



# BINGHAMTON HOUSING AUTHORITY

35 Exchange Street, Binghamton, N.Y. 13901-3801. Phone (607)723-9491. Fax (607)722-5031

Jean Westcott, Executive Director

Thank you for Applying to the Binghamton Housing Authority.

Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*IMPORTANT\*\***

ACCEPTANCE OF THIS APPLICATION **DOES NOT** GUARANTEE YOU PLACEMENT  
ON THE WAIT LIST FOR PUBLIC HOUSING

ALL APPLICANTS MUST BE SCREENED FOR ELIGIBILITY AND SUITABILITY AND  
QUALIFIED FOR OCCUPANCY STANDARDS.

Please list every state that you or anyone in your household has ever lived in regardless of  
when:

Do you or anyone in your household have a REGISTERED FIREARM? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list who:

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Do you or anyone in your household have a valid Drivers License? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list who:

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Do you or anyone in your household have a motor vehicle? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list:

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_ Vehicle Color \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_ Vehicle Color \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_ Vehicle Color \_\_\_\_\_

How Did You Hear About Us?

\_\_\_ Radio/TV

\_\_\_ Newspaper

\_\_\_ Service agency (Name of agency \_\_\_\_\_)

\_\_\_ BHA Tenant (tenant name \_\_\_\_\_)

\_\_\_ Other ( \_\_\_\_\_)

Signature of Head Of Household (Applicant): \_\_\_\_\_

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



**Public Housing**  
**Application Package**

Thank you for your interest in the Binghamton Housing Authority.

Your application package contains the following items:

- “Things You Should Know”
- “Required documentation form”
- Fraud information
- Application (signatures required)
- Releases of Information (4) (signatures required)
- Optional Contact Information Form (signature required)
- Declaration of Section 214 Status (signature required)
- Priority Wait List Explanation
- Notice of right to reasonable accommodation. If, due to a disability, you require a change in the rules or policies in order to participate in our programs

**When you apply you must provide us with the Social Security card of the Head Of Household and proof of residency. All adults 18 years or older, MUST sign the application and other required forms enclosed. Social Security cards and birth certificates for the other family members will be collected at a later date.**

Please make sure all items on the application are filled in. Leave no blank spaces on any of the forms. **If something doesn't apply simply put “none” or “N/A” in that space.** We will be happy to assist anyone who needs help completing their application.

If you meet the minimum requirements, you will be placed on our wait list. This does not guarantee placement in Public Housing. When you are selected from the wait list for **final determination** you must provide all the applicable documents as shown on the attached “Required Documentation” form. Please look over the list of documents required and other attached forms carefully to see what you need. We must have all documentation in order to process your application for final eligibility/suitability.

Priority will be given by stamped date and time of the completed original application, as well as any preferences you may qualify for.

Applicant screening is done and includes household income and asset verification, household composition verification, credit history checks, criminal background checks, including sex offender registrants, and verification of current and/or previous assisted or subsidized housing. All information and documentation provided is subject to verification.

Binghamton Housing Authority: (607) 723-9491 Ext. 141





November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



**REQUIRED DOCUMENTATION.**

We must have proof of many things. Below is a list. Please look it over to see what applies to you.

<p><b>SOCIAL SECURITY NUMBERS</b></p>	<p><b>ONE OF THESE</b>                  Social Security Card <b>OR</b> receipt or benefit letter from Social Security <b>OR</b> pay stub from a Federal, State or Local Government agency, <b>OR</b> an employee identification card from a Federal, State or local Government agency, <b>OR</b> a certified tax return (including Social Security #s).</p>
<p><b>BIRTH DATES</b></p>	<p><b>ONE OF THESE</b>                  Birth certificates, <b>OR</b>                  Baptismal certificate, <b>OR</b>                  DD 214 discharge papers for veterans, <b>OR</b>                  Social Security award letter for seniors, <b>OR</b>                  INS documentation.</p>
<p><b>RESIDENCE</b></p>	<p><b>ONE OF THESE</b>                  Current rent receipt/lease <b>OR</b> utility bill                  If not Head of Household, please provide notarized statement <b>and</b> third-party verification of residence</p>
<p><b>FAMILY RELATIONSHIPS</b></p>	<p><b>ALL THAT APPLY</b>                  Marriage certificate, divorce decree, separation papers, or death certificate. Family Court papers (child custody, support, visitation).</p>
<p><b>INCOME – All Income Documentation must be dated within the last 60 days</b></p>	<p><b>ALL THAT APPLY</b></p> <p><b>PUBLIC ASSISTANCE &amp; FOOD STAMPS:</b> Budget worksheets from Social Services.</p> <p><b>SOCIAL SECURITY RETIREMENT OR DISABILITY:</b>                  (Both Federal and State)                  Written proof from Social Security showing type and amount of benefit – must be dated less than 60 days.</p> <p><b>PENSIONS AND VA BENEFITS:</b> Current letter showing amount or check stub.</p> <p><b>WORKER’S COMPENSATION OR NYS DISABILITY:</b>                  Statement or letter showing amount.</p> <p><b>WAGES:</b> Four (4) current &amp; consecutive pay stubs if weekly <b>OR</b> two (2) current &amp; consecutive pay stubs if bi-weekly.</p> <p><b>(OVER)</b></p>

