

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, 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 a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible Immigration status and signed verification consent form.
 - [] Immigrant status under 101 (a or 1010(a) (20) of the INA 3/; or
 - [] Permanent residence under 249 of INA 4/; or
 - [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - [] Parole status under 212(d) (5) of the INA /6; or
 - [] Threat to life under freedom under 243(h) of the INA /7; or
 - [] Amnesty under 245A of the INA 8/.

Signature

Date

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

This form must be completed for each individual in the household.

Section 8 Housing Choice Voucher Program
Noncitizens Forms

1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

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

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

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status other than for noncitizens age 62 or older and receiving assistance on June 19, 1995. In ePHA must enter INS SAVE Verification Number and date that it was obtained. A PHA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an 'X' or '✓' in the appropriate boxes. Sign and date bottom of page. Place and 'X' or '✓' in the box below the signature is by the adult residing in the unit responsible for child.



Pinellas County Housing Authority

11479 Ulmerton Road, Largo, FL 33778

Phone: 727.443.7684 • TDD: 800.955.8770

Fax: 727.443.6894 • TTY: 800.955.8771

www.PinellasHousing.com

TENANT RESPONSIBILITIES

I, _____, am a Housing Choice Voucher participant or applicant.
Print Name

By INITIALING EACH STATEMENT I agree that I have read, or someone has read to me the following statements.

- ___ 1. The Family shall be responsible for fulfilling all its obligations under the Voucher of Family Participation issued by the Pinellas County Housing Authority.
- ___ 2. The Family is further responsible to fulfill its obligations in accordance with the written rental agreement (or lease) entered into with the owner.
- ___ 3. The Family shall notify PCHA regarding any changes in family income, family composition/size and/or family criminal activity within (10) days after the change occurs. (You must report the change in writing).
- ___ 4. The security deposit is between the tenant and the landlord. Please read your lease as to when your portion of the rent payment will be considered late.
- ___ 5. Any time during the year anyone in my family moves in or out, it must be reported to the HA immediately. A person who stays more than fifteen (15) days a year or who uses my address as their address is considered to be a resident in my household. No one may be added to a participating household without first obtaining PCHA approval.
- ___ 6. The Family must immediately advise the owner of any repairs that are needed in the unit. If the owner cannot be reached by telephone, the tenant must mail a written complaint to the landlord with a copy forwarded to PCHA. If the owner will not make any effort to make the necessary repairs within a reasonable time limit, the PCHA HOUSING ADVISOR must be notified in writing.
- ___ 7. The Family is financially responsible for any tenant related damages to the unit. The family must leave the unit in the same condition it was when first leased.
- ___ 8. The unit must be kept in a decent, safe and sanitary manner in accordance with the lease and utilities must be connected at all times.

I understand and agree to the above conditions of my eligibility.

Tenant/Applicant Signature

Housing Advisor Signature

Date

Date



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PORTABILITY

What is portability?

The ability of a family to move from one Housing Authority's (HA) jurisdiction to another location.

Am I eligible?

Portability applies to families moving out of or into the HA's jurisdiction within the United States and its territories. Under portability, families are eligible to receive assistance to lease a unit outside of the initial HA's jurisdiction. The unit may be located:

1. In the same state as the initial HA;
2. In the same metropolitan statistical area (MSA) as the initial HA, but in a difference state;
3. In an MSA adjacent to the MSA of the initial HA, but in a different state;
4. In the jurisdiction of an HA anywhere within the United States that administers a tenant based program.

To Use Your Portability Option

Contact your Housing Counselor if you want to move to any location other than the county limits of Pinellas. Your Housing Counselor will assist you in completing a "Request for Portability" and provide you with important information.

Restrictions On Portability

1. Families will not be permitted to exercise portability during the initial 12 month period after admission to the program, if neither the head nor spouse had legal residence in the HA's jurisdiction at the date of their initial application for assistance unless the receiving and initial HA agree to allow the move.
2. If the family is in violation of a family obligation.
3. If the family owes money to the HA.

Please Note The Following:

Once you have decided where you wish to move, the Initial HA will determine if there is a Housing Authority operating a Section 8 Rental Certificate or Voucher Program within jurisdiction over the area you have selected.

The Receiving HA Fair Market Rent (FMR) for Certificates and Payment Standard for Vouchers is applicable. Also note that the occupancy standards for the Receiving HA may change the bedroom size of your Certificate or Voucher.

Should the Receiving HA decide to absorb you into their program, the type of assistance may change. (Certificate for Voucher or vice versa).

I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND HA POLICY.

