



COUNTY OF NASSAU
OFFICE OF HOUSING

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2790

APPLICANT/PARTICIPANT CERTIFICATION

Nassau County Office of Housing (NCOH) Section 8 Housing Choice Voucher (HCV) Program

This form must be completed by the Head of Household. Use the legal name for each household member. All adult household members must sign this document, certifying that the information provided is accurate and current.

Log #	Head of Household Name	Email Address	Date
Address & Apt. #		City, State, ZIP Code	
Home Phone	Work Phone	Cell Phone	Other Phone

I. HOUSEHOLD: List all people who will live in the home.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
					HEAD	
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
3. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
4. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
5. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

6. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	

7. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	

8. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability* Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	

Please use the back of this form to provide additional household member information.

**If disabled, have a medical professional fill out the Disability Verification Form for each disabled family member*

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question (Use back of form if more room is needed – all information must be complete)	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member used a different first or last name(s)?	
		If YES:	Current Name(s):
			Previous Name(s):
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your household moved out or moved in since your last re-examination?	
		If YES:	Moved in:
			Moved out:
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect anyone to move out or move in during the next 12 months?	
		If YES:	Will Move in:
			Will Move out:
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult household member have any children who are temporarily placed out of your home?	
		If YES:	Name of Child(ren):
<input type="checkbox"/>	<input type="checkbox"/>	Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger?	
		If YES:	Name of Child(ren):
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that an approved adult household member has legal custody of every minor under age 18 listed in the household?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that all household members listed are currently living in the home?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that all individuals residing in the unit are listed as household members?	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?	
		If YES:	Who and Where:
			Details of Crime:
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to a lifetime sex offender registration?	
		If YES:	Who:
			State:
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive any form of housing subsidy (other than Section 8 HCVP)?	
		If YES:	Who:
			Type and Amount:

YES	NO	Question (Use back of form if more room is needed – all information must be complete.)			
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member lived in any assisted housing before?			
		If YES:	Who:		
			When and Where:		
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member committed fraud in a federally-assisted housing program and/or been required to repay money for knowingly misrepresenting information to receive housing assistance?			
		If YES:	Who:		
			When and Where:		

I certify that my household pays for the following utilities according to the terms of my lease and these utilities are currently on:				
<input type="checkbox"/> Heating	<input type="checkbox"/> Cooking	<input type="checkbox"/> Electricity	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer

III. INCOME INFORMATION:

As a part of the Section 8 Housing Choice Voucher program, you are required to report any and all income received by any and all household members. Note: NCOH uses HUD's Enterprise Income Verification (EIV) System, which provides detailed income information for Housing Choice Voucher household members. If you do not report all household income, you may lose your voucher. All income must be reported.

How often: weekly, biweekly, bimonthly, monthly, yearly

YES	NO	Does anyone in the household receive or expect to receive income from the following?				
<input type="checkbox"/>	<input type="checkbox"/>	Wages, salaries, overtime or tips from employment				
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source		Income before any Deductions	How Often?	Any change expected?
1						Yes or No
2						Yes or No
3						Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Net business income from self-employment (including babysitting, doing hair, care-taking, etc.)				
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source		Income before any Deductions	How Often?	Any change expected?
1						Yes or No
2						Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Social Security (including survivor benefits and SSDI)				
Household Member Name		Type of Benefit		Income before any Deductions	How Often?	Any change expected?
1					Monthly	Yes or No
2					Monthly	Yes or No
3					Monthly	Yes or No

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)			
Household Member Name		Type of Benefit	Income before any Deductions	How Often?	Any change expected?
1		SSI		Monthly	Yes or No
2		SSI		Monthly	Yes or No
3		SSI		Monthly	Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Annuities, insurance policies, retirement funds, pension or disability/death benefits			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Veterans benefits			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Worker's compensation and/or severance pay			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Armed Forces pay			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Student financial assistance that is more than tuition – not including any type of loan			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Regular contributions or gifts received from organizations or persons not residing in the unit, including paying bills on your behalf to a third party			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
3					Yes or No

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Welfare assistance (SNAP/Food Stamps, TANF)			
Household Member Name		Type of Assistance	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
3					Yes or No
4					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Spousal support payments			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Child support payments			
Household Member Name receiving Payment		Child's Name AND Docket Number and/or Name and Full Address and Phone Number or Email Address of Child Support Provider	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Other Income _____			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No

Please use additional pages to list any additional sources of income not reported on pages 3-5 (SECTION III). You must report all income – source, amount and frequency.

