

SETON VILLAGE OVERVIEW OF THE APPLICATION INSTRUCTIONS

The Seton Village Resident Selection Criteria is included in the application which explains how people are selected to eventually move into one of our apartments.

If a unit with special accessible features is needed there is a form that will need to be filled out and included when you send in your application. Please fill out the top half only and return with the application. We will send the form in and have primary care person fill it out and return it.

The rental application needs to be filled out completely, each household member's name and other information needs to be included or it will not be considered complete. Include all income sources for each household member along with any assets such as house, land or buildings, checking and savings accounts, IRA's, CD's, and anything with a cash value excluding autos.

Each household member must sign the Applicant Certification and sign your own Authorization to Release Information forms.

Each adult household member must fill out the Criminal & Sex Offender Background Information form, signed and dated.

The supplement to application for federally assisted housing form must be filled out. There is an option if you choose not to provide this information. The form still has to signed and dated even if you do not provide the information.

Each household member must fill out a race and ethnic data reporting form signed and dated.

Each household member must also fill out a Sample Citizenship Declaration form signed and dated.

Each household member must disclose their Social Security Numbers except those household members who do not contend eligible immigration status.

If an applicant 62 or older as of January 31, 2010 does not have a Social Security Number and receiving rental assistance at another location on January 31, 2010 we will need the information that qualifies the applicant for the exemption from disclosing and providing verification of a social security number.

The following preferences are in place at Seton Village; A. Persons with extremely low income, where income does not exceed 30% of the Kennebec County median income as reported by HUD. At least 40% of all move-ins will be extremely low-income applicants. This will be verified by third party verification. B. Persons displaced by public action. Applicant must provide documentation of where and verification they were displaced by public action. C. Persons not receiving and federal, state or local housing subsidy are priority. This is verified by research of what the tenant is paying and research into the current housing landlord.

SETON VILLAGE PREFERENCES

Please indicate preferences if they apply:

- ☐ Applicant who is extremely low income , where the income does not exceed 30% of the median income for Kennebec County.
- ☐ Applicant who has been displaced by public action.
- ☐ Applicant not receiving housing assistance.

Please check all that apply. Preferences will be verified by office staff here at Seton Village.



SETON VILLAGE RESIDENT SELECTION CRITERIA

It is our policy to abide by all federal, state, and local laws when providing housing to elderly persons and those persons requiring the accessible features of a specially designed unit, without regard to race, creed, color, religion, handicap, national origin, gender, familial status, or sexual orientation. Moreover, we are committed to taking all necessary steps in ensuring that our properties provide a safe and happy environment for all residents to live. Seton Village is a smoke-free campus. **No smoking is allowed on Seton Village property, other than those who are grandfathered.**

The following guidelines will be used as our selection criteria in the process of screening all applicants:

1. Applicant must be 62 years of age or older, verifiable by birth certificate or other acceptable legal documents; or be of legal age, with a physical disability that requires a unit with special accessibility features that have been installed in certain units at Seton Village. Applicants who meet under this criterion because of such a disability are eligible only for units with the special accessibility features. In assigning units designed for disabled persons needing accessible features, an applicant's age will not be the basis for preference of one qualified applicant over another. A physician must verify that the applicant has a disability that requires these accessible features. The physician who signs the verification form will be notified by our office staff and asked to verify the signature and information.
2. Applicants and tenants must disclose SSN's for all household members, except those who do not contend eligible immigration status, and tenants over 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them.. Social Security card or other acceptable documents will be adequate. For individuals who do not contend eligible immigration status Seton Village will keep the tenant's Citizenship Declaration on file.
3. All applicants must be U.S. citizens or Noncitizens who have eligible immigration status. All U.S. citizens family members must declare U.S. citizenship or immigration status with forms provided in the application. If you or family member are Noncitizens with eligible immigration status Seton Village will verify the documents using the Multifamily Systematic Alien Verification for Entitlements program to see if you qualify.

