



## BEFORE THE INTERVIEW PHOTOCOPY THE FOLLOWING:

- Photo ID for all adult family members.
- Original Social Security Cards for all family members.
- Original Birth Certificates for all family members.
- Original immigration documents for all family members born outside of the United States (I-94 front and back, permanent resident cards, employment authorization cards, etc.)
- Proof of Address: current lease, notice of rent, or lease amendment; letter from shelter or Transitional housing worker, etc.
- Proof of Utilities: last three (3) months of gas, electric, water, sewer, and trash bills that are in your name.

### PROOF OF INCOME FOR ALL FAMILY MEMBERS:

- Three (3) months of most recent pay stubs and the employer's name and complete address.
- If you are self-employed, provide the last two (2) years income tax returns.
- Award/Verification letters for Unemployment Compensation, public assistance (i.e. TANF, General Relief), Retirement/Pension/Annuity funds, Workers Compensation, Alimony/Child Support payments, contributions, etc.
- Proof of SSA, SSI, SSDI, i.e., *Current Award Letter from the Social Security Administration* or if you need to obtain written verification please call the Social Security Administration Office at 1-800-772-1213

### PROOF OF ASSETS FOR ALL FAMILY MEMBERS:

- Current bank/credit union account statements: Checking, Savings, Christmas Club Accounts, IRA/Keogh, 401(k), Certificates of Deposits, Savings Bonds, Real Estate holdings, Stocks, Bonds, Money Markets and/or other Retirement Investment Accounts, etc.

### PROOF OF EXPENSES:

- If you are working and/or qualify for a child care expense deduction, please provide written documentation, i.e., receipts, statement from the provider, letter from Office for Children.
- If there is an adult member over 18 (not head or spouse) that currently attends school on a full-time basis, please provide proof of the student status, i.e., schedule of classes.
- If you are handicapped, disabled, or over 62 years of age please provide:  
Statements and receipts for medical insurance payments, health care professionals and facilities, eye doctors, dentists, hearing aids, prescription drugs, medical assistance, etc. that are not covered by insurance and/or third party, incurred over the last 12 months from the date of your interview.

**FAIRFAX COUNTY DEPARTMENT OF HOUSING  
AND COMMUNITY DEVELOPMENT**

**FAIRFAX COUNTY  
HOUSING CHOICE VOUCHER PROGRAM  
APPLICANT INTERVIEW PACKET**



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. For information call 703-246-5101 or TTY 703-385-3578.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

## HOUSING APPLICATION

### FAIRFAX COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

MAIN OFFICE:  
RENTAL SERVICES DIVISION  
3700 PENDER DRIVE, SUITE 100  
FAIRFAX, VA 22030-7442  
PHONE: 703-246-5280  
FAX: 703-273-2363  
TTY: 703-385-3578

SOUTH COUNTY:  
RENTAL SERVICES DIVISION  
8350 RICHMOND HIGHWAY, SUITE 527  
ALEXANDRIA, VA 22309  
PHONE: 703-704-6790  
FAX: 703-704-6696  
TTY: 703-704-6694

**THIS IS AN IMPORTANT DOCUMENT.** Please contact your specialist if you would like to request this document in Spanish, Korean, Vietnamese or Chinese.

Este es un documento importante. Póngase en contacto con su especialista si desea solicitar este documento en español.

이것은 중요한 문서입니다. 이 문서의 한국어 번역본이 필요하시면 담당자에게 문의하십시오.

Đây là một tài liệu quan trọng. Vui lòng liên hệ chuyên viên của quý vị nếu quý vị muốn yêu cầu tài liệu này bằng tiếng Việt

这是一份重要文件。如果您申请本文件的中文版，请联系您的专业人士

This form should be completed **in your own handwriting**. Please print. If you are unable to fill this form out in your own handwriting, please have the person assisting you sign this document on the last page. You must use the **legal** name as it appears on the Social Security card of each member of your household. **All adult members of the household** (anyone 18 years of age and older) **must sign** this Application certifying the information pertaining to them is true and correct. You **must provide** all social security numbers used by each household member. DO NOT leave any questions blank. If a question does not apply write "NO". If you do not understand a question, you may ask for an explanation at your interview or have someone else explain it to you. **WARNING:** Making false statements on this document is considered fraud and may result in a determination of ineligibility for applicants or termination from the program and criminal prosecution.