**REQUIRED DOCUMENTATION (Cont'd)**

<p><b>INCOME, Cont'd.</b></p>	<p><b>MILITARY:</b> Leave and earnings statements.</p> <p><b>UNEMPLOYMENT INSURANCE:</b> Unemployment payment history showing amount.</p> <p><b>CHILD SUPPORT:</b> Family Court papers, receipts from Child Support Collection Agency or Notarized Statement if not court awarded.</p> <p><b>REGULAR CONTRIBUTIONS FROM RELATIVES:</b> Notarized letter from relative.</p> <p><b>ALL OTHER INCOME:</b> If you're not sure what you need, ask us.</p>
<p><b>ASSETS</b> – All Asset documentation must be date within last 60 days.</p>	<p><b>BANK ACCOUNTS:</b> Bank Statements for Checking, savings, CD's, money markets, Christmas Clubs, etc.</p> <p><b>DIVIDENDS:</b> Most recent statement of earnings</p> <p><b>FOR ANY OTHER ASSETS: Such as Stocks, Bonds etc.</b> Proof of ownership</p>
<p><b>MEDICAL EXPENSE: OVER 3% OF FAMILY INCOME (ELDERLY AND DISABLED FAMILIES ONLY)</b></p>	<p>Receipts, bills including proof of payments, prescription printouts last calendar year, Medical premiums (i.e., AARP, Humana, Epic etc)</p>
<p><b>CHILD CARE EXPENSES</b> (Babysitting expenses for children under 13 years).</p>	<p>Proof of childcare expense; statement or receipt from childcare provider including complete name and address of provider.</p>
<p><b>IDENTIFICATION</b></p>	<p>Picture ID for all adults (18 years of age and older) cannot be an expired document.</p>



# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

6/2026

BINGHAMTON HOUSING AUTHORITY  
PUBLIC HOUSING  
35 EXCHANGE ST. PO BOX 1906  
BINGHAMTON, NY 13902

PUBLIC HOUSING APPLICATION

Name: Last, first, middle (include aliases, or maiden name)      Application Date:      Mo.      Day      Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 Current Address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # or Message # \_\_\_\_\_ email address: \_\_\_\_\_  
 Mailing Address: (if different from above):  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List the correct **LEGAL** name of all household members who will be living with you, as they appear on Social Security Cards. Begin with Head of Household, Spouse, Older Children, etc. Then list any additional adults. If you need additional space, please use a separate piece of paper.

Family Member	Relation	Sex M/F	Date of Birth	Social Security #	Citizen Y/N	* Race	** Ethnicity
1 _____	Head						
2. _____							
3. _____							
4. _____							
5. _____							
6. _____							
7. _____							

If ANY member of the household is **NOT A CITIZEN**, please provide Alien Registration number:  
Who? \_\_\_\_\_ Alien Registration Number \_\_\_\_\_  
Who? \_\_\_\_\_ Alien Registration Number \_\_\_\_\_  
Who? \_\_\_\_\_ Alien Registration Number \_\_\_\_\_

\*Race      1-White 2-Black 3-Asian or Pacific Islander 4-American Indian/Alaska Native  
\*\*Ethnicity      1-Hispanic 2-Non-Hispanic

