



Housing Authority of the City of Columbia, Missouri *Voucher Programs*

201 Switzler Street, Columbia MO 65203

Office: (573) 443-2556 ♦ Fax: (573) 443-0051 ♦ TTY: (800) 735-2966 ♦ www.ColumbiaHA.com

APPLICATION FOR CONTINUUM OF CARE ASSISTANCE

Welcome to the Columbia Housing Authority. To be considered for a Continuum Of Care Voucher with the Columbia Housing Authority, you must submit a completed application with all required documentation. Completed applications for CoC will be accepted by the front desk at 201 Switzler Street, Columbia, Missouri.

- **Special Programs Specialist**
 - 201 Switzler Street Columbia, MO 65203
 - Charline Johns, (573) 443-2556 ext. 1414

- **Director of Operations**
 - 201 Switzler Street Columbia, MO 65203
 - Tawanda Edwards, (573) 443-2556 ext. 1440

Thank you for your interest in housing opportunities with the Columbia Housing Authority. Please contact us with any questions or concerns. We look forward to serving you!

DOCUMENTS NEEDED

ALL the documents listed below must accompany the completed application. Applications submitted without the required documents will **not** be accepted.

Listed below are the documents required, before your application is complete:

- **Photo ID** (for all household members 18 years and older)
- **Social Security Cards** (for all household members)
- **Birth Certificates** (for all household members)
- **Verification of household Income** (Pay Stubs, TANF, SSI, Social Security, etc)

The process from submitted application to move-in could take from 60 days to 6 months or longer depending on which waiting list you are on. **Start saving now for your security deposit and 1st month's rent.**

Application Process

1. Submit your completed application along with the required documents.
2. Bring in any required, additional information when notified.
3. Attend Pre-Occupancy briefing.
4. Sign Voucher and landlord packet.

How to speed up the process

- Be sure application is completely filled out.
- Supply all required documents.
- Respond to request for information as quickly as possible.
- Clear up any old utility bills.
- Notify us right away of any change of address.

All forms must be signed by all household members 18 years and older.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.



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Referring Agency: _____

Continuum of Care Application

Case Worker Contact Information: _____

FOR CHA USE ONLY Date: _____ Time: _____ am/pm Bdrms: _____

Name of Head of Household: _____

Name of adult Co-head of Household: _____

Current address, street, apt. #: _____

Current city, state, and zip: _____

Current area code, home, cell, and work #s: _____

Email Address: _____

Race and Ethnicity of Head of Household: (used for statistical purposes only)

Check one: White Black/African American American Indian/Alaska Native Asian
 Native Hawaiian/Other Pacific Islander Hispanic/Latino Not Hispanic/Latino

FAMILY INFORMATION

Beginning with you, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those persons listed on this form may live in the unit.

1.				
First and Last Name	Date of Birth	Sex	Social Security #	
Disabled?	Birthplace	Race		
2.				
First and Last Name	Date of Birth	Sex	Social Security #	
Relation to Head	Disabled?	Birthplace	Race	Absent Parent's Name & Address
3.				
First and Last Name	Date of Birth	Sex	Social Security #	
Relation to Head	Disabled?	Birthplace	Race	Absent Parent's Name & Address

4.				
First and Last Name	Date of Birth	Sex	Social Security #	
Relation to Head	Disabled?	Birthplace	Race	Absent Parent's Name & Address
5.				
First and Last Name	Date of Birth	Sex	Social Security #	
Relation to Head	Disabled?	Birthplace	Race	Absent Parent's Name & Address
6.				
First and Last Name	Date of Birth	Sex	Social Security #	
Relation to Head	Disabled?	Birthplace	Race	Absent Parent's Name & Address
7.				
First and Last Name	Date of Birth	Sex	Social Security #	
Relation to Head	Disabled?	Birthplace	Race	Absent Parent's Name & Address

Does anyone live with you now who is not listed above? ___Yes ___No

Does anyone plan to live with you in the future who is not listed above? ___Yes ___No If yes to either question, please explain: _____

How many people live in your unit now? _____ How many bedrooms do you have? _____

Do you wish to move? ___Yes ___No If yes, why?

