



# MEMPHIS HOUSING AUTHORITY

700 Adams Avenue Memphis, Tennessee 38105 (901) 544-1100 (Main) (901) 544-1375 (Fax) [www.MemphisHA.org](http://www.MemphisHA.org)

## EMERGENCY HOUSING VOUCHER APPLICATION CHECKLIST

The following documentation is required for an application to be considered for an Emergency Housing Voucher (EHV). Income documentation should be no older than 60 days of the application submission date. If income documentation is not readily available, MHA will accept self-certification. If supporting documentation is not readily available, the referral can still be submitted; we will be unable to determine final eligibility and voucher issuance will be delayed.

The CoC/Partner agency must upload the Application Packet and supporting documentation to MHA. Applicants determined to be eligible will be invited to a follow-up briefing. Applicants determined to be ineligible will receive written notification stating the reason(s) why they were determined to be ineligible.

### EHV Application Packet

- Homeless Referral Form
- Application for Housing Assistance
- Service Assessment Form
- Declaration of Section 214 Status
- Authorization for Release of Information/Privacy Act Notice
- Supplement to Application for Federally Assisted Housing
- Supplemental Authorization for Release of Information
- Family Obligations
- Notice of Occupancy Rights under the Violence Against Women Act
- Debts Owed to Public Housing Agencies and Terminations
- Requesting a Reasonable Accommodation notice
- What You Should Know About EIV

**REMINDER:**  
**Completed applications must be sent to [coordinatedentry@cafth.org](mailto:coordinatedentry@cafth.org) for processing.**  
**Do not submit applications to MHA directly.**

### Required Supporting Documentation

- Driver's license or state issued ID (for everyone 18 and older)
- Social security cards (for everyone in the household)
- Evidence of Citizenship or Eligible Immigration Status (for everyone in household) - Birth certificates, U.S. passport, Permanent Resident Card, etc.
- Marriage License or Divorce Decree
- Income information (for everyone in the household) - 3 most recent paystubs, AFDC (cash or food stamps) printout, unemployment statement, SS/SSI statement, child support printout, pension/annuity statement, and/or contribution statement from family and friends, etc.
- Asset Information – Savings/Checking account, IRA, mutual fund, annuities, trust, inheritances, life insurance policy, etc.
- Full-time Student Status (for students 18 and older) - Current letter from the Registrar/Admission Office
- Child Care (for children 12 and under) – Printout and/or statement from the provider detailing the amount paid and frequency.
- Medical/Handicapped Expenses (if head of household/spouse is elderly or disabled) – Printout and/or receipts from pharmacy and/or doctor.

If an adult household member (18 and older) reports no income, the Zero Income Certification must be completed.





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## HOUSING CHOICE VOUCHER PROGRAM EMERGENCY HOUSING VOUCHER HOMELESS REFERRAL FORM

Household Name:	Client ID: XXX – XX - _____
Number of Persons in Household:	
Case Worker Name:	Phone Number:

### Authorized Release of Information

I consent to allow the Memphis Housing Authority and the Community Alliance for the Homeless (CoC) and its service providers to share information regarding my family composition, household income, assets, and any other information deemed necessary to determine my eligibility for an Emergency Housing Voucher.

HOH Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Certification of Initial Eligibility for EHV

#### *THIS SECTION COMPLETED BY CAFTH*

The above-named individual or household is  homeless; or  at risk of homelessness;  recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability.

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual or family named above has been screened and meets the initial eligibility criteria for an Emergency Housing Voucher.

Referring Agency Name: Community Alliance for the Homeless

CoC Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Memphis Housing Authority For Office Use Only

Date Referral Received: \_\_\_\_\_

Referral Status:  Approved  Denied

Denial Reason:  
\_\_\_\_\_

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*THIS PAGE COMPLETED BY REFERRING AGENCY*

## **ELIGIBILITY CRITERIA**

Please select only one eligibility criteria and complete the section for the selected criteria.

**Living Situation: place not meant for human habitation (e.g. cars, parks, abandoned buildings, streets/sidewalks)**

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or campground.

**Description of the current living situation:**

\_\_\_\_\_

**Homeless Street Outreach Program Name:** \_\_\_\_\_

**Authorized Representative Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.*

**Living Situation: Emergency Shelter**

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

**Emergency Shelter Program Name:** \_\_\_\_\_

**Authorized Representative Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).*

**Living Situation: Recently Homeless**

The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness.