IV. Assets

As a part of the Housing Choice Voucher program, you are required to report any and all assets owned by any and all household members, whether owned fully or jointly.

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

YES	NO	Does anyone in the household own or jointly own any of the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1					
2					

YES	NO	Does anyone in the household own or jointly own any of the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1					
2					
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	Safety Deposit Box or Personal Property/Personal Property Held as Investment (gem or coin collections, art, antique cars, etc. but not items used daily)			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	Bonds			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	401(k) Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	IRA Account, Certificate of Deposit, Keogh Account, Trust Fund, Capital Investment			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policy (not term life)			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income

You must also report any asset disposed of – given away, sold, etc.

YES	NO	Question	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member given away or sold assets for less than fair market value in the last two (2) years including cash, real estate, etc. ?	
		If YES:	Who: Details:

No Assets

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	I certify that no household member has any assets of any kind (either owned solely or jointly) at this time.

V. EXPENSES

You may be entitled to a childcare allowance or disability expense deduction in your income determination if the expense allows an adult household member to work or seek work or education.

YES	NO	Question			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have childcare expenses for a child/children under the age of thirteen (13)?			
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Childcare Provider	Your Weekly Cost	Your Monthly Cost	
YES	NO	Question			
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for a care attendant or equipment for a household member with disabilities?			
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Care Attendant/Equipment Provider	Your Weekly Cost	Your Monthly Cost	

Complete this section only if head of household, co-head, spouse or domestic partner is disabled or 62 years of age or older and claiming a medical deduction (must exceed 3% of gross income). IF NOT, skip to section VI. CERTIFICATION STATEMENT

YES	NO	Medical Expenses Questions					
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving Medicare and/or other Medical Benefits?					
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Medicaid Spend-Down?	If YES:	Amount:			
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any medical insurance?	If YES:	Amount:		How Often?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any outstanding medical bills? Do <u>not</u> include information about medical conditions.					
		If YES:	Payment Amount:		How Often?		Total Outstanding:
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any prescription medications on a regular basis? Do <u>not</u> include medication names/types.					
		If YES:	Cost:		How Often Paid?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other medical expenses?					
		If YES:	Type:		Amount:		How Often?

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and Applicant/Participant Certification form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit (no later than 10 business days), including the birth, adoption, or fostering of a child. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me. I understand new additions to the household must be approved by OHCD prior to moving in.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal and sole residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying OHCD or my landlord immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

Signature of Head of Household

Date

Signature of Spouse (Co- Head)

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



**COUNTY OF NASSAU
OFFICE OF HOUSING**

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
(516) 572-1900 FAX (516) 572-2790

FAMILY OBLIGATIONS

In order for you to receive and continue to receive Housing Choice Voucher (HCV) rental assistance, you and your entire household MUST fulfill your obligations to the NASSAU COUNTY HOUSING (NCOH) Housing Choice Voucher (HCV) Program. If you fail to fulfill your obligations, your rental assistance may be terminated.

IN ORDER TO MEET YOUR FAMILY OBLIGATIONS, YOU MUST:

- Complete a determination of eligibility annually.
- Supply any and all information that NCOH requests to determine eligibility, including evidence of citizenship or eligible immigration status, verification of social security numbers, consent forms for obtaining necessary information, and any other information requested.
- Supply information that is true and complete.
- Report any and all changes in income or assets in writing to NCOH within two (2) weeks of the change.
- Report any and all changes in Household Composition in writing within two (2) weeks of the change to NCOH.
- Request in writing and receive written approval from NCOH before any other person moves into your household.
- Notify NCOH in writing within two (2) weeks if any family member no longer lives in the unit.
- Notify NCOH in writing if any household member is going to be away from the unit for an extended time period.
- Request permission for absences that will be longer than 30 days and supply any information or certification requested by the PHA to verify that the family is living in the unit or relating to family absence from the unit.
- Allow NCOH to inspect the unit at reasonable times and after reasonable notice. Any unit participating in the HCV program **MUST** meet Housing Quality Standards at all times.
- Only reside in the assisted unit.
- Immediately give NCOH a copy of any owner eviction notice. In addition, provide copies of all court orders/stipulations.
- Pay your utility bills and supply appliances that you are required to supply under the lease and HAP contract.
- Pay your share of the rent in a timely manner and pay only the rent specified by NCOH. Your portion of the rent is calculated by NCOH and is stated in your Rent Adjustment Letter. Pay no more than stated.
- Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.

