



Housing & Redevelopment
Authority of Hibbing

Application for Public Housing

Please return to:

Housing and Redevelopment Authority of Hibbing

3115 7th Avenue East, Hibbing, MN 55746

Hours: Mon-Fri 8:30 a.m. – 3:30 p.m.

DO NOT FAX APPLICATION PLEASE



In order to accept your application for processing, you must provide the following documentation:

- ☐ **SOCIAL SECURITY CARD or ORIGINAL DOCUMENT showing SSN for each family member**
- ☐ **VALID DRIVERS LICENSE, STATE ID CARD or PASSPORT for all family members over 18**

*****Please note: Your application WILL NOT BE ACCEPTED without this documentation**

If you or anyone in your family is a person with disabilities and you require specific accommodation in order to fully utilize our programs and services, please contact the Hibbing HRA for the "Request for Reasonable Accommodations."

The HRA of Hibbing is now a Move To Wellness Agency (See 1st Page)
to see how that may affect you.



Housing & Redevelopment Authority of Hibbing

3115 7th Avenue East – Hibbing, MN 55746 – Phone: 218.263.3661 – Fax: 218.262.4164

Effective January 1, 2022

The Hibbing HRA is a Move to Wellness (MTW) Agency

What does this mean?

The HRA has the ability to create programs that help residents eventually graduate from public housing to renting or owning their own home.

How would this affect me?

If you are between 18 and 62 years old, and are not disabled, some programs will be mandatory for you as part of your lease.

For example, the EMPOWER Program is a required program of classes and activities that provide residents with skills in personal finance, health and employment.

What if I have more questions?

Contact the HRA and ask to speak with the “MTW Coordinator” to learn more about how MTW applies to you before submitting your application.

I UNDERSTAND AND AGREE TO SIGN ANY RELEVANT
MTW PORTION OF MY LEASE

SIGNATURE _____ DATE _____



Housing & Redevelopment Authority of Hibbing

Application for Housing

Name _____

Street/Apt _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email Address _____

Mailing address (if different from where you currently live)

Street/Apt _____

City _____ State _____ Zip _____

1. Beginning with head of household, list all persons who will live in the apartment, including foster children and live-in aides (if needed for the care of a family member). Each box must be completed for each family member.

No one except those listed on this form may live in the unit.

	First MI Last Name:	Age:	Date of Birth:	M/F	Social Security Number:	Relation to Head:	% of Custody if applies	Race	Ethnicity (circle)
H						Head			Hispanic Not Hispanic
2									Hispanic Not Hispanic
3									Hispanic Not Hispanic
4									Hispanic Not Hispanic
5									Hispanic Not Hispanic
6									Hispanic Not Hispanic

2. How many bedrooms do you need? (Note: HRA has guidelines determined by family size. You can opt for a smaller apartment, but not a larger one.)

- ☐ Efficiency
- ☐ 1 bedroom
- ☐ 2 bedrooms
- ☐ 3 bedrooms
- ☐ 4 bedrooms

a. For 1-bedroom apartments only:

Which building(s) do you prefer? (Check all that apply)

- ☐ First available/no preference
- ☐ Haven Court Apartments (3100 and 3200 blocks of Sixth Ave East)
- ☐ First Avenue Apartments (2315 First Avenue)
- ☐ Park Terrace Apartments (301 18th Avenue)
- ☐ Seventh Avenue Apartments (3230 7th Avenue East)

3. Are you or any other members of your household currently being subsidized under any government program for housing assistance (HUD, Section 8, Voucher Program, Public Housing, etc.)?

Who? _____ Where? _____

4. Has any member of the household ever lived in public housing? ☐ No ☐ Yes
If yes,

Who? _____ Where? _____

When? _____

5. Has anyone in the household ever been evicted? ☐ No ☐ Yes

If yes, who? _____ Where?

