of the evidence*" standard in making its decision to deny or terminate assistance relative to drug-related criminal activity, violent criminal activity and alcohol abuse. Preponderance of evidence is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be provided is more probable than not.

GHA will terminate the tenancy of any person if the housing authority determines that the person's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premise of the other residents.

I/We also understand that if I denied initial or continued assistance that I have the right to an informal review or hearing. Rules governing the informal review and hearing process as well as the authority for this policy are contained in the Section 8 Administrative Plan and based on the following federal regulations:

Head of Household **Printed Name**	Head of Household **Signature**
Spouse's **Printed Name**	Spouse's **Signature**
Other Adult **Printed Name**	Other Adult **Signature**
Other Adult **Printed Name**	Other Adult **Signature**
Address	**Date**

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FRAUD AFFIDAVIT

Fraud – Withholding information from the Public Housing or Housing Choice Voucher Section 8 programs, or providing false information to this agency.

Penalties for Fraud:

1) Under Federal Law, FRAUD is punishable by fines up to $10,000 AND imprisonment for up to five (5) years.
2) If a resident submits fraudulent information to this agency OR withhold relevant information from this agency, the resident will be charged back rent, face eviction or program termination proceedings, and will be turned in for prosecution for violating a federal law.
3) Tenants will be required to pay market rent – retroactively, if applicable.

Resident/Program Participant Acknowledgement(s)

By signing below, I confirm:

1) That I have read the penalties for submitting fraudulent information above;
2) That I understand what fraud is, and;
3) That I understand the penalties for committing fraud.

Head of Household Print name	Signature	Date
Spouse Print name	Signature	Date
Other Adult Print name	Signature	Date
Other Adult Print name	Signature	Date

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J. Thomas Wilson, PHM, Executive Director

SEX OFFENDER REGISTRATION

Printed Name _____ Signature _____

Social Security Number: _____ Date of Birth: _____

Are you subject to a sex offender registration in any state? ☐ YES ☐ NO

If yes, what state(s)? _____

Printed Name _____ Signature _____

Social Security Number: _____ Date of Birth: _____

Are you subject to a sex offender registration in any state? ☐ YES ☐ NO

If yes, what state(s)? _____

Printed Name _____ Signature _____

Social Security Number: _____ Date of Birth: _____

Are you subject to a sex offender registration in any state? ☐ YES ☐ NO

If yes, what state(s)? _____

(GHA Staff Use only)

Date Checked: _____ GHA Staff Person: _____

WEB SITE CHECKED:

- ☐ http://www.nsopw.gov
- ☐ http://www.kspsor.state.ky.us

Were there any hits for any household members? ☐ YES ☐ NO If yes, who? _____

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GEORGETOWN HOUSING AUTHORITY

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CRIMINAL BACKGROUND AND SEX OFFENDER CHECK AUTHORIZATION

By signing this form, I agree to allow Georgetown Housing Authority staff to perform a criminal background check on me for the purpose of program eligibility or continued eligibility for the Section 8 or Public Housing program.

I have lived in the following States & Counties:

Name	Date of Birth	Social Security Number	State	County	Residence Period

Printed Name _____ Signature _____ Date of Birth _____

Printed Name _____ Signature _____ Date of Birth _____

Printed Name _____ Signature _____ Date of Birth _____

Have you or any household member ever been convicted of the manufacture, sell, or production of Methamphetamine (Speed) on the premises of Public Housing, Section 8, or any assisted housing? Yes ☐ No ☐

Have you or any household member ever used a last name different from the one you're using now? Yes ☐ No ☐

If yes, what last names have you used? _____

Current Address _____ City, State, Zip Code _____

Telephone: _____ E-Mail: _____

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Individuals with disabilities may submit reasonable accommodation requests to the GHA Central Office, 139 Scroggins Park, Georgetown, KY 40324-2039. If you have any questions or concerns about reasonable accommodations, please call the Executive Director at 502-863-3773 or KY Telecommunications Relay Services for individuals who are Deaf, Hard of Hearing, or for Speech Assistance – call one of the following:
(800) 648-6056 (TTY) 711 (TTY) (800) 648-6057 (Voice) (800) 244-6111 (Speech) (800) 876-4290 (Española-TTY Vow)

Date Criminal Checked by GHA: _____ **Acceptable:** Yes ☐ No ☐

Sex Offender Checked by GHA: _____ **Hits:** Yes ☐ No ☐

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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/ph/rhiip/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**

GEORGETOWN
HOUSING AUTHORITY
139 Scroggin Park, Georgetown, KY 40324
J. Thomas Wilson, PHM, Executive Director

CERTIFICATION REGARDING THE DISPOSITION OF ASSETS
Public Housing & Section 8 Programs

I/We do hereby certify that I/we have not disposed of assets for less than the fair market value during the two (2) year period immediately preceding this certification/recertification.

Head of Household Print name	Signature	Date
Spouse's Printed Name	Signature	Date
Other Adult's Printed Name	Signature	Date

I/We do hereby certify that I/we have disposed of assets for less than the fair market value during the two (2) year period immediately preceding this certification/recertification.

Head of Household Print name	Signature	Date
Spouse's Printed Name	Signature	Date
Other Adult's Printed Name	Signature	Date

Disposition Information: _____

502.863.3773 www.gtownha.org Fax 502.863.3771

Welcoming Families Since 1952

GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324
J. Thomas Wilson, PHM, Executive Director

AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

Housing Choice Voucher Section 8 Applicants or Continued Occupancy Participants

In order to determine initial eligibility or continued eligibility for the Housing Choice Voucher Section 8 program, information may be required from any of the following sources:

Banks or Lending Institutions	Law Enforcement Agencies	Cabinet for Human Services
Pharmacies (Medical Expenses)	Child Care Providers	Internal Revenue Service (IRS)
Court Records	Credit Bureaus	Social Security Administration (SSA)
Physicians (Medical Expenses)	Schools/Colleges/Universities	Utility Companies (Account Info.)
Veterans Administration	Unemployment Office	Current or Former Landlords
Current or Former Employers	Public Housing Authorities	KY Retirement System

(1) I authorize release of information from any of the above sources to GHA. I further understand that the information obtained shall be limited to the requirements of determining initial eligibility or continued program eligibility only. This information is protected by state and federal privacy rights.
(2) I further acknowledge and authorize that this form may be copied by GHA.
(3) I authorize HUD and/or GHA to obtain from the State Wage Information Collection Agency any information or materials necessary to complete or verify the application for participation and to maintain continued assistance under the Housing Choice Voucher Section 8 program.
(4) I authorize HUD and/or GHA to verify with previous or current employers income information.
(5) I authorize HUD to request income return information from the IRS and the SSA for the sole purpose of verifying income information.
(6) I understand that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

I further understand that if I as an applicant or continued program participant, or any member of my family does not sign and submit the consent form as required, then: (1) The GHA shall deny assistance and admission of an applicant family; or (2) assistance to a continued program participant may be terminated.

Head-of-Household	Date
Spouse	Date
Other Adult	Date

"If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please direct your request for reasonable accommodations, in writing, to the housing authority administrative office, attention: Tom Wilson."

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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014
EXP. 07/31/2017

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)
GEORGETOWN HOUSING AUTHORITY 139 SCROGGIN PARK GEORGETOWN, KY 40324 CONTACT PERSON: Alyssa Clary DATE:	

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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**

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

_____ _____
Tenant Date

_____ _____
Landlord Date