**Authorized Representative Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This referring agency must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory.*

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:  an emergency shelter or  a place unfit for human habitation.

**Authorized Representative Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**MEMPHIS HOUSING AUTHORITY – HOUSING CHOICE VOUCHER PROGRAM**  
 700 Adams Avenue      Memphis, TN 38105      Telephone: 901-544-1347

**EMERGENCY HOUSING VOUCHER  
 APPLICATION FOR HOUSING ASSISTANCE**

<b>Household Name:</b>	<b>Phone #: (        )-</b>
<b>Mailing Address:</b>	<b>Email Address:</b>

**HOUSEHOLD COMPOSITION**  
 Please list everyone that will reside in the household.

Relation to Head	First & Last Name	Sex	Social Security #	Date of Birth	Is the Member Disabled?
HOH		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

**HOUSEHOLD INCOME**  
 Please identify the income source/amount for each household member. Leave blank those that do not apply. You will need to provide MHA with documentation to verify each type of income your household receives.

	Member	Member	Member	Member
<b>Household Member Name</b>				
<b>Income Source</b>	<b>EARNED INCOME</b>			
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses	<input type="checkbox"/> <small>Check All That Apply</small>	\$	\$	\$
Employer Name & Contact Number				

**BENEFIT INCOME**

Social Security (SS/SSI; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$
Unemployment Compensation (include Regular & Pandemic Unemployment Compensation) (exclude IRS Economic Impact Payment)	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Veterans Administration (VA) Benefits				
Welfare Cash Assistance	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$



**MEMPHIS HOUSING AUTHORITY – HOUSING CHOICE VOUCHER PROGRAM**

700 Adams Avenue Memphis, TN 38105 Telephone: 901-544-1347

**OTHER INCOME**

Alimony		\$	\$	\$	\$
Child Support		\$	\$	\$	\$
Pension/Retirement		\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480)		\$	\$	\$	\$
Regular cash gifts from organizations or friends/family who will not reside in the unit		\$	\$	\$	\$
Net income from business/self- employment (include income from independent contractors, e.g., Etsy, Amazon, Uber, Lyft, Instacart, etc.)		\$	\$	\$	\$
Other (please describe):		\$	\$	\$	\$

**ASSETS**

**Assets:** Do you or any household member have assets (for example – checking or savings account, stock or bonds, real estate, retirement (401k or 403b), or life insurance policy)?  Yes  No

Type of Asset	Member Name	Source	Cash Value	Interest Rate
			\$	

**Asset Disposal:** Have you or any household member given away or sold assets (including cash) for less than full value in the last two years?  Yes  No If yes, what was the asset \_\_\_\_\_

What was the value of the asset? \$ \_\_\_\_\_ How much did you receive for the asset? \$ \_\_\_\_\_

**EXPENSES**

**Child Care Expense:** Do you have any childcare expenses for a minor child (12 or younger) that allows a member of the household to work, go to school or search for a job?  Yes  No

Provider Name, Address & Phone Number	Name(s) of Children	Member enabled to work, go to school, or job search	Cost (\$)	Frequency
			\$	
			\$	

**Medical Expense:** Do you or any household member have medical expenses (e.g., prescription, doctor bills, insurance premiums, hospital bills, etc.)?  Yes  No

**Complete this section ONLY if the head of household, co-head, or spouse is disabled or at least 62 years old.**

Type of Expense	Member Name	Amount Expense (\$)	Frequency	Estimated Annual Amount
		\$		\$

**Disability Assistance Expense:** Do you have any expenses for the care of a disabled member that allows a member of the household to work (e.g., care attendant, auxiliary apparatus, or service animal)?  Yes  No

**Complete this section ONLY if one or more household members is disabled.**

Type of Expense	Disabled Member Name	Member Enabled to Work	Amount of Expense (\$)	Frequency
			\$	
			\$	



HOH Name \_\_\_\_\_

Tenant ID \_\_\_\_\_



## MEMPHIS HOUSING AUTHORITY

Housing Choice Voucher Program • 700 Adams Avenue • Memphis, Tennessee • 38103  
Phone: (901) 544-1347 • Fax: (901) 544-1375 • [www.MemphisHA.org](http://www.MemphisHA.org)

### ZERO INCOME CERTIFICATION

**MHA requires that all new and continuing families who do not have a regular source of income complete and sign this certification. At the discretion of MHA, all household members who are 18 years old or older and report no income may be required to complete this document.**

