

Martin Avenue Apartments

Management Office:

310 W. Martin Avenue, Naperville, IL 60540

Phone: (630) 357-0909

TTY: 711, National Relay Center

Office Use Only Mgr. Initials _____

Date/Time Rec'd _____

Contact: _____

Change: _____

☐ SRN ☐ HA Voucher ☐ TC only

Appl phone # change: _____

Managed By: Evergreen Real Estate Services, LLC Chicago, IL

06/15/2022 rev

Please complete **all sections** of this application. Use N/A if not applicable. Incomplete applications will be returned. An application does not guarantee housing. Income limits and other requirements may apply. Some questions may not apply to the property, but please provide a response. **PLEASE PRINT**

Applicant Name:

(Head of Household)

Last Name

First Name

M. I.

Current Address: _____

Street

City/State

Zip Code

DAYTIME Phone #: _____

Other Contact #: _____

Applying for Apt. Size: (☒ those that apply) ☐ Studio ☐ 1 Bdrm ☐ 2 Bdrm ☐ Accessible

1. Household Composition: Complete the following information for **each** household member who will occupy the apartment at the time of move-in.

Full Name	Birthdate	Social Security #	Relation to Head of House	Sex *	Race *	FT/PT Student?
Last Name, First Name, M.I.			HEAD			Y/N Name of School

(Race is for statistical purposes only. It does not determine eligibility)

***Optional : Not required to disclose**

Identification will be required, including copy of birth certificate, valid State Drivers License or State ID card. Social Security card copies, student and citizenship status are required for Section 8 applicants. Students include grade & Junior high school, high school, college, post-high school training/technical schools, on-line college. (SS# need not be disclosed for those aged 62 on 1/31/2010 with original proof of residency in subsidized housing on that date for HUD subsidized properties only)

2. Occupancy: (Check Y (yes) or N (no) to each question)

☐ Y ☐ N Will any one else live in the unit on a full-time or part-time basis in the next 12 months?

If YES, WHO? _____ WHY? _____

☐ Y ☐ N Do you have a Housing Voucher? If yes, Housing Authority: _____

☐ Y ☐ N Is any member of the household in the military or a U.S. military veteran? WHO: _____


☐ Y ☐ N Are you homeless or living in a shelter? Shelter Name: _____

☐ Y ☐ N Would anyone in your household benefit from a special needs unit with accessibility features or need a "reasonable accommodation"? (for mobility, vision, or hearing)

- ☐ Y ☐ N Have you been referred by a State Referral Network?
- ☐ Y ☐ N Will any of the above people live elsewhere, except the unit for which you are applying?
If Yes, Who? _____ Where? _____
- ☐ Y ☐ N Do you expect any of the above to change in the next 12 months? If YES, why?

- ☐ Y ☐ N Have any of the people above used names or a social security # other than the names or numbers used above? If YES, please explain: _____
- ☐ Y ☐ N Is any member of the household a full- or part-time student at a school of higher education? (college, trade/technical school) School Name, City: _____
- ☐ Y ☐ N Does any member receive financial assistance through loans, grants, scholarships?
If "yes", verification will be required to determine eligibility.
- ☐ Y ☐ N Any member receiving benefits under a claim number different from the SS #?
If Yes, who: _____

3. General Information: Check either **Y (yes)** or **N (no)** to each question, and explain as needed.

 **NOTE: a)** Please list **ALL states in which all household members have lived:**

- ☐ Y ☐ N b) Has ANYONE of the household been arrested or has a record of conviction, adjudication, open/dismissed court case, other than acquittal; OR is or was under home-monitoring for a felony or misdemeanor in ANY state for acts other than a minor traffic violation? If Yes, please explain: (List who, record, dates of incarceration, years of monitoring, State)

- ☐ Y ☐ N c) Is any member of the household listed on any state sex offender registry?
- ☐ Y ☐ N d) Has any member of your household been evicted or involuntarily removed from ANY apartment including subsidized housing, in the last 5 years, for any reason? If YES, explain: _____
- ☐ Y ☐ N e) Has any member of the household exhibited a pattern of behavior that would interfere with the rights of others due to the abuse of alcohol?
- ☐ Y ☐ N f) Does any member of the household use, sell, store, buy or manufacture illegal drugs, including medical marijuana?
- ☐ Y ☐ N g) Has any member of your household ever been convicted of the use or the illegal distribution, manufacture of illegal drugs or other illegal controlled substance, including medical marijuana?
If YES, explain: _____
- ☐ Y ☐ N h) Have you ever filed for bankruptcy? If "YES", what year, why: _____
- ☐ Y ☐ N i) Are you now living in subsidized or Section 8 housing?
- ☐ Y ☐ N j) Do you understand that you may not collect subsidy at 2 locations at the same time?

