



## Housing Choice Voucher (HCV) Program Recertification Application

1635 Western Avenue – Cincinnati, OH 45214 (513) 977-5800

**I. FAMILY COMPOSITION/ADDRESS/EBL**

Starting with yourself, list each person who lives with you in the household under the HCV Program. *Please print clearly.*

A	Name (First, Last & Middle Initial)	Sex	Age	Place of Birth (City & State)	Relationship to Head	If member is married, name of spouse.
1						
2						
3						
4						
5						
6						
7						

HOUSEHOLD COMPOSITION NOTE: For any new person added to the household verification of Birth Date and Social Security Number will be required. A citizenship form will be required and, if requested, proof of citizenship may be required. Anyone over 18, will be required to produce ID. For any child being added to the household other than a newborn, proof of custody may be requested. Until CMHA receives in writing notification that someone has moved from the household, that family member will be considered a member of the household for subsidy standards, income calculation and any violation of family obligations.

A. MARITAL STATUS OF HEAD OF HOUSEHOLD: MARRIED \_\_\_ SINGLE \_\_\_ WIDOW(ER) \_\_\_ DIVORCED \_\_\_

CURRENT/FORMER SPOUSE(S) NAME(S) : \_\_\_\_\_  
 IF SEPARATED OR DIVORCED, ADDRESS CURRENT/FORMER SPOUSE LIVES \_\_\_\_\_  
 IF MARRIED, DATE OF MARRIAGE \_\_\_\_\_

B. YOUR CURRENT ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE #: HOME \_\_\_\_\_ WORK \_\_\_\_\_ Cellphone \_\_\_\_\_ Emergency Contact # \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

C. WHAT IS THE CONTRACT RENT OF THE UNIT? \_\_\_\_\_ WHAT IS THE RENT YOU PAY TO OWNER: \$ \_\_\_\_\_

D. INDICATE THE TYPE OF UNIT YOU CURRENTLY OCCUPY:  
 HOUSE \_\_\_ APARTMENT \_\_\_ DUPLEX \_\_\_ TOWNHOUSE \_\_\_ MOBILE \_\_\_ OTHER \_\_\_\_\_

E. UTILITIES AND APPLIANCES – Please indicate what utilities and/or appliances you provide under the lease (gas, electric, water, sewer, trash, range, fridge, none, etc):

•	•	•	•
•	•	•	•

F. IF THE FAMILY IS RESPONSIBLE FOR GAS AND ELECTRIC, IN WHOSE NAME IS THE DUKE BILL? \_\_\_\_\_ If the family is responsible, service must be maintained in the name of an adult family member.

G. IS ANY HOUSEHOLD MEMBER HANDICAPPED OR DISABLED? \_\_\_ NO \_\_\_ YES If yes, who: \_\_\_\_\_  
*NOTE: INFORMATION ASKED FOR POSSIBLE DEDUCTION PURPOSES ONLY*

H. LEAD POISONING IN CHILDREN IS A SERIOUS HEALTH PROBLEM. DO YOU HAVE A CHILD WHO IS UNDER THE AGE OF SIX YEARS WHO HAS BEEN TESTED AND FOUND TO HAVE AN ELEVATE LEVEL OF LEAD IN THEIR BLOOD? \_\_\_ NO \_\_\_ YES. IF YES, WHO IS THE CHILD WHO TESTED? \_\_\_\_\_ WHEN WAS THIS TEST DONE? \_\_\_\_\_ WHAT WAS THE LEVELS? \_\_\_\_\_ *THIS INFORMATION WILL BE USED TO MAKE SURE YOUR CHILD LIVES IN SAFE HOUSING.*

I. ARE ALL MEMBERS OF THE HOUSEHOLD CITIZENS OF THE UNITED STATES? \_\_\_ NO \_\_\_ YES

J. ARE YOU A CURRENT PARTICIPANT IN FAMILY SELF SUFFICIENCY (FSS) PROGRAM? \_\_\_ NO \_\_\_ YES

K. DO YOU CURRENTLY OWE ANY BACK RENT, DAMAGES OR HAVE A REPAYMENT AGREEMENT WITH ANY PUBLIC OR ASSISTED HOUSING AGENCY \_\_\_ NO \_\_\_ YES IF YES, AMOUNT: \_\_\_\_\_  
 IF YOU OWE CMHA, ARE YOU CURRENT ON YOUR REPAYMENT AGREEMENT IF WITH CMHA? \_\_\_\_\_  
 IF YOU OWE A DIFFERENT PHA, TO WHICH PHA DO YOU OWE THE DEBT? \_\_\_\_\_



**II. ASSET INFORMATION – PLEASE READ CAREFULLY**

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING?

