

**SENECA HOUSING, INC.**  
*Serving the Housing Needs of Seneca County*

Seneca Housing, Inc. administers the HUD Section 8 Housing Choice Voucher Program for Seneca County, New York. This Program does not provide emergency assistance of any kind. **We do not own, manage or have any immediate or emergency housing available.** The Program provides financial assistance by helping to pay a portion of your monthly rent directly to your Landlord. Everyone who applies and is determined to be income-eligible will be placed on our waiting list in the order in which we receive your completed application.

**Our current income limits are as follows:**

<u># of Persons in Family</u>	<u>Gross Yearly Income Limit</u>
1	\$23,600.
2	\$27,000.
3	\$30,350.
4	\$33,700.
5	\$36,400.
6	\$39,100.
7	\$41,800.
8	\$44,500.

Once we receive your completed application, you will be placed on our waiting list. **Seneca County residents must also provide proof of current address along with this application (i.e.: copy of utility bill with name/address on it).** You will receive a confirmation letter within a few days of our receipt of your completed application. When your name comes to the top of the waiting list, you will be notified in writing.

**YOUR APPLICATION CANNOT BE PROCESSED UNLESS IT IS COMPLETELY FILLED OUT AND SIGNED BY THE HEAD OF HOUSEHOLD. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

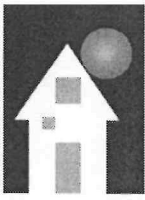
**IF YOU HAVE ANY CHANGES IN ADDRESS, INCOME, HOUSEHOLD SIZE, ETC. IT IS YOUR RESPONSIBILITY TO NOTIFY US OF THOSE CHANGES IN WRITING.**



**Office Hours: Monday-Thursday 8:30 a.m. – 4:00 p.m. Friday 8:30-12:00**  
 11 Auburn Road, Seneca Falls, New York 13148  
**Phone: (315) 568-2200 Fax: (315) 568-4311 E-Mail: [admin@senecahousing.org](mailto:admin@senecahousing.org)**  
 Website: [www.senecahousinginc.org](http://www.senecahousinginc.org)

Seneca Housing, Inc. is a qualified 501(c) (3) not-for-profit organization





# SENECA HOUSING, INC.

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## CONSENT FOR RELEASE OF INFORMATION

This signed consent to release information broadens the scope of verification permissions and, along with the Authorization for the Release of Information/ Privacy Act Notice, authorizes HUD and Seneca Housing Inc Housing Choice Voucher (HCV) Program to request the following:

1. Verification of salary and wages from current or previous employers.
2. Wage and unemployment compensation claim information from the appropriate state agency.
3. Benefit information from the U.S. Social Security Administration.
4. Certain tax return information from the U.S. Internal Revenue Service.
5. Verification of assets and other information from financial institutions.
6. Verification of childcare expenses for children age 12 and younger (including foster children) that enable a family member to work/attend school and is not reimbursed by an agency or other individual.
7. Verification of disability assistance expenses incurred to cover care attendants and auxiliary apparatus for any family member who is a person with disabilities that enable an adult household member to work.
8. Verification from a medical care provider of a family member's disability (as defined by HUD) as well as regular and ongoing anticipated expenses which are not covered by an outside source such as insurance.
9. Alimony or child support information, including frequency and amounts of payments actually received, from the enforcement agency responsible for keeping that information.
10. Verification of regular contributions and gifts (monetary or not) from persons outside the assisted household such as rent, utility payments, and other cash or non-cash contributions provided on a regular basis.
11. Student enrollment status and financial assistance information from accredited educational institutions and training providers.
12. Welfare assistance information from the appropriate state agency, including any adjustments or reductions.
13. Criminal background information to determine initial and ongoing eligibility for the HCV Program.
14. Verification information from partnering or outside agencies for the purpose of determining eligibility and successful administration of the Housing Choice Voucher program.

**Consent: I consent to allow Seneca Housing Inc to request and obtain personal information as specified above for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that Seneca Housing Inc, under this consent form, cannot use this information to deny, reduce or terminate assistance without first conducting an independent verification.**

*For your household, this general consent to release information form is valid as long as the participant remains in the Seneca Housing Inc Housing Choice Voucher Program.*

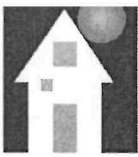
_____	_____	_____	_____
Head of Household	Date	Spouse/Co-Head	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date



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## WAITING LIST APPLICATION

### Seneca Housing Inc (SHI) Housing Choice Voucher (HCV) Program

*This form must be completed by the Head of Household. Use the legal name for each household member.*

Date	Head of Household Name	Email Address			
Home Phone		Work Phone		Cell Phone	
Address (Please list last known address if you are currently homeless)				Apt. #	City
				State	ZIP Code
Yes <input type="checkbox"/> No <input type="checkbox"/> Is your mailing address the same as listed above?					
Mailing Address		Apt. #		City	
		State		ZIP Code	
If No:					

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

Have you received rental assistance from another Section 8 or Public Housing Program before? Yes \_\_\_ No \_\_\_

If yes, name of Housing Authority: \_\_\_\_\_

Date of Termination: \_\_\_\_\_ Reason for termination: \_\_\_\_\_

### I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name		First Name		MI	Date of Birth	Sex (M/F)
						HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
2. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
3. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
4. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
5. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
6. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

Please provide any additional household member information on a separate sheet of paper.



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**II. ADDITIONAL HOUSEHOLD INFORMATION**

YES	NO	Question	
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?	
	If YES:	Who and Where:	
		Details of Crime:	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?	
	If YES:	Who:	
		State:	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?	
	If YES:	Who and Where:	
		Details of Crime:	

**III. FAMILY'S ANNUAL INCOME**

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Family Income</b>		\$

Please provide any additional income information on a separate sheet of paper.

**IV. FAMILY'S ASSETS**

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

**V. CERTIFICATION STATEMENT**

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

**Criminal and Administrative Actions for False Information**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Co-Head

\_\_\_\_\_  
Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

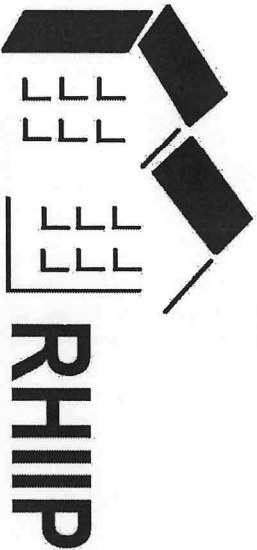
The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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/officespih/programs/spihtm.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 \_\_\_\_\_