



**NORTHWEST REGIONAL HOUSING AUTHORITY**  
*Housing Services and Education for Families and Businesses in Northwest Arkansas*

Thank you for your interest in the Housing Choice Voucher program. We provide rental assistance in the counties of Baxter, Boone, Carroll, Madison, Marion, Newton, and Searcy. Attached is the Section 8 Housing Application for the Northwest Regional Housing Authority and the complete Briefing Packet the household will need to complete. Each adult in the household must complete the application in full or the application will be returned.

**Applications should be turned in with all of the following documents if applicable:**

- 1. Photo ID(s) (All adults in the household)**
- 2. Birth Certificate(s) (All minors in the household)**
- 3. Social Security Card(s) (All members of the household)**
- 4. Proof of Income (Earned and Unearned)**
- 5. Most recent Bank Statement(s) (All open accounts)**
- 6. Divorce Decree**

If you are eligible for assistance, you will be issued a VOUCHER and REQUEST FOR TENANCY packet. You will have 60 days to find a unit and return the Request for Tenancy packet. If you do not return the forms by the deadline, you will be removed from the waiting list, but will be eligible to re-apply. You are responsible for any and all rent on the unit until the contract is started. No contract will be started except on the first of the month after the unit has passed inspection. **The housing authority will perform a criminal background check on all adults ages 18 and older.**

Documents can be returned via:

- Mail to: NORTHWEST REGIONAL HOUSING AUTHORITY  
PO BOX 2568  
HARRISON, AR 72602
- Email to: [intake@nwregionalthousing.org](mailto:intake@nwregionalthousing.org)
- Fax to: 870-741-9234

To complete the application online go to <https://nwregionalthousing.org/section-8-rental-assistance/> and select HERE.

\*\*please remember to make sure all copies, front and back, are returned. Documents returned via email must be scanned and sent as an attachment.



*Addressing Affirmative Fair Housing needs as an Equal Opportunity provider and employer*

114 Sisco Ave • P O Box 2568 • Harrison, Arkansas 72602 • 870-741-5522  
Fax 870-741-9234 • Email [intake@nwregionalthousing.org](mailto:intake@nwregionalthousing.org)  
<http://www.nwregionalthousing.org>



**Northwest Regional Housing Authority, PO BOX 2568, Harrison, AR 72602**  
**ALL INFORMATION REQUIRED BY HUD Phone: (870) 741-5522 Fax: (870) 741-9234**

If you require a reasonable accommodation, please notify a housing authority staff person at the time of your request regarding housing needs.

**Applicant's Legal Name** \_\_\_\_\_ **What County Are You Applying for?** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Maiden Name (if applicable)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Preferred method of contact:  US MAIL  Text  Email E-mail Address \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBER'S INFORMATION BELOW, INCLUDING YOURSELF.**

HOUSEHOLD COMPOSITION List yourself first Full Name including middle initial	Relationship	Age	Sex	Social Security Number	Race
1.					
2.					
3.					
4.					
5.					
6.					
7.					

List place of birth, date of birth, indicate marital status and occupation for each household member as number above

PLACE OF BIRTH City and State	Date of Birth			Married, Separated, Divorced, Single	Occupation
	Month	Day	Year		
1.					
2.					
3.					
4.					
5.					
6.					
7.					

FAMILY COMPOSITION		YES	NO
Do you expect your family composition to change in the next twelve months? (Change in family size)		<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain			

PERSONAL DECLARATION		YES	NO
Are you homeless?		<input type="checkbox"/>	<input type="checkbox"/>
Have you or any household members lived in subsidized housing? (Rental Assisted)		<input type="checkbox"/>	<input type="checkbox"/>
If yes, list where and when			
Have you or anyone in the household been arrested/convicted of any crime other than traffic violations?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain			