#### HEAD OF HOUSEHOLD (HOH) Person applying

Last Name		First Name	Home Phone Number (   )
Street Address		Apt Number	Cell Phone Number (   )
City	State	Zip Code	Work Phone Number (   )
HOH E-Mail Address			
Emergency Contact Last Name		Emergency Contact First Name	EC Home Phone Number (   )
Street Address		Apt Number	EC Cell Phone Number (   )
City	State	Zip Code	Relationship



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**HOUSEHOLD CHARACTERISTICS**1. **Race of household:** Select any that apply:
☐ White  
☐ Asian

☐ Black/African American  
☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaska Native
2. **Ethnicity:**
☐ Hispanic or Latino

☐ Not Hispanic or Latino
**SECTION I - HOUSEHOLD COMPOSITION****A. FAMILY HOUSEHOLD COMPOSITION**

- Please list ALL people living in your home. List the Head of Household (HOH) first followed by spouse/co-head then oldest to youngest household members. No one except those listed on this form may live in your unit.

Full Name As appears on Social Security Card	Age	Date of Birth	Relationship to Head of Household	Social Security Number	Marital Status	Handicapped or Disabled? Write "YES" or "NO"
1)			HOH			
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						

<b>ANTICIPATED CHANGES TO ABOVE HOUSEHOLD COMPOSITION</b>	<b>Write "YES" or "NO"</b>
1) Are there any anticipated changes in the <b>household composition</b> expected in the next 12 months?	
If yes, please explain:	
2) Is any household member temporarily <b>absent</b> from the home? <b>Away at school or military service, etc.</b>	
3) Has any household member been out of the subsidized unit for more than <b>30 consecutive days</b> in the past 12 months?	
4) Does any household member have any <b>minor children</b> that do not live in the home?	
If yes, please explain:	
<b>B. SEPARATED/DIVORCED</b> - Does anyone who will be living in the home have a divorce decree or court	

# FORM A

order as the result of a divorce or legal separation?		Write "YES" or "NO" in the box to the right	
If YES, indicate who.	Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)	Year Separated or Divorced
1)			
2)			

C. ABSENT PARENT(S) Please list absent parent(s) information for any children listed in the family.			
Child Name(s)	Absent Parent Name	Last Known Address	Any contact with absent parent? Write "YES" or "NO"
1)			
2)			
3)			
4)			

D. STUDENT STATUS: Please list all family members who are attending school part time or full-time.				
• THIRD PARTY VERIFICATION WILL BE PERFORMED ON ALL STUDENTS				
Student Name	Part time or Full time Student?	School Name and Address	Financial Aid Amount	Type of Degree
1)				
2)				
3)				
4)				

## SECTION II - HOUSEHOLD INCOME

Please answer each question. If you answer "YES" please fill out information below for the appropriate family member(s).

A. SSI / PENSION / OTHER BENEFITS / ALLOWANCES			Write "YES" or "NO"
Do you or any household member(s) receive <b>Social Security/SSI benefits?</b>			
Do you or any household member(s) receive <b>pension, retirement benefits or an annuity?</b>			
Do you or any household member(s) receive <b>unemployment benefits or disability benefits?</b>			
Do you or any other household member(s) receive any other <b>benefits/allowances such as Cost of Living Allowance, Housing Allowance or Clothing Allowance?</b>			
Name of Household Member	Monthly/weekly amount	Name & address of Agency/Office	

<b>B. EMPLOYMENT / JOB TRAINING</b> (For any "yes" response, please provide the name of household member, amount of pay, and employer name and address.)			Write "YES" or "NO"
1. Is anyone in your household receiving military or reserve pay including Coast Guard, National Guard or Reserve Units?			
2. Are you or any household member(s) self-employed or own a business?			
3. Is anyone in your household participating in a Welfare-to-Work program or any other job training program?			
4. Is anyone in your household receiving full/part-time or temporary employment earnings, seasonal employment earnings or severance pay?			
<b>Name of Household Member</b>	<b>Monthly/Weekly Gross Pay</b>	<b>Name &amp; Address of Employer</b>	
5. Did anyone in your household receive cash, tips or bonuses this past year?			
<b>Name of Household Member</b>	<b>Monthly/Weekly Gross Pay</b>	<b>Name &amp; Address of Employer</b>	
6. Do you or any household member(s) anticipate receiving cash, tips or bonuses this upcoming year?			
<b>Name of Household Member</b>	<b>Monthly/Weekly Gross Pay</b>	<b>Name &amp; Address of Employer</b>	
<b>C. PUBLIC ASSISTANCE BENEFITS</b>			Write "YES" or "NO"
Do you or any household member(s) receive <b>Cash aid, TANF, food stamps, general relief, rental grant checks or other public assistance?</b>			
Do you or any household member(s) receive <b>adoption or foster care payments?</b>			
Do you or any household member(s) receive <b>In-Home Supportive Services to care for another person?</b>			
Do you or any household member(s) receive <b>transportation reimbursement?</b>			
<b>Name of Household Member</b>	<b>Monthly/Weekly Amount (specify)</b>	<b>Type of Benefit</b>	