_____ When? _____

6. Does any member of the household owe money to a past or present landlord?

☐ No ☐ Yes

If yes, who? _____

Amount Owed? _____

7. Have you or any member of your household ever been arrested or convicted of a crime other than a traffic violation? ☐ No ☐ Yes

If yes, please explain the nature of the situation and who was involved:

8. Is anyone in your household currently on parole or probation? ☐ No ☐ Yes

If Yes, who? _____

Please explain the situation:

9. Is anyone in your household a full time student? ☐ No ☐ Yes

10. Please list the source and amount of all income expected for the coming 12 months for all family members, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSDI, Unemployment, Worker's Compensation, Child Support, etc. (Example: Wages, \$150/week; SSI, \$421/month.)

Family Member Name:	Income Source:	\$ Amount:	Per: (week, month, year)

11. If the family has no income, explain how bills are paid.

12. Will you have a pet? ☐ No ☐ Yes

You are only allowed *one* pet. All cats or dogs need to be **spayed or neutered** and must be 20 pounds or less. Deposits and Fees for pets are: 1 Bedroom \$325 / 2 Bedroom \$350 / 3 Bedroom \$375 / 4 Bedroom \$425

If yes, please provide the following information:

Kind of pet: _____

Breed: _____

Weight: _____

Please request a copy of the Pet Policy to review prior to becoming a tenant.

13. Please provide information about your housing history (where you have lived) for the **past five years**, including contact information for current and/or previous landlords. Please include additional pages if necessary.

*****We must have an address for your landlord(s) to process your application*****

Street Address City, State, Zip	Length of Residency:	Own/ Rent	Landlord Name:	Landlord Address & City, State, Zip:

14. Preferences: You may qualify for one or more of the following preferences which would give you priority on the waiting list. Our office will explain preferences in greater detail if necessary. You must provide supporting documentation for any preference or status requested.

Definition of Current Preferences. Please check if you qualify:

- ☐ *Working Family Preference* - Families where at least one adult in the household is employed for a minimum of 30 hours per week
- ☐ *Domestic Violence Preference* - Families needing a home due to domestic violence, dating violence, sexual assault, and/or stalking.
- ☐ *U. S. Veteran Preference* - Families where at least one adult in the household served or is serving active duty in any branch of the United States military service
- ☐ *Elderly Preference* - Families where at least one member is 62 years old or older.
- ☐ *Disabled Preference* - Families where at least one member in the household has a physical or mental impairment as defined in the Social Security Act.
- ☐ *Disabled Needing Handicapped Accessible Unit Preference* - Families where at least one member in the household requires a handicapped accessible unit due to physical impairment. ☐ Roll in shower ☐ Walk-in shower ☐ Wheelchair accessible appliances
Or cabinets
- ☐ *Homeless Household* – To qualify for Hibbing HRA Preference, household must meet Category 1 or 2 (Description on Additional Page.)
- ☐ *Local Preference* – Those working, living, or going to school in the city of Hibbing.

I certify that that the statements on this application are true to the best of my knowledge and understand that they will be verified. I understand that any false statement made on this application will cause me to be disqualified for admission or may be grounds for eviction.

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 matter within the jurisdiction of a 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.

Applicant Signature	Date
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Co-applicant Signature	Date
------------------------	------

Co-applicant Signature	Date
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***Definition of a Homeless Household**

In order to meet the definition of a homeless household and qualify for the Hibbing HRA preference, the households must meet either Category 1 or 2.

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- a. An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals); or
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: Any individual or family who:

- a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary residence; **and**
- b. Has no other residence; **and**
- c. Lacks the resources or support networks, e.g. family, friends, and faith-based or other social networks, to obtain other permanent housing

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.

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

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.

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)**NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; 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 a signed verification consent form.
 - ☐ Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - ☐ Permanent residence under §249 of INA 4/; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - ☐ Parole status under §§212(d)(5) of the INA 6/; or
 - ☐ Threat to life or freedom under §243(h) of the INA 7/; or
 - ☐ Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

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

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(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.
- 4/ **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*].
- 5/ **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 on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **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*].
- 7/ **Threat to life or freedom under §243(h) 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*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A 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" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

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(Date)

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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.