Household Member Name \_\_\_\_\_

	Yes	No
1. Do you earn wages from a job?  If yes, list the name and address of all employers: _____ _____ _____	_____	_____
2. Have you applied for unemployment benefits? Are you eligible for unemployment benefits? Are you receiving unemployment benefits?	_____ _____ _____	_____ _____ _____
3. Does anyone outside of your household assist in paying your bills?  If yes, list below the names and addresses of all persons who assist you in paying your bills: _____ _____ _____	_____	_____
4. Does anyone outside of your household regularly contribute food, clothing or any other items?  If yes, list below the names and addresses of all persons who provide these items on a regular basis: _____ _____ _____	_____	_____



**Zero Income**

**Page 2**

	Yes	No
5. Have you applied for, or are you currently receiving benefits from the Social Security Administration?	_____	_____
6. Do you receive any child support or alimony payments?	_____	_____
7. Have you applied to the Department of Social Services for assistance?	_____	_____
8. Are you receiving assistance from the Department of Human Services?  If yes, check the type of assistance you are receiving:  Temporary Cash Assistance Grant _____ Food Stamps _____ TennCare _____ Other _____	_____	_____
9. Have you received a lump sum payment from any source?  If yes, please complete the following  _____                      _____                      _____ Name of Source                      Payment                      Date.	_____	_____
10. Are you receiving benefits from the Veteran's Administration?	_____	_____
11. Do you have a savings or a checking account?  Name of the bank _____ Acct # _____	_____	_____
12. Place a checkmark below if you are receiving any of the benefits listed below: Workers' Compensation                      _____                      Pensions                      _____ Death Benefits                      _____                      Severance Pay                      _____ Retirement Funds                      _____                      Other                      _____		

**I attest that I am presently not receiving income from employment or other sources. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law and it is grounds for denial or termination of assistance.**

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number (Household Member)

**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.**







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## DECLARATION OF SECTION 214 STATUS

In order to be eligible for the Housing Choice Voucher Program, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully. Sign, date and return the completed form to **Memphis Housing Authority – HCV Department**.

Instructions: Place an **X** in the appropriate boxes. Sign, date and return the completed form to **Memphis Housing Authority – HCV Department**.

I, \_\_\_\_\_ certify under penalty of perjury,<sup>1</sup> that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence for proof of age, or
- I have eligible immigration status as checked below (see explanation on reverse side of form). Attach INS document(s) evidencing eligible immigration status, and signed verification consent form.
  - Immigrant status under 1001 (a) (15) or 101 (a) (20) of the INA, or
  - Permanent residence under 249 of INA, or
  - Refugee, asylum or conditional entry status under 207, 208 or 203 of the INA, or
  - Parole status under 212 (d) (f) of the INA, or
  - Threat to life or freedom under 243 (h) of the INA, or
  - Amnesty under 245 of the INA<sup>8</sup>
  - I am from Marshal Islands, Micronesia, or Palau under CFR 42 1436(a)(7) (the applicant receives a preference); (if from the Territory of Guam the applicant has no preference).

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

**PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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



**MEMPHIS HOUSING AUTHORITY – HOUSING CHOICE VOUCHER PROGRAM**  
700 Adams Avenue Memphis, TN 38105 Telephone: 901-544-1347 Fax: 901-544-1375

**Supplemental Authorization to Release Information**

**PURPOSE AND AUTHORIZATION:** The purpose of this form is to grant the MHA the authority to obtain information from various third party sources to verify your eligibility for the program and your income, assets, and deductions for the purpose of calculating your rent.

**INFORMATION MAY BE REQUESTED FROM PROVIDERS OF:**

- |                     |                              |
|---------------------|------------------------------|
| EMPLOYMENT          | MEDICAL CARE                 |
| ALIMONY             | PENSIONS                     |
| CHILD CARE          | ASSETS                       |
| CHILD SUPPORT       | LAW ENFORCEMENT AGENCIES     |
| CREDIT RECORD       | SCHOOLS AND COLLEGES         |
| DISABLED ASSISTANCE | BANKS/FINANCIAL INSTITUTIONS |
| COURT AWARDS        | UTILITY PROVIDER             |
| PREVIOUS LANDLORDS  | LOCAL/STATE WELFARE AGENCIES |

OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I, or any adult member of my family, fail to sign this authorization, I understand that this action may constitute grounds for denial or termination of assistance.

