

# ANNUAL RECERTIFICATION APPLICATION

This is a household declaration of information and income. Starting with the head of household, you must list all persons who reside in your home.

## **I. HOUSEHOLD COMPOSITION**

### HEAD OF HOUSEHOLD

NAME \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ LAST FOUR OF SOCIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL \_\_\_\_\_

GENDER: Male or Female

DISABLED: Yes or No

RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_ (chose from number chart below)

RACE: (1)WHITE (2)BLACK (3)AMERICAN INDIAN/ALASKAN NATIVE (4)ASIAN (5)HAWAIIAN/PACIFIC ISLANDER (6)OTHER  
ETHNICITY: (1)HISPANIC (2)NON HISPANIC

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STUDENT: Yes or No

If Yes, FULL TIME or PART TIME

SCHOOL Name \_\_\_\_\_

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EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

MONTHLY INCOME \_\_\_\_\_

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THE HOUSEHOLD INFORMATION IS TRUE AND COMPLETE HEAD OF HOUSEHOLD

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Member # 2** HAS THIS MEMBER MOVED IN SINCE YOUR LAST RECERTIFICATION? Y OR N

NAME \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ LAST FOUR OF SOCIAL \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL \_\_\_\_\_

GENDER: Male or Female DISABLED: Yes or No

RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_ (chose from number chart below)

*RACE: (1)WHITE (2)BLACK (3)AMERICAN INDIAN/ALASKAN NATIVE (4)ASIAN (5)HAWAIIAN/PACIFIC ISLANDER (6)OTHER  
ETHNICITY: (1)HISPANIC (2)NON HISPANIC*

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_

STUDENT: Yes or No If Yes, FULL TIME or PART TIME

Name of School \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

MONTHLY INCOME \_\_\_\_\_

THE HOUSEHOLD INFORMATION IS TRUE AND COMPLETE HEAD OF HOUSEHOLD

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Member # 3** HAS THIS MEMBER MOVED IN SINCE YOUR LAST RECERTIFICATION? Y OR N

NAME

DOB AGE LAST FOUR OF SOCIAL

Home Phone Number: Cell:

EMAIL

GENDER: Male or Female

DISABLED: Yes or No

RACE ETHNICITY (chose from number chart below)

RACE: (1)WHITE (2)BLACK (3)AMERICAN INDIAN/ALASKAN NATIVE (4)ASIAN (5)HAWAIIAN/PACIFIC ISLANDER (6)OTHER

ETHNICITY: (1)HISPANIC (2)NON HISPANIC

RELATIONSHIP TO HEAD OF HOUSEHOLD

STUDENT: Yes or No

If Yes, FULL TIME or PART TIME

Name of School

EMPLOYER

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER EMAIL

MONTHLY INCOME

THE HOUSEHOLD INFORMATION IS TRUE AND COMPLETE HEAD OF HOUSEHOLD

SIGNATURE DATE

**Member #4** HAS THIS MEMBER MOVED IN SINCE YOUR LAST RECERTIFICATION? Y OR N

NAME

DOB AGE LAST FOUR OF SOCIAL

Home Phone Number: Cell:

EMAIL

GENDER: Male or Female

DISABLED: Yes or No

RACE ETHNICITY (chose from number chart below)

RACE: (1)WHITE (2)BLACK (3)AMERICAN INDIAN/ALASKAN NATIVE (4)ASIAN (5)HAWAIIAN/PACIFIC ISLANDER (6)OTHER

ETHNICITY: (1)HISPANIC (2)NON HISPANIC

RELATIONSHIP TO HEAD OF HOUSEHOLD

STUDENT: Yes or No

If Yes, FULL TIME or PART TIME

Name of School

EMPLOYER

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER EMAIL

MONTHLY INCOME

THE HOUSEHOLD INFORMATION IS TRUE AND COMPLETE HEAD OF HOUSEHOLD

SIGNATURE DATE

IF YOU NEED TO ADD MORE THAN 4 MEMBERS, PLEASE CLICK HERE  
FOR ANOTHER FORM

## II. INCOME

INCOME SOURCES- HEAD OF HOUSEHOLD MUST ANSWER ALL QUESTIONS FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE. ALL INCOME MUST BE REPORTED.