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4. Seton Village accepts applications and Pre-applications by mail or in person. Once an application is received, we check for the signature that all information is accurate, and the application is complete. Once that is verified the application is date and time stamped and initialed by the person accepting the application. The applicant is placed on the waitlist.
5. Applicants may move into two-bedroom apartments providing there are at least two people in the family. If family member(s) move out, or are no longer in the unit, leaving one member in the unit; that person will be required to move into a one-bedroom unit, when one becomes available. That person will be given a 30-day notice to move to a vacant unit in the project. This transfer will be provided ahead of people who are next on the waitlist.
6. Applicants not requiring handicap accessible features may move into a handicap accessible unit if one is vacant. If a handicap accessible unit is needed by a current tenant or a new applicant, you will be asked to move into the next non-handicap accessible unit when one becomes available. You will be given a 30-day notice to move to a vacant unit in the project. This transfer will be provided ahead of people who are on the waitlist.
7. After you refuse twice to take a vacant apartment your name will be removed from the waiting list. You may make out another application at any time.
8. Students enrolled in a part time or full-time institution of higher education and are 24 years old or younger must meet the criteria as outlined in HUD regulations.
9. Applicant must meet the statistical Metropolitan Areas Low/Very Low and Extremely Low-income Limit as determined by the U. S. Department of Housing and Urban Development.
10. Applicant must be willing and able to pay rent on a timely basis, verifiable by consumer credit reports and information obtained from previous and current landlords.
11. Applicant must demonstrate the ability to care for the unit and abide by the terms of the lease agreement and house rules, verifiable by house visits and information obtained from previous landlords, and or social or health care workers.
12. Applicant's household composition must be proportionate with the unit size and type available.

One Bedroom- At least one person but no more than two persons

Two Bedroom- At least two persons but no more than three persons

The following preferences will be considered, and all applicants will be ranked accordingly on the waiting list:

- A. Persons with extremely low income, where income does not exceed 30% of Kennebec County median income as reported by HUD. At least 40% of all move-

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ins will be extremely low-income applicants. This will be verified by third party income verification.

- B. Persons displaced by public action. Applicant must provide documentation of where they lived and verification they were displaced by public action.
- C. Persons not receiving any federal, state, or local housing subsidy are priority. This is verified by research of what the tenant is paying for rent and research into the current housing landlord.

Prior to leasing up a criminal background check will be completed. You will also need to have a Doctor's note verifying the disability requiring the handicap accessible features if you need them.

Seton Village will use information contained in the Existing Tenant Search in the EIV(Enterprise Income Verification) system to determine if the applicant or applicant household members are currently residing in another Multifamily or Public and Indian Housing location.

If the applicant or member of the applicant's household is residing at another location, Seton Village will discuss this with the applicant, giving the applicant the opportunity to explain the circumstances relative to his/her being assisted at another location.

Depending on the outcome of the discussion with the applicant Seton Village will coordinate move out and move in dates.

Seton Village will use the EIV website for income verifications at all interim and annual recertifications once you become a tenant.

If Seton Village decides to close the waitlist for further applications an advertisement in the local newspapers will be announced, also the outreach organizations, Senior Spectrum, Catholic Charities of Maine and the Muskie Center will be notified by letter.

If Seton Village decides to open the waitlist an advertisement will be announced in the local papers, also the outreach organizations, Senior Spectrum, Catholic Charities of Maine and the Muskie Center will be notified by letter.

If you otherwise qualify for assistance under Section 202/8, you cannot be denied admission or assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

If a tenant is a victim of domestic violence, dating violence, sexual assault, or stalking, and needs an emergency transfer you may request the transfer by filling out and completing HUD form 5383 provided by Seton Village. Once a suitable unit comes open the transfer will be honored.

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Applicants may be denied if:

1. Any household member has been evicted from federally assisted housing for drug-related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, we may, but not required to, admit the household.
2. Any household member is currently engaging in illegal drug use including medical marijuana which prohibited by HUD per memorandum issued by HUD "Use of Marijuana in Multifamily Assisted Properties dated December 29, 2014.
3. We determine that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)
4. Any member of the household is subject to a lifetime registration requirement under the state sex offender registration program. We will perform background checks in any state that has sex offender registration programs where the applicant has been known to reside.
5. If we determine that there is a reasonable cause to believe that a household's member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
6. If applicant is under the age 62 and does not have a Doctor's verification of a disability that requires special accessible features of a specially designed unit, or if the Doctor will not verify the verification information and signature. The features include lower countertops, lower placement of light switches, and kitchen sink, and a special sink in the bathroom and extra grab bars in the bathtub.
7. If applicant does not meet the income limits as established by HUD every year.
8. If the applicant is a part time or full-time student in an institution of higher education and does not meet the criteria outlined by HUD regulations.
9. If applicants and family members cannot provide proof of U.S. citizenship or eligible immigration status.
10. If it is determined that applicant has provided false or inaccurate information.