OVER →

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:

Hibbing Housing Authority
3115 7th Avenue East
Hibbing, MN 55746

Phone # (218) 263.3661

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

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.

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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:

Hibbing Housing Authority
3115 7th Avenue East
Hibbing, MN 55746

Phone # (218) 263.3661

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

Signature

Date

Printed Name





**Housing & Redevelopment
Authority of Hibbing**

Housing and Redevelopment Authority of Hibbing Tennessee Warning Notice

What is a Tennessee warning notice and when is it required?

You are receiving this notice because the Housing and Redevelopment Authority of Hibbing collects private and/or confidential data from you and about you. We are required to give you this Tennessee warning notice under Minnesota Statutes 13. The purpose of this notice is to allow you to make an informed decision about whether to give data about yourself to the Hibbing HRA. We may not collect data on or about you unless the collection is necessary to carry out our duties under a program that is authorized by law.

Under the Minnesota Government Data Practices Act you have the right to know:

A: The Purpose and Intended Use of the Information the HRA Collects

The purposes and uses of the information we collect about you are:

- 1) To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing program.
- 2) To enable us to establish the level of rent you must pay in accordance with federal law.
- 3) To assist the HRA in maintaining or upgrading the housing stock, and/or
- 4) To enable the HRA to comply with legal requirements governing its and other agencies legislative mandates.

B. Your Rights When Supplying Information

The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended and by the Minnesota Housing and Redevelopment Authority Act, MS 462.11 et. Seq. While you have the right to refuse to supply information we request, if you do not provide the information requested, the HRA may not be able to provide you with housing assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the HRA's Responsible Authority, Jacqueline Prescott, Executive Director.

C. Who Has Access To The Private Information We Collect About You?

Depending upon the housing program and as authorized by state, local and federal law, the information we maintain may be shared with:

- 1) US. Department of Housing and Urban Development (HUD)
- 2) HRA employees and contractors or volunteers
- 3) Health care and human services agencies, area social services agencies, and school districts. Health care professionals who assist the HRA in assessing and maintaining the required level of independent living capability for tenancy in public housing.
- 4) Emergency personnel
- 5) Utility companies
- 6) US Census Bureau
- 7) Federal, State and/or local auditors
- 8) Other Federal, State or local agencies as may be required by law.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with county, state, local, or federal staff members who conduct such investigations pursuant to state and federal law.

Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of that data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat that information as private.

With limited exceptions, a government entity may not collect, store, use, or disseminate private or confidential data for any purpose other than those specified in the Tennesen warning notice, or per section 13.05, subdivision 4. If an agency fails to give the Tennesen warning notice, the agency may not use or store the information received for any purpose.

If, after giving a Tennesen warning notice and collecting data from you, the Hibbing HRA wishes to use the data differently than it described, or wishes to release the data to a different entity or person other than as described in this notice, the Hibbing HRA would need to obtain informed consent from you.

D. Who has access to the confidential information we collect about you?

Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and our attorney. Only the HRA and our attorney and those persons authorized by local, state or federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

E. What information do you have access to?

You or your authorized representative or guardian may request to be shown information about yourself that is maintained by the HRA and that is classified as private. There is no cost for this service, but there may be a charge for copies in which you would like made. According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six (6) months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you have been collected.

F. How can you contest the accuracy or completeness of information in your file?

Write to us describing the nature of your disagreement. Send this information to:

Hibbing Housing and Redevelopment Authority
Attn: Jacqueline Prescott
3115 7th Ave East
Hibbing, MN 55746

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Practices Act.

This is to acknowledge that I have read and understand the above information.