A. DO YOU HAVE ANY ASSETS?  NO  YES If Yes, continue to provide the following information:

Type of Asset	Date Account Opened	Date Account Closed	Account Number	Y-T-D Earnings	Current Value/Balance	Interest Rate	Maturity Date
Savings				\$	\$		
Checking				\$	\$		
Certificate of Deposit				\$	\$		
Savings Bonds				\$	\$		
Annuity				\$	\$		
Stocks				\$	\$		

B. LIFE INSURANCE WHICH HAS A CASH VALUE?  NO  YES  
 IF YES – INSURANCE COMPANY NAME \_\_\_\_\_

IF YES – WHAT IS THE CASH VALUE OF THE POLICY? \$ \_\_\_\_\_

C. HAVE ANY ASSETS BEEN SOLD, GIVEN OR TRANSFERRED WITHIN THE PAST TWO YEARS?  
 NO  YES IF YES, EXPLAIN \_\_\_\_\_

**III. INCOME INFORMATION – PLEASE READ CAREFULLY**

A. LIST ALL INCOME FOR EACH PERSON IN YOUR HOUSEHOLD.

Which Household Member Receives Income?	Source of Income (Example – employment, SSI, OWF, unemployment, etc)	When did this income start?	Amount	Frequency of Income (Hourly, Monthly, Weekly, Daily and Hourly)	Name & Address of Employer (if Applicable)

B. HAVE YOU RECEIVED ANY CHILD SUPPORT DURING THE PAST 12 MONTHS:  NO  YES  
 AMOUNT RECEIVED \$ \_\_\_\_\_ WEEKLY, BIWEEKLY, MONTHLY (Circle One)  
 WHICH CHILD SUPPORT AGENCY ISSUES THE PAYMENT? \_\_\_\_\_



C. DO YOU (OR ANYONE IN THE HOUSEHOLD) HAVE ANY OTHER MONEY OR INCOME? \_\_\_\_\_ NO \_\_\_\_\_ YES  
 IF YES – EXPLAIN \_\_\_\_\_

D. DOES ANYONE 18 YEARS OLD OR OLDER ATTEND A SCHOOL OR TRAINING PROGRAM FULL TIME? \_\_\_\_\_ NO \_\_\_\_\_ YES  
 IF YES, HOUSEHOLD MEMBER \_\_\_\_\_ SCHOOL OR TRAINING PROGRAM \_\_\_\_\_

E. DID YOU OR ANYONE IN THE HOUSEHOLD FILE A FEDERAL INCOME TAX RETURN LAST YEAR? \_\_\_\_\_ NO \_\_\_\_\_ YES

F. DURING THE PAST 12 MONTHS, HAVE YOU (OR ANYONE IN THE HOUSEHOLD) RECEIVED ANY PAYMENT OR CHECK IN A LUMP-SUM AMOUNT FOR DELAYED START OF A PERIODIC PAYMENT?  
 \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES – EXPLAIN \_\_\_\_\_

**IV. OPTIONAL ALLOWANCES**

A. CHILD CARE EXPENSES – DO YOU HAVE OUT-OF-POCKET CHILD CARE EXPENSES DUE TO EMPLOYMENT AND/OR TO FURTHER YOUR EDUCATION FOR ANY CHILD AGE 12 AND UNDER?  
 \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES – AMOUNT YOU PAY \$ \_\_\_\_\_ WEEKLY, BIWEEKLY, MONTHLY (circle one)

B. MEDICAL EXPENSES – IF HEAD OF HOUSEHOLD OR SPOUSE IS 62 YEARS (or older) OR HANDICAPPED OR DISABLED - CONTINUE: Do you have on-going out-of-pocket medical expenses which are not covered by insurance? (Also list cost of any medical insurance coverage). List any providers for which you have out-of-pocket medical expenses which are not covered by Insurance. Also list cost of any medical insurance coverage.

