JASPER COUNTY PUBLIC HOUSING AGENCY
FAMILY OBLIGATIONS UNDER THE HOUSING CHOICE VOUCHER PROGRAM

1. The family must supply any information determined by the PHA or HUD to be necessary for the administration of the program, such as:

a) Evidence of citizenship or eligible immigration status
b) Documentation of household income or verification of $0 household income
c) Documentation of household composition
d) Documentation of social security numbers of all household members
e) Release of Information Authorization
f) Drug Free Certification
g) Request for Court Records
h) Sign and submit consent forms for obtaining information
i) All information provided must be true and complete

2. The family must provide any documentation required for recertification or interim recertification in a timely manner. Failure to provide recertification verification prior to recertification date is grounds for termination.

3. The family is responsible to pay for any utilities that the owner is not required to pay for and to maintain service at all times. Lack of utility service makes the unit substandard and ineligible for assistance.

4. The family is responsible to provide and maintain any appliances the owner is not required to provide. Lack of required appliances makes the unit substandard and ineligible for assistance.

5. The family or any of their guests must not damage the unit or premises. The family is responsible for any damages beyond normal wear and tear. Eviction for damages is grounds for termination from the program.

6. The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

7. The family may not commit any serious or repeated violation of the lease and must pay their rent on time each month. Eviction for lease violations, including non-payment or late payment of rent, is grounds for termination.

8. The family must notify the PHA and the owner in writing before moving or terminating

the lease. A family cannot move more than one (1) time in a 12-month period after the initial 12 months. After 30 days' notice is given to the PHA and owner, the lease will terminate on the last day of the 30 days' notice. The family may not move, within the jurisdiction or outside the jurisdiction through portability, during the first year of the lease.

9. The family must promptly give the PHA a copy of any owner issued eviction notice.

10. The assisted unit must be used only by the family as its residence. The family must supply any information requested by the PHA to verify that the family is living in the unit.

11. The family must promptly report any change in household composition and request the PHA approval of any addition to the household. Promptly notify the PHA in writing of the birth, adoption or court awarded custody of a child. Guests must be reported to the PHA within ten (10) days of arrival. Guests who remain in the unit 14 days with failure to report guests in a timely manner or having unauthorized persons in the household is grounds for termination.

12. The family must promptly notify the PHA in writing if any family member no longer lives in the unit.

13. The unit may not be sub-let nor the lease transferred to another person.

14. The family must report any changes in the source of household income between annual re-examinations within ten (10) days. Changes must be reported immediately. The PHA will continue to re-verify all income at annual recertification. Unreported income will constitute misrepresentation on the part of the family. Misrepresentations will result in execution of a repayment agreement. If this is not done, it will result in termination.

15. The family must promptly notify the PHA in writing of any absence from the unit. Unreported absences from the unit will constitute unauthorized vacancy and will be grounds for termination.

16. The family must not own or have any interest in the unit.

17. The family must not receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

18. The family members must not commit fraud, bribery or any other corrupt or criminal act

in connection with the program.

19. No members of the family may engage in drug related criminal activity, violent criminal activity, alcohol abuse, or any other criminal activity which threatens the health, safety, or right to peaceful enjoyment of the premises by other residents. Violation of this rule, documented per the Administrative Plan, is grounds for termination.

20. An assisted family may not receive Section 8 assistance while receiving any other housing subsidy under any federal, state or local housing assistance program.

21. The family must keep the unit safe, decent and sanitary at all times and must report any needed repair to the landlord.

22. The family must keep all appointments scheduled with the Section 8 office unless canceled in advance. Failure to keep two scheduled appointments will be grounds for termination.

23. The family must make monthly payments on executed Repayment Agreements. Missing two consecutive payments or being habitually late is grounds for termination.

24. The family must not engage in or threaten abusive or violent behavior toward Housing Agency personnel. If this happens, this is grounds for denial or termination.

25. The address of the assisted unit may not be used by anyone other than those persons listed on the lease. Use of the address for receipt of mail, or any other reason, by another person will be considered evidence that the individual is residing in the unit without authorization and will be grounds for termination.