INCOME SOURCE	YES	NO	MONTHLY AMOUNT	MEMBER RECEIVING	COMMENTS
CASH/GIFTS FROM FAMILY/OTHERS					
IS ANYONE COURT ORDERED TO RECEIVE CHILD SUPPORT OR ALIMONY					
CHILD SUPPORT RECEIVED					
ALIMONY RECEIVED					
EMPLOYMENT					
EMPLOYMENT					
EMPLOYMENT					
EMPLOYMENT					
PENSION/RETIREMENT					
SELF EMPLOYED					
SOCIAL SECURITY					
SSI					
UNEMPLOYMENT					
VETERANS BENEFITS					
WORKERS COMP					
WORK STUDY					
ODD JOBS					
OTHER					

## III. ASSETS

Do you or any member of your household own or have any legal interest in any type of asset YES OR NO.

\*Note: Assets include cash, checking, savings, stocks, bonds, treasury bills, money market, certificate of deposit, whole life insurance, real estate and retirement accounts.

ASSET TYPE	BALANCE/AMOUNT

HAS ANY MEMBER DISPOSED OF ANY ASSET FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST 2 YEARS? Y\_\_\_ N\_\_\_

AS THE HEAD OF HOUSEHOLD, I CERTIFY THAT NO MEMBER OF THE HOUSEHOLD HAS ASSETS WITH A VALUE OF \$5000 OR MORE. THE INCOME AND ASSET INFORMATION ABOVE IS TRUE AND COMPLETE:

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

1. DOES ANYONE IN YOUR HOUSEHOLD PAY CHILDCARE FOR CHILDREN UNDER 13 YEARS OF AGE? Y\_\_\_N\_\_\_ IF YES, MONTHLY AMOUNT \$ \_\_\_\_\_

CHILD CARE PROVIDER NAME & ADDRESS: \_\_\_\_\_

2. DOES ANYONE IN THE HOUSEHOLD (IF ELDERLY OR DISABLED) PAY FOR MEDICAL EXPENSES Y\_\_\_N\_\_\_ IF YES, MONTHLY AMOUNT \$ \_\_\_\_\_

3. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED? Y\_\_\_N\_\_\_ HAVE YOU OR ANY HOUSEHOLD MEMBER BEEN CONVICTED FOR ANY DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY? Y\_\_\_N\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

4. IS ANY HOUSEHOLD MEMBER REQUIRED TO REGISTER AS A SEX OFFENDER? \_\_\_\_\_, IF SO, WHO? \_\_\_\_\_

5. A REASONABLE ACCOMODATION IS A CHANGE IN A POLICY, PROCEDURE, RULE, PRACTICE OR PROGRAM SERVICE THAT WILL ALLOW EQUAL OPPORTUNITY FOR HOUSING ASSISTANCE. ARE YOU OR ANY MEMBER OF THE HOUSEHOLD A PERSON WITH A DISABILITY AND AS A RESULT OF SUCH DISABILITY REQUESTING A REASONABLE ACCOMODATION? Y \_\_\_\_\_ N \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

HEAD OF HOUSEHOLD INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

6. IF THIS IS YOUR ANNUAL RECERTIFICATION, DO YOU PLAN ON MOVING? (HCV ONLY) YES OR NO

7. WHAT UTILITIES DO YOU PAY? ELECTRIC \_\_\_\_\_ GAS \_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_ TRASH \_\_\_\_\_

*(Please attach utility bills)*

**HACTV MAY REQUIRE THE FOLLOWING:**

**Income:** Payroll summary from your employer(s) or two (2) consecutive months of check stubs, court ordered child support verification, social security/disability, or any other income any household member may receive.

**Assets:** Three (3) consecutive months of bank statement(s).

**Disability/Medical Expenses: (Previous year)** Printouts from doctors, pharmacy, or any out of pocket medical/disability expenses incurred in the previous year. **(Current year)** insurance premiums will require (3 months) bank statements or Invoice and /or payment book from your provider. All other disability/medical expenses will need invoices with verification of payment.