<b>D. CHILD SUPPORT OR ALIMONY BENEFIT(S)</b>			Write "YES" or "NO"
Do you or any household member(s) have an open <b>child support case with a court?</b>			
Does anyone in your household receive <b>child support office payments?</b>			
Does anyone in your household receive <b>child support /alimony directly from an absent parent/spouse?</b>			
Does the Absent Parent purchase items for child(ren) such as <b>clothing, food, formula, diapers, etc?</b>			
<b>Name of Child</b>	<b>Absent Parent/Spouse Name and Address</b>	<b>Monthly/Weekly Amount (specify)</b>	<b>Cash Value of Purchases, clothing, food, formula, etc.</b>

<b>E. CONTRIBUTIONS</b>	Write "YES" or "NO"
Does anyone outside your household <b>give you money or pay your bills for you?</b>	
Does anyone outside your household <b>buy you supplies such as groceries, paper products, etc?</b>	
Did any organization help you <b>pay a bill or expense?</b>	
If you answered yes, please explain:	

<b>F. FEDERAL AND STATE INCOME TAX</b>	Write "YES" or "NO"		
Did anyone in your household file a <b>federal or state income tax return in the last 12 months?</b>			
Did anyone in your household <b>receive a W2 and/or 1099 income form(s) but did NOT file a tax return?</b>			
Were you or any household member(s) <b>claimed as a dependent on someone else's taxes?</b>			
<b>Name of Household Member</b>	<b>Tax Year</b>	<b>Reason Taxes Were Not Filed</b>	<b>Name &amp; Address of Person Claiming Family Member as a Dependent</b>

### SECTION III - ASSETS

Please answer each question. If you answered "YES" please fill out information below for the family member(s) with that asset(s).

<b>A. ACCOUNT INFORMATION</b>	Write "YES" or "NO"		
Do you or any household member(s) have a <b>savings or checking account?</b>			
Is your name or any other household member's name <b>on any other type of savings or checking account with the ability to withdraw funds?</b>			
Do you or any household member(s) have <b>stocks, bonds or certificate of deposit (CD)?</b>			
Is your name or any other household member's name <b>on any other type of stock, bonds, or CD account with the ability to withdraw funds?</b>			
Do you or any household member(s) have a <b>money market fund/trust fund or have access to a money market or trust fund account with the ability to withdraw funds?</b>			
Do you or any household member(s) have a <b>retirement, 401(k), federal thrift savings plan, IRA, Keogh account or whole life insurance policy (indicate cash surrender amount) or have access to this type of account with the ability to withdraw funds?</b>			
Has anyone in your household <b>disposed of</b> any type of account listed above within the last two (2) years?			
<b>Name of Household member</b>	<b>Company/Bank Name</b>	<b>Type of Account</b>	<b>Account Number</b>



<b>B. PROPERTY AND LAND</b>			Write "YES" or "NO"
Does anyone in your household own or have an interest in commercial or residential real estate or mobile home anywhere in the world?			
Has anyone in your household sold any real estate in the last 2 years?			
<b>Name of Household member</b>	<b>Type of Asset</b>	<b>Value</b>	

<b>C. LUMP SUM INCOME</b>			Write "YES" or "NO"
Did you or any member of your household receive a large sum of money from any source including inheritances, lottery winnings, lawsuit awards/settlements or other lump sum payments within the last 12 months?			
<b>Name of Household member</b>	<b>Amount</b>	<b>Date</b>	<b>Type of Income</b>

### SECTION IV – VEHICLES AND EXPENSES

Please answer each question. If you answer "YES" please fill out information below for the appropriate family member(s).