Marital Status: **Circle One:**      Single,   Married,   Divorced,   Separated

Have you or your family member ever tested positive for Lead-Based paint poisoning?      \_\_\_ Yes      \_\_\_ No

Are any family members pregnant?      \_\_\_ Yes      \_\_\_ No (If yes, list): \_\_\_\_\_

Have any family members ever served or are serving in the military?      \_\_\_ Yes      \_\_\_ No

(If yes, list): \_\_\_\_\_

**Please have all adults on this application sign beginning with the Head of Household**

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

\_\_\_\_\_  
Signature of Spouse/Other Adult                      Date

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

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

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

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

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

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

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

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

6/2026

Please list all former addresses and the contact information for the landlord for the past Five (5) years.

Move in Date: \_\_\_\_\_ Move Out Date \_\_\_\_\_

Address I lived at: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Landlord email (if known) \_\_\_\_\_

Move in Date: \_\_\_\_\_ Move Out Date \_\_\_\_\_

Address I lived at: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Landlord email (if known) \_\_\_\_\_

Move in Date: \_\_\_\_\_ Move Out Date \_\_\_\_\_

Address I lived at: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Landlord email (if known) \_\_\_\_\_

Please list all former address and the contact information for the landlord for the past Five (5) years.

Move in Date: \_\_\_\_\_ Move Out Date \_\_\_\_\_

Address I lived at: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Landlord email (if known) \_\_\_\_\_

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Move in Date: \_\_\_\_\_ Move Out Date \_\_\_\_\_

Address I lived at: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Landlord email (if known) \_\_\_\_\_

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Move in Date: \_\_\_\_\_ Move Out Date \_\_\_\_\_

Address I lived at: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Landlord email (if known) \_\_\_\_\_

**Please answer all the following questions:**

Are you currently living in BHA Section 8 Housing?  Yes  No

Have you ever lived in any type of assisted housing before?  
(This includes Section 8 Assistance)  Yes  No

If yes:  
When \_\_\_\_\_ Where \_\_\_\_\_ Who was Head of Household \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your household committed fraud in a federal assisted housing program or been required to repay money for knowingly misrepresenting information for such a housing program? Yes  No  (If yes, give details)  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect anyone to move in or out of your household? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who?  
\_\_\_\_\_  
\_\_\_\_\_

Is any member of the household age 18 or older (other than the family head and spouse) a full-time student?  Yes  No

If yes, please give the name of the family member and the school he/she attends:  
Family Member: \_\_\_\_\_  
School: \_\_\_\_\_

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**DISABLED OR HANDICAPPED INFORMATION:**

If any member of the household is disabled or handicapped, please list:  
\_\_\_\_\_  
\_\_\_\_\_

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Does anyone claim eligibility for housing based on hardship or a disability? Yes  No

If yes, who: \_\_\_\_\_

Does any member require any special accommodations? Yes  No

If yes, who and what accommodation(s)? \_\_\_\_\_  
\_\_\_\_\_

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**DRUG AND CRIMINAL HISTORY: ALL QUESTIONS MUST BE ANSWERED**

Are you or any family member currently using an illegal controlled substance?  
\_\_\_\_\_ Explain: \_\_\_\_\_

Are you or any family member currently involved in the sale, manufacture, or distribution of a controlled substance?  
\_\_\_\_\_ Explain: \_\_\_\_\_

Have you or any family member ever been arrested or convicted for illegal usage, sale, or manufacture of a controlled substance?  
\_\_\_\_\_ Explain: \_\_\_\_\_

Have you or any family member ever been arrested or convicted of a felony?  
\_\_\_\_\_ Explain: \_\_\_\_\_

Have you or any family member ever been arrested or convicted of any crime?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is, or has, anyone in your household ever been on parole or probation?

