



INTERIM

- You **MUST** provide proof of **ALL** income!
 - If you are employed, provide your 4 most recent check stubs.
 - If you are on Social Security or SSI, provide your award letter.
 - If you are on unemployment, provide your award letter.
- You are also required to provide a current copy of your Public Aid Award Letter (listing all benefits including TANF).
- If you have a checking account, please provide your last 6 months of statements.
- If you have a savings account, please provide the last months statement.
- Please complete the entire packet and return it to your specialist.
- Please provide all paperwork when returning the interim packet.
- All tenants must be seen in person by their specialist (NO DROP OFFS)
- Packets may be returned Monday-Friday 8:30am-11:30am, or 1:00pm-3:30pm.

Interim Review Check List

Name:	address	AMP:	
Interim completed by:			
	OS	PIS	Comments/Details/Corrects
Resident Request			
Interim Rent Review Sheet			
Income Verified			
Expenses Verified			
Rent/Monetary Calculations			
Notice of Rent Adjustment			
Effective Date			
50058			
Lease			
Retro-charge			
PHA's Official Statement			
Rent Option Form			
Community Service Form			

Dated Resident Request Form Completed: _____

Reviewed by: _____

50058 Date: _____

Total days: _____

Date reviewed: _____

Passed: File has passed

Correction Needed: The above listed corrections are needed. Please make corrections and return for re-review.



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PUBLIC HOUSING INTERIM: INCOME AND/OR FAMILY COMPOSITION CHANGE

Date Reported: ___ / ___ / ___

SS Number: XXX-XX-_____

Tenant Name: _____

Phone: _____

Tenant Address: _____

City & Zip: _____

1. Are you reporting a change of income?
2. Is it an increase or decrease of income?
3. Did you bring your four(4) most recent paycheck stubs?
4. What has changed about your income?
5. Are you reporting a family composition change?
6. Are you adding or removing someone?
7. Name of individual to add or remove?
8. Other Information:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove |

The above information is true and correct to the best of my knowledge.

Tenant Signature

___ / ___ / ___
Date

FOR SHA STAFF ONLY

Actions Following Review:

Rent From: \$ _____ to \$ _____

Effective Date: ___ / ___ / ___

Remarks: _____

RETROCHARGE: _____

SHA Staff Signature

___ / ___ / ___
Date



ASSETS: If yes to any, list below:

- Do you or any household member own or have an interest in any rental an/or mobile home? _____ (yes/no)
- Have you sold any real estate in the last two years? _____ (yes/no)
- Do you have a savings account? _____ (yes/no) If yes, list bank name, account numbers and amounts. Bank Name _____ Bank Address _____
Account Number _____ Balance Amount \$ _____
- Do you own a car? _____ (yes/no)
Model/year _____ License Number _____
Do you own a second car? _____ (yes/no)
Model/year _____ License Number _____
- Does anyone outside your household pay for any of your bills or give you money? _____ (yes/no)
If yes, amount received \$ _____
How often received? _____
- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? _____ (yes/no). If yes explain below:

- Have you or any member lived in Public Housing and/or Section 8? _____ (yes/no).
If yes, list where and when below:
Where: _____
When: _____
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? _____ (yes/no) If yes, explain below and list the year below:

- Have you ever committed fraud in a Federally assisted housing program or been requested to repay knowingly misrepresented information for such housing program? _____ (yes/no)
If yes, Explain _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand changes in income of any member of the household as well as **ANY CHANGES** in the household members must be reported to the Housing Authority in writing **IMMEDIATELY!!!**

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult	Date	Signature of Other Adult	Date

Warning!!! Title 18, Section 1001 of the United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

**IF YOU DO NOT
REPORT
ALL INCOME
YOU MUST
REPAY!!!!**

It's the Law!!!!

**Provided as a service to the membership by
Public Housing Authorities Directors Association
511 Capitol Court, NE
Washington, DC 2002-4937**

**To obtain or Attempt to Obtain Housing Assistance
By Committing
F – R – A – U – D
Is a
CRIMINAL OFFENSE
Under Federal Law and State Law**

**Provided as a service to the membership by
Public Housing Authorities Directors Association
511 Capitol Court, NE
Washington, DC 2002-4937**

Tenant Signature: _____ **Date:** _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Springfield Housing Authority
Public Housing Department
200 N 11th St
Springfield, IL 62703
217-753-5757

HA requesting release of information: (Cross out space if none)
(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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



**SPRINGFIELD
HOUSING
AUTHORITY**



200 North 11th Street, Springfield, IL 62703
Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799
www.springfieldhousingauthority.org

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PHA OFFICIAL'S STATEMENT AND CERTIFICATION

I/We certify that the information given to the Springfield Housing Authority by the household of _____ (applicant/tenant) on household composition, income, net family assets and allowances and deductions has been verified as required by Federal Law and as applicable with the Springfield Housing Authority's Admission and Continued Occupancy Plan and all other Housing Authority rules and regulations;

The family was eligible and/or ineligible at admission;

The family has certified that it has given our agency accurate and complete information.