Which household member is the coverage/expense?	Company you pay (Examples: Medicare, AARP, etc)	Address of Company	Amount Paid (Example for medical insurance, prescriptions, doctor's appointments, etc)	Frequency paid (Monthly, annually, weekly, biweekly, etc)

C. HANDICAPPED ASSISTANCE EXPENSES – If any family member is disabled or handicapped – CONTINUE:

• DO YOU HAVE EXPENSES WHICH ENABLE A FAMILY MEMBER TO BE EMPLOYED?  
 \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES – EXPLAIN \_\_\_\_\_

**APPLICANT / TENANT CERTIFICATION**

I/We certify that the information given to the CMHA Leasing and HCV Programs on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Based on the HUD regulations effective 10-2-1995, I/We have been advised that if I/We have a child under the age of six years that he/should be tested for elevated blood lead levels (EBL). If my child has tested positive to the EBL, I understand that I should report this to CMHA so that the program may assist in testing to be sure my house is safe. In addition, I/We agree to provide proof of eligibility requirements as requested. I/We certify that I/We have received copies of the Lead-Based Paint Poisoning Form.

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Spouse/Co-head

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of person who helped complete form

\_\_\_\_\_  
 Phone # of person who helped complete form

If you believe you have been discriminated against, you may call the Fair-Housing and Equal Opportunity National Toll Free Hotline at 1-800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500). After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058. See the Federal Privacy Act Statement for more information about its use.

HCV Staff person who reviewed application: \_\_\_\_\_ Date: \_\_\_\_\_

Any duplicated forms in this packet are for the Head of Household and other adults in the household to complete.

# Family Self-Sufficiency

## SET GOALS GET DIRECTION CHANGE YOUR LIFE

### Family Self-Sufficiency (FSS)

The Family Self-Sufficiency (FSS) program empowers HCV families to change their lives by teaching them to set and reach their educational, employment, financial and homeownership goals. Participants who completed this five-year program have:

- Obtained GED/High school diploma
- Earned certificate, associate, bachelor and master's degrees
- Found full-time employment with benefits
- Conquered finances and increased credit scores
- Started businesses
- Purchased homes
- AND MORE!

The FSS is a voluntary program for HCV families receiving a voucher. Participants learn to set goals each year toward economic self-sufficiency and receive community resources and support to meet their goals.

***Participants have the opportunity to earn money in an escrow account when they increase their earned income. For example:***

	Contract Rent	CMHA Subsidy	Family's Monthly Rental Portion	Escrow Account (per month)
Family Joins FSS	\$500	\$400	\$100	\$0
Family Increases Earned Income	\$500	\$200	\$300	<b>\$200</b>

**Call an FSS Program Coordinator today!**

<b>Gloria Coulter</b> Program Coordinator	<b>Priscilla Ollenu</b> Program Coordinator	<b>Teresa Ferrarelli</b> Program Coordinator
Phone: 513-546-7697 Fax: 513-665-3137	Phone: 513-977-5827 Fax: 513-665-2925	Phone: 513-344-9641 Fax: 513-665-2919
<a href="mailto:Gloria.coulter@cintimha.com">Gloria.coulter@cintimha.com</a>	<a href="mailto:Priscilla.Ollenu@cintimha.com">Priscilla.Ollenu@cintimha.com</a>	<a href="mailto:Teresa.ferrarelli@cintimha.com">Teresa.ferrarelli@cintimha.com</a>





## LEAD AWARENESS SHEET

The purpose of this questionnaire is to obtain information about whether you or a household member have tested positive for an Elevated Blood Lead Level (EBL). The request for information is not intended to be unduly intrusive into your medical history. Rather, this process is designed to insure that individuals are assigned to the housing that meets their needs.

1. Have you or a household member ever been tested for EBL Levels?  Yes  No
2. If the answer to #1 is yes, please list the member's name; and for each, answer the additional questions.

NAME	Age when detected	EBL Level, Date of Test(s) Performed	Name and Address of Doctor/Facility that conducted the EBL testing.	Is this family member currently being treated for an EBL Level?	Previous address of household member where an EBL was detected.
1.					
2.					
3.					
4.					
5.					
6.					

