



ANNUAL INCOME CHECKLIST

Question	Household Member	Income Amount	Date Verified
1) Will any household members be receiving any type of income from employment? ___ Yes ___ No If yes, list names of such recipients.	_____ _____ _____	\$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___
2) Will any household members be receiving Income from a family-operated business or be Be otherwise self-employed? ___ Yes ___ No If yes, list names of such recipients.	_____ _____ _____	\$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___
3) Will anyone in the household receive Social Security or SSI Benefits? ___ Yes ___ No If yes, list names of such recipients.	_____ _____ _____	\$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___
4) Will anyone in the household receive periodic Payments from annuities, insurance policies, Retirement funds, pensions, disability or death Benefits, or similar amounts? ___ Yes ___ No If yes, list names of such recipients.	_____ _____ _____	\$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___
5) Will anyone in the household receive unemployment compensation, disability compensation, workers' compensation or severance pay? ___ Yes ___ No If yes, list names of such recipients.	_____ _____ _____	\$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___
6) Will anyone in the household receive public assistance benefits? ___ Yes ___ No If yes, list names of such recipients.	_____ _____ _____	\$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___

Crawfordville Property
301 Thompson Street
Crawfordville, Georgia 30631

Harlem Property
140 E. Milledgeville Road
Harlem, Georgia 30814

Thomson Property
219 Pecan Avenue
Thomson, Georgia 30824

Warrenton Property
PO Box 2
Warrenton, Georgia 30828

- 7) Will anyone in the household receive alimony or child support? ☐ Yes ☐ No
If yes, list names of such recipients.
- 8) Will anyone in the household be receiving income from assets? ☐ Yes ☐ No
If yes, list names of such recipients.
- 9) Is any household member, 18 or older, receiving pay as a member of the Armed services? ☐ Yes ☐ No
If yes, list names of such recipients.
- 10) Is any household member receiving lottery winnings, paid periodically? ☐ Yes ☐ No
If yes, list names of such recipients.
- 11) Is any household member receiving recurring monetary contributions or other gifts or payments from non-household members? ☐ Yes ☐ No
If yes, list names of such recipients.

Voluntary Information

Highest Level of Education Completed for Head of Household (circle one)

*None Elementary or Middle School Some High School GED High School Graduate
Some College College Graduate Some Graduate School Graduate School Degree*

Resident's Certification:

I hereby certify that I have answered the questions on this checklist truthfully and that the income listed on this form represents all the income available to my household.

Resident

Date

Other Household Member Over Age 18

Date

Other Household Member Over Age 18

Date

EGHAP Personnel

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 2577-0295
Expiration Date 1/31/2025

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

IHA 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(I)(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.



CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employer, depository or private source of income, or any Federal, State or Local Agency to furnish or release to East Georgia Housing Authority Partners, and to the United States Department of Housing and Urban Development, such information as determined to be necessary for the verification of income, credit history, rent paying habits, or other family circumstances to be used in determining eligibility for occupancy of public housing and the amount of rent to be charged. I hereby authorize East Georgia Housing Authority Partners to obtain a criminal record history and any criminal records of any household members from any law enforcement agency to be used in determining eligibility or continued eligibility for occupancy in public housing. I hereby release any person, firm or agency from any liability in regard to the furnishing of such information.

Applicant/Resident

Date

Other Applicant/Resident Over Age 18

Date

Other Applicant/Resident Over Age 18

Date

EGHAP Staff

Date

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APPLICANT/TENANT CERTIFICATION FORM 50058

I/we affirm and certify that the information given to East Georgia Housing Authority Partners on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are punishable under Federal and State laws, and such false statements or information are grounds for termination of housing assistance and termination of tenancy.

Head of Household

Date

Print Full Name Here

Other Applicant/Resident Over Age 18

Date

Print Full Name Here

Other Applicant/Resident Over Age 18

Date

Print Full Name Here

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll free hot line at 1-800-424-8590.

After verification by this housing agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer facsimile of the form or magnetic tape. See the Federal Privacy Act Statement for more information about its use.

