

Public Housing in Lakeview Tower

As units in Lakeview Tower become available, the next applicant on the waiting list is contacted.

To be eligible for rental assistance, an applicant's gross annual income cannot exceed the very low-income limit most recently published by HUD. The tenant's portion of the rent is based upon 30% of adjusted gross income in accordance with legislation after allowable deductions:

1. A deduction of \$400.00 per elderly family
2. A deduction of \$480.00 per dependent child
3. A deduction for elderly/handicapped individuals for extraordinary medical expenses that were not compensated for or covered by insurance
(Defined for this purpose to mean medical expensed in excess of 3% of total elderly family income.)
4. A deduction for childcare expense which enables a family member to go to work or school

STUDENT QUALIFYING FACTS

Each student enrolled in an Institution of Higher Education must meet one of the following:

1. A veteran of the US Armed Forces
2. A single person who is at least 24 years of age
3. Is married
4. Has a dependent child
5. Parents are eligible for or are also receiving housing assistance under the Section 8 program

*****THINGS YOU WILL NEED TO PROVIDE TO OUR OFFICE:

1. Birth certificates and Social Security cards for all household members are to be provided when turning in an application.
2. Picture ID (driver's license) for all household members age 18 and over.
3. Everyone age 18 and over must sign all the paperwork.
4. Last bank statement for all accounts for all household members.
5. Employment-- last four paystubs showing payrate and number of hours worked for everyone in the household.
6. All non-wage income-- Unemployment, child support, TANF/Welfare, SS, SSI, pension, medical reimbursement, imputed welfare, or any other non-wage income.
7. **If you are 62 years or older, disabled, or handicapped**, please provide ALL MEDICAL expenses for the previous year. This is for any medical bill YOU paid money out of your own pocket for in the past twelve months.
-medical insurance premiums, prescription insurance premiums, hospital, clinic, doctor, dentist, eye doctor, eye glasses, hearing aids, prescriptions, etc.
8. **College Students**—all educational scholarships & grants--your award letters and billings.

Madison Housing & Redevelopment Commission Pre-Application For Housing Assistance

REASONABLE ACCOMMODATIONS WILL BE MADE, IF NEEDED, UPON REQUEST

Please complete each question on the form and sign the form on the back page.

PLEASE PRINT

APPLICANT

NAME _____						
First	Middle	Last				
ADDRESS _____						
Street, Box No.		City	County	State	Zip	
TELEPHONE _____						
Home/Cell		Other Contact		Work		
Please list other states you have lived in: _____				Email address: _____		

HOUSEHOLD COMPOSITION:

List each family member who will live in your household including yourself.

RACE CODES: 1 = White 4 = Asian
 2 = Black/African American 5 = Native Hawaiian/Pacific Islander
 3 = American Indian

Ethnicity: 1 = Hispanic 2 = Non-Hispanic

Citizenship Codes: EC= eligible citizen, EN= eligible noncitizen, IN= ineligible noncitizen, PV= pending verification

Relationship

LEGAL NAME	Relationship to Head*	Sex M/F	Date of Birth	Soc. Sec. No.	Disabled (Y/N)	Student (Y/N)	Race	Ethnic	Citizen
1.	HEAD								
2.									
3.									
4.									
5.									
6.									
7.									

NOTE: A full-time student, who lives out of town, but returns home for at least three consecutive months per year, is allowed bedroom assignment. A part-time student living away from home is not allowed bedroom assignment.

What is you/your family's current **MONTHLY** income (if no income---put zero):

\$ _____ (wages) \$ _____ (SSI/Social Security) \$ _____ (child support) \$ _____ (other income, unemployment, etc.)

Office use Only: Application #: _____

Section 8 Voucher Program _____
 Lakeview Towers (Public Housing) _____
 Madison HRC Townhomes _____

Please put an "X" by the program you are interested in. You may check more than one.