Applicants found to be ineligible will be notified of this determination in writing stating the reasons for denial. Applicants will be notified of their right to appeal the determination, if they feel they were wrongfully denied.

Appeals should be addressed to:

Chairperson of Seton Village Board of Directors
1 Carver St
Waterville, Me 04901

If you feel you have been discriminated against in seeking housing, you should contact the following:

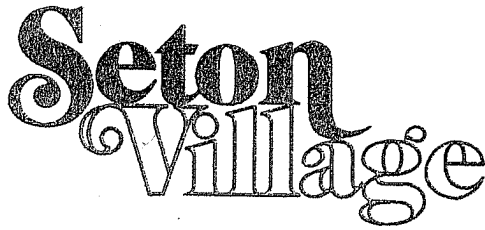
Executive Director of Seton Village
1 Carver St
Waterville, Me 04901

Appeals must be received in writing within fourteen days of the receipt of the denial letter.

The Executive Committee formed from members of the Seton Village Board of Directors, will review the case and forward a final decision to the applicant within five days after the receipt of the complaint.

THIS NOTICE MUST BE POSTED IN AT LEAST THREE CONSPICUOUS PLACES AT THE PROPERTY.

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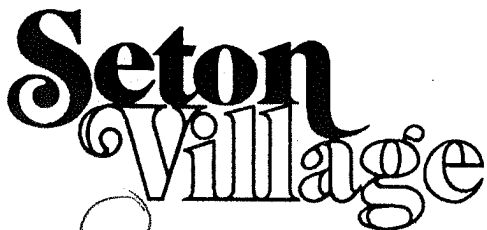
UNITS WITH SPECIAL ACCESSIBLE FEATURES

Seton Village has 140 apartments; only seven units have special accessible features. These features include ramps, special grab bars in the bathroom, lower countertops, accessible sinks, lower light switches, etc.

✱ It is very important that the people who move in are in need of these features. As long as the applicant is of legal age or emancipated and has a disability that requires these special features they will be accepted on the waiting list providing the applicant has the authorization form filled out and signed by a physician. The physician's office will be called and asked to verify that the information is accurate.

The form must be filled out correctly, if not you will receive a letter stating that your application was denied. When filled out completely and correctly the application will be entered on the list as of the date the application was received.

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Return this form to us
Do not send to the doctor



***IF UNIT WITH SPECIAL ACCESSIBLE FEATURES IS NEEDED, SIGN AND RETURN THIS FORM.**

AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

Primary Care Physician's Information:

Name _____

Address _____

FROM: Harlan Cooper

Seton Village

1 Carver St

Waterville, Me 04901

RETURN THIS INFORMATION TO THE PERSON LISTED ABOVE

SUBJECT: Verification of Mobility Impairment

Applicant Name: _____

Applicant Address: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed envelope for this purpose. The applicant/tenant has consented to the release of information as shown below.

INFORMATION BEING REQUESTED BY PRIMARY CARE PHYSICIAN

Please mark an "X" in the applicable box that accurately describes the person listed above.

1. ☐ YES ☐ NO Has a physical disability that is expected to be of long-continued and indefinite duration, and is of nature to be improved by housing with special accessible features. Features such as lower countertops, kitchen sink, light switches, special bathroom sink fixture and grab bars in the bathtub.