<b>A. VEHICLES BEING USED BY YOUR HOUSEHOLD</b>					Write "YES" or "NO"
Do you or any household member have a vehicle(s) registered to him/her?					
Do you or any household member(s) have use of any vehicle(s) that is not registered to him/her?					
<b>Name of Registered Owner</b>	<b>Make and Model of Vehicle</b>	<b>Year</b>	<b>License Plate Number</b>	<b>Monthly Payment</b>	

<b>B. CHILD CARE EXPENSES</b>				Write "YES" or "NO"
Does any family member have expenses for child care of a child age 12 or younger? If yes, complete the following.				
If yes, is any portion of these child care expenses reimbursed from an outside agency or person?				
<b>Minor's Name</b>	<b>Monthly Child Care</b>	<b>Care Provider's Name, Address, and Phone number</b>	<b>Name of Agency or other source reimbursing care expense</b>	

<b>C. CARE ATTENDANT EXPENSES</b>				Write "YES" or "NO"
Do you pay a care attendant for a disabled family member so that an adult family member can work? (Note: This could be the person with disabilities.) If yes, please complete the following.				
<b>Care Attendant</b>				<b>Monthly \$ Amount</b>
<b>Name</b>	<b>Address</b>	<b>Phone Number</b>		

**D. ITEMIZED HOUSEHOLD EXPENSES**

- List the current amount ALL household members pay for the following MONTHLY living expenses.
- If the expense does not apply to you write "NO" or "NONE". Do not leave any spaces blank

Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$

**TOTAL MONTHLY EXPENSES**

\$

**E. MEDICAL EXPENSES**Write "YES"  
or "NO"Do(es) any household member(s) anticipate having out of pocket medical expenses **that are not reimbursed** by insurance or any other source in the next 12 months?Do you pay for care equipment **that is not reimbursed by insurance or any other source** for a household member with a disability **to enable you or that person to go to work or school**?

If yes, how much?

**SECTION VI – SUPPLEMENTAL INFORMATION****A. HOUSEHOLD INFORMATION - Please answer each question. If you answer "YES" please fill out information for the appropriate family member(s).**Write "YES"  
or "NO"1) Are you or anyone in your household currently or ever been on **parole or probation**?

If yes, please provide probation officer's name and phone number:

2) Have you or anyone in your household ever **engaged in, or been detained, charged, arrested or convicted of ANY crime** (misdemeanor or felony) other than traffic violations? If yes, list in detail, regardless of date of offense (use separate sheet of paper if necessary):3) Is any member of the listed household subject to **lifetime sex offender registration in any state**? If yes, list name of registrant and complete address where currently registered:

Household Information continued. Please answer each question. If you answer "YES" please fill out information below for the appropriate family member(s).		Write "YES" or "NO"
4) Have you or anyone in your household <b>ever used</b> any other name(s) or Social Security number(s) other than the one(s) you currently use or are listed on this application form?		
If yes, list in detail date(s) and/or Social Security number(s):		
5) Have you or anyone in your household ever received or lived in any other <b>subsidized housing</b> elsewhere?		
If yes, list in detail date(s) and location(s):		
6) Have you or anyone in your household ever <b>committed fraud</b> while receiving Subsidized Housing or been <b>required to repay money</b> for misrepresenting information on such program?		
If yes, list date and all details:		
7) Does <b>anyone</b> residing outside of your household receive mail at your residence or claim it as their legal residence on <b>ANY</b> legal document (driver's license, vehicle registration, tax forms, school, etc.)?		
If yes, list name of person(s) and actual address where they reside.		
8) Primary language spoken in the home:		
9) How well does your household speak and understand English?		
Very Well <input type="checkbox"/>	Well <input type="checkbox"/>	Not Well <input type="checkbox"/> Not at All <input type="checkbox"/>
10) How well does your household read and write English?		
Very Well <input type="checkbox"/>	Well <input type="checkbox"/>	Not Well <input type="checkbox"/> Not at All <input type="checkbox"/>

**Certification of the Resident:** I hereby certify that all of the information I have provided on this application form is true and correct. I understand that I am required to notify the Fairfax County Department of Housing and Community Development (DHCD) as agent of the Fairfax County Redevelopment and Housing Authority (FCRHA) in writing within ten (10) business days any changes in family composition, student status, income, assets, and expenses of any family member(s), e.g. child care expenses. That is, if any member of the household moves out of the unit, I must notify the DHCD/FCRHA in writing within ten business days. I understand that I must notify DHCD/FCRHA in writing of any changes to the household due to birth, adoption, or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under federal and state law and may result in a determination of ineligibility for or termination from any DHCD/FCRHA assisted housing program, i.e. Housing Choice Voucher, Public Housing or the Fairfax County Rental Program.

**Housing Choice Voucher Program Participants Only:** I understand that no one is permitted to move into my unit without prior written approval of the DHCD and my landlord. Further, I understand that I am not permitted to rent from an owner who is related to me or any family member, unless the DHCD has approved in writing that rental of the unit would provide reasonable accommodation for a family member who is a person with disabilities.