****NOTE PREFERENCES****

Local Preferences may be given to applicants who are:

***** (Check yes if any of these situations applies to your family. All preferences will be verified upon submission of pre-app)**

1a.) Is the head of household or spouse listed on this application **62 years old or older?** yes ___ no ___
****Provide drivers license** Staff verified _____

1b.) Is the head of household or spouse listed on this application **disabled?** yes ___ no ___
***** Please provide copy of Social Security Award Letter** Staff Verified _____

2.) Is the head of household or spouse listed on this application a **Veteran?** yes ___ no ___
*****Honorably discharged from any branch of the US Armed Forces, active or inactive military personnel and immediate family members or both.**
***** Please provide military papers.** Staff verified _____

3.) **How many hours per week do the head of household and/or spouse work?** _____

4.) **Special/emergency** circumstances, such as:

- a. Families that meet the eligibility criteria for and are participating in a MHRC demonstration program or special initiative;
- b. Families that are victims of a federally declared national disaster affecting the city of Madison;
- c. Families that are an active participant in a Witness Protection Program or State Victim Assistance Program;
- d. Families living in a MHRC administered housing unit which must be rehabilitated to meet ADA/504 requirements and for whom alternate MHRC administered housing units are not available;

*****Please provide documentation.** Staff Verified _____

Do you require a handicap/wheel chair accessible unit? yes ___ no ___

Are you currently Homeless: yes ___ no ___ Staff Verified _____

Are you or anyone in your household a registered sex offender: yes ___ no ___
For office use only: verified _____

Do you owe money to a public housing authority or have you been evicted from a public housing authority with in the past three years? yes ___ no ___

Do you expect anyone to move in or out of the household within the next twelve- (12) months? yes ___ no ___
Example: marriage, pregnancy, (if so, expected due date), etc. _____

Certification of Applicant-Please read this statement carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- any misrepresentation or false information will result in my application being cancelled or denied;
- this is a pre-application for rental assistance through Madison Housing & Redevelopment Commission and is not an offer of housing;
- at the time I reach the top of the waiting lists, I will be required to provide information in accordance with federal housing regulations and Madison Housing & Redevelopment Commission program policy;
- it is my responsibility to notify Madison Housing & Redevelopment Commission of any change of address in writing and I understand that my application may be cancelled if I fail to do so;
- I may be denied if I owe money to Madison Housing & Redevelopment Commission or another public housing authority;
- I may be denied if a household member has been convicted of certain criminal activity and I will be subject to a criminal history check;
- my participation in federal housing programs is subject to my being eligible and in compliance with HUD and MHRC policies.

Signature _____

Date _____

Signature _____

Date _____



Return to: Madison Housing & Redevelopment Commission
111 S Washington Ave
Madison, SD 57042

MADISON HOUSING & REDEVELOPMENT COMMISSION

LAKEVIEW TOWER RENTAL APPLICATION

HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Telephone Number _____

Email Address _____

INFORMATION ABOUT SPOUSE/CO-HEAD

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Telephone Number _____

Email Address _____

FOR HUD STATISTICAL PURPOSES ONLY

Please identify your race and ethnicity by checking one box in each of the two categories below:

CHECK ONE:

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

CHECK ONE:

- Hispanic or Latino
- Non-Hispanic or Latino

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all others members who will be living in the unit. Give the relationship of each family member to the head.

MEMBER NUMBER	MEMBER'S FULL NAME	RELATION TO HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER

Are you or any member of your household required to register as a sex offender? Yes No

Does anyone live with now who is not listed above? Yes No

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:



HOW MANY PEOPLE LIVE IN THE UNIT? Please include yourself.