MOVES

After the first term of the lease, you may be able to continue to receive assistance in a new unit if the following conditions are met. Families are not permitted to move more than once in a 12-month period (unless beyond your control).

IF YOU WISH TO MOVE, YOU MUST:

- Notify NCOH if you intend to move.
- Give your landlord a 30-day written notice.
- Provide a copy of the notice to NCOH and complete a copy of the Mutual Termination Agreement.
- Ensure that all rental payments to the landlord are up-to-date and re-payment agreement monies owed to NCOH are paid in full.
- Ensure that all tenant-related damages to the unit are repaired before you move.

You **CANNOT** move into a new unit until NCOH approves it. NCOH will conduct an inspection to ensure all Housing Quality Standards required by HUD are met. NCOH will also ensure that the rent is reasonable and affordable and the owner is eligible to participate in the HCV program.

You are responsible if the housing unit fails the NCOH inspection for any of the following reasons:

- You fail to pay for any utilities that your family is responsible for according to the terms of the lease.
- You fail to provide and maintain any appliances that the family provides under the lease.
- Any member of the household or guest damages the dwelling unit or premises beyond normal wear and tear.

YOU AND ANY MEMBER OF YOUR HOUSEHOLD MUST NOT:

- Own or have any interest in the unit.
- Commit fraud, bribery, or any other corrupt or criminal act in connection with the HCV program.
- Participate in illegal drug or violent criminal activity, or any other criminal activity.
- Sublease, sublet, assign the lease, or transfer the unit to any other party.
- Commit any serious or repeated violation of the lease.
- Receive HCV assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
- Abuse drugs or alcohol in any way that threatens the health, safety or right to peaceful enjoyment of other tenants in the immediate vicinity of the premises.

GROUND FOR DENIAL OR TERMINATION OF ASSISTANCE

NCOH may at any time deny program assistance for an applicant, or terminate program assistance for a participant for the following:

- **If the family violates any family obligation under the HCV program** (see first page)
- If any member of the family is subject to lifetime registration under a state sex offender registration program
- If any member of the family has ever been evicted from public housing
- If any agency has ever terminated assistance for cause under the voucher program for any member of the family
- If the family currently owes rent or other amounts to NCOH or to another agency in connection with the HCV Program or public housing assistance under the Housing Act of 1937
- If the family has not reimbursed any agency for amounts paid to an owner under a HAP Contract for rent, damages to the unit, or other amounts owed by the family under the lease
- If the family breaches an agreement with NCOH to pay amounts owed to this office, or amounts paid to an owner by this office
- If the family has engaged in or threatened abusive or violent behavior toward NCOH personnel
- If the family is guilty of abuse or fraud (fraud is a criminal offense)
- If the family refuses to supply any certification, release of information or documentation which NCOH or HUD determines to be necessary for the administration of the program
- If the family vacates the dwelling unit without proper notice to NCOH and/or the landlord
- If the family does not use the dwelling as its principal place of residence or its sole residence
- If the family engages in drug-related or violent criminal activity, or other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity. This includes criminal activity by any family member.

I/We have read and understand the NCOH HCV Program Family Obligations, and I/we agree to abide by these obligations.

Head of Household

Date

Spouse

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

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. 07/31/2021

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

Nassau County Office of Housing for HTFC
40 Main Street - 1st Floor - Suite C
Hempstead, NY 11550

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.



COUNTY OF NASSAU
OFFICE OF HOUSING
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PORTABILITY INFORMATION

Participants in the Section 8 Housing Choice Voucher Program are permitted to transfer their rental assistance from one Housing Agency's (HA) jurisdiction to another location.

You are eligible for portability under the following circumstances:

- If you are a resident of this Housing Authority's jurisdiction at the time you were scheduled to receive Section 8 assistance.
- You were not a resident of this HA's jurisdiction at the time you were scheduled to receive Section 8 Assistance but you were a resident of this jurisdiction when you initially applied.
- Neither of the above, but, in some instances, if the initial HA and the receiving HA are in agreement.

Obligations of the family

You must submit the following:

- Copy of the lease termination notice you gave to your landlord
- Completed Mutual Termination Agreement/Proof that your portion of the rent is paid
- Written request for portability and information about the HA you wish to port to.

You must not move into the new unit without approval from your current HA.