NOTE: You must be completely moved out of your current unit, return the keys & complete the move-out inspection prior to receiving subsidy at this property. Management will request a copy of the move-out inspection at lease signing.

- ☐ Y ☐ N k) Have you ever failed to cooperate with the recertification process, failed to report any cash or other income or violated the lease or house rules in previous housing?
- ☐ Y ☐ N l) Was your housing assistance ever terminated, or in the process of being terminated, for under- or unreported income or suspected fraud? If YES, WHEN and at what property: _____
- ☐ Y ☐ N m) Have you been displaced by gov't action, disaster or have a Certificate of Displacement?
- ☐ Y ☐ N n) Are you entitled to child support payments?
- ☐ Y ☐ N o) Have you been asked to allow or participate in extermination of pests other than regularly scheduled pest control? (this includes extra treatments for roaches, bedbugs, rodents, etc.)
- ☐ Y ☐ N p) Did you comply with reporting bedbugs, pests & comply with treatment policies & procedures?
- ☐ Y ☐ N q) Have you been asked to sign or do you have a repayment agreement to return money to HUD?

4. Current Job: List current job information for all of household, 18 & over, (full/part-time)

If you are self-employed, please list that information below, and list income on pg. 4.

- a) Employer: _____ Hours worked per week: _____
 Address, city, zip: _____
 Phone: _____ Contact Name: _____
 Household Member Employed: _____ Start Date: _____
-
- b) Employer: _____ Hours worked per week: _____
 Address, city, zip: _____
 Phone: _____ Contact Name: _____
 Household Member Employed: _____ Start Date: _____
-
- c) Employer: _____ Hours worked per week: _____
 Address, city, zip: _____
 Phone: _____ Contact Name: _____
 Household Member Employed: _____ Start Date: _____

Attach additional sheets, as necessary.

5. Landlord References: List the last 3 years of where you have lived, even if living with

family members or in a shelter. The landlord is the company/person to whom you pay rent or mortgage.

- a) **Current** Landlord's/Shelter Name: _____
 Landlord's/Shelter Address, city, zip: _____
 Current Landlord's Phone: _____ Rent: \$ _____
 Dates you lived there: From: _____ To: _____
 Name(s) on Lease: _____
 Is the Landlord a relative? _____ If "YES", what relation? _____
 Why do you want to relocate? _____
 Are you being asked to leave, being evicted or have your household or guests caused damage to the unit or have bedbugs? ☐ Yes ☐ No

b) **Previous** Landlord's/Shelter Name: _____
 Landlord's Address, city, zip: _____
 Previous Landlord's Phone: _____ Rent: \$ _____
 Dates you lived there: From: _____ To: _____
 Was the Landlord a relative? _____ If "YES", what relation? _____
 Why did you relocate? _____
 Were you asked to leave, being evicted or did you, family or guests cause damages to the unit or have bedbugs? ☐ Yes ☐ No

c) **Previous** Landlord's Name: _____
 Landlord's Address, city, zip: _____
 Previous Landlord's Phone: _____ Rent: \$ _____
 Dates you lived there: From: _____ To: _____
 Was the Landlord a relative? _____ If "YES", what relation? _____
 Why did you relocate? _____
 Were you asked to leave, being evicted, did your household or guests cause damages to the unit? _____

Attach additional pages, if necessary to cover last 3 years.

6. Household Income (jobs, gift money), **Assets** (checking, savings, etc.) **and Liabilities** (Bills Owed)

a) **INCOME:** (List ALL income received by any person who will reside in the unit such as full- or part- time job, Social Security/SSI, disability, AFDC, child support, alimony, cash for jobs, RR/ Veterans benefits, **cash gifts/items for daily living expenses**, unemployment, pension, worker's comp., self-employed, military, UBER, Lyft, ride sharing, sporadic income, etc.)