Signature

Signature

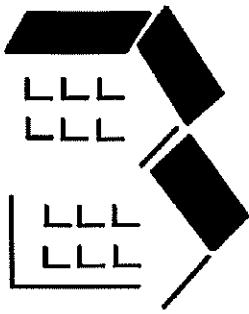
Date

Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

Debts owed to PHAs and termination information

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

Employment and wage information reported in EIV

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

Unemployment benefit information reported in EIV

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

Death, SS and SSI benefit information reported in EIV

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

Additional Verification.

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

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

Identity Theft.

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

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

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

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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.

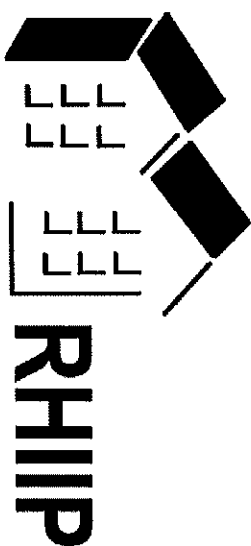
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U.S. Department of Housing and Urban Development

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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?

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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.

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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

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

Housing & Redevelopment Authority of Hibbing, MN
Jaqueline Prescott, Executive Director
3115 7th Avenue East
Hibbing, MN 55746

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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



Housing & Redevelopment Authority of Hibbing

AUTHORIZATION FOR CRIMINAL RECORD CHECK

If two adults are applying for housing, each applicant must complete this form.

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigations Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statute 299C.67 to 299C.71. By signing this form you are allowing the Hibbing HRA to access any criminal data maintained in these files which applies under the statute.

Applicant Last Name: _____

First Name: _____

Middle Name: _____

Maiden/Alias/Former: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Social Security Number: _____

Race: _____

I understand that I have the following rights:

- (1) The right to be informed that the HRA will request a background check on the manager to determine whether the manager has been convicted of a crime specified in Section 299C, Sub. 2; (2) the right to be informed by the HRA of the superintendent's response to the background check report and to obtain from the owner a copy of the background check report; (3) the right to obtain from the superintendent any record that forms the basis for the report; (4) the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4; and (5) the right to be informed by the owner if the individual's application to be employed by the HRA or to continue as an employee has been denied because of the result of the background check.

☐ We are requesting a Federal check on this individual as well.

(Owner, please check this box if requesting a Federal check and attach fingerprint card. Please note that the Federal check will take between six and eight weeks.)

SIGNATURE _____

DATE _____



Housing & Redevelopment Authority of Hibbing

AUTHORIZATION FOR CRIMINAL RECORD CHECK

If two adults are applying for housing, each applicant must complete this form.

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigations Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statute 299C.67 to 299C.71. By signing this form you are allowing the Hibbing HRA to access any criminal data maintained in these files which applies under the statute.

Applicant Last Name: _____

First Name: _____

Middle Name: _____

Maiden/Alias/Former: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Social Security Number: _____

Race: _____

I understand that I have the following rights:

- (1) The right to be informed that the HRA will request a background check on the manager to determine whether the manager has been convicted of a crime specified in Section 299C, Sub. 2; (2) the right to be informed by the HRA of the superintendent's response to the background check report and to obtain from the owner a copy of the background check report; (3) the right to obtain from the superintendent any record that forms the basis for the report; (4) the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4; and (5) the right to be informed by the owner if the individual's application to be employed by the HRA or to continue as an employee has been denied because of the result of the background check.

☐ We are requesting a Federal check on this individual as well.

(Owner: please check this box if requesting a Federal check and attach fingerprint card. Please note that the Federal check will take between six and eight weeks.)

SIGNATURE _____

DATE _____



Housing & Redevelopment
Authority of Hibbing

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

I hereby give my permission for:

____ AEOA ____ Previous Landlords ____ SLC Social Services
____ Legal Aid ____ Range Women's Advocates ____ SLC Probation
____ Range Transitional Housing ____ Physician/Health Care Provider
____ Other _____

To release written or verbal information regarding:

____ Disability Status and Recommended Accommodation ____ Program Participation Status
____ Rental History ____ Current Housing Status/Issues
____ Other _____

I understand that information pertinent to this situation can be shared by either agency. This release is valid for a one-year period unless I revoke it in writing earlier.