I/We understand that false statements or information are punishable under Federal Law. I/We also understand that the false statements or information are grounds for termination of housing and termination of tenancy.

Applicant Signature

Date

SHA Representative

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 Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Family Report). See the Federal Privacy Act Statement for more information about this use.



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CERTIFICATION OF INCOME

INSTRUCTIONS:

Any sources of income identified in this interview must be promptly verified and an interim reexamination must be processed according to SHA procedures. The Housing Specialist must also initiate action against the household for any violation of program rules revealed during this interview. When completed, the applicant/participant and the Housing Specialist must sign this certification in the spaces provided.

INTERVIEW QUESTIONS:

<u>INTERVIEW QUESTIONS:</u>	<u>YES</u>	<u>NO</u>
1. Is any member of your household employed full time, part-time, seasonally?	_____	_____
2. Does any member of your household expect to work for any period during the next twelve months?	_____	_____
3. Does any member of your household work for someone who pays them in cash?	_____	_____
4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	_____	_____
5. Does any member of your household now receive, or expect to receive, unemployment benefits?	_____	_____
6. Does any member of your household now receive, or expect to receive, child support?	_____	_____
7. Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____
8. Does any member of your household now receive, or expect to receive, alimony payments?	_____	_____
9. Is any member of your household entitled to alimony payments that he/she is not now receiving?	_____	_____
10. Does any member of your household receive, or expect to receive, welfare/public aid assistance?	_____	_____
11. Does any member of your household receive, or expect to receive, Social Security/ Supplemental Security Income (SSI) Benefits?	_____	_____

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 12. Does any member of your household receive, or expect to receive, income from a pension, annuity, or retirement? | _____ | _____ |
| 13. Does any member of your household receive regular contributions or gifts from individuals not living in the unit or from any agencies? | _____ | _____ |
| 14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property? | _____ | _____ |
| 15. Have you applied for all benefits you may be entitled to including general assistance? | _____ | _____ |
| 16. Do you need assistance in applying for or obtaining benefits? | _____ | _____ |
| 17. Is there anyone staying with you in your unit without approval? | _____ | _____ |
| 18. Who pays for your utilities?
_____ | | |
| 19. What funds do you use to pay for food and clothing?
_____ | | |
| 20. What funds do you use to pay for personal items (e.g., toiletries, cigarettes, school supplies, etc.)?
_____ | | |
| 21. What form of transportation do you use and how is it paid for?
_____ | | |

CERTIFICATIONS:

I certify that I have answered all the above questions fully and truthfully to the best of my knowledge. I understand my reporting requirements and I understand that failure to report all household income is a Federal Offense punishable by fines and imprisonment.

Head of Household Signature

Date

Spouse Signature

Date

Other Adult over 18 years of age

Date

Other Adult over 18 years of age

Date

I certify that I have asked any questions desirable to any answers the applicant/participant gave regarding this questionnaire and will promptly take action as described above.

Housing Specialist Signature

Date



Public Aid Verification

Illinois Department of Public Aid
600 E Ash St, building 500, 1st Floor
Springfield, Illinois 62703
(217) 782-0400

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 ext. _____
Fax: (217) 753-5799

The applicant/tenant listed below has indicated to our office that they receive assistance from your office.

Name: _____

Address: _____

SS #: _____

- Please verify the following information: Amount receives in cash (grant amount):
\$ _____ date began: _____
- Spend down amount: \$ _____ how many times met spend down in previous 12-month period

- Total number of family members reported: _____
- Please list all sources of income reported: _____ \$ _____ \$ _____
- Child support amount, if any, received: \$ _____ per _____
- Other: _____

I hereby give authorization to release the information requested above.

Signature: _____

Date: _____

SHA Rep.: _____

Date: _____



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PENSION VERIFICATION FORM

Attention: _____

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753- 5757 Ext. _____
Fax: (217) 753-5799

The applicant/tenant listed below has indicated to our office that they are receiving a pension from your company or firm.

Name: _____ Address: _____

S. S. Number: _____

Please verify the following information:

- Total gross pension amount received: \$ _____ per: _____
- Date began receiving pension: _____
- Medical/Medicare premium, if any, deducted from total amount listed above:
\$ _____
- Other: _____

Completed by: _____ Date: _____

Title: _____ Phone: _____

I hereby give authorization to release the information requested above,

Signature: _____ Date: _____

SHA Representative: _____ Date: _____



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ASSET VERIFICATION FORM

Attention: _____

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 Ext. _____
Fax: (217) 753-5799

The individual named above is a resident with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, assets, expenses and other information related to eligibility for the program and/or the amount of rent they would pay. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office at 753-5757.