I acknowledge that CMHA has provided to me the Lead Information Pamphlet and requested information from me regarding EBL testing for my household. I agree to provide CMHA documentation to verify information that I have disclosed on this form. This information will be provided to CMHA within 14 business days from the date of me signing this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I acknowledge that CMHA has provided to me the Lead Information Pamphlet and requested information from me regarding EBL testing for my household. It is my decision not to provide to CMHA this information for privacy issues. I further acknowledge that my refusal to provide CMHA with this information may limit the assistance CMHA is able to offer to my household. I agree to hold CMHA harmless in regards to any issues that may arise from my refusal to release this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## NOTICE OF REASONABLE ACCOMMODATIONS

### FOR APPLICANTS/RESIDENTS/PARTICIPANT WITH DISABILITIES

**Notice to Applicants/Residents/Participants:** The Cincinnati Metropolitan Housing Authority ("CMHA") provides housing to eligible families including families with children, elderly families, disabled families, and single people. It is the policy of CMHA to comply with all laws relating to Fair Housing and Civil Right. CMHA is committed to identifying and eliminating situations or procedures that create a barrier to equal housing opportunity for all.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application, leasing or ongoing tenancy with CMHA Asset Management or Voucher Management programs.

**What is a Reasonable Accommodation?:** A reasonable accommodation is a structural change that CMHA can make to its units or common areas, or a modification of a rule, policy, procedure or service, that will assist an otherwise eligible applicant or resident with a disability to make effect use of CMHA's programs. Examples of reasonable accommodation include:

- Making alterations to the CMHA unit so that is accessible for use by a family member
- Adding or altering unit features so that they may be used by a family member with a disability
- Permitting a family member to have a service animal
- Making large type documents, Braille documents, cassettes or a reader available to an applicant, participant or tenant with a vision impairment
- Providing sign language or interpreter
- Permitting an outside agency or individual to assist the applicant or tenant with a disability to meet CMHA recertification requirements

The foregoing examples are not meant to be inclusive of the entire range of reasonable accommodations available.

**Process for Requesting a Reasonable Accommodation:** If you would like to request a reasonable accommodation, then please request it through your housing specialist.

I have read the foregoing notice and understand CMHA's Reasonable Accommodations Procedure:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## **Notice to Cincinnati Metropolitan Housing Authority (CMHA) Housing Choice Voucher (HCV) Program Applicants and Participants**

### **Violence against Women Act (VAWA)**

To all Housing Choice Voucher applicants and participants:

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your rights under VAWA.

**Protections for victims** - If you are eligible for the Housing Choice Voucher Program, CMHA cannot deny you rental assistance solely because you are a victim of domestic violence, dating violence, or stalking. Also, an HCV approved landlord cannot refuse to rent to you solely because you are a victim of domestic violence, dating violence, or stalking. If you are the victim of domestic violence, dating violence, or stalking, you cannot be terminated from the HCV program or evicted based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you or terminating your rental assistance if you were the victim of the abuse.

**Reasons you may be evicted or your voucher may be terminated** - You can be evicted and your rental assistance can be terminated if CMHA or your landlord can show there is an *actual* and *imminent* (immediate) threat to other tenants or employees at the property, where you reside, if you remain in your housing. You can also be evicted and your rental assistance can be terminated for serious or repeated lease violations that are not related to the acts of domestic violence, dating violence, or stalking committed against you. CMHA and your landlord cannot hold you to a more demanding set of rules than they apply to tenants who are not victims.

**Removing the abuser from the household** - Your landlord may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing you and the other members of your household to stay in the unit. Also, the Housing Authority can terminate the abuser's HCV rental assistance while allowing you to continue to receive assistance. If your landlord or Housing Authority chooses to remove the abuser, they may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, your landlord must follow federal, state, and local eviction procedures.

**Moving to protect your safety** - CMHA may permit you to move and still keep your rental assistance, even if your current lease has not yet expired. The CMHA may require that you be current on your rent or other obligations in the HCV program. The CMHA may ask you to provide proof that you are moving because of incidences of abuse.



