



1300 Broad Street N  
Jacksonville, FL 32202

Phone: 904-552-5952

JaxHA.org   

Personal Declaration/Notification of Change(s)

**INSTRUCTIONS:**

1. All sections of this form must be completed in your own handwriting using black or blue ink only. Use the correct legal name only.
2. Answer all questions by checking (✓) YES, NO, or Not Applicable when indicated. Provide added information for verification.
3. All household members 18 years old and older must sign the form.
4. All changes in family composition & income after this declaration must be reported in writing within ten (10) business days.
5. If completing this form for an Interim Re-Examination, initial here: \_\_\_\_\_. Failure to provide supporting documents will delay processing any change.

Head of House Name: \_\_\_\_\_ Marital Status: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PART I: HOUSEHOLD MEMBER(S) - YOU MUST REPORT CHANGES WITHIN TEN (10) BUSINESS DAYS**

1. List below the name(s) of household members LIVING WITH YOU starting with yourself. Client ID: \_\_\_\_\_

Family Member's Full Name	Disabled?	Relation to Head	Date of Birth	Age	Sex	Social Security Number	Need Interpreter? If so, what Language?
Head of Household:	<input type="checkbox"/> Yes <input type="checkbox"/> No	SELF					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No

2. ☐ Yes ☐ No Is any household member listed above subject to any sex offender registration? If yes, name: \_\_\_\_\_
3. ☐ Yes ☐ No Of the child(ren) you listed above (if any), is there anyone whom you have legally adopted or obtained court ordered custody?  
☐ Not Applicable If yes, write child's name and submit legal documents.
4. ☐ Yes ☐ No If you checked "YES" for disabled above, or if the head of household or spouse is 62 years or older, do you have related medical expenses?  
☐ Not Applicable If yes, please ask to be provided with the **Disability & Elderly Allowances Form**.
5. ☐ Yes ☐ No Are you required to pay Child Support?  
☐ Not Applicable If yes, you will be required to submit a Reasonable Accommodation Request to verify the necessity. Also, the Live-in Aide would be required to pass JHA's background check. If yes, complete the Reasonable Accommodation Request and Live-in Aide packet. If yes, submit at least 6 months of your lease agreement.

**PART 2: FAMILY INCOME INFORMATION- YOU MUST REPORT CHANGES WITHIN TEN (10) BUSINESS DAYS**

Answer all questions below with YES or NO. If you answer YES, you must provide additional information on the space provided and proof.

6. ☐ Yes ☐ No Is there any employed household member? If yes, who? \_\_\_\_\_

Employer:	Avg. hours per week:	Rate of pay:	How often paid:
Address:	City:	State:	Zip Code:
Phone #	Fax #		

7. ☐ Yes ☐ No Anyone else in the household employed? If yes, who? \_\_\_\_\_

Employer:	Avg. hours per week:	Rate of pay:	How often paid:
Address:	City:	State:	Zip Code:
Phone #	Fax #		

8. ☐ Yes ☐ No Is there any household member(s) self-employed, who receives gift contributions (monies from friends, family member, etc.), or receives any other form of income not specified on this form? (If gift, request Gift Affidavit form)

If "Yes," member name(s): \_\_\_\_\_

Source of Income:	Rate of Pay:	How often paid:	
Address:	City:	State:	Zip code:
Phone #	Fax #		

9. ☐ Yes ☐ No Do you receive Child Support whether court ordered or direct from parent? If yes, complete space below.

Name of Child:	Amount:	How often?	Case #:
Name of Child:	Amount:	How often?	Case #:



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You must check "Yes" or "No" for each line below

Other Income	Who is receiving this income?	Amount	How often?
10. <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security (SS)			
11. <input type="checkbox"/> Yes <input type="checkbox"/> No SS – second family member			
12. <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI)			
13. <input type="checkbox"/> Yes <input type="checkbox"/> No SSI – second family member			
14. <input type="checkbox"/> Yes <input type="checkbox"/> No AFDC/TANF Cash Assistance			
15. <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment or Worker's Comp			
16. <input type="checkbox"/> Yes <input type="checkbox"/> No Retirement, Pension or VA Benefits			
17. <input type="checkbox"/> Yes <input type="checkbox"/> No Income from Business or Other Source			
18. <input type="checkbox"/> Yes <input type="checkbox"/> No Student Grants and/or Veteran Rehabilitation Assistance Program (VRAP)			
19. <input type="checkbox"/> Yes <input type="checkbox"/> No Do others pay your bills or expenses?			
20. <input type="checkbox"/> Yes <input type="checkbox"/> No SNAP Food Benefits			

**PART 3: ASSETS AND INCOME FROM ASSETS – YOU MUST SUBMIT CURRENT STATEMENTS OR DOCUMENTS**

21. ☐ Yes ☐ No Do you or any family member have assets, more than \$5,000? (check type) ☐ Checking Acct. ☐ Savings Acct. ☐ Pre-paid Debit/Credit card ☐ Money Market

If yes, list: \_\_\_\_\_

For Checking / Pre-paid cards: submit last six months of statements. For Savings/Money Market: submit most recent statements.

22. ☐ Yes ☐ No Do you or any family member own Assets? If so, circle which applies or list it under "other investments."