Have you ever committed fraud in a federally assisted housing program or been requested to repay money to a housing authority?			
If yes, explain			
Is anyone in your household a registered sex offender in any state?			
If an applicant or member of the household is a lifetime registered sex offender, or if an applicant withholds or falsifies information on the application, the PHA MUST deny admission to the program. The applicant will be notified of the right to dispute the accuracy and relevance of the background check information (24 CFR 5.905 (d) and 24 CFR 960.204 © for PHAs; Paragraph 8-14 C of Handbook 4350,3 REV-1. HUD requires denial of assistance 24 CFR 982.533 (a) to any household member who has ever been subject of a lifetime registration requirement under a state sex offender registration program even if the			
<b>INCOME</b>		<b>YES</b>	<b>NO</b>
Do you or anyone in the family have an income?			
Are any household members employed?			
Who is employed?	Employer		
Gross income per month (before taxes or deductions)			
Are any household members self-employed?			
<b>DO ANY HOUSEHOLD MEMBERS RECEIVE THE FOLLOWING?</b>		<b>YES</b>	<b>NO</b>
Social Security Benefits			
Who?	Gross Monthly Amount		
Supplemental Security Income			
Who?	Gross Monthly Amount		
VA Benefits			
Who?	Gross Monthly Amount		
Pension Benefits			
Who?	Gross Monthly Amount		
Survivors Benefits			
Who?	Gross Monthly Amount		
Unemployment Benefits			
Who?	Gross Monthly Amount		
Tea Benefits			
Who?	Gross Monthly Amount		
Alimony			
Who?	Gross Monthly Amount		
Does anyone outside your home give you money for bills, household products, gifts, etc.?			
Who?	Gross Monthly Amount		
Do you have an open Child Support Case?			
NAME OF CHILD RECEIVING SUPPORT:		MONTHLY AMOUNT ORDERED	
Educational Grants or Scholarships?			
Who?	Gross Monthly Amount		
Name of College/University		Location	

ASSETS				YES	NO	
Does anyone have open accounts (Checking, Saving, Chime, Cash-App, Direct Express, PayPal, etc.)?						
Name of Bank		Who in the household has accounts?				
Have you sold any property in the past two years?						
Amount of sale						
Do you or any household member own or have interest in real estate, house, land, mobile home?						
If yes, is the property used as rental property?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Amount received per month
Do you have Stocks, Bonds, or IRA's?						
Value of Asset(s)?						
EXPENSES				YES	NO	
Does anyone pay out-of-pocket for Medicare, health, or prescription insurance?						
Who?			Monthly Amount			
Do you pay any out of pocket medical expenses?						
Amount of medical expenses per month						
Do you pay out of pocket child care expenses (daycare, babysitter)						
Amount per month						

**CERTIFICATION:** I do hereby affirm and attest that all the information above is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority **IN WRITING IMMEDIATELY**. All family members 18 or older must sign below:

### Signatures:

\_\_\_\_\_  
Head of House

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over 18

\_\_\_\_\_  
Date

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.

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

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.



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.

**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/thiip/iv.cfm>.

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

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

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

Signature

Date

Northwest Regional Housing Authority  
P.O. Box 2568  
Harrison, AR 72602  
870-741-5522

**Housing Assistance Rules and Regulations**

Violation of ANY Rules and Regulations of the Section 8 Housing Choice Voucher Program will result in the loss of rental assistance for a period not less than 2 years and could result in money owed to the housing authority AND investigation of Fraud which could result in fines and/or incarceration.

1. I will keep the property clean, decent, safe and sanitary both inside and outside the residence
2. I will give at least a 30 day but not more than 60 day written advance notice to both my landlord and the Housing Authority after the end of the first year (initial contract must be for one full year), or when I no longer need assistance.
3. I will not allow anyone to live in the household except those listed on the lease. Visitors staying more than 14 days per year will be considered residents. Without prior approval from my landlord and the Housing Authority, guests staying overnight more than 14 days per year will be a violation of my lease and I can be evicted for the violation.
4. I will report changes in income or household composition, IN WRITING, within 10 days of a change.

I certify I have disclosed if I received any previous Federal housing assistance and if I left in good standing, if I committed fraud, knowingly misrepresented any information or vacated the unit in violation of my lease.

I certify the residence will be my principle residence and I will not obtain duplicate Federal Housing assistance while I am on this program. I will not live elsewhere. I will not sublease my residence. I may not be absent from my residence for more than 30 days per year without approval from the housing authority and my landlord.

I acknowledge I am required to cooperate with the Housing Authority by providing all requested information to determine eligibility, level of benefits and/or true circumstances. Refusal to provide and/or sign requested form or information will result in dismissal from the program.

**Applicant/Tenant Certification**

Applicant(s)/Tenants(s) Statement

I/We certify the information given to Northwest Regional Housing Authority in regard to household composition, income, assets and allowable deductions is accurate and complete to the best of my/our knowledge. I/we understand false statements or information are punishable under Federal and State law and ground for termination of housing assistance.

_____	_____	_____	_____
Head of Household	Date	Spouse or Co-Head	Date

_____	_____
Other Adult Household Member	Date

The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing related transaction, based on familial status, race, sex, color, national origin religion or disability.