Factors to consider

- Payment Standard – If you move outside our HA to a different HA, you may have a different payment standard. Your portion of rent may change accordingly.
- Occupancy Standard – The HA to which you are moving may require you to find a unit of a different bedroom size to comply with their occupancy standards.
- The goals of portability is to improve the quality of your family's life. When you are thinking of moving to another area, you should evaluate how your life will improve in terms of work, school, safety, and services. You should make every effort to find out what opportunities your new community can offer you to make your move a successful one.

I have read and understand the NCOH HCV Portability Information.

HOH Name		Log #	
Signature		Date	



BRUCE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE

KENNETH A. PETTUS
DIRECTOR OF HOUSING

**COUNTY OF NASSAU
OFFICE OF HOUSING**

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CONSENT FOR RELEASE OF INFORMATION

This signed consent to release information broadens the scope of verification permissions and, along with the Authorization for the Release of Information/ Privacy Act Notice, authorizes HUD and the Nassau County Office of Housing (**NCOH**) Housing Choice Voucher (HCV) Program to request the following:

1. Verification of salary and wages from current or previous employers.
2. Wage and unemployment compensation claim information from the appropriate state agency.
3. Benefit information from the U.S. Social Security Administration.
4. Tax returns and information from the U.S. Internal Revenue Service and the N.Y.S. Department of Taxation & Finance.
5. Verification of assets and other information from financial institutions.
6. Verification of childcare expenses for children age 12 and younger (including foster children) that enable a family member to work/attend school and are not reimbursed by an agency or other individual.
7. Verification of disability assistance expenses incurred to cover care attendants and auxiliary apparatus for any family member who is a person with disabilities that enable an adult household member to work.
8. Verification from a medical care provider of a family member's disability (as defined by HUD) as well as regular and ongoing anticipated expenses which are not covered by an outside source such as insurance.
9. Alimony or child support information, including frequency and amounts of payments actually received, from the enforcement agency responsible for keeping that information.
10. Verification of regular contributions and gifts (monetary or not) from persons outside the assisted household such as rent, utility payments, and other cash or non-cash contributions provided on a regular basis.
11. Student enrollment status and financial assistance information from accredited educational institutions and training providers.
12. Welfare assistance information from the appropriate state agency and/or the Department of Social Services, including any adjustments or reductions.
13. Criminal background information to determine initial and ongoing eligibility for the HCV Program.
14. Verification information from partnering or outside agencies for the purpose of determining eligibility and successful administration of the Housing Choice Voucher program.

Consent: I consent to allow NCOH to request and obtain personal information as specified above for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that NCOH, under this consent form, cannot use this information to deny, reduce or terminate assistance without first conducting an independent verification.

For your household, this general consent to release information form is valid as long as the participant remains in the NCOH Housing Choice Voucher Program.

Head of Household	Date	Spouse/Co-Head	Date
Other Adult	Date	Other Adult	Date



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CITIZENSHIP DECLARATION

Complete this declaration for all members of the household. All adults 18 years of age and older must sign next to their name. Adults responsible for children 17 years of age and younger must sign on their behalf. Check the appropriate box indicating whether the individual is a 1) citizen, 2) eligible non-citizen, or is 3) choosing not to declare. At least one member of the household must be a citizen or a non-citizen with eligible status in order for the household to live in housing subsidized under the Housing Choice Voucher (HCV) program.

Note: Members of the household have the right not to declare their status and still reside in the subsidized unit. However, in these cases, the amount of the subsidy will be prorated, per federal regulations.

1	- I am a citizen by birth, a naturalized citizen, or a national of the United States.
2	- I have eligible immigration status as one of the following: <ul style="list-style-type: none"> • Immigrant status under § 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #1 • Permanent residence under §249 of INA, see instruction #2 • Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA, see instruction #3 • Parole status under §212(d)(5) of the INA, see instruction #4 • Threat to life or freedom under §243(h) of the INA, see instruction #5 • Amnesty under §245A of the INA, see instruction #6
	OR - I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #7
3	- I choose not to declare my immigration status.

Family Member Name	Date of Birth	Status (check one)			Signature of Adult or parent/guardian on behalf of minor under 18
		1	2	3	

As head of household, I certify, under penalty of perjury, that, to the best of my knowledge, all the members of my household are listed above and have correctly indicated their citizenship or immigration status.