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

\_\_\_\_\_  
Signature of Spouse or Co-Head Date

\_\_\_\_\_  
Signature of Other Adult Date

\_\_\_\_\_  
Signature of Other Adult Date

Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.



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## FAMILY OBLIGATIONS

When your unit is approved and the HAP contract is executed, you must follow the rules listed below in order to continue participating in the housing choice voucher program.

### The family must:

1. Supply any information that the Memphis Housing Authority (MHA) or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information required to recertify family income and composition or as a result of an audit or quality control review.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the MHA to verify that the family is living in the unit or absent from the unit.
4. Promptly notify the MHA in writing when the family is away from the unit for more than 30 days at initial lease-up and while preparing to move-in. After move-in, the MHA will permit of no more than 90 days, unless the participant can document a medical need. In no case can the family be absent from the unit for more than 180 days.
5. Allow the MHA to inspect the unit at reasonable times and after reasonable notice. The family must allow the owner to make repairs.
6. Notify the MHA of any change in family income within 30 days, in accordance with the MHA interim policy. All household income received during the 12-month period preceding recertification must be reported.
7. Notify the MHA in writing at least 30 days before vacating the dwelling unit or terminating the lease. Provide the owner with a notice to vacate and submit a copy to the MHA.
8. Use the assisted unit for residence by the family. The unit must be the family's only residence.
9. Promptly notify the MHA in writing of the birth, adoption, or court-awarded custody of a child.
10. Promptly notify the MHA in writing within 30 days of changes in the marital status of any household member.
11. Request MHA written approval to add any other family member as an occupant of the unit.
12. Promptly notify the MHA in writing if any family member no longer lives in the unit.
13. Give the MHA a copy of any owner eviction notice.
14. Notify MHA in writing within 24 hours of disconnected utility service.
15. Pay utility bills and supply appliances that the owner is not required to provide under the lease.
16. Supply true and complete information.
17. Cooperate with the MHA in complying with EIV regulations, by signing all required documents and providing information related to EIV data.
18. Correct any HQS violation for which the family is responsible within the timeframe specified by the MHA.



# MEMPHIS HOUSING AUTHORITY

700 Adams Avenue Memphis, Tennessee 38105 (901) 544-1100 (Main) (901) 544-1375 (Fax) [www.MemphisHA.org](http://www.MemphisHA.org)

**The family (including each family member) must NOT:**

- 1-a. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
- 2-a. Commit any serious or repeated violation of the lease.
- 3-a. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
- 4-a. Tamper with any utility boxes or use extension cords from other units to “steal” utilities, or use another person’s identity when establishing utility connections.
- 5-a. Engage in any criminal activity (drug-related, violent or otherwise).
- 6-a. Be convicted of other drug-related or violent criminal activity within the past five years.
- 7-a. Have any household members who illegally possess weapons.
- 8-a. Sublease or let the unit or assign the lease or transfer the unit.
- 9-a. Receive housing choice voucher program assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
- 10-a. Damage the unit or premises (other than ordinary wear and tear) or permit any guest damage the unit or premises.
- 11-a. Receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
- 12-a. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- 13-a. Threaten or physically abuse any employee of the MHA.

**I have read the Family Obligations and understand that violating them may result in the termination of my assistance.**

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Signature of Head of Household	Date	Signature of Spouse/Co-Head/Other Adult	Date
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Signature of Other Adult	Date	Signature of Other Adult	Date
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Signature of Other Adult	Date	Signature of Other Adult	Date
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**Memphis Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Memphis Housing Authority (MHA) is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under the Housing Choice Voucher program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under the Housing Choice Voucher program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Housing Choice Voucher program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

MHA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If MHA chooses to remove the abuser or perpetrator, MHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, MHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, MHA must follow Federal, State, and local eviction procedures. In order to divide a lease, MHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.



### **Moving to Another Unit**

Upon your request, MHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, MHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR) You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

MHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. MHA's emergency transfer plan provides further information on emergency transfers, and MHA must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

MHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from MHA must be in writing, and MHA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. MHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to MHA as documentation. It is your choice which of the following to submit if MHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by MHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual

assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that MHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, MHA does not have to provide you with the protections contained in this notice.

If MHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), MHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, MHA does not have to provide you with the protections contained in this notice.