Name: _____

Address: _____

S.S. Number: _____

Please supply the following information regarding the Market Value of the above individual's Funds and Certificates of Deposit. We also need the balance of his/her checking and savings accounts:

- Value of Fund portfolio: \$ _____
- Anticipated Yearly Dividends: \$ _____
- Checking Account Balance (Average 6 month balance): \$ _____ Interest Rate: _____
- Savings Account Balance (Current Balance): \$ _____ Interest Rate: _____
- Other: _____

Completed By: _____

Date: _____

Title: _____

Phone: _____

I hereby give authorization to release the information requested above.

Signature: _____

Date: _____

SHA Representative: _____

Date: _____



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 Section 8 Fax 217.753.0029 www.springfieldhousingauthority.org

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CHILD SUPPORT VERIFICATION

Attention: MRU
 IDPA Child Support Enforcement
 509 South 6th Street
 Springfield, Illinois 62701
 Phone: (217) 785-2952
 Fax: (217) 558-4508 - Springfield, IL
 (630) 221-2312 - Carol Stream, IL

From: _____
 Springfield Housing Authority
 200 North Eleventh
 Springfield, Illinois 62703
 Phone: (217) 753-5757 ext. _____
 Fax: (217) 753-5799

The individual named below is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. Thank you for your cooperation.

PLEASE PRINT

MUST BE COMPLETED BY ALL PERSONS WITH CHILDREN IN THE HOUSEHOLD

Name: _____ Address: _____
 SS#: _____ DOB: _____

PLEASE FORWARD CHILD SUPPORT AMOUNTS RECEIVED BY THE ABOVE NAMED INDIVIDUAL.

I hereby give authorization to release the information requested above.

Client Signature _____

_____ Date

SHA Representative Signature _____

_____ Date

SPRINGFIELD HOUSING AUTHORITY
CERTIFICATION OF CHILD SUPPORT

The Springfield Housing Authority is required to verify the amount(s) of child support received and/or any amount(s) you are entitled to receive by order of the court. This applies to all individuals applying for and/or a tenant of Public Housing. Please complete the Section that applies to you:

SECTION I

I, the undersigned, do hereby certify that I receive and/or have an entitlement to receive child support by order of the court: (Please use separate form for each order/payee.)

From: _____ Address: _____
Name of Payer

Court Ordered in the amount of: \$ _____ weekly, biweekly, monthly (circle one).

For: _____
Name of Child

Signature of Applicant/Tenant

Date

SHA Representative

Date

SECTION II

I, the undersigned, do hereby certify that I do not receive child support and/or no court order(s) exist identifying entitlement to receive child support for the care of my dependent child(ren). Should I begin to receive, or if a court order is established, for child support at any time in the future, I understand that I am required to report this in writing to the Housing Authority.

Failure to report child support income will result in rent charged retroactively and could result in eviction from Public Housing.

Signature of Applicant/Tenant

Date

SHA Representative

Date

Warning: It is a criminal offense to make an intentionally false statement or misrepresentation to a United States Department or Agency.



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CHILDCARE EXPENSE VERIFICATION AND CERTIFICATION

From: _____

Childcare Provider's Name _____

Springfield Housing Authority

Provider's Address _____

200 North Eleventh Street

Springfield, Illinois 62703

(217) 753-5757 ext. _____

City _____ State _____ Zip _____

Fax: (217) 753-5799

Applicant/Tenant:

Name: _____

Address: _____

SS #: _____

Date of Birth: _____

_____ **I HAVE childcare expenses to report at this time.**

_____ **I DO NOT HAVE childcare expenses to report at this time.**

I hereby give authorization for the above named provider to release the information requested below.

Signature: _____ Date: _____

CHILDCARE PROVIDER PLEASE COMPLETE BELOW THIS LINE

The individual named is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Please indicate how much and how often paid. Also, please exclude any amount(s) paid by another source.

Amount applicant/tenant paid over previous 12-month period:
\$ _____ per _____ (week, month, year).

Amount applicant/tenant is anticipated to pay over next 12-month period:
\$ _____ per _____ (week, month, year).

Amount of co-pay applicant/tenant is anticipated to pay over the next 12-month period:
\$ _____ per _____ (week, month, year).

Completed by: _____ Date: _____

Title: _____ Phone: _____



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EMPLOYMENT VERIFICATION

Employer: _____

From: _____

Employer Address: _____

Springfield Housing Authority

200 North Eleventh Street

Springfield, IL 62703

(217) 753-5757 ext. _____

(217) 753-5799 Fax

Employer Phone: _____

Employer Fax: _____

Employee Name: _____

SS#: _____

Are you currently working? _____ yes _____ no

I hereby give authorization to release the information requested below.