Head of Household Signature		Date	
------------------------------------	--	-------------	--

ELIGIBLE IMMIGRATION STATUS INSTRUCTIONS

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

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

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

All family members with eligible immigration status types 1-6 must provide NCOHCD with an original of one of the following documents:

1. Form 1-551, Alien Registration Receipt Card
2. Form 1-94, Arrival-Departure Record with appropriate annotations or documents
3. Form 1-688, Temporary Resident Card
4. Form 1-68813, Employment Authorization Card
5. A receipt issued by INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified



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VIOLENCE AGAINST WOMEN ACT (VAWA) NOTICE

The Violence Against Women Act (VAWA) provides protection for certain victims of domestic violence, dating violence or stalking, as well as members of the victims' immediate families. The protections apply to Section 8 participants, and housing authorities must notify participants of their rights under VAWA. **Please note: these protections apply to men and children as well as women.**

VAWA Protections Against Evictions or Termination of Assistance

Under VAWA, victims of domestic violence, dating violence or stalking are protected as follows:

- **You cannot be denied housing or housing assistance only because you are a victim.** If you are otherwise eligible for housing or housing assistance, the housing authority or landlord cannot deny you only because you are or have been a victim of domestic violence, dating violence or stalking.
- **You cannot be evicted or terminated for "good cause" or "lease violation" if you are the victim.** You cannot be evicted based on an incident of actual threatened domestic violence, dating violence or stalking if you are the victim of the incident. Please see "actual imminent threat" below for an exception to this rule.
- **You cannot be evicted or terminated for criminal activity if the criminal activity was directly related to the domestic violence, dating violence or stalking.** If the criminal activity was committed by a member of your household or any guest or other person under your control, and you (or an immediate family member) are the victim and the criminal activity was directly related to domestic violence, dating violence or stalking, you cannot be evicted.
- **Your lease or voucher can be changed to evict only the perpetrator(s).** This action is known as "bifurcation" and allows the victimized tenants to remain in the unit while removing only the tenant who committed the act of domestic violence, dating violence or stalking.
- **You can move to protect family members.** The PHA cannot terminate assistance if you move to protect the health/safety of a family member who is the victim of domestic violence, dating violence or stalking and reasonably believed he/she was imminently threatened by further violence if he/she stayed in the unit.

Limits of VAWA Protection

The protections of VAWA do not protect you from denial or termination of assistance or from being evicted in all circumstances. Under VAWA, you may be terminated for the following reasons:

- **Good cause unrelated to domestic violence, dating violence or stalking** – Tenants and/or applicants may be denied, terminated or evicted for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a more demanding standard than non-victims.
- **Actual and imminent threat** – The tenant may be terminated or evicted if the tenant is an actual or imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted.

Documentation of Victim Status

If you claim protection under VAWA, the PHA or landlord may require you to provide documentation that you are a victim and that the incident or incidents are bona fide incidents of such actual or threatened abuse. If documentation is requested, the request must be made in writing. The housing authority or landlord must give you at least fourteen (14) business days to provide one of the following forms of documentation:

- Self-certification of the victim – Upon request, the housing authority or landlord will provide a form for you to use
- Documentation from a professional – The documentation can be from an employee, agent, or volunteer of a victim service provider, an attorney or a medical professional you consulted about the domestic violence, dating violence or stalking
- Other records – You can submit federal, state, tribal, territorial or local police or court records.

IMPORTANT: You must provide the documentation on or before the deadline specified on the request. If you fail to provide the documentation by the deadline, you may be denied, terminated or evicted.

Confidentiality of VAWA-Related Information

All information provided to a housing authority or landlord relative to a claim for VAWA protection must be kept confidential. The housing authority or landlord must not share your information with unauthorized individuals, unless you give written consent to do so or the information is required for use in an eviction proceeding or otherwise required by law.

For Additional Information

Please visit the U.S. Department of Justice website at <http://www.ovv.usdoj.gov/regulations.htm>



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TTY (516) 572-2369

HOUSING CHOICE VOUCHER PROGRAM TAX STATEMENT

Attention HCVP Staff:

I do hereby state that I have not filed a Federal and / or State Income Tax claim for the tax year of

20_____

I completely understand that failure to disclose accurate income and asset information to your office could result in the termination of rental assistance in accordance with federal law.

WARNING

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

Signature

Date

BRUCE A. BLAKEMAN
 NASSAU COUNTY EXECUTIVE

KENNETHA A. PETTUS
 DIRECTOR OF HOUSING



**COUNTY OF NASSAU
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Log Number: _____
 Housing Specialist: _____

Household Member Name: _____ **SS# (last 4 digits)** _____

I hereby authorize the release of the requested information.