**Public Housing and the Fairfax County Rental Program:** I understand that no one is permitted to move into my unit without prior written approval of the DHCD.

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

\_\_\_\_\_  
(PRINT) HEAD OF HOUSEHOLD NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(PRINT) SPOUSE/CO-HEAD NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(PRINT) OTHER ADULT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(PRINT) OTHER ADULT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(PRINT) OTHER ADULT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Certification of FCRHA Representative:** I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of FCRHA Representative

\_\_\_\_\_  
DATE

**This form was translated and/or completed by:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Language: \_\_\_\_\_

## Notice to All Applicants/Program Participants:

### Reasonable Accommodations for Applicants and Program Participants with Disabilities

The Fairfax County Department of Housing and Community Development (DHCD) is a public agency that provides low rent housing assistance to eligible families and single people. The Fairfax County Department of Housing and Community Development is not permitted to discriminate against applicants/residents on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, DHCD has a legal obligation to provide "reasonable accommodations" to applicants/residents if they or any family members have a disability. A reasonable accommodation is some modification or change to Fairfax County Redevelopment and Housing Authority owned units or its procedures that will assist an otherwise eligible applicant or program participant with a disability to take advantage of its programs. Examples of reasonable accommodations would include:

- Making alterations to a Fairfax County Redevelopment and Housing Authority unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features, such as grab bars in the bathroom, so they can be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a Fairfax County Redevelopment and Housing Authority family development where the size of dogs is usually limited;
- Making a sign language interpreter available to an applicant or program participant with a hearing impairment during the interview or meetings with Fairfax County Department of Housing and Community Development staff;
- Permitting an outside agency or individual to assist an applicant or program participant with a disability to meet the Fairfax County Department of Housing and Community Development applicant screening criteria and recertification requirements.



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## 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)

Fairfax County Department of Housing  
and Community Development  
3700 Pender Drive, Suite 100  
Fairfax, VA 22030

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.

## CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Fairfax County Department of Housing and Community Development (HCD) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher, Fairfax County Rental, Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Public Housing Authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies and future landlords. This includes records on my payment history, and any violation of my lease or PHA policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Credit and Criminal Activity and Medical or Child Care Allowances.

Any information provided to and obtained by any employee of HCD may be reviewed for relevance to eligibility status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Courts, Probation and Parole	Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers	Educational Institutions	Other service providers (cell phone, cable, etc)
Coordinated Services Planning	Family Services	

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State and local welfare and food stamp agencies.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with PHA and will stay in effect for thirty-six (36) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES: NOTE:** This release information form may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for copy of tax form" must be prepared and signed separately.

_____ Head of Household	_____ (Print Name)	_____ Date
_____ Spouse	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. For information call 703-246-5101 or TTY 703-385-3578.

**Department of Housing and Community Development**

3700 Pender Drive, Suite 100

Fairfax, Virginia 22030-7442

Tel. 703-246-5063 • Fax 703-653-1382 • TTY 703-385-3578

[www.fairfaxcounty.gov/rha](http://www.fairfaxcounty.gov/rha)



△ HOUSING CHOICE VOUCHER CERTIFICATION FORM △

**FEDERAL PRIVACY ACT NOTICE**

**HOUSING CHOICE VOUCHER, MODERATE REHABILITATION, AND THE PUBLIC AND INDIAN HOUSING PROGRAM**

**PURPOSE:** Family income and other information are being collected by the U.S. Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size and the amount the family must pay toward rent and utilities.

**USE:** HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 the information requested by the public housing agency, Indian housing authority including all social security numbers you, and all other household members, have and use. Giving the social security numbers (SSN) of all household members is mandatory, with the exception of existing program participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the number to be valid and/or existing program participants who are 62 years of age or older, and had not previously disclosed a valid SSN. 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.

**AUTHORITY FOR INFORMATION COLLECTED:** The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1964, and Title VIII of the Civil Rights Act of 1964. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit a SSN of all household members with the exception of existing program participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the number to be valid and/or existing program participants who are 62 years of age or older, and had not previously disclosed a valid SSN.

**VIRGINIA PRIVACY ACT STATEMENT**

Information furnished to the FCRHA and HCD will be maintained and disseminated in accordance with the Virginia Freedom of Information Act, Va. Code §§2.1-340 through 346.1, as amended, and the Privacy Protection Act of 1976, Va. Code §2.1-377 through 386, as amended. Upon request and proper identification,<sup>1</sup> you may review your file. If you wish to challenge, correct or explain information contained in your file maintained by HCD, you should file a written request with the Housing Services Specialist assigned to your file.