WARNING! You can be fined up to $500.00 or imprisoned up to five (5) years or both. Be sure to give correct information. I, the undersigned, certify that I have attended a briefing session on the Section 8 Program, that I have read the above statement or it has been read to me, and that I understand and agree to abide by the Family Obligations. I understand that violation of any of the above items is grounds for termination from the Section 8 Program and loss of eligibility for Rental Assistance and that I am entitled to an Informal Hearing to settle disputes with the Section 8 office.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse or Other Adult Household Member Date

_____ _____

Signature of Other Adult Household Member Date

JCPHA
Jasper County Public Housing Agency
Administered by Economic Security Corporation of Southwest Area
P.O. Box 207 · 302 South Joplin · Joplin, Missouri 64802
(417)781-0352 · fax (417)781-1234

Jasper County Public Housing Agency (JCPHA)
Housing Choice Voucher (HCV) Program

HCV PROGRAM ACKNOWLEDGEMENT

I have been informed by the Economic Security Corporation of Southwest Area dba Jasper County Public Housing Agency (referred to as: JCPHA) staff of the Housing Choice Voucher Program, which includes my responsibilities, and have been given an informational briefing packet for my use.

I understand I am to retain this packet for future reference or use. _____initials of Head of Household.

I have read and understand through an explanation to the use of the contents and materials contained in the HCV Briefing information packet.

I acknowledge and understand the "Moving with Continued Housing Choice Voucher Assistance" process. _____ Initials of Head of Household.

Name of Applicant: _____
Please Print

_____ _____
Applicant's Signature Date

Lead Base Paint Notification

As a resident:

You should notify the Management Office or the Landlord **immediately** if the unit in which you live has flaking, chipping, or peeling paint, water leaks from faulty plumbing, or defective roofs. You should cooperate with the management office or landlord's efforts to repair any deficiencies and keep your unit in good shape. When lead-based paint is removed by scraping or sanding, a hazardous dust is created which can enter the body either by breathing or swallowing the dust. The use of heat or paint removers could create a vapor of fumes, which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead based paint should take place when there is no children or pregnant women on the premises.

Remember that you as a parent play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

I have received a copy of the notice entitled "Protect Your Family from Lead in Your Home" and a copy of the "Disclosure of Information on Lead-Based Pain and/or Lead-Based Paint Hazards"

_____ _____

Tenant's Signature Date

Jasper County Public Housing Agency's
New Beginnings Family Self–Sufficiency (FSS) Program
Interest Form

Goal: To obtain suitable employment and become less independent from welfare assistance programs.

The Family Self–Sufficiency (FSS) program has been thoroughly explained to me. I understand that FSS is a program designed to provide Section 8 Housing Choice Voucher (HCV) participants the opportunity for education, job training, counseling and other forms of social service assistance while living in assisted housing, so that I may obtain the education, employment and business and social skills necessary to become self-sufficient.

I also understand that the FSS program makes an FSS escrow account available to me. I understand that during my participation in the FSS program, a percentage of the amount of any increase in my families earned income can be credited to my FSS escrow account.

I understand that I may apply with the FSS coordinator at any time during my Section 8 HCV participation to become a FSS participant.

I understand that this is an opportunity to meet with the FSS Coordinator to develop a plan to lead to homeownership.

_____ I **would like** to participant in the New Beginnings Family Self-Sufficiency Program.

_____ I **do not wish** to participate in the New Beginnings Family Self-Sufficiency program at this time.

_____
Printed Name

_____
Signature

_____
Date

Jasper County Public Housing Agency
Administered by Economic Security Corporation of Southwest Area

P.O. Box 207 · 302 South Joplin · Joplin, Missouri 64802
(417)781-0352 · fax (417)781-1234

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the ***Notice of Occupancy Rights under the Violence Against Women Act (HUD-5380)*** , a copy of the ***Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (HUD-5382)***, and a copy of ***Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (HUD-5381)***.

_____ _____

Signature Date

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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**
Jasper County Public Housing Agency Economic Security Corporation of SW Area 302 Joplin Street P.O. Box 207 Joplin, MO 64802	**Signature** **Date** **Printed Name**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature **Date**

Jasper County Public Housing Agency
Administered by Economic Security Corporation of Southwest Area

P.O. Box 207 • 302 South Joplin • Joplin, Missouri 64802
(417)781-0352 • fax (417)781-1234

Jasper County Public Housing Agency (JCPHA)
Housing Choice Voucher (HCV) Program

ONLINE BRIEFING ACKNOWLEDGEMENT

PLEASE INITIAL EACH LINE IF YOU ARE IN AGREEMENT

_____ I have watched and understand the recorded briefing video online and I understand that I may ask my housing coordinator or any housing staff **ANY** questions regarding the virtual briefing.

_____ I read and understand **ALL** documents that were provided to me.

_____ I have read and understand through an explanation to the use of the contents and materials contained in the HCV Briefing information packet that is online.

Name of Applicant: _____
Please Print

_____ _____
Applicant's Signature Date