Explain: \_\_\_\_\_

Have you or any family member ever been evicted from subsidized housing of any kind due to criminal activities or drug usage, or the sale, manufacture, or distribution of a controlled substance:

Explain: \_\_\_\_\_

Are you or any family member subject to a lifetime state sex offender registration program in any state:  
(Note: failure to respond to this question may jeopardize the approval of your application) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Does anyone in the household have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Who and Driver's License Identification Number (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABSENT PARENT INFORMATION**

Child: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Comments: \_\_\_\_\_

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Child: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Comments: \_\_\_\_\_

+++++

Child: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Comments: \_\_\_\_\_

**BENEFIT INCOME/ASSETS: Must answer Yes or No to all questions**

Is any applicant receiving:	Yes	No	Amount/Mo. Weekly/ Bi-weekly
TANF			
Other Public Assistance			
Food Stamps			
Social Security			
SSI			
Alimony/Child Support			
Unemployment			
Workers Comp/NYS disability			
Pension			
Any Other Income			

List all assets:	Yes	No	Value
Real Estate			
Savings			
Checking Account			
Stocks			
Bonds			
R.V.'s			
Other			

**CURRENT EMPLOYMENT**

\*Any anticipated income (such as bonus or pay raise) you expect to receive.  
Current Employment of all applicants 18 years of age and older.

Applicant Name	Name & Address of Employer	Date Started	Hrs. Week	Amt. of Paycheck Gross Income	Length of Pay Period Weekly/bi-weekly, etc.

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**CURRENT MONTHLY EXPENSES**

Rent:                                    \_\_\_ Yes                    \_\_\_ No                    \$ \_\_\_\_\_ /Month

Utilities Included:                    \_\_\_ Yes                    \_\_\_ No                    \$ \_\_\_\_\_ /Month

Child Care:                                \_\_\_ Yes                    \_\_\_ No                    \$ \_\_\_\_\_ /Month

Medical Expenses:                    \_\_\_ Yes                    \_\_\_ No                    \$ \_\_\_\_\_ /Month  
(Elderly and Disabled Families Only)

**Expenses**

List current debts that you owe and current balances – example: credit cards, Utility Company, etc.

\_\_\_\_\_  
\_\_\_\_\_

Does your household have any medical expenses (Include Insurance Premiums, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation etc)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the type of expense(s) (NOT YOUR MEDICAL CONDITION) and the un-reimbursed amount you spend per month on ALL medical expenses.

\_\_\_\_\_ \$ \_\_\_\_\_ monthly

\_\_\_\_\_ \$ \_\_\_\_\_ monthly

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the nature of the expense and the monthly amount. (Again, PLEASE DO NOT LIST THE MEDICAL CONDITION OR DIAGNOSIS)

\_\_\_\_\_ \$ \_\_\_\_\_ monthly

\_\_\_\_\_ \$ \_\_\_\_\_ monthly

Do you have childcare expenses for children under age 13 so an adult in the family can work, seek work, attend job training, or go to school ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the name, address, and phone number (#) of your childcare provider.

\_\_\_\_\_  
\_\_\_\_\_

Is any member of your household age 18 or older (OTHER than the Head of Household and spouse) a full-time student or a person with a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name of the family member(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Priority Status Request**

**I request to be given a priority on the waiting list because I qualify for:**

- \_\_\_\_\_ Residency Preference
- \_\_\_\_\_ VAWA Preference
- \_\_\_\_\_ Homeless Preference, or involuntarily displaced
- \_\_\_\_\_ Working Families Preference
- \_\_\_\_\_ Sub-Standard Housing
- \_\_\_\_\_ Rent Burden





## RELEASE OF INFORMATION

### CONSENT

I AUTHORIZE AND DIRECT ANY Federal, state, or local agency organization, business, or individual to release to the BINGHAMTON HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Low-Income Public Housing and/or to obtain or enforce a judgment affiliated with my public housing tenancy. I understand and agree that this authorization or the information obtained with its use will be used by the BHA in conjunction with my public housing tenancy.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Childcare Providers	Utility Companies

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization or a photocopy of the authorization shall be valid as the original and no restrictions shall be placed upon this authorization by virtue of the date of this authorization.

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### Signatures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Head of Household

(Print Name)

Date

\_\_\_\_\_

(Print Name)

Date

\_\_\_\_\_

(Print Name)

Date

\_\_\_\_\_

(Print Name)

Date

\_\_\_\_\_

(Print Name)

Date

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**APPLICANT/TENANT CERTIFICATION**

**Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

**Reporting Changes in Income of Household Composition**

I know I am required to report immediately in writing any change in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

**Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

**Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

**Signature of All Household Adults**

1) _____	Date _____
2) _____	Date _____
3) _____	Date _____
4) _____	Date _____

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## 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

**PHA or IHA requesting release of information** (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 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.