**I/WE HAVE READ OR HAVE HAD THE ABOVE DOCUMENTS READ TO ME AND UNDERSTAND THE CONTENTS AS EVIDENCED BY MY/OUR SIGNATURES BELOW:**

\_\_\_\_\_  
HEAD OF HOUSEHOLD (SIGNATURE) (DATE)

\_\_\_\_\_  
OTHER ADULT (SIGNATURE) (DATE)

\_\_\_\_\_  
OTHER ADULT (SIGNATURE) (DATE)

\_\_\_\_\_  
OTHER ADULT (SIGNATURE) (DATE)

\_\_\_\_\_  
OTHER ADULT (SIGNATURE) (DATE)



FAIRFAX COUNTY IS COMMITTED TO NONDISCRIMINATION ON THE BASIS OF DISABILITY IN ALL COUNTY PROGRAMS, SERVICES AND ACTIVITIES. SPECIAL ACCOMMODATIONS WILL BE PROVIDED UPON REQUEST. FOR INFORMATION CALL (703) 246-5006 OR TTY (703) 385-3578.



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## FAIRFAX COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT QUESTIONS & ANSWERS YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION OR MODIFICATION

### 1) What is a reasonable accommodation or modification?

A "reasonable accommodation or modification" is a change in rules, policies and practices or a change in the way services are provided in order to enable a person with a disability to have an equal opportunity to use and enjoy their unit. The kind of change(s) you may need would be:

- A change in your unit or another part of the housing community
- A change in following a rule, policy or procedure.

### 2) Do I have the right to request a reasonable accommodation or modification while an applicant or participant are in public or assisted housing?

You have the right to request a reasonable accommodation if you or family member(s) have a disability that meets the following definition:

- ❖ A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment, AND
- ❖ As a result of the family member's disability a change or changes are needed, in order to live in an assisted housing unit easily or successfully

### 3) Will my request automatically be approved?

We will try to approve your request if you can show that:

- ❖ You have a disability that is directly related to your housing reasonable accommodation request, and your request is reasonable.
- ❖ You must permit the Reasonable Accommodation Officer to contact a qualified professional (physician, case manager, counselor, social service provider, clergy member, or other reliable source that is familiar with your disabled family member's related needs) to verify:
  - the existence of a disability;
  - the need for the requested accommodation(s) or modification(s); and
  - What the accommodation(s) or modification(s) will accomplish.

**4) How do I file a request?**

Complete a Reasonable Accommodation/ Modification Request Form. To receive the form; to receive assistance to complete the form; or if you need to make the request in some other way, this information is available to persons with disabilities in alternative formats upon request (allow seven days for the preparation of the material). Please call your Housing Service Specialist/Property Manager or call (703)-442-9621 / TTY (703)385-3578.

**5) What happens after I file a request?**

Once we have received your request and verification of your request from your chosen qualified professional, you will receive our response. If we deny your request, we will explain the reason, in writing, and you will be offered an Informal Review or an Informal Hearing. If you receive a "Void" response, it is due to your qualified professional not responding to our verification form. Consequently, without this information we are unable to make a determination of your reasonable accommodation request.

My signature confirms that I have read and understand my rights as indicated above.

---

Signature (Head of Household)  
RA-3

Date

---

Department of Housing and Community Development  
Office of Senior and Specialized Housing  
1609 Great Falls Street

McLean, Virginia 22101-5083  
Tel. 703-442-9621 • Fax 703-442-8405 • TTY 703-385-3578



## 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

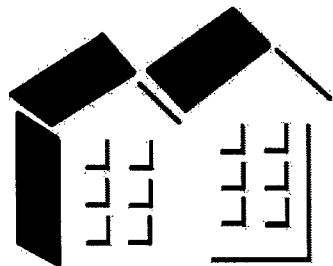
Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## ***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.

February 2010

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/hip/eiv.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

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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.



**YOUR VIOLENCE AGAINST WOMEN ACT  
(VAWA) RIGHTS**

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**What are my VAWA rights?**

If you are an *applicant* to the Public Housing or Housing Choice Voucher (HCV) programs:

- ❖ Your status as a victim of domestic violence, dating violence, sexual assault or stalking is not a valid reason for denial of program assistance or admission.
- ❖ You still must meet all eligibility requirements even if you are a victim.