_____ ADULTS _____ MALE _____ FEMALE

SOURCE OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT

- Wages _____ Social Security _____
 SSI _____ TANF/Welfare _____

DO ANY PERSON WHO WILL LIVE IN THE UNIT HAVE A DISABILITY? Yes No

Please identify any special housing needs your household has:

- Are you now living in a federally subsidized housing unit? Yes No
Have you ever lived in Public Housing? Yes No
Have you ever participated in the Certificate or Voucher Program? Yes No
If yes, enter the date(s) of occupancy? _____
Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 program? Yes No
If yes, provide the following information: When? _____
For what reason? _____
Name of Housing Authority or owner _____
Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol? Yes No
Have you or any member of your household ever been charged with or convicted of a felony? Yes No
Name and address of current landlord:

_____ Phone: _____

Your last address:

Date you lived there: from _____ to _____

Name and address of previous landlord:

_____ Phone: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the following charts.

YES NO

1. Work full-time, part-time, or seasonally?
 2. Expect to work for any period during the next year?
 3. Work for someone who pays them cash?
 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
 5. Now receive or expect to receive unemployment benefits?
 6. Now receive or expect to receive money?
 7. Have a entitlement to receive alimony that is not currently being received?
 8. Now receive or expect to receive public assistance?
 9. Now receive or expect to receive Social Security benefits?
 10. Now receive or expect to receive income from a pension or annuity?
 11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
 12. Receive income from assets, including interest on checking or savings accounts, interest, and dividends from certificates of deposits, stocks or bonds, or income from rental property?
 13. Own real estate or any assets for which you receive no income (checking account, cash)?
 14. Have you sold or given away real property or other assets (including cash) in the past two years?



INCOME AND ASSET INFORMATION CONTINUED

MEMBER NUMBER	SOURCE OF INCOME / TYPE OF INCOME MUST PROVIDE NAME, MAILING ADDRESS & PHONE NUMBER OF ALL SOURCES	ANNUAL INCOME

ASSETS

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members

MEMBER NUMBER	BANK NAME MUST PROVIDE PHONE NUMBER AND MAILING ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

List the value of all stocks, bonds, trust, pensions, or other assets owned by any household member:

List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

Yes No Do you have expenses for child care aged 12 or younger?

If yes, provide the name, address, and telephone number of the care provider: _____

What is the weekly cost to you of the child care? _____

Yes No Do you pay a care attendant or for any equipment for any household member with disabilities necessary to permit that person or someone else in the household to work?

If you pay a care attendant provide the name, address, and telephone number: _____

What is the cost to you for the care attendant and/or equipment?

ELDERLY, DISABLED/HANDICAPPED FAMILIES ONLY:

Yes No Do you have medicare? If yes, what is your month premium? _____

Yes No Do you have other kind of medical insurance?
If yes, provide the name and address of carrier, policy number, premium amount and agents name.

Yes No Do you have any outstanding medical bills which you are paying? If yes, list them below.

What medical expenses do you expect to incur the next 12 months?

If you use the same pharmacy regularly, please provide the name and address?

Yes No Do you use over the counter medications? If yes, list them and frequency of use below.

All FAMILIES: List the name, addresses and phone numbers of two relatives or friends who generally know how to contact you.

1. _____ 2. _____

Do you claim any preferences? Yes No

Involuntarily Displaced Living in Substandard Housing Rent burden over 50% of income

APPLICATION CERTIFICATION

I/We certify that the information given to the Madison Housing and Redevelopment Commission on the household composition, income, net family assets, and 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 grounds for termination of housing assistance and termination of tenancy and are punishable under Federal Law. I/We hereby certify that I will report all changes of income, family composition, or assets to the Madison Housing and Redevelopment Commission with ten (10) days of the date of change.

Signature of Head: _____ Date: _____

Signature of Souse/Co-head: _____ Date: _____



UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	_____	Pre-Paid Debit Cards				
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

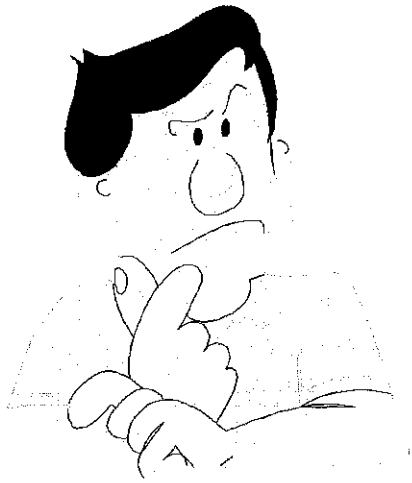
Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

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

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Signature

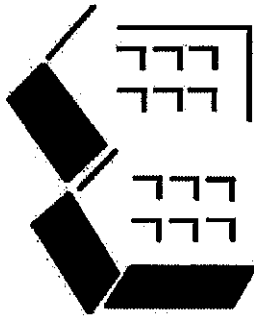
Date

Signature

Date



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

Signature

Date

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: https://www.hud.gov/program_offices/public_indian_housi/ncf/programs/pih/eiv

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**

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 04/30/2023.

