



Pre- Application For Housing Assistance City of Chandler

Please complete the entire application and return to the City of Chandler Housing Authority, Mail Stop 101, PO Box 4008. Chandler, AZ 85244-4008. Incomplete applications will be returned. Section 8 Applications are not being accepted at this time.

Check the Program you are applying for: PUBLIC HOUSING

1 HEAD OF HOUSEHOLD INFORMATION:

Last Name: _____ First Name: _____

Social Security #: -- Date of Birth: --

Phone #: -- Alternate Phone #: --

Sex: Male Female Age: Elderly (62 Years or older)

Mailing Address: _____

Physical Address: _____

ST/PO Box: _____

Street: _____

City: _____

City: _____

State: _____

State: _____

ZIP Code: _____

ZIP Code: _____

2 FAMILY COMPOSITION INFORMATION: List each person who will be living in the assisted unit.

	Last Name	First Name	MI	Relationship	Birthdate	Age	Sex	Social Sec. No.
1.				Head Of Household				
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

If you have more than 10 household members, please check here and list them on a separate piece of paper.

3 INCOME INFORMATION

What is the total household income (before taxes) received by your entire household each month:

\$ _____ Source of Income: _____

4 EQUAL OPPORTUNITY COMPLIANCE

The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect your selection for the program. Please check the appropriate box.

Race of the head of household:

White (Caucasian) Black Pacific Islander Asian American Indian

Ethnicity of the head of the household: Hispanic Non-Hispanic

5 CRIMINAL AND HOUSING ASSISTANCE HISTORY

<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	Have you or any member of the household been arrested during the past five years for criminal and or drug related activity? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to a lifetime registration requirement under a state sex offender registration program? If yes, who:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing? If yes, who:
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently owe any money to any Public or Assisted Housing Agency? If yes, amount: Name and address of Agency owed money:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household been evicted from federally assisted housing during the past five years? If yes, who and please explain:

6 HOUSEHOLD PREFERENCES

The Housing and Redevelopment Division will select families based on the following local preferences within each bedroom size category: Please check any of the following that apply to your household: All items checked will be verified before assistance is offered.

- Displaced person(s):** Individuals or families displaced by local government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster Relief Laws.
- Living or Working in the City of Chandler:** Applicants must reside or work within the City of Chandler. Applicants must be contributing toward household expenses and must be physically employed by an employer within the City of Chandler.
- Working Persons:** Applicants with an adult family member enrolled in an employment training program, currently working 20 hours a week, or attending school on a full-time basis. This preference is also extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.
- None of the Above**
-



Chandler Arizona
Where Values Make The Difference

REQUEST FOR REASONABLE ACCOMMODATION FOR DISABILITIES

The City of Chandler Housing and Redevelopment Division is committed to fully complying with all state, federal and local laws involving non-discrimination and equal opportunity. Any person who believes he/she needs a reasonable accommodation to participate in any program of the City of Chandler Housing and Redevelopment Division should complete this form.

Participant/Applicant Head Of Household Information	
Participant/Applicant's Name:	SS#:
Address:	Phone:

The following member(s) of my household is a person(s) with a disability as defined by one or more of the following: *A physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or is regarded as having such impairment.*

Name:	Date of Birth:	SS#:

As a result of this disability, I am requesting the following reasonable accommodation for my household:

This request for reasonable accommodation is necessary so that I/they can:

You may verify the disability and the need for the request by contacting:

Medical Provider Name	Title of professional or expert:
Agency/Clinic/Facility:	Telephone:
Address/City/State/Zip	Fax:

Permission to contact the above individual for the purposes to verify the disability and need the reasonable accommodation listed above has been granted on the signed COCHRD's Authorization for the Release of Information. Information obtained will be kept completely confidential and used solely to make a determination on the reasonable accommodation request.

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

Printed Name

Signature

Date

Mailing Address:
Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division
<http://affordablehousing.chandleraz.gov>
Ph.(480)782-3200•Fax (480)-782-3220

Office Location:
235 S. Arizona Avenue
Chandler, AZ 85225



The Arizona Relay Service provides free 24 hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired. 1-800-367-8939 (TTY) * 1-800-842-4681 (Voice)





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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby give my permission to the City of Chandler Housing and Redevelopment Division to obtain independent information about me and my family for the purpose of determining eligibility, the appropriate level of housing benefits and suitability under the United States Housing and Urban Development's assisted housing programs. Specifically, I authorize release of information from:

- Banks and Other Financial Institutions
- Credit Bureaus
- Courts
- Current and Former Employers
- Current and Former Landlords
- Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe applicant is currently engaged in illegal use of controlled substance)
- Family Composition
- Federal, State, Tribal or Local Benefit Agencies Welfare and other Social Service Agencies
- Identity and Marital Status
- Medical Providers
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Providers of: Alimony, Childcare, Child Support, Disability Assistance and Medical Care
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Other: _____

I agree that the City of Chandler Housing and Redevelopment Division may use photocopies of this authorization to accompany its requests for information. I understand that City of Chandler Housing and Redevelopment Division is soliciting documents to verify eligibility, level of benefits and suitability under HUD's assisted housing programs, including sources of income and assets, wages and unemployment claims, tax return information, identification and composition of household, housing history. The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's /participant's eligibility for housing assistance. This form is valid for twelve (12) months from the date of applicant's/participant's signature.