**Certify that you are a victim of domestic violence, dating violence, or stalking**

- CMHA and your landlord may ask you to certify that you are a victim of domestic violence, dating violence, or stalking. The CMHA and your landlord must give you at least 14 business days to provide this proof. The CMHA and your landlord are free to extend the deadline. There are three ways you can prove that you are a victim:

1. Complete the certification form given to you by the CMHA or your landlord. The form will ask for your name, the name of your abuser, the abuser’s relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
2. Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing “under penalty of perjury”.
3. Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within 14 business days, your landlord may evict you, and the CMHA may terminate your rental assistance.

**Confidentiality** The CMHA and your landlord must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the CMHA or your landlord to release the information.
- Your landlord needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the CMHA or your landlord to release the information.

You should inform the CMHA if the disclosure of information regarding the violence against you will place you at further risk.

**VAWA and other applicable laws** - VAWA does not limit CMHA or your landlord’s duty to honor court orders about access to or control of the property. This includes orders issued to protect the victim and orders dividing property among household members in cases where a family breaks up. VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

I have received a copy of the foregoing notice regarding the Violence against Womens Act:

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Print Name

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Signature

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Date

## Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

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**PHA or IHA requesting release of information** (full address, name of contact person, and date):

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**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

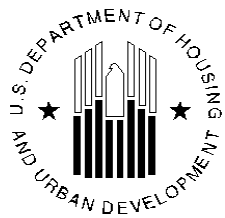
**Signatures:**

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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



## 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.

<p><b>This Notice was provided by the below-listed PHA:</b>                  Cincinnati Metropolitan Housing Authority                  Housing Choice Voucher Program                  1635 Western Avenue                  Cincinnati, OH 45214</p>	<p><b>I hereby acknowledge that the PHA provided me with the                  Debts Owed to PHAs &amp; Termination Notice:</b></p>	
	<p><b>Signature</b></p> <p><b>Printed Name</b></p>	<p><b>Date</b></p>



## 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?**

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<p><b>This Notice was provided by the below-listed PHA:</b>                  Cincinnati Metropolitan Housing Authority                  Housing Choice Voucher Program                  1635 Western Avenue                  Cincinnati, OH 45214</p>	<p><b>I hereby acknowledge that the PHA provided me with the                  Debts Owed to PHAs &amp; Termination Notice:</b></p>	
	<p><b>Signature</b></p> <p><b>Printed Name</b></p>	<p><b>Date</b></p>





## HOUSING CHOICE VOUCHER PROGRAM THINGS YOU SHOULD KNOW

**My signature** indicates that I certify that I have **read**, I **understand** and I **agree** to follow the rules of the HCV Program.

### COOPERATION

The family must supply all information needed to determine eligibility and level of rental subsidy. This includes information or verification of family income and composition required for initial eligibility, annual or interim recertification. Failure or refusal to do so may result in delays, possible termination of assistance or eviction.

The family must allow the HCV Inspector access to the dwelling unit at reasonable times and after reasonable notice. An inspection at least every twelve months is mandatory. The family must not move into a new unit prior to the unit passing inspection and the negotiation of reasonable rent by CMHA with the owner.

### NO DUPLICATE RESIDENCE, DUPLICATE ASSISTANCE OR OWNERSHIP

I certify that the HCV dwelling unit will be my only residence and that I will not duplicate federal housing assistance under another Federal housing assistance program (including an HCV program). HCV must be the only housing subsidy received by the family. The family must not own or have any interest in the dwelling unit (other than in a manufactured home or a cooperative). In addition, the family must not sublease or assign the lease or transfer the unit. The family may not lease a unit from a family member without seeking and receiving prior approval from CMHA.

The family must notify the Cincinnati Metropolitan Housing Authority (CMHA) and the owner in writing before moving or terminating the lease. The lease termination form is available at the HCV office. Families must provide CMHA with a copy of any eviction notice.

### REPORT CHANGES IN FAMILY COMPOSITION AND INCOME

Families are required to report to CMHA all changes in household composition or income within **30 calendar days** of the occurrence.

**These changes must be in writing, and include, but are not limited to changes resulting from:**

- a. Lump sum payments received from sources such as unemployment, welfare assistance and pensions.
- b. A family member leaving the household.
- c. All changes in household income including additional income added to the household.
- d. All income of minor children in the household, whether earned from employment, received from a government agency, child support or paid to a payee on the behalf of the minor child.