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MCDUFFIE COUNTY SHERIFF'S OFFICE
RECORDS DIVISION
751 PUBLIC SAFETY DRIVE THOMSON, GA 30824
PHONE: 706-597-3862 FAX: 706-597-2682



CONSENT FOR PERSONAL RECORDS CHECK

THIS CRIMINAL HISTORY REQUEST WILL RETURN RESULTS FOR THE STATE OF GEORGIA ONLY.

I, _____ (LAST NAME, FIRST NAME MIDDLE NAME), request to receive a copy of my Criminal History Record Information. This report entails information provided to the Georgia Crime Information Center relating to my record with any Criminal Justice Agency. I release the McDuffie County Sheriff's Office from all liability claims in relation to the acquisition and release of any information pertaining to me.

PLEASE PRINT LEGIBLY THE FOLLOWING INFORMATION:

FULL NAME: _____
NOMBRE LLENO

ADDRESS: _____
DIRECCION

CITY, STATE & ZIP CODE: _____
CIUDAD, ESTADO, & CODIGO POSTAL

SEX: _____ RACE: _____ DATE OF BIRTH: _____
SEXO RAZA FECHA DE NACIMIENTO

SOCIAL SECURITY NUMBER: _____
SEGURIDAD SOCIAL

I hereby certify with my signature below that ALL the information is accurate. Any alterations to this form after its completion may lead to prosecution.

SIGNATURE: _____
FIRMA

DATE: _____
FECHA

☐ EMPLOYMENT/OTHER (E)
EMPLEO PROPOSITO

☐ WORK WITH ELDERLY (N)
TRABJO CON ENFERMO MENTAL

☐ WORK WITH MENTALLY ILL (M)
TRABJO CON MENTAL MENTE

☐ WORK WITH CHILDREN (W)
TRABJO CON NINOS

☐ PUBLIC RECORDS (P)
REGISTROS PUBLICOS

☐ PERSONAL COPY/INSPECTION ONLY (U)
COPIA PERSONAL (NOT FOR EMPLOYMENT USE)

RECORDS DIVISION USE ONLY

DATE PROCESSED: _____

NO CRIMINAL HISTORY ON FILE: ☐

GEORGIA RECORD ON FILE: ☐

GA SID #: _____

NUMBER OF PAGES: _____

RECORD'S CLERK INITIALS: _____

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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

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

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

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/offices/pih/programs/pih/thiip/iv.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



Community Service and Self-Sufficiency Requirement Certification For Non-Exempt Individuals

ENTRANCE ACKNOWLEDGEMENT

I have received and read the Community Service and Self-Sufficiency Requirement. I understand that as a resident of public housing, I am required by law to contribute eight (8) hours per month of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies that I have received notice of this requirement at the time of the initial program participation.

Resident

Date

Other Household Member Over Age 18

Date

Other Household Member Over Age 18

Date

EGHAP Personnel

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Community Service Exemption Certification

I certify that I am eligible for an exemption from the Community Service requirement for the following reason(s):

- ☐ I am 62 or older
- ☐ I have a disability which prevents me from working
(Certification of Disability Form will serve as documentation)
- ☐ I am working
(Employment Verification form will serve as documentation)
- ☐ I am participating in a Welfare to Work Program
(Must provide verification letter from agency)
- ☐ I am a member of a household where at least one person is receiving state benefits such as TANF or Supplemental Nutrition Assistance Program (SNAP, also known as "food stamps")
(Must provide verification from the funding agency that you are complying with job training or work requirements)
- ☐ I am a full time student
(Must provide verification letter from school attending)

Resident

Date

EGHAP Personnel

Date

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Harlem Housing Authority

Community 169-001

Monthly Tenant Dollar Allowance For Utilities

	Number of Bedrooms in Dwelling Unit					
	1 BR	2 BR	3 BR	4 BR		
Electricity	\$ 34	\$ 39	\$ 45	\$ 53		
Total	\$ 34	\$ 39	\$ 45	\$ 53		
Sr. Citizen's Total	\$ 10	\$ 15	\$ 21	\$ 29		

Senior Citizen's Discount:

Georgia Power Company (GPC) – Tenants age 65 or older, and an annual household income of \$14,355 or less, qualify for a \$24 monthly credit (\$18 pre-fuel credit + \$6 fuel cost recovery credit) from above electric amount. Tenants must make application with GPC for the monthly credit.