_____ Signature of Applicant or Participant	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
_____ Signature of Other Family Member over the age of 18	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
_____ Signature of Other Family Member over the age of 18	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
_____ Signature of Other Family Member over the age of 18	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number

Mailing Address:
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235 S. Arizona Avenue
Chandler, AZ 85225

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

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

City of Chandler
Housing and Redevelopment
Mail Stop 101
P.O. Box 4008
Chandler, AZ 85244

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(l)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	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.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form **HUD-9886** (7/94)

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.

January 2010

The information in this brochure pertains to:

Applicants and participants of the following HUD – PIH rental assistance programs:

1. Public Housing (24 CFR 960)
2. Section 8 Housing Choice Voucher (HCV), including Disaster Housing Assistance Program (DHAP) (24 CFR 982)
3. Section 8 Moderate Rehabilitation (24 CFR 882)
4. Project Based Voucher (24 CFR 983)

This brochure was provided to you by the below-listed PHA:

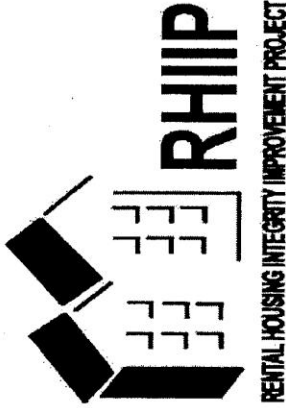
City of Chandler Housing and Redevelopment Division
235 S. Arizona Avenue
Chandler, AZ 85225

I hereby acknowledge that I received a copy of this brochure from the PHA and that I have read this brochure.

Signature _____

Printed Name _____

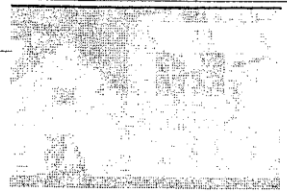
Date: _____



Enterprise Income Verification (EIV) System

What You should Know About EIV

Sign here and return



What is EIV?

The EIV system is a web-based computer system, which contains employment and income information of individuals (including you) 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 the Social Security Administration (SSA) and the U.S. Department of Health and Human Services (HHS).

Below is a summary of the income information contained in the EIV System, the originator of the data and the source who provides HUD with this data.

Income Type	Originator of Information	Source
Wages	Employer	HHS
Unemployment Benefits	State Workforce Agency	HHS
Social Security Benefits: <ul style="list-style-type: none"> • Social Security (SS) • Supplemental Security Income (SSI) 	SSA	SSA

Additional Information in EIV

Data collected from your local PHA is also compared to SSA databases to confirm your personal identifiers (Name, DOB, and SSN) as reported by you to your local PHA. This is HUD's process to confirm your identity and ensure that the SSN, name, and date of birth (DOB) match SSA's records. EIV displays the results of your identity verification status as Pending, Verified, Failed, or Deceased.

Debts Owed to PHAs & Termination Information. The following information is collected once your participation in a PH rental housing program has ended or 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 or other charges); and
2. Whether or not you have entered and/or defaulted on a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have filed for bankruptcy; and
4. The negative reason for your end of participation in the rental housing program (for example: abandoned unit, fraud, criminal activity, failure to comply with lease or program requirements, etc.).

Multiple Rental Subsidies. Data collected from your local PHA is compared to HUD's various data systems to determine if you are receiving multiple rental assistance or participating in more than one HUD Rental Assistance Program. If you are receiving multiple rental assistance, EIV will display the addresses of each subsidized unit you are listed as a resident.

What is the EIV Information used for?

Primarily, the information is used by PHAs (and management agents hired by the PHA) before, during, and after your admission to the program, interim and annual reexamination of family income for the following purposes:

1. Verifying your reported income sources and amounts.
2. Confirming your name, DOB, and SSN with SSA.
3. Confirming your participation in only one HUD rental assistance program.
4. Following 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 assistance at another address. EIV will also alert PHAs if you owe an outstanding debt to any PHA and if you were voluntarily or involuntarily terminated from the Public Housing or Section program. This information is used to determine your eligibility for assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), PHAs, and auditors to monitor compliance with HUD rules by your Family and the PHA.