If you are a current Public Housing *tenant* or HCV *participant* and you are in danger of having your assistance or tenancy terminated and you and/or a family member have experienced domestic violence, dating violence, sexual assault or stalking, you may be safe from termination or eviction if:

- ❖ The cause of your lease violation is directly related to an incident or incidents of domestic violence, dating violence, sexual assault or stalking, and
- ❖ You can provide the Fairfax County Department of Housing and Community Development (HCD) certification of the abuse.

**What will I need to provide for certification?**

Certification will be accepted if it is one of the following three items:

- ❖ Documentation from a professional that has helped you address the violence. Both you and the professional must sign the documentation.
- ❖ A Federal, State, tribal, territorial, or local police or court record.
- ❖ A self-certified form in which you certify that you and/or a family member is a victim of domestic violence, dating violence, or stalking. You must also name the perpetrator on this form.

**Will my report be kept confidential?**

Landlords and HCD are required by law to keep your report strictly confidential. The information cannot be entered into any shared database or released to a third party. HCD will only release your report if you provide permission, it is required for use in an eviction proceeding, or it otherwise required by applicable law.

**What will HCD do once I file a report?**

HCD has the ability to take action against the offender, including barring him/her from the premises or even splitting the lease and evicting the offender while allowing other family members to remain. HCD also has the ability to allow family members to move to another unit within the program.

**How do I file a report?**

If you are an HCV participant you can notify your landlord.

If you are a Public Housing tenant, call your Housing Services Specialist.

**My signature confirms that I have read and understand my rights as indicated above.**

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Adult Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Adult Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Adult Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Adult Member)

\_\_\_\_\_  
Date



This information is available to persons with disabilities in alternative formats upon request. Please call 703-246-5101 (TTY: 703-385-3578). Allow seven days for the preparation of the material.

## CITIZENSHIP/NONCITIZENSHIP CERTIFICATION VERIFICATION

A verification form must be completed and signed for each household member. If the household member is under 18, the Parent/Guardian must complete and sign the verification for the minor.

*Please check the appropriate box:*

- ☐ I am a United States citizen.
- ☐ I am a non-citizen who has eligible immigration status in one of the following Categories: *(please provide documentation)*
- ☐ Lawfully admitted for permanent residence as an immigrant, including special agricultural workers.
- ☐ Entered the U.S. before January 1, 1972 and have maintained continuous residence thereafter, and am 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.
- ☐ Lawfully present in the U.S. pursuant to the granting of asylum (refugee status).
- ☐ 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 (parole status).
- ☐ Lawfully present in the U.S. as a result of the Attorney General's withholding deportation (threat to life or freedom).
- ☐ Lawfully admitted for temporary or permanent residence (amnesty granted under immigration and Naturalization Action Section 245A).
- ☐ Immigrant status under 1001(9)(15) or 101(9)(20) of the INA 3;
- ☐ I do not claim to be a non-citizen with eligible status.
- ☐ I have eligible immigration status and I am 62 years of age or older. *Attach evidence of proof.*
- ☐ Other: Please explain \_\_\_\_\_

### *Applicant(s)/Tenant(s) Statement:*

I/We certify under penalty of perjury that the information given to the Fairfax County Department of Housing and Community Development (HCD) on Citizen/Immigration Status is accurate and complete to the best of my knowledge and belief. I/We understand that false statements for information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance or ineligibility.

I/We further understand that evidence of eligible immigration status may be released by HCD without responsibility for the further use or transmission of the evidence by the entity receiving it, to the U.S. Department of Housing and Urban Development (HUD) as required by HUD and to the U.S. Department of Immigration and Naturalization (INS) for the purposes of verification on immigration status to the INS for purposes of establishing eligibility for financial assistance and not for any other purposes. HUD is not responsible for the further transmission of evidence or other information by the INS.