Tenant/Applicant Signature

Housing Advisor Signature

Date

Date



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FRAUD NOTICE

Chapter 414.39 of the Florida Statutes makes it a crime, punishable by fine from \$50.00 to \$5,000.00, or by imprisonment for up to five (5) years, or **both**, if a housing applicant or tenant deliberately makes false statement about his or her income, or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine of up to \$10,000.00 or by imprisonment of up to five (5) years, or **both**, for making any false, fictitious or fraudulent statements or representation or making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or tenant, knowingly give the Authority false information about your income, or fail to report changes in your family composition or income in person **within 10 days of a change**, you may be charged with fraud under Chapter **414.39** and/or Section 1001 of Title 18 of the United States Code.

If, as a result of committing fraud, withholding information, or making a misrepresentation to the Housing Authority, you receive any Rental Assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the Pinellas County Housing Authority, Florida and will be subject to local/state and federal prosecution as well. This could also result in fine, imprisonment or both as well as the loss of your eligibility for any of this Agency's Housing Programs.

I have read the above statement, or had it read and explained to me and understand the consequences for not **correctly** reporting my family composition and all my household income.

Tenant/Applicant Signature

Date

Tenant/Applicant Signature - Other Adult

Date

Housing Advisor Signature

Date



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LEAD-BASED PAINT

Pertaining to properties constructed BEFORE 1978. There is a possibility that the unit contains lead-based paint.

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceiling, window sills, doors and door frames. Lead-based paint and primers may also have been used on the outside porches, railing, garage fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railing, windowsills or other items, when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in areas where there are loose paint chips or dust particles containing lead, they may get particles on their hands or put their hands in to their mouths and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous – especially to children under the age of seven (7). It can eventually cause Mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times, though, there are no symptoms at all. The absence of symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or for more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord are applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate the hazard.

Precautions to take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventative maintenance. Look at the walls, ceilings, doors, door frames and window sills of your unit. Are there places where the paint is peeling, flaking, chipping or powdering? If so, there are some things you can do immediately to protect your child.

- a. Cover all furniture and appliances.
- b. Dust containing lead can be a health hazard. Do not vacuum loose paint chips. Sweep and use a damp mop.
- c. Sweep up all pieces of paint chips and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM.**
- d. Do not leave paint chips on the floor or window sills. Use a damp cloth on the floors and window sills in and around the work areas to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important.
- e. Do not allow loose paint chips to remain within your children's reach.

Tenant, Landlord and Homebuyer Responsibilities

You should immediately notify the management office or Agency through which you are renting or purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing or a defective roof. You should cooperate with that office's effort to repair the unit.

By signing below, I have read and understood the Lead-Based Paint information above:

Tenant Name Printed

Tenant/Applicant Signature

Date

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

Pinellas County Housing Authority
11479 Ulmerton Rd.
Largo, FL 33778

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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



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AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The Pinellas County Housing Authority and the U.S. Department of Housing and Urban Development may use this authorization and the information obtained with it to administer and enforce the regulations governing its housing programs.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Housing Choice Voucher Program (Section 8).

Information Covered: Inquiries may be made about: Criminal Record, Identity and Marital Status, Employment Income, Pensions, Assets, Federal State or Local Benefits, Child Support, Student Status, Disability Assistance Expenses, Medical Expenses, Housing History, and Utilities.

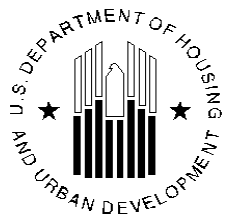
Individuals, Organizations, or Agencies that may release information: Any individual, organization, or agency, including any governmental agency may be asked to release information. For example, information may be requested from Bank and Other Financial Institutions, Schools and Colleges, Shelters, U.S. Social Security Administration, U.S. Department of Veteran Affairs, Child Support Enforcement, Clerk of the Court, Unemployment Agencies, Childcare Facilities and Providers, Utility Companies, and Welfare Agencies.

Computer Matching Notice and Consent: I agree that the above-named agencies may conduct computer-matching programs with other governmental agencies, including: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, and State Welfare and Food Stamp Agencies. Such matches will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this Authorization or if there is any misrepresentation, I also understand that my housing assistance may be denied or terminated.

I authorize the Pinellas County Housing Authority to obtain information about me and any member of my household which is pertinent to eligibility or participation in the Housing Choice Voucher program.