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're 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.

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

LARGER TEXT AVAILABLE UPON REQUEST

What are my responsibilities?

As a Tenant (participant) of a HUD rental assistance program you and each adult household member must:

1. Disclose your complete and accurate: full name, SSN, and DOB; and
2. Report complete and accurate income information; and
3. Certify that your reported household income and expense information is true to the best of your knowledge.

What are the penalties for providing false information?

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

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

- Eviction
- Termination of assistance
- Repayment of overpaid rental assistance or underpaid tenant rent contribution.
- Fines up to \$10,000
- Imprisonment for up to 5 yrs
- Prohibited from receiving any future HUD rental assistance for a period of up to 10yrs
- State and Local government penalties

Protect yourself, follow HUD reporting requirements

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

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits

- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income 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 or originator of EIV information may make an error when submitting or reporting information about you. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Employment and wage information reported in EIV originates from the employer. The employer reports this information to the local State Workforce Agency (SWA), who in turn, reports the information to HHS' National Directory of New Hires (NDNH) database. If a participant of a HUD rental assistance program disputes this information, he or she should contact the employer directly in writing to dispute the employment and/or wage information and request that the employer correct erroneous information. If employer resolution is not possible, the program participant should contact the local SWA for assistance.

Unemployment benefit information reported in EIV originates from the local State Workforce Agency (SWA). If a participant of HUD rental assistance disputes this information, he or she should contact the SWA directly, in writing to dispute the unemployment benefit information, and request that the SWA correct erroneous information.

SS and SSI benefit information reported in EIV originates from the SSA. If a participant of a HUD rental assistance program disputes this information, he or she should contact the SSA at (800) 772-1213, or visit your local SSA

office. SSA office information is available in the government pages of your local telephone directory or online at <http://www.socialsecurity.gov>.

Debts owed to PHAs and termination information reported in EIV originates from the PHA. If a current or former participant of a HUD rental assistance program disputes this information, he or she should contact the PHA directly in writing to dispute this information and provide any documentation that supports the dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes more than one person may use your SSN, either on purpose or by accident. SSA does not require you to report a lost or stolen SSN card, and reporting a lost or stolen SSN card to SSA will not prevent the misuse of your SSN. However, a person using your SSN can get other personal information about you and apply for credit in your name. 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 1-800-772-1213); file an identity theft complaint with the Federal Trade Commission (call FTC at 1-877-438-4338, or you may visit their website at: <http://www.ftc.gov/bcp/edu/microsites/idtheft/>); and you should also monitor your credit reports with the three national credit reporting agencies (Equifax, Transunion, and Experian).

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 or you may 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/eph/hip/univ.cfm>.



RE: WAITING LIST NOTIFICATION

Dear Applicant:

Thank you for applying for Housing Assistance with the City of Chandler Housing and Redevelopment Division. Your application has been accepted and will be reviewed for preliminary determination of eligibility. If you meet our eligibility requirements, your application will be placed on our waiting list on the following date and time stamped above for the following housing programs:

Public Housing

It is our desire to provide you with safe, decent, and sanitary housing. The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's/participant's eligibility for housing assistance.

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

I have read and am aware of the following:

1. My application has been submitted.
2. I will not receive immediate assistance. My wait before housing may be offered will be anywhere from a few months to longer than a year. Household Preferences offered by the housing authority will affect my wait for assistance.
3. The Housing Authority will place me on the waiting list and at a later date will verify all information on my application.
4. It is my responsibility to ensure that all changes to this application, including changes in address, household members and income must be reported in writing. Changes must be submitted in writing by using our 'Change Report Form'. The copy of the form must be time and date stamped by the City of Chandler Housing office to be considered valid. No telephone changes will be accepted. **Failure to report changes in writing will result in removal from the waiting list.**
5. If my application is removed from the waiting list, I will need to reapply when the Housing and Redevelopment Division is accepting applications.
6. My application for housing assistance may be denied because of criminal activity or debts to another housing authority of any household member.
7. This application does not obligate the City of Chandler Housing & Redevelopment Division to provide housing nor does it obligate me to accept housing assistance.

I do hereby swear and attest that all the information above about my household and me is true and correct. I understand that my having provided any false information will result in my application being canceled or denied or in the termination of my housing assistance. I declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the information contained in this application of facts is true, correct and complete.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

If a person other than applicant/participant completes this application, please sign and complete the following.

Print Name

Signature of Representative

Relation to applicant

Address

City, State, Zip Code

Phone

Mailing Address:
Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division
<http://affordablehousing.chandleraz.gov>
Ph.(480)782-3200•Fax (480)-782-3220

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