Are you separated but not yet divorced from your spouse? ___Yes ___No If yes, spouses name and address: _____

Do you have the right to legally enter into a lease? ___Yes ___No

Do you have a payee, a guardian, or a conservator? ___Yes ___No If yes, please put name, address, and phone information here: _____

Does anyone have power of attorney for you? ___Yes ___No If yes, please put name, address, and phone information here: _____

Do you require a live-in care attendant? ___Yes ___No

INCOME AND ASSET INFORMATION

Does any member of your household:

- Yes No Work full-time, part-time, or seasonally?
- Yes No Expect to work for any period during the next year?
- Yes No Work for someone who pays them cash?
- Yes No Expect a leave of absence from work due to a lay-off, medical, maternity, or military leave?
- Yes No Now receive or expect to receive unemployment benefits?
- Yes No Now receive or expect to receive child support?
- Yes No Have a court order to receive child support that he/she is not receiving?
- Yes No Now receive or expect to receive alimony?
- Yes No Have a court order to receive alimony that is not currently being received?
- Yes No Now receive or expect to receive TANF/welfare/food stamps?
- Yes No Now receive or expect to receive Social Security benefits?
- Yes No Now receive or expect to receive income from a pension or annuity?
- Yes No Now receive or expect to receive VA or veteran's benefits?
- Yes No Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?

If any adult family member is employed list family member and the name, address and phone number of employer:

Family Member: _____

Employer Information:

Name: _____ Phone: _____ Address: _____

Family Member: _____

Employer Information:

Name: _____ Phone: _____ Address: _____

Is any adult family member enrolled in a job training program, including one required under the welfare program? Yes No

If yes, which family member? Please give program name, address, and phone number:

Family Member _____

Training Program Information:

Name: _____ Phone: _____ Address: _____

Is any adult family member enrolled in an education program full-time? Yes No

If yes, what program? Please give which family member, and program name, address and phone number:

Family Member _____

Education Program Information:

Name: _____ Phone: _____ Address: _____

Source of Family Income & Benefits: Check All That Apply and Identify Monthly Amount

Type of Income	Amount	Type of Income	Amount
Wage	\$	Self-Employment	\$
SSI	\$	Social Security	\$
TANF/Welfare	\$	Child Support	\$
Food Stamps	\$	Other Income	\$

ASSETS

List all checking and savings accounts (including IRAs and Certificates of Deposit) of all household members:

Member Name	Bank Name	Type of Account	Balance

Yes No Do you own any Real Property?

Yes No Have you sold or given away real property or other assets (including cash) in the past two years?

Member Name	Source/Type of Asset	Annual Income from Asset

List the value of all stocks, bonds, trusts, pensions, real property, or other assets owned by any household member:

List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

Yes No Do you have expenses for childcare of a child under 13 years of age?

If yes, provide the name, address, and telephone number of the care provider:

What is the weekly out of pocket cost to you? \$ _____

Yes No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide the name, address, and phone number:

What is the cost to you for the care attendant and/or the equipment? \$ _____

Elderly/Disabled Families Only

Yes No Do you have a Medicare discount drug card that you pay for?

Yes No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name:

Yes No Do you have out of pocket medical expenses which you are paying? If yes, list them below.
(This includes bills that you are paying on for any member of the household.)

SCREENING QUESTIONS

Have you or any household member ever been convicted of fraud in a housing program? Yes No If yes, where? _____ When? _____

Have you ever been evicted from housing? Yes No If yes, why? _____

Do you owe any money to any housing authority? Yes No If yes, where? _____

Do you have any past due utility bills? Yes No If yes, please describe and give amount owed and to whom: _____

Have you ever lived in public housing before? Yes No

If yes, what agency (Name, city, state, and zip) _____

Where was your residence? Street, Apt #, city, state, zip _____

Whose name was the head of household? _____

Dates: From _____ To _____

Have you ever received Section 8 assistance before? Yes No

If yes, what agency (Name, city, state, and zip) _____

Where was your residence: Street, apt #, city, state, zip _____

Whose name was the head of household? _____

Dates: From _____ To _____

Are you or any household member a veteran of the armed forces? Yes No If yes, what branch of service? _____ Honorable discharge? Yes No

Dates of Service: From _____ To _____

Drivers License or State ID #:

Applicant: _____ Co-Applicant: _____

Vehicle: Year _____ Make _____ Model _____ License Plate # _____

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

NOTE to Applicants: If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Violence Against Women Act of 2005 (VAWA): All information provided to CHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

Discrimination: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Toll-Free Hotline at (800) 743-5323.

Violence and DRUG-FREE ZONES: It is our aim to ensure that our program maintain communities that are violence and drug-free zones. The use, possession, manufacture and/or sale of controlled substances will not be tolerated. By signing this application form, I verify my support for this policy.

REFERENCES: By signing this application form, I understand that any and all persons listed herein may be contacted for reference as it pertains to my housing. I give complete authorization to CHA to make such contacts.