\_\_\_\_\_  
Print Name  
(if signing for a child, print child's name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Alien Registration Number

FAIRFAX COUNTY HOUSING AUTHORITY  
**PLEASE PRINT CLEARLY**

CRIMINAL HISTORY RECORD REQUEST									
Fairfax County Police Department 10600 Page Avenue Fairfax, Virginia 22030									
R E Q U E S T O R  U S E	L A S T N A M E			F I R S T N A M E			M I D D L E N A M E		
	M A I D E N N A M E			Also Known As			SOCIAL SECURITY NUMBER		
	Address								
	City			State			Zip Code		
	R A C E		S E X		DATE OF BIRTH		P L A C E O F B I R T H		
	<p>This request is made in accordance with Title 19.2, Section 19.2-389, Code of Virginia 1950 as amended. The penalty for misuse of the information is a Class 2 Misdemeanor. Any person who willfully and intentionally requests, obtains, or seeks to obtain criminal history record information under false pretenses, or who willfully and intentionally disseminates criminal history record information to any agency or person in violation of this Article, shall be guilty of a Class 2 Misdemeanor." (Section 9.195, Code of Virginia, 1950, as amended)</p>								
	TYPE OF AGENCY REQUEST						Signature of Requestor		
	Criminal Justice                      Potential Employer * Non-Criminal Justice              Visa Application Individual <b><u>X Otherwise by Law</u></b>						Name of Requester:		
	*Restricted to offenses NOT REPORTABLE to the Central Criminal Records Exchange						Fairfax County Department of Housing and Community Development 3700 Pender Drive, Suite 100 Fairfax, Virginia 22030-7442		
	NOTARIZATION:		The above requestor appeared before me and signed this request in the						
State of: Virginia			County/City of Fairfax				Date     /     /		
Signature of Notary			My commission expires:			Notary Registration #:			
			The     day of						
IF "POTENTIAL EMPLOYER" IS CHECKED ABOVE, ONLY CONVICTION DATA WILL BE PROVIDED BELOW									
P O L I C E	DATE OF ARREST		OFFENSE				DISPOSITION		
D E P T  U S E	Searched by:		Date:		Released by:		Date:		
	Household Name: _____ HHS: _____								
	If different than applicant please cross reference family members								
	New Applicant   Sect 8   PH   Rental						Tenant Telephone # _____		

## Purpose and Use

The *Criminal History Record Information Request* will be used to conduct a background inquiry on all adults (18 years and older) through the National Criminal Information Center (NCIC). Fairfax County Department of Housing and Community Development (HCD) supports the "One Strike and You're Out" policy that was signed by President Clinton. The policy allows local housing authorities (HA) to combat criminal behavior and drug activities in Public Housing and Housing Choice Voucher participants as well as applicants and port-in clients moving into Fairfax County. In accordance with the Federal Code of Regulations, HA's may deny or terminate program assistance if any member of the family has committed criminal activity. The HA may deny or terminate assistance if the preponderance of evidence indicates that a family member has engaged in such activity.

<p><b>Have you <u>ever</u> been charged with (issued a summons or arrested) or convicted of violent criminal related behavior?</b></p> <p><b>Some <u>Examples</u> of violent criminal behavior:</b>          &gt; Assault (malicious wounding) to include domestic assault or violence          &gt; Murder or Manslaughter;          &gt; Robbery; or any threats to others; Stalking; Phone violations, etc.          &gt; Any Weapons charge; possession or use          &gt; Sex Crimes (Rape, Crimes against children, Poss. child pornography, indecent exposure, etc)</p> <p><u>You must explain any crime of violence you've been charged with or convicted of.</u></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>When, Where- Explain: _____</p> <p>_____</p> <p>_____</p> <p><b>ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p><b>Have you <u>ever</u> been charged with (issued a summons or arrested) or convicted of drug related behavior?</b></p> <p><b>Examples of drug related behavior:</b>          &gt;Distribution of drugs      &gt;Possession of drugs          &gt;Manufacturing drugs      &gt;Use of drugs          &gt;Prescription fraud      &gt;Involvement with drug activity</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Comments/Explain: _____</p> <p>_____</p> <p><b>Have you <u>ever</u> been charged with or convicted of a property crime?</b>  <b>Examples:</b> Burglary, vandalism, arson, destruction of property, larceny, etc.</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>Have you ever exhibited behavior due to drugs or alcohol problems which in any way threatens the health, safety, or peaceful enjoyment of other residents?</p> <p>Examples of alcohol or drug problems that affect other's health, safety and peaceful enjoyment:          • Loud Noise          • Drunk in Public          • Traffic coming and going from home          • Police called to unit</p> <p><input type="checkbox"/> YES, I have exhibited behavior problems as described above.</p> <p><input type="checkbox"/> NO, I have not exhibited behavior problems as described above.</p> <p>Comments: _____</p> <p>_____</p>
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I have read or I have had this document read to me, and I understand that misrepresenting any information regarding my eligibility for All HCD programs, I will be found initially ineligible for the program. I give Fairfax County Police Department permission to run the NCIC report for HCD.

Printed Name

Signature

Date

Tele. #