The Georgia State Office of HUD in PH Circular Vol. No. 06-02 dated January 18, 2006 states:

“The utility allowance provided by the PHA for qualified senior citizens and others as appropriate must be reduced to account for any and all discounts provided by the various utility providers. It is the resident's responsibility to request the discount from the suppliers. Remember the PHA knows the income of the residents and should know the requirements of the various discounts, thus it is the PHA's responsibility to properly implement the utility allowance regulation.

(No cooling or clothes dryers included in allowances.)

Effective Date:

12-1-19, Approved 8-20-19 (JGL)

Approved by:

Kelly S. Ewan
Executive Director

Community 169-001

Project Furnished Utilities

(No cooling or clothes dryers included in allowances.)

Electricity - Quarterly Allowance: Units (KWH)

	1 BR	2 BR	3 BR	4 BR			
Jan - Feb - Mar							
Apr - May - Jun							
Jul - Aug - Sep							
Oct - Nov - Dec							
Years Total							

Electricity - Monthly Allowance: Units (KWH)

January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Years Total							
Monthly Avg.							

Gas - Quarterly Allowance: Units (CCF)

	1 BR	2 BR	3 BR	4 BR			
Jan - Feb - Mar	118	161	200	231			
Apr - May - Jun	56	72	87	108			
Jul - Aug - Sep	48	60	71	92			
Oct - Nov - Dec	116	155	196	226			
Years Total	338	448	554	657			

Gas - Monthly Allowance: Units (CCF)

January	49	66	83	95			
February	35	49	60	69			
March	34	46	57	67			
April	24	32	40	47			
May	16	20	24	31			
June	16	20	23	30			
July	16	20	24	31			
August	16	20	24	31			
September	16	20	23	30			
October	24	32	40	47			
November	41	55	70	80			
December	51	68	86	99			
Years Total	338	448	554	657			
Monthly Avg.	28	37	46	55			

Water & Sewer - Monthly Allowance* (Units in thousands of gallons & hundreds of cubic feet)

Monthly (1000 gal)	4.08	5.41	6.42	7.42			
Monthly (CCF)	5.45	7.24	8.58	9.93			

* Includes 1.70 gals/minute showerheads, 1.60 gals/flush water closets, wash basin, washing machine & dishwashing.

Date Revised: June 21, 2019

Approved 8-20-19, Effect. 12-1-19 (JGL)

Harlem Housing Authority

Community 169-002

Monthly Tenant Dollar Allowance For Utilities

	Number of Bedrooms in Dwelling Unit						
	1 BR	2 BR	3 BR	3 BR SF	4 BR	4 BR SF	5 BR
Electricity	\$ 34	\$ 39	\$ 45	\$ 45	\$ 53	\$ 53	\$ 59
Total	\$ 34	\$ 39	\$ 45	\$ 45	\$ 53	\$ 53	\$ 59
Sr. Citizen's Total	\$ 10	\$ 15	\$ 21	\$ 21	\$ 29	\$ 29	\$ 35

Senior Citizen's Discount:

Georgia Power Company (GPC) – Tenants age 65 or older, and an annual household income of \$14,355 or less, qualify for a \$24 monthly credit (\$18 pre-fuel credit + \$6 fuel cost recovery credit) from above electric amount. Tenants must make application with GPC for the monthly credit.

The Georgia State Office of HUD in PH Circular Vol. No. 06-02 dated January 18, 2006 states:

“The utility allowance provided by the PHA for qualified senior citizens and others as appropriate must be reduced to account for any and all discounts provided by the various utility providers. It is the resident’s responsibility to request the discount from the suppliers. Remember the PHA knows the income of the residents and should know the requirements of the various discounts, thus it is the PHA’s responsibility to properly implement the utility allowance regulation.