_____ Applicant Signature	_____ Date
_____ Spouse or Co-Head Signature	_____ Date
_____ Other Adult Signature	_____ Date
_____ Other Adult Signature	_____ Date
_____ HCV Specialist Signature	_____ Date

HOUSING HISTORY

Please list the head of household's three (3) pervious landlords and contact information. This information will be given to your future landlord.

Present address, street, apartment # _____

Present city, state, and zip _____

From _____ To _____

Current landlord's name and phone # _____

Current landlord's address, street, apartment # _____

Current landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

REFERENCES: By signing this application form, I understand that any and all persons listed herein may be contacted for reference as it pertains to my housing. I give complete authorization to CHA to make such contacts.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Applicant Signature

Date



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CRIMINAL RECORD BACKGROUND CHECK PERMISSION FORM

(Please make copies for all household members 18 years and older)

Name: _____ Sex: ___ Male ___ Female Race: _____

Other Names Used: _____

DOB: _____ SS #: _____

Address: _____

City, State, Zip: _____

FOR PHA USE ONLY:		
<input type="checkbox"/> No Record	<input type="checkbox"/> Record OK	Record# _____
<input type="checkbox"/> Not Qualified	Record # _____	
Date Received: _____		
Received By: _____		

Name of Head of Household: _____

PHAs are authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission to the HCV program and/or the public housing program. This authority assists the PHA in complying with HUD requirements and PHA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. In order to obtain access to the records the PHA must require every applicant family to submit a consent form signed by each adult household member [24 CFR 5.903].

The purpose of this background check is to determine if any family member is currently engaged in, or has engaged in any of the following criminal activities, within the past 5 years:

- *Drug related criminal activity*, defined by HUD as the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with the intent to manufacture, sell, distribute or use the drug [24 CFR 5.100].
- *Violent criminal activity*, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [24 CFR 5.100].
- *Criminal activity* that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity.
- *Criminal activity* that may threaten the health or safety of property owners and management staff, and persons performing contract administration functions or other responsibilities on behalf of the PHA (including a PHA employee or a PHA contractor, subcontractor, or agent).
- *Criminal sexual conduct*, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse.
- *Immediate vicinity* means within Boone County.

Evidence of such criminal activity includes but is not limited to any conviction for drug-related or violent criminal activity within the past 5 years; any arrests for drug-related or violent criminal activity within the past 5 years; and any record of eviction from public or privately-owned housing as a result of criminal activity within the past 5 years. A conviction for drug-related or violent criminal activity will be given more weight than an arrest for such activity.

- If any *household* member has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine in any federally assisted housing, the family will be denied admission.
- If any *household* member is subject to a lifetime registration requirement under a state sex offender registration program, the family will be denied admission.

By my signature, I give CHA complete authorization to make such background checks as necessary to assure program compliance, eligibility, admission, continued occupancy, and participation in housing assistance programs.

Signature of Applicant/Program Participant

Date

Head of Household Signature

Date



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Declaration of Section 214 Status

(All household members must be listed below)

In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

The family members attest to the following:

I, (as named below and signed below), by my signature or that of the adult responsible for me, certify, under penalty of perjury that, to the best of my knowledge, the category below selected for me accurately reflects my status within the U.S.

CATEGORY 1:

1) I am lawfully within the United States because either:

- **A** - I am a citizen by birth, a naturalized citizen or a national of the United States; or
- **B** - I have eligible immigration status and I am 62 years of age or older (proof of age is attached); or

CATEGORY 2:

2) I have eligible immigration status, (choose one category from A through F here):
(Explanations for A-F are on the reverse of this form.)

- **A** – Immigrant status under §101(a)(15) or §101(a)(20) of the Immigration and Nationality Act (INA)
- **B** – Permanent residence under §249 of INA
- **C** – Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA
- **D** – Parole status under §212(d)(5) of the INA
- **E** – Threat to life or freedom under §243(h) of the INA
- **F** – Amnesty under §245A of the INA

Name – PRINT CLEARLY	Signature of Adult Family Member or Adult Responsible for Family Member (if so, check box next to signature)	C1: (mark A or B)	OR	C2: (mark one of A- F here)
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

CATEGORY 1 B:

- **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older and who have eligible immigration status, a signed declaration of eligible immigration status and proof of age is required. If you are eligible and elect to select this CATEGORY 1 B, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

CATEGORY 2:

- **A – Immigrant status under §101(a)(15) or §101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively) [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161) [*special agricultural worker status*], who has been granted lawful temporary resident status.
- **B – Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- **C – Refugee, asylum, or conditional entry status under §207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- **D – Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- **E – Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- **F – Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Use the above definitions to complete the reverse of this form. Do not complete this form if you are not eligible in Category 1 or Category 2.



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 recordkeeping 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 04/30/2023.