_____ Head of Household Name	_____ Signature	_____ Date
_____ Other family member over age 18	_____ Signature	_____ Date
_____ Other family member over age 18	_____ Signature	_____ Date
_____ Other family member over age 18	_____ Signature	_____ Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature

Date



Pinellas County Housing Authority

11479 Ulmerton Road, Largo, FL 33778

Phone: 727.443.7684, ext. 3017 • TDD: 800.955.8770

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RE: NEW CALCULATION METHODOLOGY AND POTENTIAL REDUCTION IN PAYMENT STANDARDS

On April 1, 2018, Pinellas County Housing Authority (PCHA) began using a new method to calculate the amount of money we will pay toward rent and utilities for each family on our Housing Choice Voucher and Homeownership Programs. Under this new approach, the standard we use to determine the maximum subsidy for a rental unit, known as the **payment standard**, is based on the rent estimates for each ZIP code.

WHY IS THE METHOD CHANGING?

Until now, the amount the HA would pay toward rent for families with vouchers was based on rental rates across the entire metropolitan area. The new approach uses localized rent in each ZIP code, called Small Area Fair Market Rents (SAFMR), to determine how much assistance families with vouchers can receive. Use of this new approach is mandatory by HUD for all HA's in Tampa-St. Petersburg-Clearwater, FL MSA.

Families will be able to use their vouchers in more places than would have been possible before – including neighborhoods with higher rents that may have high-performing schools, low levels of poverty and access to grocery stores, parks and other modern amenities.

WHAT ARE PAYMENT STANDARDS?

Payment standards are used to calculate the maximum subsidy the Housing Authority (HA) will pay for a rental unit. Under the HCV program, participants are generally required to pay 30% of their adjusted income for rent and utilities. The HA then pays the difference between the family's required contribution and either (a) the payment standard or (b) the gross rent (rent plus estimated utilities) of the unit – **whichever is lower**.

If the payment standard for a ZIP code is:	\$ 1,000
And the gross rent (rent + utilities) for a unit you are interested in is:	\$ 1,200
And your rent contribution (30% of your adjusted income) is:	\$ 600
The payment standard (\$ 1,000) minus your rent contribution (\$ 600) is:	\$ 400
The gross rent (\$ 1,200) minus your rent contribution (\$ 600) is:	\$ 600
\$ 400 is less than \$ 600, so the Housing Authority would pay \$ 400 toward rent.	

HOW WILL I BE AFFECTED?

Payment standards for certain bedroom sizes in zip codes 33709, 33781 and 33704 are decreasing (see below). PCHA has chosen to adopt the Hold Harmless policy for decreasing payment standards within its jurisdiction. If you currently reside in one of these zip codes and bedroom sizes, the payment standard will remain at or above the current payment standard for as long as you remain in your current unit.

Bedroom size	3-bdrm	4-bdrm	5-bdrm
Current Payment Standard	1408	1686	1939
Decreased Payment Standard	1375	1670	1900

Effective April 1, 2018, for all voucher holders, if you move from your current unit, you may be subject to an increase or a decrease in the payment standard depending on the zip code of the new unit you choose. Below are the current ranges of payment standards by bedroom size for 2018. Payment standards are subject to change based on current fair market rents and availability of funding.

If you choose to move from your current unit, your housing advisor will provide you a complete list of zip codes accessible to your household based on your adjusted income and the respective payment standards for each ZIP code. You will receive this information at your moving appointment.

Bedroom Size	Payment Standard Range				
0	714	765	860	1050	na
1	841	926	1000	1150	na
2	1054	1149	1300	1425	1900
3	1375	1408	1510	1650	2380
4	1670	1686	1821	2050	na
5	1900	1939	2196	2575	na

For a complete list of PCHA zip codes and payment standards, please visit our website: www.pinellashousing.com.

By signing below I affirm that I have read this notice in its entirety and understand how this may impact my household.

Signature of Tenant

Date

Tenant Name Please Print

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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



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11479 Ulmerton Road, Largo, FL 33778

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www.PinellasHousing.com

Notice of Right to Reasonable Accommodation

If you have a physical or mental health problem or disability, and you need...

- A change in or policies that would give you an equal chance to access our housing,
- A change in the way we communicate with you or give you information,
- A physical change to your housing unit,

You may ask for this kind of change, which is called a Reasonable Accommodation.

Reasonable Accommodation Request

If you can show that you have a disability that interferes with your use of housing, if your request is reasonable, and your request can provide a nexus between the request and disability, we will try to make the changes you request. You can ask for this change by contacting the Property Manager or Housing Advisor. Staff can assist you in filling out a Reasonable Accommodation Request Form.

PCHA Response

We will give you an answer within 30 days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons in writing and you can give us more information, if you think that will help. You may also appeal our decision and we will tell you how.

Confidentiality

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy the housing. It is illegal for us to deny you any services or retaliate against you because you made a Reasonable Accommodation Request.

By my signature below, I acknowledge that I have read and understand my Right to a Reasonable Accommodation.

Tenant's Name and Signature

Date

PCHA Staff Name and Signature

Date