NAME OF PRIMARY CARE PHYSICIAN
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

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RENTAL APPLICATION

DATE: _____ TIME: _____

NAME: _____ HOME PHONE: _____
Please Print WORK PHONE: _____

ADDRESS: _____ HOW LONG? _____

PRESENT RENT AMOUNT: INCLUDE UTILITIES)

\$ _____ Per Month _____ Or Week _____

LANDLORDS NAME: _____ PHONE: _____

LANDLORDS ADDRESS: _____

PRIOR LANDLORD: _____ PHONE: _____

ADDRESS: _____

REASON FOR LEAVING CURRENT RESIDENCE:

EMPLOYED BY: _____ HOW LONG _____

POSITION: _____

IS A HANDICAPPED ACCESSIBLE APARTMENT REQUIRED FOR ANYONE
IN HOUSEHOLD? _____

REFERENCES: _____

HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD	PLACE OF BIRTH	DATE OF BIRTH	SEX	STUDENT?
	HEAD				

APPLICANTS ON ACTIVE WAITING LIST SHOULD CONTACT THE SETON
VILLAGE OFFICE IN CASE OF ADDRESS CHANGE OR PHONE NUMBER
CHANGE.

Rental Application
Page Two

***GROSS MONTHLY INCOME BY FAMILY MEMBER*:**

SALARIES	SOCIAL SECURITY	PENSIONS	SSI	OTHER
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$

(*) Gross income = income before deductions such as taxes, medicare, insurances, etc.

TOTAL ANNUAL INCOME _____

NET FAMILY ASSETS: *(che; savings, cd's, stocks, bonds, life ins; property)*

AMOUNT
\$
\$
\$

all
ANTICIPATED AMOUNT TO BE SPENT FOR MEDICAL EXPENSES: \$ _____
(Medicare, Health Insurance, etc., other expenses not covered by health insurance.)

BANK:

CHECKING ACCOUNT#: _____ SAVINGS ACCOUNT# _____

CREDIT: _____

PERSONAL: _____

APPLICANT CERTIFICATION

I certify the information given to Seton Village, Inc. regarding household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

X Signature of Head _____

/ Date _____

Signature of Spouse _____

Date _____

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

AUTHORIZATION TO RELEASE INFORMATION

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

X _____
Signature

X _____
Date

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employees of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.



CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for subsidized housing. To enable us to do that, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, and welfare of other residents.

Seton Village will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- all
1. Have you been evicted from a federally assisted site for drug related criminal activity within the past five years? ☐ Yes ☐ No
 2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No
 3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No
 4. Have you been convicted of any drug-related crime within the last five years?
☐ Yes ☐ No
 5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
 6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? ☐ Yes ☐ No
 7. Have you been convicted of any crime involving violence within the past five years?
☐ Yes ☐ No
 8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
 9. Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

 10. Have you ever used or been known by any other name? ☐ Yes ☐ No
If yes, please list names used _____

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I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Seton Village, Inc. to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to SetonVillage, Inc., to a public housing authority, or to an agency contracted by Seton Village, Inc. to conduct criminal background checks.

XApplicants Signature _____ Date X_____

XApplicants Name (Please Print)_____

Title 18, Section 1001 of the U.S.Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employees of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additional Contact Person or Organization:

Address:

Telephone No:

Cell Phone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

☐ Emergency

☐ Unable to contact you

☐ Termination of rental assistance

☐ Eviction from unit

☐ Late payment of rent

☐ Assist with Recertification Process

☐ Change in lease terms

☐ Change in house rules

☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant

Date

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.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2014)

SETON VILLAGE, INC.

1 CARVER ST. WATERVILLE, ME 04901

Name of Property

Project No.

Address of Property

HARLAN COOPER

SECTION 8 HOUSING

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, X _____ hereby declare, under
penalty of perjury, that I am X _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature_____
Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature_____
Date

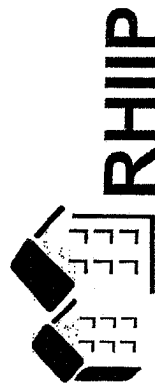
Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature_____
Date

Check here if adult signed for a child: _____



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
If You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons."



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

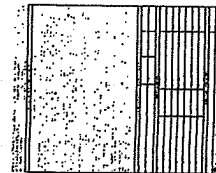
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition,



immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

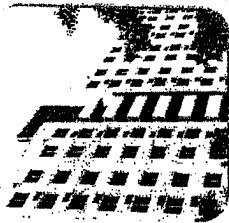
EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved

to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009