Signature _____ **Date** _____

Authorization for the Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

VERIFICATION OF EMPLOYMENT INCOME

Please provide the following information for the individual listed above.

Employer Name					
Employer Address					
Employee Job Title			Date of Hire		
Last Day of Employment (if Applicable)			Termination Voluntary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay Rate	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
Pay Frequency (check one)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly				
Average Number of Hours Worked		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Pay Period			
Overtime Pay Rate	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Pay Period			
Bonuses, Commissions, Fees	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Pay Period			
Earnings YTD	\$	YTD earnings date (as of)		Start Date (if after Jan 1 st of this year)	
Total Earnings for the past 12 months	\$				

Log Number: _____

Housing Specialist: _____

YES	NO	Question <i>(Use back of form if more room is needed – all information must be complete)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Is there an anticipated pay increase in the next 12 months?			
		If YES:	Amount of anticipated change	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Pay Period
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any changes in the hours the employee works in the next 12 months?			
		If YES:	Amount of change		
		If YES:	Reason for this change		
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee currently on leave?			
		If YES:	Percentage or amount of pay that employee will receive while on leave absence		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly
			Effective Date of Leave		Anticipated Date of Return
<input type="checkbox"/>	<input type="checkbox"/>	Is this employment in a government-funded training, skills or volunteer program?			
		If YES:	Indicate funding or government excluded-income source		

Additional Comments	
----------------------------	--

I certify that the information provided is true and correct.

Name of Individual Completing Form		Title	
Signature		Company	
Address		Date	
Email		Telephone	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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.

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

BRUCE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE



KENNETH A. PETTUS
DIRECTOR OF HOUSING

COUNTY OF NASSAU
OFFICE OF HOUSING
40 MAIN STREET – FIRST FLOOR – SUITE C
HEMPSTEAD, NEW YORK 11550
(516) 572-1900 FAX (516) 572-2789

LANDLORD/TENANT FRAUD NOTICE

The Department of Housing & Urban Development (HUD) has conveyed to the Nassau County Housing Choice Voucher Program (Section 8) its concerns over violations of the Housing Choice Voucher Program requirements across the nation.

For the Nassau County Office of Housing to provide Housing Assistance (Section 8) to as many needy families as possible, all participants in the HUD approved program must properly utilize government funds and follow policy requirements. Incidences of fraud, willful misrepresentation or intent to deceive regarding the Housing Choice Voucher Program are criminal acts. If a participating landlord is suspected of committing any fraudulent action, Nassau County Office of Housing is required to refer the matter to the proper officials for appropriate action. This may lead to an investigation of the allegation and could result in landlords being accused of committing a federal crime, as well as being terminated from participating in the program.

Some examples of fraud involving landlords identified by the investigation include:

1. Requiring side payments more than the family's share of rent, including having the tenant pay for utilities that are not specified on the Housing Assistance Payment contract (HAP) or sharing utilities with others.
2. Subdividing the unit after inspection (basement/attic) and collecting rental payments for units not occupied by Housing Choice Voucher participants.
3. Bribing Housing Choice Voucher Program employees to certify substandard units as standard.

**PARTICIPATING TENANTS ARE URGED TO IMMEDIATELY REPORT
ANY VIOLATIONS OF THE HOUSING CHOICE VOUCHER PROGRAM.**

This agency will take any action warranted to ensure the cases of fraud are prevented and/or prosecuted, and we are working with HUD to accomplish this task.

**I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES AS A LANDLORD AND/OR AS
A HOUSING CHOICE VOUCHER PARTICIPANT (TENANT).**

Landlord Signature

Tenant Signature

Date

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

Signature

Date

Printed Name



**COUNTY OF NASSAU
 OFFICE OF HOUSING**

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2789
 TTY (516)572-2369

Verification of School Attendance
 (5-21 YEAR OLDS)

FOR OFFICE USE ONLY HS:

Notification to all Applicants/Clients:

This form must be completed by the school official for all 5- to 21-year old students in the household. Please enter your name, read the statements contained herein, enter date and sign in the bottom right-hand corner.