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>Madison Housing & Redevelopment Comm.</i>	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i>
Signature _____ Date _____ Printed Name _____	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

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

Madison Housing and Redevelopment Commission
111 S. Washington Avenue
Madison, South Dakota 57042

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant(s)

Date

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

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

Authorization for Release of Information
Madison Housing and Redevelopment Commission
 111 S. Washington Avenue
 Madison, SD 57042
 (605) 256-2112

I, _____, authorize and direct any Federal, State, or local agency, organization business, or individual to release to **Madison Housing and Redevelopment Commission** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Section 8, Rental Rehabilitation, Low Income Public Housing, and/or any housing assistance programs.

These organizations are to include, but **are not limited to:**

- | | |
|--|---------------------------------|
| *Banks and Financial institutions | *Child Support Payers/Agencies |
| *Past or present Employers | *Social Security Administration |
| *Welfare/CPS/DSS Departments | *Veteran's Administration |
| *Court Clerk's | *Utility Companies |
| *Workman's Comp payers | *Hospitals/Clinics |
| *Public and private retirement systems | *Law Enforcement Agencies |
| *Schools/Colleges | *Past or present Landlords |
| *Childcare providers | *Credit providers/bureaus |
| *Medical providers | *State Unemployment Agencies |
| *Support and Alimony Providers | *Post Offices |

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 | *Employment/Income/Asset Status |
| *Medical or Childcare Allowances | *Residence and Rental Activity |
| *Credit activity | *Criminal activity |
| *Child Support payments, payor or payee, for up to one previous year | |

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of the authorization is on file with MHRC and will stay in effect for one year and one month from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

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

Head of Household Signature	Print Name	Date
Spouse/Adult Signature	Print Name	Date
Adult Member Signature	Print Name	Date

Lakeview Tower Community Service Exemption Certification

The Quality Housing and Work Responsibility Act of 1998, requires that all non-exempt public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes, or other activities that help an individual toward self-sufficiency and economic independence. **This is a requirement of the Public Housing Lease and HUD.**

To be EXEMPT (not having to do community service hours), tenants will need to be one of the following:

I certify that I am eligible for an exemption from the Community Services requirement for the following reason:

- I am 62 or older

- I have a disability which prevents me from working

- I am working at least 5 hours per week

- I am participating in a Welfare to Work Program

- I am receiving TANF and am participating in a required economic self sufficiency program or work activity (through either Department of Social Services or Job Service)

- I am a full time student, over 12 credit hours per week

Applicant/Resident

Date



MHRC

Public Housing Office
Lakeview Tower
111 S. Washington Ave.
Madison, SD 57042
(605) 256-2112 - phone
(605) 256-9677 - fax

Madison Housing & Redevelopment Commission

No Income Interview

Name: _____

	Do you have?		Amount	Source
	Yes	No		
Income?				
			Amount per Month	Source
Do you pay for?				
Cigarettes/tobacco/alcohol	Yes	No		
Food	Yes	No		
Personal Items (shampoo, etc)	Yes	No		
Laundry	Yes	No		
Car loan	Yes	No		
Gas for car	Yes	No		
Car insurance	Yes	No		
Cable TV	Yes	No		
WiFi/Internet	Yes	No		
Telephone	Yes	No		
Rent	Yes	No		
Utilities	Yes	No		
Child Support (pay)	Yes	No		
Child Support (receive)	Yes	No		
Child Daycare	Yes	No		

If a medical emergency occurred, how would you pay for these services?

Signature _____ Date _____
Phone _____ Email _____