335 S. Mitchell St* Conway, AR 72034 * TELEPHONE 501-327-0156 TOLL- FAX 501-327-8181. Equal Opportunity Employer/Program – Auxiliary Aids and Services are available upon request to individuals with disabilities.

Tenant Information

DATE:

_____

HEAD OF HOUSEHOLD NAME & SOCIAL SECURITY NO.

_____

EMAIL ADDRESS

Do we have permission to communicate and send documents to this email address? ☐ YES NO ☐

_____

MAILING ADDRESS

_____

CITY STATE ZIP CODE

_____ _____

Telephone Number Message Phone Number

_____

Applicant/Participants Signature

Conway Housing Authority

Equal Housing Opportunity

INCOME VERIFICATION HIERARCHY

Tenant Name: _____

Effective Date: _____ **AR IR MI/UT**

Step 1: EIV Mandatory **Information Used: Yes or No**

If No, give an explanation: _____

Step 2: Upfront Income Verification **Information Used: Yes or No**

If No, give an explanation: _____

Step 3: Documents generated by Third-Party **Information Used: Yes or No**
(SSA benefit letter, check stubs)

If No, give an explanation: _____

Step 4: Traditional Third-Party Forms **Information Used: Yes or No**

If No, give an explanation: _____

Step 5: Oral Third-Party: **Information Used: Yes or No**
(Must document date and time called, name of person contacted and telephone number, along with confirmed information).

If No, give an explanation: _____

Step 6: Tenant Declaration **Information Used: Yes or No**
(Use as last resort and must be notarized statement)

If No, give an explanation: _____

_____ _____

Staff Signature **Date**

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Conway Housing Authority

EQUAL HOUSING OPPORTUNITY

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Please complete each question

SECTION 8 RENTAL ASSISTANCE PROGRAM

1. Are you or any member of your household employed? ☐ Yes ☐ No If yes, list household member's name, their employer's name, address, and telephone number:

   _____
   _____
   _____

2. Are you or any member of your household self-employed? (Examples: sew, cook, clean, recycle cans, lawn work, hair stylist, baby sit, own a business of any kind, etc.?)
   ☐ Yes ☐ No

   If yes, explain: _____

3. Do you or any member of your household receive income from benefits? (TANF, Social Security SSI, VA (Pension), Retirement, Unemployment, Worker's Compensation, etc.)
   ☐ Yes ☐ No

   If yes, explain: _____

4. Do you or any member of your household receive income from any source? (Court awarded or voluntary child support, alimony)
   ☐ Yes ☐ No

   If yes, explain: _____

5. Do you or any member of your household receive contributions from any source? (relative friend/boyfriend, church, government agency/other agency assistance, etc.)
   ☐ Yes ☐ No

   If yes, explain: _____

6. Do you or any member of your household receive educational grants, loans or scholarships?
   ☐ Yes ☐ No

   If yes, explain: _____

TURN PAGE – COMPLETE BACK SIDE

7. Do you or any member of your household receive any income not previously mentioned in Questions 1 – 6?
   ☐ Yes ☐ No

   If yes, explain: _____

WARNING: ***Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.***

I certify that the statements provided by me on this form to the Conway Housing Authority are true and complete to the best of my knowledge and belief. I understand that it is my responsibility to report all circumstances related to my eligibility for the program. I also understand that false statements or information are punishable under federal law and are grounds for termination of rental assistance under the Section 8 Rental Assistance Program.

_____ _____

Signature of Head of Household ***Date Signed***

_____ _____

Signature of Authorized Official And Title ***Date Signed***

ASSET VERIFICATION

Please write which applies to you; if it does not apply to you- write N/A.

Send verification of such.

ANSWER EACH QUESTION

Below is a list of assets for you to list in order to determine your income eligibility for rental assistance.

1. Checking or savings account.

_____

2. Money market funds, certificates of deposits, stocks, or bonds.

_____

3. Equity in real estate.

_____

4. Cash Value of trusts that are available to the household.

_____

5. IRA's, Keogh.

_____

6. Contributions to company retirement or pension fund.

_____

7. Personal property held as an investment such as jewelry, coin collection, etc.

_____

8. Cash value of life insurance policies.

_____

9. Assets disposed of for less than fair market value.

_____

I, the undersigned applicant, hereby certify that I do not have any assets except as indicated above.

_____ _____

Applicant Date

REQUIRED DOCUMENTS LIST

Listed below is the documentation you **MUST SEND with a completed reexam packet**

All documentation must be dated within sixty (60) days

Please call if you have any questions regarding this documentation

INCOME

We need proof of the type and amount of all income from all sources for all members of your household. Information needed to document income may include:

Most recent three (3) check stubs showing gross pay (must include your name or Social security number) or a signed and dated statement from employer listing business address, rate of pay and average number of hours worked or expected to be worked per pay period
Verification of self-employment income (most recent tax return or profit/loss statement)
Verification of Social Security benefits
Verification of Supplemental Security Income (SSI)
Verification of unemployment benefits
Verification of pension amount (must include name and address of payer)
Verification of Welfare Assistance ***SNAP, TANF, ETC.***
Verification of child support (most recent three (3) check stubs or printout from Attorney General's office or District Clerk's office)
Verification of alimony (copy of divorce decree or statement from court)
Verification of educational grants, loans or scholarships for current school year
Signed and dated statement from any other government agencies or individuals who provide for your needs or give you money including their mailing address and telephone number

ASSETS

To document the value of assets, we need documentation of the following:

Bank statement(s) ***CHECKING, SAVINGS, OR DEBIT CARD ACCOUNTS***
Passbook savings account book(s) – Up-to-date
Certificates of Deposit or Money market funds
Statement of year to date interest earned or annual interest rate on any savings accounts, Certificates of Deposit, or money market funds
Stocks and/or bonds
Real estate market value (most recent property tax receipt)
Cash value on any life insurance policies

EXPENSES

If you are 62 years of age or older, disabled or handicapped, ***bring one year printout from each pharmacy*** for prescriptions expenses not covered by medical insurance, signed and dated statements from providers of anticipated medical, dental or optical expenses, health insurance premium verification, and verification of any agreements to make payments on such expenses incurred in the past.

If you must pay for *child care* in order to work or *attend school* (verification of your school attendance will be required), bring a signed and dated statement from the child care provider, including their name, mailing address and phone number, stating the amount you pay weekly or per day and the number of days per week.

Conway Housing Authority

Equal Housing Opportunity

CHANGE REPORT

No change will be made if reported after the 20th of any month. You must provide documentation for reported changes in income. We reserve the right to ask for additional documentation that may be needed to complete your change request.

Name: _____ **Phone:** _____

- **Change in Employment**
  Explain: _____

- **Change in Income**
  Explain: _____

- **Add or Remove a Household Member**
  Add Member Remove Member
  Name of Person to add or remove: _____
  We Must have the birth certificate, social security card, and signed form -9886, to add

- **Other Change**
  Explain: _____

- **Rent Increase or Decrease**
  Increased Amount: _____ Decreased Amount: _____

WARNING. TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES.

By my signature below, I certify that I have answered the above questions fully and truthfully to the best of my knowledge. I understand that failure to report income is cause for termination of my housing assistance.

_____

Signature **Date**