(No cooling or clothes dryers included in allowances.)

Effective Date:

12-1-19, Approved 8-20-19 (Joh)

Approved by:

Kings. G. W.

Executive Director

Community 169-002

Project Furnished Utilities

(No cooling or clothes dryers included in allowances.)

Electricity - Quarterly Allowance: Units (KWH)

	1 BR	2 BR	3 BR	3 BR SF	4 BR	4 BR SF	5 BR
Jan - Feb - Mar							
Apr - May - Jun							
Jul - Aug - Sep							
Oct - Nov - Dec							
Years Total							

Electricity - Monthly Allowance: Units (KWH)

January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Years Total							
Monthly Avg.							

Gas - Quarterly Allowance: Units (CCF)

	1 BR	2 BR	3 BR	3 BR SF	4 BR	4 BR SF	5 BR
Jan - Feb - Mar	114	145	184	210	220	258	260
Apr - May - Jun	55	69	85	89	107	113	123
Jul - Aug - Sep	48	60	71	71	92	92	104
Oct - Nov - Dec	113	143	180	205	215	252	256
Years Total	330	417	520	575	634	715	743

Gas - Monthly Allowance: Units (CCF)

January	47	60	76	87	90	107	107
February	34	43	55	63	66	77	78
March	33	42	53	60	64	74	75
April	23	29	38	42	46	52	54
May	16	20	24	24	31	31	35
June	16	20	23	23	30	30	34
July	16	20	24	24	31	31	35
August	16	20	24	24	31	31	35
September	16	20	23	23	30	30	34
October	24	30	37	41	46	51	54
November	40	51	64	73	76	90	91
December	49	62	79	91	93	111	111
Years Total	330	417	520	575	634	715	743
Monthly Avg.	28	35	43	48	53	60	62

Water & Sewer - Monthly Allowance* (Units in thousands of gallons & hundreds of cubic feet)

Monthly (1000 gal)	4.08	5.41	6.42	6.42	7.42	7.42	8.43
Monthly (CCF)	5.45	7.24	8.58	8.58	9.93	9.93	11.26965241

* Includes 1.70 gals/minute showerheads, 1.60 gals/flush water closets, wash basin, washing machine & d/c

Date Revised: June 21, 2019

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Effect. 12-1-19, App. 8-2019 (J64)



Flat Rent Form

I have been given a copy of the flat rent schedule for the area upon which I reside and the flat rent option has been fully explained to me as well as the 30% income based rent option.

I indicate, by checking below, which option I choose to have my rent calculated on, either flat rent or income based rent. I understand that if I elect to choose the flat rent option that I can only choose this once annually and that if I incur a financial hardship that I can elect to come off of the flat rent before my next annual re-examination, but I cannot go back on the flat rent option until my next annual re-examination.

_____ **FLAT RENT**

_____ **INCOME BASED RENT**

Tenant/Applicant

EGHAP Personnel

Date

Date

Crawfordville Property
301 Thompson Street
Crawfordville, Georgia 30631

Harlem Property
140 E. Milledgeville Road
Harlem, Georgia 30814

Thomson Property
219 Pecan Avenue
Thomson, Georgia 30824

Warrenton Property
PO Box 2
Warrenton, Georgia 30828



**Harlem Housing Authority
2023 Flat Rent Schedule**

Family Units	1 BR.	2 BR.	3 BR.	4 BR. DET.	5 BR. DET.
Community 169 - 001	\$558	\$633	\$859	\$1051	\$1211

Resident

EGHAP Personnel

Date

Date

Crawfordville Property
301 Thompson Street
Crawfordville, Georgia 30631

Harlem Property
140 E. Milledgeville Road
Harlem, Georgia 30814

Thomson Property
219 Pecan Avenue
Thomson, Georgia 30824

Warrenton Property
PO Box 2
Warrenton, Georgia 30828



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name