Name of Parent:

I hereby give permission to my child's school to release information from my child's records to The County of Nassau office of Housing and Community Development for determining eligibility. The following may be disclosed:

TO BE COMPLETED BY SCHOOL OFFICIAL:

STUDENT NAME(S)	
ATTENDING AS A FULL-TIME STUDENT	
GRADE(S)	
NOT ATTENDING AS A FULL-TIME STUDENT	
NAME OF SCHOOL	
LAST REGISTRATION DATE	
LAST KNOWN ADDRESS OF ABOVE STUDENT	
EXPECTED DATE OF GRADUATION	
SCHOOL OFFICIAL	
TITLE	
PHONE#	
DATE	
PARENT'S SIGNATURE	
DATE	



**COUNTY OF NASSAU
 OFFICE OF HOUSING**

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2790

Log Number: _____

Household Member Name (print): _____

SS# (last 4 digits): _____

I hereby authorize the release of the requested information.

Signature _____ Date _____

Authorization for the Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

VERIFICATION OF STUDENT STATUS AND FINANCIAL AID

Student ID		Is the Student employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Academic Year		Date of Enrollment	Student is enrolled <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Enrolled

Does the student receive financial assistance that is not a loan under the Higher Education Act of 1965, from private sources, or from an institution of higher education for the current academic year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total amount of annual financial aid from these sources. (Exclude loans.)	\$
Amount charged for tuition for the year for this student	\$
Amount charged for non-tuition expenses such as fees, books, room and board, etc	\$
Amount of financial assistance that exceeds <i>only</i> the amount of tuition	\$

Additional Comments	
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I certify that the information provided is true and correct.

Name of Individual Completing Form		Title	
Signature		Company	
Address		Date	
Email		Telephone	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

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

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.

BRICE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE



KENNETHA A. PETTUS
DIRECTOR OF HOUSING

**COUNTY OF NASSAU
OFFICE OF HOUSING**
40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
(516)572-1900 FAX (516)572-2790
TTY (516) 572-2369

INFORMATION UPDATE
HCVP (SECTION 8)

Date	
Name	
Address	
City / Town	
Home Phone Number	
Cell Number	
Work Phone Number	
Email	
Emergency Phone Number	
Name of Person at This Emergency #	
Relationship to This Person:	



COUNTY OF NASSAU
OFFICE OF HOUSING

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2790

Household Member Name (print): _____ SS# (last 4 digits) _____
 I hereby authorize the release of the requested information.

Signature _____ Date _____

Authorization for the Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.
 Dear Medical Professional: This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

VERIFICATION OF DISABILITY
 (TO BE COMPLETED BY A MEDICAL PROFESSIONAL)

I certify that the above-named individual is a person with a disability.

According to HUD, a person with disabilities is a person who meets at least one of the following definitions:

- Has a disability as defined in Section 223 of the Social Security Act. This Act defines disability as an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- Has a physical, mental or emotional handicap which:
 1. Is expected to be of long indefinite duration;
 2. Substantially impedes his/her ability to live independently; and
 3. Is of such a nature that the person's ability to live independently could be improved by more suitable housing.
- Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act. Developmental disability is defined as a severe or Chronic disability which:
 1. Is attributable to a mental and/or physical impairment
 2. Was manifested before the age of 22;
 3. Is likely to continue indefinitely;
 4. Results in substantial functional limitations in three or more of the following areas; capacity for independent living; self-care; receptive and expressive language; learning; mobility; self- direction; and economic self-sufficiency; AND
 5. Requires special, interdisciplinary, or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

I certify that this individual DOES NOT qualify as a person with a disability as listed above.

I certify that the information provided is true and correct.

Name of Professional Completing Form		Title	
Signature		Company	
Address		Date	
Email		Telephone	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



COUNTY OF NASSAU
OFFICE OF HOUSING

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2790

Log Number: _____

Household Member Name: _____ **SS# (last 4 digits):** _____

I hereby authorize the release of the requested information.

Signature _____ **Date** _____

Authorization for the Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

VERIFICATION OF BANK ACCOUNTS

Please provide the following information for the individual listed above.

MUST BE FILLED OUT BY THE FINANCIAL INSTITUTION/BANK:

Account Type	Account Number	Current Accessible Balance	Average 6-Month Balance	Interest Rate (%)
Value of Trust Administered			\$	
Anticipated Amount of Income to be distributed by Trust over the next 12 months			\$	

I certify that the information provided is true and correct.

Name of Individual Completing Form		Title	
Signature		Company	
Address		Date	
Email		Telephone	

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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

I have read the above

Participant Signature

Date

form HUD-1141
(12/2005)



COUNTY OF NASSAU
OFFICE OF HOUSING

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2790
 TTY (516)572-2369

Head of Household Member Name: _____

LOG #: _____

I hereby authorize the release of the requested information.