Signature

Date



**Housing & Redevelopment
Authority of Hibbing**

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

I hereby give my permission for:

____ AEOA ____ Previous Landlords ____ SLC Social Services
____ Legal Aid ____ Range Women's Advocates ____ SLC Probation
____ Range Transitional Housing ____ Physician/Health Care Provider
____ Other _____

To release written or verbal information regarding:

____ Disability Status and Recommended Accommodation ____ Program Participation Status
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____ Other _____

I understand that information pertinent to this situation can be shared by either agency. This release is valid for a one-year period unless I revoke it in writing earlier.

Signature

Date



Housing & Redevelopment Authority of Hibbing

Release of Information

Organizations Requesting Release of Information

Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

The undersigned hereby authorize the release of any information including documentation and other materials pertinent to eligibility for a participation under any of the following programs:

- Low-Income Rental Public Housing
- Bridges Rental Assistance
- Loan Programs
- Family Self Sufficiency (FSS) Programs

The undersigned hereby authorizes the above named organization to obtain information about me or my family that is pertinent to eligibility for, anticipation of eligibility for, or continued occupancy in assisted housing programs.

Authorize only the Hibbing Housing Authority to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information covered may include but is not limited to the following:

- Child Care Expenses
- Credit History/Criminal History
- Family Composition
- Employment Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers/Incomes
- Residences and Rental History
- These forms cannot be used to request a copy of tax returns. Instead, use IRS form 4506.

Individuals or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example; information may be requested from:

- Banks and other Financial Institutions
- Courts, Law Enforcement Agencies and Credit Bureaus
- Correctional Facilities
- Employers, Past and Present
- Landlords, Past and Present
- Legal Aid
- Police Departments
- Probation Offices
- Mental Health Centers
- Work Force Center
- Range Transitional Housing
- St Louis County Social Services

Providers of:

- Alimony, Child Care, Credit
- Handicapped Assistance Medical Care
- Pensions/Annuities
- Legal Aid
- Schools/Colleges
- Department of Corrections / Regional Corrections
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

I agree that the Hibbing Housing Authority may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

If the HRA suspects criminal activity on site this information will be reported to law enforcement. I understand that if upon inspection, illegal drugs or traces of illegal drugs are discovered in residences, law enforcement will be informed. HRA or representative thereof, will be authorized to enter unit to begin remediation of said illegal substances and the cost for these remediation services will be passed on to resident.

Conditions

I agree that the photocopies of these authorizations may be used for the purpose stated above for a period of fifteen (15) months from the date signed below.

If I do not sign this authorization, I also understand that my housing assistance or loan program may be declined or terminated.

Signature of Head of Household

Date

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

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

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

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

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

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

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

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

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

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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



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.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



**Housing & Redevelopment
Authority of Hibbing**

3115 7th Avenue East – Hibbing, MN 55746 – Phone: 218.263.3661 – Fax: 218.262.4164

Effective January 1, 2022

The Hibbing HRA is a Move to Wellness (MTW) Agency

What does this mean?

The HRA has the ability to create programs that help residents eventually graduate from public housing to renting or owning their own home.

How would this affect me?

If you are between 18 and 62 years old, and are not disabled, some programs will be mandatory for you as part of your lease.

For example, the EMPOWER Program is a required program of classes and activities that provide residents with skills in personal finance, health and employment.

What if I have more questions?

Contact the HRA and ask to speak with the “MTW Coordinator” to learn more about how MTW applies to you before submitting your application.

I UNDERSTAND AND AGREE TO SIGN ANY RELEVANT
MTW PORTION OF MY LEASE

SIGNATURE _____ DATE _____