Family Member Name	Source of Income	GROSS Amount of Income \$	Balance put on any type of Debit Card? <input type="checkbox"/> Y <input type="checkbox"/> N	Frequency of Income
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

b) **ASSETS:** List all assets such as **checking, savings**, CD's, trusts, IRA's, 401K, Keogh Account, retirement, land, house, stocks, savings bonds, mutual funds, treasury bills, mortgage or deed of trusts, value of life /funeral insurance or policy, ANY benefits put on debit cards.

Member Name	Type of Asset/Held Where (bank, brokerage, company)	Cash Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: List all additional income and/or assets for any household member, on an additional sheet if needed.

6. Income, Assets, Liabilities continued

- c) Check the income for which you get a debit card (a direct deposit of money for you):
☐ Social security ☐ public aid ☐ employment ☐ unemployment ☐ child support
☐ Utility reimbursement ☐ cash jobs
Proof of the balance on the card must be presented and is an asset for the interview for the unit)

- d) **LIABILITIES (Your bills):** Please list any monthly bills, including cable, internet fees, utilities, credit accounts (ex.: car payments, personal credit cards, car insurance, cell phone payments, child support or alimony paid to someone not in the household, repayment agreements to HUD OR Landlord, home phone bills, furniture rental bills, repayments agreement for medical bills, etc.)

<u>Lender:</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- e) Has anyone disposed of any assets in the last 2 years for less than fair market value?

☐ Yes ☐ No If Yes, to Whom: _____ Amount: \$ _____

7. Vehicle

D. License #: _____

Identification:

Make/Model/Year: _____

Name on Car/Truck/Cycle title: _____

Car Plate # and State: _____

8. Emergency Contact: (List someone not living in household.)

1st Contact Name: _____ Relation: _____

Address, city zip: _____

DAY Phone: _____ **Other contact #:** _____

2nd Contact Name: _____ Relation: _____

Address, city, zip: _____

DAY Phone: _____ **Other contact #:** _____

9. How did you hear about this property? _____

10. What is your personal email address: _____

This information will not be sold or given to any group. It is for management contact only.

NOTE: Management is the Agent for the Landlord.

The Reasonable Accommodation policy is attached.

Name: _____

SS #: _____

Name: _____

SS #: _____

SIGNATURE CLAUSE:

I understand that management is relying on this information to prove my household's eligibility for a program of the US Dep't of Housing & Urban Development (HUD) or a tax credit program. I certify that all information & answers to the above questions are true and complete to the best of my knowledge .

I consent to the release of the necessary information to determine my eligibility. I understand that **the necessary information to determine my eligibility**. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties and fines up to \$10,000.00. **If under the HUD program the management will verify income & subsidy status** thru HUD's Enterprise Income Verification (EIV).

I authorize my consent to have management verify the information in this application for purposes of proving my eligibility and suitability for occupancy. I will provide all necessary information & expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria & the requirements of a program of the U.S. Dept of HUD and/or a tax credit program for a subsidized/tax credit unit.

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to naming any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies, obtaining credit information from other credit institution, as well as conducting criminal, eviction and landlord checks.

I hereby grant this property & Evergreen Real Estate Services the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. I authorize all corporations, companies, law enforcement agencies, academic institutions, and current & former employers to release information that they may have about me and release them from my liability & responsibility from doing so. A photographic or faxed copy of this authorization will be as valid as the original.

ALL ADULT household members (18 years of age and older) must sign below:

I/We understand that providing false information or making false statements may be grounds for denial of the application.

_____/_____/20
Signature Date

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, sexual identity, disability or familial status.

_____/_____/20
Signature Date

_____/_____/20
Signature Date

_____/_____/20
Signature Date



**RETURN APPLICATION TO the Management Office:
Attn: MANAGER
Send the completed application packet to the
address listed on the 1st page of the application.**

The person named below has been designated to assist in compliance with the nondiscrimination requirements in HUD regulations of Section 504 for those with disabilities.

Section 504 Coordinator:

Ms. Kylah Johnson
Compliance
Evergreen Real Estate Services
566 West Lake St. Suite 400
Chicago, IL 60661

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.