**Child Care Expenses:** Three (3) consecutive months of receipts from the childcare provider.

**OTHER** \_\_\_\_\_

The undersigned herby represents that all of the information provided is true and complete and hereby authorizes the **HOUSING AUTHORITY OF THE CITY OF TITUSVILLE (HACTV)** to obtain information from any source to verify information provided. False or incomplete information given above will result in the **HACTV** (1) rejecting this Household Declaration and or (2) terminating assistance/tenancy if false or incomplete information is discovered after occupancy or assistance begins. Further HACTV may rely on the statements provided by the household as a certification of income, composition, deductions if HACTV is unable to secure third party verification of information provided. Participant(s) would be required to repay the HACTV for any assistance provided based upon false or incomplete information provided by the participant(s). I/We understand that if we believe we have been discriminated against, we may call the Fair Housing and Equal Opportunity Hotline at 1-800-877-7353.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES: A PERSON GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDEULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED UNDER THIS TITLE OR IMPRISONED FOR UP TO FIVE YEARS OR BOTH.**

**This information and declaration form is to be signed by all household members 18 years of age and older.**

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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



**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):Housing Authority Of The City Of Titusville  
524 South Hopkins Ave. Titusville, Florida 32796

Section 8 Housing Assistance Program

**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.

Dear Section 8 Tenant:

**THE FOLLOWING ARE CONSIDERED FRAUD:**

1. NOT REPORTING CHANGES IN EMPLOYMENT OR INCOME IN THE HOUSEHOLD WITHIN TEN (10) DAYS. (IN WRITING)
2. HAVING UNAUTHORIZED PERSONS (THOSE NOT LISTED ON THE APPLICATION/LEASE) LIVING IN THE HOUSEHOLD.
3. MAKING PAYMENTS TO THE LANDLORD/AGENT OTHER THAN AGREED UPON IN THE SECTION 8 CONTRACT
4. NOT DISCLOSING THE FACT THAT YOU LIVE OR HAVE LIVED IN PUBLIC HOUSING OR SECTION 8 PRIOR TO NOW.

Florida Law Chapter 409:325 F.S. makes it a crime to knowingly give false information to get into housing, to get a lower rent or to receive aid or benefits under any state or federally funded assistance program. Violation of this Law may result in up to five (5) years imprisonment and/or up to a \$5,000 fine.

I HAVE READ (OR HAS BEEN READ TO ME) THE ABOVE AND DO FULLY UNDERSTAND AND ACKNOWLEDGE THAT IF I AM IN VILATION OF THESE ACYS, MY SECTION 8 ASSISTANCE MAY BE TERMINATED AND THAT I MAY BE PUNISHED BY LAW.

\_\_\_\_\_  
Signature for Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for Applicant/Tenant

\_\_\_\_\_  
Date

### ATTACHMENT 3

#### APPLICANT/TENANT CERTIFICATION

##### APPLICANT(S)'S/TENANT(S)'S STATEMENT

I/We certify that the information given to the **Titusville HA** Housing Agency on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and/or State law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590.

(Within the Washington D. C. Metropolitan Area, call 426-3500.)

\* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape.

See the Federal Privacy Act Statement for more information about its use.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<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.

## AUTHORIZATION FOR RELEASE OF INFORMATION

**PURPOSE:** The Housing Authority of the City of Titusville (THA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies

**AUTHORIZATION:** I, by signing below, authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs: Low Income Rental Public Housing/ Section 8 Housing Assistance Payments Program. I authorize the above named organization to obtain information about me, or my family that is pertinent to eligibility for or continued participation in assisted housing programs. I authorize only a Public Housing Agency to obtain information on wages or unemployment compensation from the State Employment Securities Agencies.

**INFORMATION COVERED (INQUIRES MAY BE MADE ABOUT):** Child Care Expenses; Credit History; Criminal Activity; Family Composition; Employment History; Income from Wages, Pensions, Assets and Federal, State, Tribal or Local Benefits; Handicapped Assistance and/or Medical Expenses; Identity; Marital Status; Social Security Numbers; Residency; Rental History; Student Verifications and Tax Return Information from the Internal Revenue Service.

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:** Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: Banks and other Financial Institutions; Courts and Law Enforcement Agencies; Credit Bureaus; Past and Present Employers; Past and Present Landlords' Schools and Colleges; U.S. Social Security Administration, Internal Revenue Service; Department of Veterans Affairs; Utility Companies; State and Local Welfare Agencies; Providers of Alimony, Child Care, Child Support, Handicapped Assistance, Medical Care, Pension or Annuities and Credit.