### **Confidentiality**

MHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

MHA must not allow any individual administering assistance or other services on behalf of MHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

MHA must not enter your information into any shared database or disclose your information to any other entity or individual. MHA, however, may disclose the information provided if:

- You give written permission to MHA to release the information on a time limited basis.
- MHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires MHA or your landlord to release the information.

VAWA does not limit MHA’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, MHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if MHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If MHA can demonstrate the above, MHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

#### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

#### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Office of Public and Indian Housing, Memphis HUB at (901) 544-3367.

#### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/d/2016-25888>. Additionally, MHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Memphis Housing Authority at (901) 544-1347.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the **Family Safety Center of Memphis and Shelby County Hotline at 901-274-7477**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact:

**Shelby County Rape Crisis Center – (901) 222-4350**  
**Abused Women's Services YMCA – (901) 725-4277**

Victims of stalking seeking help may contact:

**Shelby County Orders of Protection – (901) 222-4013**  
**Shelby County Crime Victims Center – (901) 222-3950**

**Attachment:** Certification form HUD-5382

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Head of Household:

Date:

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget 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 08/31/2016.

#### **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.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**



700 Adams Avenue  
 Memphis, Tennessee 38105  
 (901) 544-1347

# Requesting a Reasonable Accommodation

Memphis Housing Authority (MHA) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of MHA’s programs, services and activities. MHA is fully committed to providing reasonable accommodations to applicants and participants (“clients”) with handicaps and/or disabilities. It is MHA’s policy to provide a reasonable accommodation for Housing Choice Voucher (HCV) clients who are disabled individuals and where reasonable accommodation is necessary to provide such clients with an equal opportunity to use and enjoy its programs.

## What is a Reasonable Accommodation?

A reasonable accommodation is a modification or change MHA can make to its procedures, rules or to an individual’s apartment or to a public/common area which would provide an otherwise eligible individual with a disability an equal opportunity to participate in, or benefit from, MHA housing programs, provided that the change does not pose an undue financial and administrative burden to MHA or result in a fundamental alteration of its programs and/or would be in contradiction with HUD regulations and/or guidance.

The requested change to MHA’s rules, policies, practices, services or modifications must be reasonable and there must be an identifiable relationship between the requested accommodation and the disability and must not result in an undue hardship. An undue hardship is a significant or undue financial and administrative burden. MHA is not required to provide an accommodation that will require a fundamental alteration in the nature of MHA’s housing programs. If the request is not required because of a disability, then it is not a reasonable accommodation.

## How do I request an accommodation?

Clients may submit a request for a reasonable accommodation at any during the application process or participation in the HCV program.

All requests for a reasonable accommodation must be in writing. It is the responsibility of an individual with a disability to request a reasonable accommodation. MHA requires all requests for a reasonable accommodation to be

in writing in order to help avoid misunderstandings regarding what is being requested or whether the request was made.

If a client is unable to provide a request in writing and requires assistance in completing a request for reasonable accommodation, they should contact MHA for assistance from staff with completing the appropriate forms. In completing the forms, staff will confirm the content with the client requesting the Reasonable Accommodation.

Staff will provide all disabled clients who request a reasonable accommodation with the **Reasonable Accommodation Request Form**. MHA does not require that an individual use the **Reasonable Accommodation Request Form**. However, in most cases, failure to use MHA’s form may delay the accommodation request as additional information is often necessary to verify the disability, or the relationship between the disability and the accommodation requested.

MHA will verify a person’s disability only to the extent necessary to ensure that clients who have requested a reasonable accommodation have a disability-based need for the requested accommodation. MHA will not require the client or authorized healthcare provider to disclose the specific disability or the nature or extent of the individual’s disability.

## How long will the process take?

A response regarding the approval or denial of a request for a reasonable accommodation will be provided within ten (10) business days of submission of all information necessary to review the request.

## What if I disagree with MHA’s decision?

Clients may request an informal review following a determination not to approve a request for a reasonable accommodation, in accordance with MHA’s Administrative Plan procedures.

I/we have read and understand the information on Requesting a Reasonable Accommodation.

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

\_\_\_\_\_  
 Date







U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## ***What You Should Know About EIV***

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

#### **What is EIV?**

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

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

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

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

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

#### **What is the EIV information used for?**

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

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

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

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

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

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

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

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

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

#### **What are my responsibilities?**

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

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

### **What are the penalties for providing false information?**

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

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

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

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

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

### **What do I do if the EIV information is incorrect?**

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

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

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

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

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

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

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

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

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

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

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

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature

Date