The addition of family members or others to the household must normally be approved by CMHA and the owner before the change occurs. Families must promptly report all changes, within **30 calendar days**, such as, but not limited to changes due to marriage, death, adoption, birth, court custody awards, persons moving in or out of household, etc.

Families may not allow persons, not approved by CMHA to be a part of the household, to use the assisted address to reside in, or for mail, or as a temporary or permanent address, or for any other purpose. Families must report marriages by any household member, whether or not the spouse will reside in the assisted unit. Families must report the incarceration of any household member.

### FAMILY RESPONSIBLE FOR SOME HOUSING QUALITY STANDARDS

The owner is not responsible for a breach of Housing Quality Standards caused by the family. The family is responsible for any defects to the unit for which they are obligated under the lease.

1. Provide and maintain range and refrigerator if required by the lease.
2. If required under the lease, the family is required to maintain utility service in the name of the head of household or other authorized adult member of the assisted household.
3. Report any unsafe housing conditions to the HCV Program if the Owner fails to do repairs in a timely manner.

**(Please continue on other side)**

**A FAMILY MUST NOT COMMIT SERIOUS OR REPEATED VIOLATIONS OF THE LEASE**

- 1. Paying the rent late, or not paying the rent.
- 2. Not allowing for the peaceful and quiet enjoyment by neighbors.
- 3. Causing damages to the unit.

**DRUG RELATED ACTIVITY, VIOLENT CRIMINAL ACTIVITY, OR OTHER CRIMINAL ACTIVITY**

CMHA may terminate assistance for violent criminal activity or drug related criminal activity by any family member, guest or person under the tenant’s control.

**OTHER FAMILY OBLIGATIONS**

- 1. Give 30 days written notice to CMHA and the owner before vacating the unit.
- 2. Give CMHA a copy of any eviction notice served on the family by the owner.
- 3. Notify CMHA of any absence of any household member from the unit that is more than 30 days in duration.

**A FAMILY MAY BE TERMINATED FOR OWING DEBTS TO ANY PHA**

- 1. If the family currently owes rent or other amounts to CMHA or to another Housing Agency in connection with HCV, public housing, or any other program under the 1937 Housing Act.
- 2. If the family had not reimbursed any Housing Agency for amounts owed to CMHA.
- 3. If the family breaches an agreement to repay CMHA for any amounts owed to CMHA.

**HCV ASSISTANCE MAY BE TERMINATED FOR ANY OF THE FOLLOWING**

- 1. If the family violates any of the family obligations.
- 2. If a Housing Agency has ever terminated assistance under the certificate or voucher program to any member of the family. If a family member has ever been evicted from public housing.
- 3. If any family member commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
- 4. If the family has engaged in or threatened abusive or violent behavior toward CMHA personnel.
- 5. If the family participates in side payments (payments outside of “rent to owner” as stated by CMHA) to the landlord not authorized by CMHA.

**VISITOR POLICY**

Any adult or child who has been in the unit more than 14 consecutive days without CMHA approval or a total of 30 days in a 12-month period will be considered to be living in the unit as an unauthorized household member, which could result in termination of the family’s assistance.

**YOUR ABILITY TO MOVE (not for PBV and MOD)**

Any family issued a Voucher by CMHA may have the right to move anywhere within the United States of America.

**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME**

I received a copy of this pamphlet at my initial briefing. I have been made aware that I can receive an additional copy at any time, if requested.

**FAMILY SELF-SUFFICIENCY (not for PBV and MOD)**

I have received information about Family Self-Sufficiency (FSS) and how to join at my initial briefing.

**OTHER POINTS TO REMEMBER (After your family is under HCV Lease and Contract)**

- Report any unsafe housing conditions to the HCV Program if the Owner fails to do repairs in a timely manner.
- Pay only the amount of rent and for only those utilities listed on the Lease or Addendum. Your failure to follow this policy may result in termination of your rental assistance.

**Head of Household’s Name (printed):** \_\_\_\_\_

**Signature Head of Household:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Co-head/Spouse:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Other Adult 18+:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Other Adult 18+:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Other Adult 18+:** \_\_\_\_\_

**Date:** \_\_\_\_\_