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.

<p>This Notice was provided by the below-listed PHA:</p> <p>Columbia Housing Authority 201 Switzler Street Columbia, MO 65203</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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.



Housing Authority of the City of Columbia, Missouri

Voucher Programs

201 Switzler Street, Columbia MO 65203

Office: (573) 443-2556 ♦ Fax: (573) 443-0051 ♦ TTY: (800) 735-2966 ♦ www.ColumbiaHA.com

ATTACHMENT 3 AND 4 CERTIFICATION

APPLICANT(S) / TENANT(S) STATEMENT

I/We certify that the information given to the Columbia Missouri Housing Authority on household composition, income, net family assets, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse/Adult Member

Date

Other Adult Member

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

PHA OFFICIAL'S STATEMENT

I Certify:

1. The information given to the Columbia Housing Authority by the Household of _____ on _____ household composition, income, net family assets, and allowances, deductions has been verified as required by Federal Law.
2. The family was eligible at admission.
3. The family has certified that it has given our agency accurate and complete information.

Signature of PHA Official

Date



Housing Authority of the City of Columbia, Missouri

Voucher Programs

201 Switzler Street, Columbia MO 65203

Office: (573) 443-2556 ♦ Fax: (573) 443-0051 ♦ TTY: (800) 735-2966 ♦ www.ColumbiaHA.com

Authorization for Release of Information

CONSENT:

I authorize and direct any Federal, State or Local agency, organization, business, or individual **to release to** the Housing Authority of the City of Columbia, Missouri, (CHA) 201 Switzler Street, Columbia, MO 65203, any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance in any housing assistance programs administered by this agency.

I understand and agree that this authorization or the information obtained with its use **may be given to and used** by the Department of Housing and Urban Development (HUD) or Columbia Housing Authority to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or potential landlords. This release includes records of my payment history and/or any violations of my lease and/or Housing Authority policies.

GROUPS and INDIVIDUALS THAT MAY BE CONTACTED:

I consent that the Housing Authority of the City of Columbia, Missouri, **may exchange information** with other Federal, State, or Local Agencies, including, but not limited to, State Employment Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Administration, law enforcement agencies, Columbia Public Schools, and state welfare and food stamp agencies.

The groups or individuals that may be asked to release information (depending upon program requirements) include, but are not limited to, the following:

Courts and Post Offices	Schools and Colleges	Law Enforcement Agencies
Support and Alimony Providers	Welfare Agencies	State Employment Agencies
Social Security Administration	Medical Providers	Veterans Administration
Banks	Retirement Systems	Credit Providers and Credit Bureaus
Utility Companies	Child Care Providers	Financial Institutions
Past and Current Landlords	Public housing agencies	Private Employment Agencies

INFORMATION COVERED:

I understand that, depending upon program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include, but are not limited to, the following:

Identity and Marital Status	Medical or Child Care Allowances
Custody Agencies	Support Agencies
Employment, Income, and Assets	Credit and Criminal Activity
Residences and Rental History	Handicapped Assistance

Authorization for Release of Information

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or the Housing Authority of the City of Columbia, Missouri may conduct computer-matching programs to verify the information supplied for application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information.

I understand that this authorization cannot be used to obtain *any information* about me that is not pertinent to my eligibility for and continued participation in a housing assistance program. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year after participation in CHA housing programs has ceased.

Printed Name/*Head of Household*

Signature

Social Security Number

Date

Printed Name/*Spouse or Other Adult*

Signature

Social Security Number

Date

Printed Name/*Other Adult*

Signature

Social Security Number

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

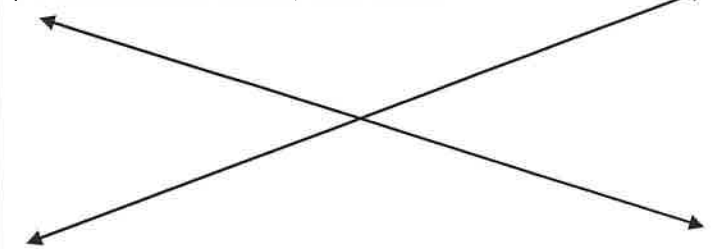
OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Columbia Housing Authority
201 Switzler Street
Columbia, MO 65203

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(1)(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:

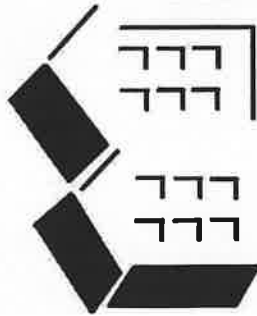
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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.



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD and a CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. 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/shf/hip/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