Signature: _____

Date: _____

SHA Representative: _____ Date: _____

EMPLOYER, PLEASE COMPLETE BELOW THIS LINE

The applicant/tenant listed below has indicated to our office that they are or have been employed by your company or firm.

Please verify the following information:

Current or last base pay rate: \$ _____ per _____ Overtime rate: \$ _____ per _____

Average work hours each week straight time _____ Overtime _____

Amount of bonus incentive pay, commission, and/or tips \$ _____ per _____

Date employed or rehired (latest date) _____ Termination/Quit date _____

Total gross earnings past 12 months: \$ _____

If employed less than 12 months, gross earnings were \$ _____ through _____

Employees title or occupation _____

Other: _____

Completed by: _____ Date: _____

Title: _____ Telephone Number: _____



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IL DEPARTMENT OF EMPLOYMENT SECURITY VERIFICATION

Illinois Department of Employment Security
1300 S. 9th Street
Springfield, Illinois 62703
Fax #: (630) 495-8199

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 Ext. _____
Fax: (217) 753-5799

Applicant/Tenant Name _____ SS# _____

Do you currently receive Unemployment benefits? _____ yes _____ no

The individual named above is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete your verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

I, _____ hereby authorize the release of the information listed below.

Signature: _____ Date: _____

SHA Rep: _____ Date: _____

EMPLOYMENT SECURITY AGENCY PLEASE COMPLETE BELOW THIS LINE

Awarded amount \$ _____ / _____ (week, month)

Beginning date of payments _____

Ending date of payments _____, if known

Is this client eligible for an extension of benefits? _____ Yes _____ No

Completed by: _____ Date: _____

Phone: _____ Ext. _____ Signature: _____



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MEDICAL EXPENSES VERIFICATION

Attention: _____

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
217-753-5757 ext. _____
217-753-5799 Fax

Name: _____

SS#: _____

I hereby give authorization to release the information requested below.

Signature: _____

Date: _____

Sha Representative: _____

Date: _____

PROVIDER, PLEASE COMPLETE BELOW THIS LINE

The individual named below is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Explanation of expenses needing verification:

- Amount applicant/tenant paid over the previous 12-month period, excluding any amounts paid by another source. \$ _____
- Amount applicant/tenant is anticipated to pay over the next 12-month period, excluding any amounts paid by another source. \$ _____
- Amount of insurance premium, excluding any amounts for life insurance, applicant/tenant is anticipated to pay over the next 12-month period. \$ _____
- Other: _____

Completed by: _____

Date: _____

Title: _____

Phone: _____



**SPRINGFIELD
HOUSING
AUTHORITY**



200 North 11th Street, Springfield, IL 62703
Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799
www.springfieldhousingauthority.org

Changing lives one key at a time

**Social Security Administration
3112 Constitution Drive
Springfield, Illinois 62704**

RE:

SS#:

To Whom It May Concern:

The Springfield Housing Authority is a United States Government subsidized agency. We are required to verify the income of all members of families applying for admission as residents and to reexamine at least once a year the income of program participants. The laws under which this program is administered restrict program participation based on income limits and rents are based on the amount of total family income.

The person identified above informs us that he/she receives benefits through Social Security. Please furnish the Springfield Housing Authority with all the information requested on this form within the next ten (10) calendar days. This information will be held in confidence and used only for the purpose of determining eligibility status and rent of the family.

Please check all boxes that apply and enter the monthly amount received:

- Social Security Supplement: _____
- Medi-Care Payments: _____
- Monthly Social Security: _____
- Not Receiving Social Security: _____

Failure to respond within the ten (10) calendar days will jeopardize the family's participation in this federally subsidized program. Enclosed is a self-addressed stamped envelope. Thank you in advance for your prompt attention to this most important matter.

I hereby request the Social Security Office to release to the Springfield Housing Authority the required information relative to my income.

Applicant/Tenant

Date

SHA Representative

Date



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Changing lives one key at a time

SCHOOL ENROLLMENT VERIFICATION FORM

Attention: _____

From:
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 ext. 256
Fax: (217) 753-5799

The applicant/tenant listed below has indicated to our office that their child is a student in your school district.

Parent Name: _____

Student(s) Name: _____

Student(s) SS#: _____

Please verify the following information:

- Currently enrolled? _____ Yes _____ No
- Enrollment start date _____
- Students current address _____
- Other: _____

Completed by: _____ Date: _____

Title: _____ Phone: _____

I hereby give authorization to release the information requested above.

Signature: _____ Date: _____

SHA Rep: _____ Date: _____



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 inflated 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. 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/officeidp/programshp/india.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 _____