**CONSENT FOR RELEASE OF CRIMINAL CONVICTION RECORDS**

The Binghamton Housing Authority is authorized to obtain criminal conviction records from a Law enforcement Agency. The Authority may use criminal conviction records to screen applicants in accordance with HUD regulations, enforce lease provisions, or in connection with eviction proceedings. In the screening of applicants, the Authority shall perform criminal history background checks in the State of New York where the housing is located, and in any other states where household members are known to have resided. This screening includes but is not limited to, review of lifetime registration sex offender status and convictions for drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.

By execution of the consent form (reading and signing the form) all adult household members consent that:

Any law enforcement agency may release criminal conviction records concerning the household member(s) to a PHA in accordance with HUD regulations.

The PHA may receive the criminal conviction records from a law enforcement agency and may use the records in accordance with HUD regulations.

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse or Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ 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.



**BINGHAMTON HOUSING AUTHORITY  
35 EXCHANGE STREET  
PO BOX 1906  
BINGHAMTON, NY 13902**

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**DECLARATION OF SECTION 214 STATUS  
Alien Certification & Registration**

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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. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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I, \_\_\_\_\_, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because ( )Please check appropriate box):

\_\_\_\_\_ I am a citizen by birth, a naturalized citizen or a national of the United States.

\_\_\_\_\_ I have eligible immigration status and I am 62 years of age or older. (Attach proof of age.)(ii)

\_\_\_\_\_ I have an eligible immigration status as checked below. (See reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status signed verification consent form.

\_\_\_\_\_ Immigration status under Sect. 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)(iii)

\_\_\_\_\_ Permanent resident Under Sect. 249 of the INA(iv)

\_\_\_\_\_ Refugee, asylum or conditional entry status under Sec. 207, 208 or 203 of the INA(v)

\_\_\_\_\_ Parole status under Sect. 212(d)(5) of the INA(vii)

\_\_\_\_\_ Threat to life or freedom under Sect. 243(h) of the INA(vii)

\_\_\_\_\_ Amnesty under Sect. A of the INA(viii)

\_\_\_\_\_  
(Signature of Adult or Adult Family Member)  
(If minor child, Adult Family Member's Signature Required and Check Below)

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

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

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HA: Enter INA/SAVE Primary Verification # \_\_\_\_\_

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

**DECLARATION OF SECTION 214 STATUS**  
**Alien Certification & Registration**

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**Warning:** 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements 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 (5) years, or both.

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

- (ii) Eligible immigration status and 62 years of age or older. For non-citizens 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.
- (iii) Immigrant status under &101(a)(15) or 101(a)(20) for the INA. Non-citizen lawfully admitted for permanent residence, as defined by &101(a)(20) or the immigration and national act (INA), as an immigrant, as defined by &101(a)(15) of the INA (8 U.S.C. 1101(a)(2) and 1101(a)(15), respectively [immigrant status]. This category includes a non-citizen 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.
- (iv) Permanent residence under &249 or INA. A non-citizen 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 eligible 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].
- (v) Refugee, asylum, or conditional entry status under &&207, 208 or 203 of the INA. A non-citizen 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 up-rooted by catastrophic national calamity [conditional entry status].
- (vi) Parole status under &212(b)(5) of the INA. A non-citizen 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].
- (vii) Threat to life or freedom under &243(h) of the INA. A non-citizen who is lawfully 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].
- (viii) Amnesty under &245A of the INA. A non-citizen who is lawfully admitted for temporary or permanent residence under &245A of the INA 98 U.S.C. 1255A) [Amnesty granted under INA 245A].



**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 record keeping 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 06/30/2026.

**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.

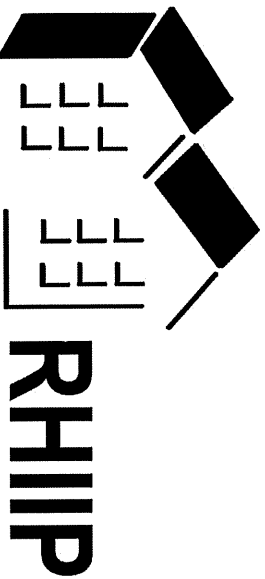
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA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

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice:</i></b></p>	
	<p><b>Signature</b></p>	<p><b>Date</b></p>
<p><b>Printed Name</b></p>		



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## *What You Should Know About EIV*

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

### **What is EIV?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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/dhprgrams/pih/pliv/cfn>.