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

☐ 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.

Evergreen Real Estate Services Reasonable Accommodation Policy and Procedure - Application/AR inclusion

1/01/2019 revised

Evergreen Real Estate Services (ERES) Owned and Managed Facilities will consider requests for reasonable accommodation from applicant households and residents with disabilities. A “reasonable accommodation” is defined as a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with disability to participate fully in a program, take advantage of a service, live in a dwelling unit or perform a job.

ERES Owned & Managed Facilities will provide the requested accommodation unless doing so would result in a fundamental change in the nature of the program or an undue financial and administrative burden. Requests for reasonable accommodation can be made by the applicant household/resident, family member or other person acting on the disabled person's behalf. All requests must be made to the Management, in writing. If assistance is required to make this request, Management will be able to offer this assistance. Third-party verification of the need for such a reasonable accommodation will be required.

ERES Owned & Managed Facilities reserves the right to meet the request for reasonable accommodation through other equivalent means. If the requested physical modification does present an undue financial burden for the building, Residents will be permitted to use their own resources to make these modifications. In these situations, if the requested unit modifications, negatively, impact future rental or operation of the unit, management will require that the Resident escrow sufficient funds so that the unit can be returned to its condition prior to the modification having been made. A payment plan for funding such restoration will be negotiated with the Resident, and the funds would be placed into an interest-bearing account, with the interest accruing to the benefit of the Resident. Any remaining balance in this escrow will be refunded to the Resident after the unit has been restored to its original standard.

Reasonable Accommodation Request for a Policy/Procedure Modification (Change)

A Resident request for a “reasonable accommodation” in relation to a facility policy or procedure will be considered upon the resident making such a request in writing. No verification from a doctor will be required for requests that can easily be accommodated by Management. Such accommodations would be but not limited to: meeting the resident for annual recertification in the unit rather than coming to the office; delivering notices rather than the resident coming to the office to pick up; tape recording of the handbook, etc. for someone who cannot see the written notice or may not be literate; contacting a translator for a non-English speaking tenant; or other minor requests. A request that would require (but not be limited to) verification by a doctor would include assigned parking; a service/companion animal; a live-in aide; or other substantial changes to the policies or procedures. Management will inform the Resident when 3rd party verification is required.

Reasonable Accommodation Request for a Unit Modification (Change)

A Resident request for a “reasonable accommodation” in relation to a unit modification (change) will be considered upon the resident making such a request in writing. No verification from a doctor will be required for requests that can easily be accommodated by Management. Such accommodations would be but not limited to: installing additional grab bars or a raised toilet seat in the bathroom; installing a flashing fire alarm or a flashing door bell. Modifications that are more substantial and/or costly will require 3rd party verification.

Please inform Management of the Request for a Reasonable Accommodation at the time you have an interview for an apartment, or when Management contacts you for an interview for a unit. Please be sure that the question on ‘reasonable accommodation’ on the application is completed correctly. The complete Policy is available in the Management Office. Thank you.

I have read the above information.

Tenant/Applicant Initials: _____ **Date:** ____/____/20____

Evergreen Real Estate Services, LLC

Notice of No Agency Relationship

Name of Property: **Martin Avenue Apartments**

Address of Property: 310 Martin Avenue, Naperville, IL 60540

Name of Leasing Agent/Manager: _____

Name of Management Agent: Evergreen Real Estate Services, LLC (Sponsoring Broker)

This is to notify any applicant for housing, current resident or interested person at the above-named property that licensed staff at the property have entered into an agreement with the Sponsoring Broker (Management Agent) to provide certain real estate brokerage services as its designated agent.

As a result, licensed staff at the property will not be acting as your agent, but as the agent of the Lessor and Sponsoring Broker/Management Agent.

This notice of No Agency is being provided as required by State Law.

Leasing Agent/Manager (Licensee)

Date: ____/____/20____

Customer Signature (Applicant/Resident)

Date: ____/____/20____

Customer Signature (Applicant/Resident)

Date: ____/____/20____



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

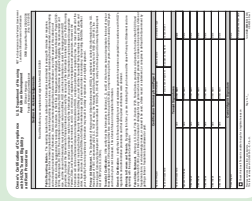
Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure

that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in;

and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009