If you believe you have been discriminated against, you may call Fair Housing and Equal Opportunity National Toll-Free hotline at 800-560-8913 or Arkansas Fair Housing Commission at 800-340-9108.





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

**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**



Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

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

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**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

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

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

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

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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**FEDERAL PRIVACY ACT STATEMENT**

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you provided **NORTHWEST REGIONAL HOUSING AUTHORITY** at application and re-examination. HUD will collect the information electronically from Form 50058. The data collected includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with this information.

HUD may use the information to manage and monitor HUD-assisted housing programs. It also may verify if the information is accurate and complete.

HUD may provide information to Federal, State, and local agencies if used for civil, criminal or regulatory investigations and prosecutions. HUD may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents give the Authority SSN(s) of household members **at least six (6) years old**. If you are an applicant and have been issued or use a SSN(s) not provided to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937 as amended 42 U.S.C. 1437 et, seq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat., 348,408 require applicants and residents to provide other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to provide the Authority this information, the Authority may reject your application or delay acting on it. If you are receiving housing assistance and you do not provide the Authority this information, the Authority may evict you or withdraw housing assistance.

I READ THE Federal Privacy Act Statement on \_\_\_\_\_  
Date

**SIGNATURE** \_\_\_\_\_  
**HEAD OF HOUSEHOLD**

**SIGNATURE** \_\_\_\_\_  
**SPOUSE OR OTHER ADULT**

**SIGNATURE** \_\_\_\_\_  
**OTHER ADULT**

## OBLIGATIONS AND RESPONSIBILITIES FOR SECTION 8 PROJECT BASED RENTAL ASSISTANCE PROGRAM

**A FAMILY MUST:**

- A. Supply any certification, release, information or documentation that the PHA or HUD determines to be necessary, and any other information required for use by the PHA in a regular or interim reexamination.
- B. Allow the PHA to inspect the unit at a reasonable time and after reasonable notice.
- C. Notify the PHA before vacating the dwelling unit and giving proper, written, 30 day advance notice.
- D. Use the unit solely for the residence by the family and as the family's principal place of residence.
- E. Notify the PHA in writing of **all changes** in the family's income and or family composition within 10 days in writing.

**A FAMILY MUST NOT:**

- A. Sublease or assign the lease or transfer unit.
- B. Own or have any interest in the rental unit (except for the HOMEOWNERSHIP Program)
- C. Commit any fraud in connection with the Voucher Program.
- D. Rent from relatives (unless approved by the housing authority).
- E. Receive duplicate assistance under the voucher program while receiving assistance under any other housing assistance program.
- F. Have any person/persons living in the unit without the prior approval of both the PHA and landlord.

**THE PROPERTY OWNER HAS AGREED TO:**

- 1. Certify legal ownership of the property
- 2. Perform necessary maintenance ensuring the unit is in compliance with Housing Quality Standards ensuring decent, safe and sanitary housing in accordance with 24 CFR Section 882.109 and failing to do so is grounds for termination of the Housing Choice Voucher Program
- 3. Agree to abide by all Fair Housing Laws which prohibits discrimination in housing because of: Race or color; National Origin; Religion; Sex and Familial Status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18); Handicap (Disability); or individuals and families regardless of sexual orientation, gender identity, or marital status.
- 4. Will not charge more rent than stated in the contract.

**Tenant:** \_\_\_\_\_ **Spouse or Co-Head:** \_\_\_\_\_

**Other Adult:** \_\_\_\_\_ **Other Adult:** \_\_\_\_\_

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

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





## NOTICE OF PORTABILITY

### **What is Portability?**

The ability of a family to move from one Housing Authority to another and keep their assistance. This means in state or out of state, to any area that has a Housing Choice Voucher Program.

### **Who is eligible to use Portability?**

Any tenant can “Port” to another Housing Authority, if they complete a **year’s lease** and get approval to “Port” from their present Housing Authority. You must be in good standing with your Housing Authority.

### **How do I use Portability?**

Contact your Housing Authority in writing with the name and mailing address of the Housing Authority where you wish to move. The Housing Authority will provide your file documents to the new Housing Authority for your assistance.

### **Things to Remember about Portability!**

The new Housing Authority has different rules and limits for their areas. You must contact them regarding these matters.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or 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 #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

[See reverse side for footnotes and instructions]

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

**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.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later 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 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of 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].

**Parole status under 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 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**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), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA 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" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.