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 \_\_\_\_\_

#### **4-III.B. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

##### **Local Preferences [24 CFR 960.206]**

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

If the PHA has a Housing Choice Voucher program, the PHA must offer, and if accepted, provide the family a selection preference for an appropriate-sized public housing unit that first becomes available for occupancy after the time period expires for an HCV family whose HAP contract is being terminated due to an owner failing to make required repairs within the required time frame, and who are unable to lease a new unit within the term of the voucher [24 CFR 982.404(e)(2)].

##### PHA Policy

The PHA will use the following local preferences:

HCV Preference: As required by HUD, the PHA offers a preference for families in the HCV program whose HAP contract is being terminated due to an owner failing to make required repairs within the required time frame, and who were unable to lease a new unit within the term of the voucher. This preference outweighs other PHA preferences.

##### **1. Residency Preference (15 pts)**

The PHA will offer a preference for families who live, work, or have been hired to work within the PHA's jurisdiction [24 CFR 982.207 (b)(1)]. Use of the residency preference will not have the purpose or effect of delaying admission to the program on the basis of race, color, religion, sex, national origin, age, familial status, disability, sexual orientation, gender identity, or marital status.

##### **2. VAWA Preference (12 pts)**

The PHA will offer a preference to a family that include victims of domestic violence, dating violence, sexual assault, or stalking who has either been referred by a partnering service agency or consortia or who is seeking an emergency transfer under VAWA from the PHA's housing choice voucher program or other covered housing program operated by the PHA.

The PHA will work with the following partnering service agencies:

- YWCA, YMCA
- RISE
- Crime Victims Assistance Center

The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

**3. Homeless preference, or Involuntary displaced (10 pts)**

The PHA will provide a preference to homeless families or families who have been displaced due to federal or state declared disaster, who have been required to move by local government entity, or are otherwise being displaced (including through eviction) through no fault of their own.

For purposes of this preference, the term “homeless” generally means— (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence; (2) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, church, or camping ground; (3) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); or (4) An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided.

**4. Working Families preference (includes families where head AND spouse/cohead are elderly or disabled) (5 points)**

In order to bring higher income families into public housing, the PHA will establish a preference for “working” families, where the head, spouse, cohead, or sole member has been employed an average of at least 20 hours per week for the past six months (from date selected from the waiting list). As required by HUD, families where the head **and** spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

*Example 1:* Head of household is elderly, but does not work. There is no spouse or co-head. This family receives benefit of the working preference.

*Example 2:* Head of household is 64, spouse is disabled. Neither work. This family receives benefit of the working preference.

*Example 3:* Head of household is 63, spouse is neither elderly nor disabled. Neither work. This family does NOT receive benefit of the working preference since both the head of household and spouse (or cohead) must be elderly and/or disabled to receive benefit of the working preference, unless one is working an average of 20 hours a week for the past 6 months.

**5. Substandard Housing (2 pts)**

The PHA will provide a preference to families who are currently living in substandard housing, defined as units that are cited for failing local codes.

**6. Rent Burden (2 pts)**

The PHA will provide a preference to families who are paying more than 50% of family gross income toward rent.

## **NOTICE DISCLOSING TENANTS' RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES**

### Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities.

For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

For applicants to request a reasonable accommodation, you should contact Caitlin Gaffney, Public Housing Applications Clerk by calling 607-723-9491 x141 or emailing her at [caitling@binghamtonha.org](mailto:caitling@binghamtonha.org). You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider.

A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:

- Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);
- Changes to your housing provider's rules, policies, practices, or services;
- Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.
- If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a “no pet” rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense.
- If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space, or place you at the top of a waiting list if no adjacent spot is available.
- If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made available to you electronically, you can request that accommodation from your landlord.

Required Accessibility Standards All buildings constructed for use after March 13, 1991, are required to meet the following standards:

- Public and common areas must be readily accessible to and usable by persons with disabilities;
- All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
- All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

How to File a Complaint: A complaint must be filed with the Division within one year of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to [www.dhr.ny.gov](http://www.dhr.ny.gov), or by calling 1-888-392-3644 with questions about your rights. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.