**COMPUTER MATCHING NOTICE AND CONSENT:** I agree that a Public Housing Agency may conduct computer matching programs with other governmental agencies including Federal, State and Local Agencies. The governmental agencies include: U.S. Office of Personnel Management; U./S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; U.S. Internal Revenue Service; State Employment Agencies and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

**CONDITIONS:** I agree that photocopies of this authorization may be used for the purposes above. If I do not sign this authorization, I also understand that my housing assistance will be terminated. This authorization shall continue from the date of signature and until such time the Housing Authority is notified, in writing officially, that the authorization is cancelled.

ALL ADULY MEMBERS (OVER 18) OF THE HOUSEHOLD MUST SIGN THEIR OWN NAME AS IT APPEARS ON THEIR SOCIAL SECURITY CARD.

DATE: \_\_\_\_\_

PRINT CLIENT NAME: \_\_\_\_\_

SS# (LAST 4 DIGITS): XXX-XX-\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT OTHER ADULT NAME: \_\_\_\_\_

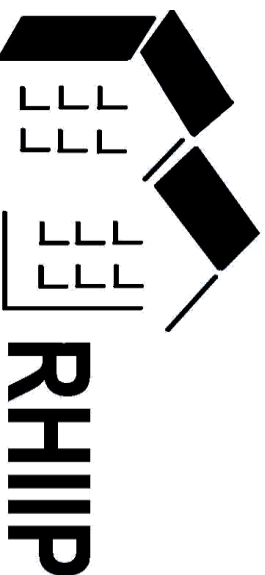
SS# (LAST 4 DIGITS): XXX-XX-\_\_\_\_\_

SIGNATURE: \_\_\_\_\_



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/officespihprograms/pihiv/cfr>.

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



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**



## VAWA IMPORTANT NOTICE

**Affordable Housing & Housing Choice Voucher (Section 8) Residents  
Waiting List All Waiting List Applicants, and Housing Choice Voucher (Section 8) Landlords**

**From: The Housing Authority of the City of Titusville  
524 S Hopkins Ave  
Titusville, FL 32796**

The Violence Against Women Reauthorization Act of 2005 (VAWA) was signed into law January 5, 2006, as Public Law 109-162.

Technical Amendments signed into law August 12, 2006 as Public Law 109-271.

What is It's Purpose?

- To reduce domestic violence, dating violence, sexual assault, and stalking.
- To prevent homelessness of the victims of such acts.
- To protect victims who reside in public housing and the housing choice voucher program.
- To ensure victims have access to criminal justice system without jeopardizing their housing.

When will this begin?

- It begins immediately

Definition – Domestic violence

- Felony or misdemeanor crimes of violence committed by:
  - ✓ Current or former spouse of the victim, or person similarly situated to a spouse.
  - ✓ Person with whom victim shares a child in common.
  - ✓ By a person who cohabits with or has cohabitated with victim, or
  - ✓ By any other person against an adult or youth victim who is protected from that person's acts under domestic or family violence a law of the jurisdiction.

Definition – Dating Violence

- Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim, and
- Where the existence of such relationship shall be determined based on length and type of relationship; frequency of interactions with the person.

Immediate family means:

- A spouse, parent, brother, or sister, or child of that person or an individual to whom that person stands in loco parentis.
- Any other person living in the household and related to the victim by blood or marriage.

**If you are in need of additional information, please contact your public housing or section 8 case manager.**

Initial \_\_\_\_\_ Initial \_\_\_\_\_

## NOTICE OF PORTABILITY

### WHAT IS PORTABILITY?

The ability to move from one Housing Authority's jurisdiction to another Housing Authority's jurisdiction with continued Section 8 rental assistance.

### WHO IS ELIGIBLE FOR PORTABILITY? (Eligibility below is based on HACTV'S policy)

Any family who has completed the first eleven and one-half (11½) to twelve (12)-month lease in the Housing Authority of the City of Titusville's (HACTV'S) jurisdiction, is in good standing with their landlord and does not owe monies to HACTV.