Signature _____ Date _____

Authorization for the Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

VERIFICATION OF CHILD SUPPORT

Please provide information about any Child Support you provide for the children/minors listed below.

Child's Name	Age	Amount	Frequency	Court Ordered?	Voluntary?	Starting Date
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have Child Support Payments been terminated?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the date of termination		

BELOW AREA MUST BE SIGNED BY THE PERSON PROVIDING SUPPORT

I certify that the information provided is true and correct.

Name of Individual Providing Support:		Title	
Signature		Company	
Address			Date
Email		Telephone	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



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(516) 572-1900 FAX (516) 572-2790

ZERO INCOME STATEMENT

Household Member Name			
Head of Household Name		Log Number	

This statement is to certify that I am NOT currently receiving income from any of the following sources:

1. Employment by any private or public employer;
2. Unemployment compensation benefits;
3. Social Security benefits or any type of annuity benefits;
4. Public assistance;
5. Child support;
6. Pension or veteran's benefits;
7. Maternity or other leave benefits;
8. Money from friends or relatives on a regular basis;
9. Income from any other source.

	Please explain how you pay for the following expenses.
Food	
Rent	
Utilities	
Other Expenses	

I understand that I must report any changes in my income, and that I may lose my assistance and face charges of fraud if I fail to do so promptly. I also understand that I must come to the HCV office and re-certify each month until I can verify that I have income.

Signature			
Name		Date	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

BRUCE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE

KENNETHA A. PETTUS
DIRECTOR OF HOUSING



COUNTY OF NASSAU
OFFICE OF HOUSING

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
(516) 572-1900 FAX (516) 572-2790

DATE: _____

Log Number: _____

Household Member Name: _____

SS# (last 4 digits) _____

I hereby authorize the release of the requested information.

Signature _____ **Date** _____

Authorization for Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

VERIFICATION OF SUPPORT CONTRIBUTION

Please provide the following information for any regular contributions to the individual listed above to assist in paying bills or to provide other financial support.

<input type="checkbox"/> I am currently providing the following financial assistance.			
Total Amount	\$	Start Date	
Purpose			
<input type="checkbox"/> I am no longer providing financial assistance.			End Date

Additional Comments	
----------------------------	--

I certify that the information provided is true and correct.

Name of Individual Completing Form		Title	
Signature		Company	
Address		Date	
Email		Telephone	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

BRUCE A. BLAKEMAN
 NASSAU COUNTY EXECUTIVE

KENNETH A. PETTUS
 DIRECTOR OF HOUSING



**COUNTY OF NASSAU
 OFFICE OF HOUSING**

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2790

DATE: _____

Log #: _____

Household Member Name: _____

Signature _____ **Date** _____

Authorization for the Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

VERIFICATION OF CHILD CARE EXPENSES

Please provide the following information for the children in the household listed above who are **under the age of 13**.

Name of Child in Care	Age
Childcare is provided:	<input type="checkbox"/> All Year <input type="checkbox"/> During the School Year <input type="checkbox"/> School Vacations Only
<input type="checkbox"/> Other (list frequency):	

THIS FORM MUST BE COMPLETED BY THE CHILDCARE PROVIDER

Normal Cost	\$	School Vacation Cost	\$
	<input type="checkbox"/> per hour <input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month	<input type="checkbox"/> I am not paid during school vacations.	<input type="checkbox"/> per hour <input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month
Parent Co-Pay	\$	<input type="checkbox"/> \$0 – Parent does not pay anything toward child care expenses.	

	<input type="checkbox"/> per hour <input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month	
<input type="checkbox"/> Other Payment Schedule: (explain)		

Total amount received from parent for last 12-month period	\$
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Additional Comments	
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THIS FORM MUST BE COMPLETED BY THE CHILDCARE PROVIDER

I certify that the information provided is true and correct.

Name of Individual Completing Form		Title	
Signature		Company	
Address			Date
Email		Telephone	

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SELF-EMPLOYMENT CERTIFICATION

(Self-employment includes babysitting, doing hair, tutoring, care-taking, etc)

Head of Household Name		Log #	
Household Member Name			
Address			
Type of Self-Employment			
Estimated Net Profit (Please estimate based on past and current circumstances.)	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly

I understand that I must report any significant change in my income that may occur during this recertification period within ten days of the change occurring.

I certify that I am currently self-employed in the above-named capacity.

I HAVE ATTACHED A COPY OF MY MOST RECENT TAX RETURNS.

Household Member Signature		Date	
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