

Applicant/Resident Name		
Head-of-Household Name (if different)		
Unit Number		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at wor	k? ☐ Yes	□ No
It is WHA's policy to ensure that housing assistance amount. In o days so that we can ensure that n	t you are fully discleder to receive assists in income is overloom.	ndicated that your household has no income or very sporadic income. osing all income as required so that you are provided the correct stance, you are required to supply the following information every 90 oked. All responses are subject to verification. Incomplete forms will remancy may be denied or terminated as appropriate.
Have you been employed in the last 12 months?	Name:Address: Address:Phone Number:	le the following employer information  e last 12 months:\$
Do you expect to be employed at all in the next 12 months?	Name:Address: Address:Phone Number:	be earned in the next 12 months: \$
How do you plan to pay rent for the next 12 months?		



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Do you ever perform odd jobs such as construction jobs, field work, babysitting, seamstress work,	Yes No
preparation of meals, etc.?	Income expected to be earned in the next 12 months: \$
Do you have money deposited in any bank?	☐ Yes ☐ No
	☐ Yes ☐ No
Do you have any outstanding loans?	If so, how do you pay the monthly balance?
	☐ Yes ☐ No
Do you have any outstanding medical expenses?	If so, how do you pay the monthly balance?
Do you have recurring monthly or quarterly medical	☐ Yes ☐ No
expenses such as prescriptions, routine medical care, etc.?	If so, how do you pay the monthly balance?
etc.:	Yes No
Do you have credit cards?	If so, how do you pay the monthly balance?
	Yes No
Does any person provide you with money, on a	If so, what kind of help?
regular basis, to pay for rent, meals, child care, utilities, automobiles or any other regular expense?	How often?
	Total financial assistance to be provided in next 12 months: \$
	Rent?
	Electricity?
	How much was your electricity bill last month? \$
It is required that you maintain all required utilities when occupying the unit. In the past months when you say you have had minimal, or no money, how did you, or do you, pay for the following: (Please note that the WHA may ask for verification of these expenses while you live in the unit)	Gas?
	How much was your gas bill last month? \$
	Telephone/Cell Phone?
	How much was your telephone/Cell phone bill last month? \$
	Cable?
	How much was your cable bill last month? \$
If you have a car, the registration and insurance must	☐ Yes ☐ No
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be maintained. Do you have a car?	What is the monthly care payment? \$



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	How do you pay the car payment?
	How much was your automobile registration last year?\$
	How will you pay for annual registration?
	How much is your annual automobile insurance?\$
	How will you pay for automobile insurance?
	How do you pay for gas and maintenance?
If you do not own/lease a car, how do you get from place to place?	
It is required that you maintain the unit in a decent, safe and sanitary manner. How do you plan to purchase supplies necessary to maintain the unit? (i.e. dishwashing liquid, cleaning supplies, etc.)	
How do you purchase food?	
Do you have a washer and dryer?	☐ Yes ☐ No If no, how do you pay for Laundromat expenses?
Do you have a pet or an assistance animal?	☐ Yes ☐ No  If so, how do you pay for food, veterinary expenses and supplies?



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# 12 MONTH INCOME REPORT FOR APPLICANTS/RESIDENTS CLAIMING ZERO OR VERY LOW INCOME

Please provide income information for the past 12 months starting with the current month and working backward.

Month	Source of Income (i.g. Employer, ADC,	Amount of Income (Gross Amount) Self Emp., Family, Etc.)	If Stopped, Why?
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I Did Did Not File A Federal Income Tax Report Last Year. If you did file a federal tax return last year, please provide the owner/agent with a copy.

In an effort to ensure the right assistance is provided to the right people, The Department of Housing and Urban Development (HUD) has provided property managers with access to a new verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

At your move-in or at your annual certification, all adult household members give consent to the release of this information by signing HUD Forms 9887 and 9887A.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to ensure that you are receiving assistance for which you are eligible. If it is discovered that any member of the household



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failed to disclose income as required, it will be considered a material lease violation. The household will be required to return any assistance paid in error and additional penalties may apply including eviction and pursuit of fraud.

You should have already received a pamphlet entitled EIV and You. Please review the information provided in the pamphlet so that you understand how the EIV system works.

#### **Questions Concerning this Document**

WHA is dedicated to providing decent, safe, and affordable housing to our residents.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Executing this document does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or handicap.

### PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By my signature I certify that the information I have provided above is true and complete. I understand that if I furnifalse or incomplete information I can be fined up to \$10,000 or imprisoned up to five years, and/or lose the subsidy I pays and/or have my rent increased. Any assistance paid in error must be returned to HUD.					
Signature of Applicant/Resident	Date				



cc: Applicant/Resident File

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