### TO USE YOUR PORTABILITY OPTIONS:

Contact the Section 8 Office if you want to exercise portability. You will be assisted with locating a Housing Authority in the area of your choice.

### LIMITED EXCEPTIONS FOR BUDGETARY CONSTRAINTS:

The general right to portability held by voucher holders notwithstanding, HUD regulations allow a PHA to deny portability moves at its discretion if it "does not have sufficient funding for continued assistance." In a 2005 notice, HUD explained that this provision may be applicable in instances where a participant wishes to move to a "higher cost area," denied as "an area where a higher subsidy amount will be paid for a family because of higher payment standard amounts or 'more generous' subsidy standards (e.g., the receiving PHA issues a three bedroom voucher to a family that received a two-bedroom voucher from the initial PHA)." Under the terms of these notices, a PHA does not need to obtain a regulatory waiver from HUD in order to make a determination that a requested portability move is cost-prohibited.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND HOUSING AUTHORITY POLICY AND HAVE RECEIVED A COPY OF THIS FORM.

---

**Signature of Head of Household or Representative**

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**Date**

## Family Obligations

The family may terminate assistance for any violations of the Family Obligations [See 24 CFR, Parts 982.551](#)

The family must supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. "Information" includes any requested certification, release or other documentation.

- \_\_\_\_\_ 1. The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
- \_\_\_\_\_ 2. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
- \_\_\_\_\_ 3. Any information supplied by the family must be true and complete.
- \_\_\_\_\_ 4. The family is responsible for any Housing Quality Standards ("HQS") breach caused by the family.
- \_\_\_\_\_ 5. The family must allow the PHA to inspect the dwelling unit at reasonable times and after reasonable notice.
- \_\_\_\_\_ 6. The family may not commit any serious or repeated violation of the lease.
- \_\_\_\_\_ 7. The family must notify the PHA and the owner before the family moves out of the unit, or terminates the lease on notice to the owner.
- \_\_\_\_\_ 8. The family must promptly give the PHA a copy of any owner eviction notice.
- \_\_\_\_\_ 9. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- \_\_\_\_\_ 10. The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit. No other person (i.e., nobody but members of the assisted family) may reside in the unit.
- \_\_\_\_\_ 11. The family must promptly notify the PHA if any family member no longer resides in the unit.
- \_\_\_\_\_ 12. The family must not sublease or let the unit.
- \_\_\_\_\_ 13. The family must not assign the lease or transfer the unit.
- \_\_\_\_\_ 14. The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any PHA requested information or certification on the purposes of family absences. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.
- \_\_\_\_\_ 15. The family must not own or have any interest in the unit.
- \_\_\_\_\_ 16. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- \_\_\_\_\_ 17. The members of the household may not engage in drug-related criminal activity, or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons

residing in the immediate vicinity of the premises.

\_\_\_\_\_ 18. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

\_\_\_\_\_ 19. Other housing assistance. An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, state or local housing assistance program.

By signing these forms I have read the above statement and or have had the above statements read and explained to me and understand my obligations under the Housing Choice Voucher program with The Housing Authority of the City of Titusville.

\_\_\_\_\_  
**Applicant/Resident Signature**

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

\_\_\_\_\_  
**Applicant/Resident Signature**

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

\_\_\_\_\_  
**Applicant/Resident Signature**

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

\_\_\_\_\_  
**Housing Authority Representative Signature**

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



**INTENT TO VACATE/RENEW  
HOUSING CHOICE VOUCHER PARTICIPANTS**

**Participant Name** \_\_\_\_\_ **Last 4 of Social Security #** \_\_\_\_\_

**Participant Address** \_\_\_\_\_

**Landlord/Property Manager Name** \_\_\_\_\_

**Please Check the Appropriate Statement**

\_\_\_\_\_ It is the intent of the Participant and the Landlord/Property Manager to renew the existing lease at the above address.

\_\_\_\_\_ It is the intent of the participant to terminate the lease effective \_\_\_\_\_

**If the existing lease is being renewed, all covenants and conditions of the original lease shall remain the same and in full force and effect.**

\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Date**

**Date to Landlord/Property Manager** \_\_\_\_\_ **Delivered By** \_\_\_\_\_