Certificate of Deposit, Lump Sum Receipts (like SS/SSI), Whole Life Insurance, IRA, Stocks, Lottery, Inheritance, Mortgage, Pension, and/or other Investments"

**PART 4: EXPENSES AND ALLOWANCES – YOU MUST REPORT CHANGES WITHIN TEN (10) BUSINESS DAYS**

23. ☐ Yes ☐ No Do you have children under 13 years old for whom you have out of pocket child care expenses?

If "Yes," family member: complete Childcare Verification

24. ☐ Yes ☐ No Is there ANY household member(s) 18 years and older who is (check box): ☐ Full-time student ☐ Part-time student

If you answered Yes, list member or members name(s): \_\_\_\_\_

25. ☐ Yes ☐ No If you answered YES above, does this Full-time or Part-time Student have work income? Member's name(s): \_\_\_\_\_

**PART 5: MISCELLANEOUS INFORMATION**

26. ☐ Yes ☐ No Did any household member(s) listed in Part I file a tax return for the last tax year? If yes, name(s): \_\_\_\_\_

A copy of each return, or verification of nonfiling, will be required at recertification.

27. ☐ Yes ☐ No Has any family member in your family ever been evicted from a Subsidized Housing (as property), Public Housing, or Section 8 Program?

If yes, who?: \_\_\_\_\_ Name of agency: \_\_\_\_\_

28. ☐ Yes ☐ No Have you or anyone in your household ever been convicted of any crime involving drugs or violent crime

29. ☐ Yes ☐ No Have you ever committed fraud in a Federally assisted housing programs or owe money to such programs?

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false statements to any department or agency of the United States. Please be informed that all your declarations and disclosures can and will be verified through the use of third party verification such as employers, government agencies, and computer matching (Enterprise Income Verification or EIV).

Please sign below:

Head of Household	Date	Spouse/Co-Head	Date
Other Adult Member	Date	Other Adult Member	Date

Submitting this form without supporting documentation does not constitute full disclosure of household income and composition as required by HUD. (24 CFR 5.659)



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#### **1. CERTIFICATION:**

The undersigned Public Housing Agency (PHA) hereby certifies that the following family:

Head of Household	Spouse or Co-Head
Other family member	Other family member
Other family member	Other family member

is eligible for participation in the Housing Voucher Program of this PHA. Under this program, the PHA makes housing assistance payments on behalf of participating families toward their rents to owners of **DECENT, SAFE AND SANITARY DWELLING UNITS**.

#### **2. FAMILY PORTION OF RENT:**

##### **(A) Total Tenant Payment:**

The total amount that the family will be obligated to pay monthly towards rent and utilities is based on the family's income and is called the Total Tenant Payment.

##### **(B) Family Payment to Owner:**

The amount that the family will be obligated to pay monthly to the owner will be the difference of the PHA's payment and the total rent unless the family is responsible for paying any utilities. If the family must pay utilities directly, the family will pay to the owner the portion of rent minus the appropriate allowance for tenant-paid utilities and services determined by the PHA.

##### **(C) Due Date Rental Payments:**

The family's initial rent payment shall be due and payable to the owner immediately upon occupancy of the dwelling unit.

##### **(D) Change in Family and Allowance:**

The amount of the family's required Total Tenant Payment is subject to change by reason of changes to program rules and changes in family income, composition and the extent of exceptional medical or other unusual expenses. All changes in the family income or household composition must be reported immediately (within ten (10) business days) in writing to the Agency.

#### **3. PHA PORTION OF THE RENT:**

The PHA will pay to the owner on behalf of the family the difference between the applicable assistance standards and 30% of the monthly adjusted family income.

#### **4. CONDITION:**

The family agrees to perform all of its obligations under the Housing Voucher Program. These obligations include:

- A. Providing each family income information and records as may be required in the administration of the program;
- B. Permitting inspection of their dwelling unit after a reasonable time and a reasonable notice; notice to the PHA of the family's intent to vacate the unit;
- C. Cooperating with the Jacksonville Housing Authority in finding another unit when the family is no longer eligible for the contract unit it occupied because of a change in the family size;
- D. Not assigning the lease or subleasing the premises;
- E. Not providing accommodations for boarders or lodgers;
- F. Reporting to the Agency in writing, all changes in income of family members in the household immediately. Only the family members listed above and children born to or adopted by one of these family members are entitled to housing assistance under this program. Any other increases in the family size must be approved by the PHA in advance.

#### **5. EQUAL HOUSING OPPORTUNITY:**

If the family has reason to believe it has been discriminated against on the basis of race, color, creed, handicap, religion, sex, national origin, age or familial status it may file a complaint with the HUD Area Office. Fair Housing Complaint Forms (Form HUD-903) are available from this office and included in your packet.

*Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.*



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#### **6. DAMAGE OR ABUSE:**

If the family causes damage to the dwelling unit through abuse or negligence, the family will be responsible for paying the cost of repairing the damage. The PHA must maintain the dwelling unit in a decent, safe and sanitary manner in all times and keep all windows, doors, plumbing fixtures, electrical fixtures and appliances in good working order.

#### **7. TERMINATION OF ASSISTANCE:**

If the family voluntarily vacates the unit, no further housing assistance will be provided. Additionally, if the family vacates the unit in violation of the lease term or if the family vacates the unit while owing rent or other amounts under the lease, the family may not receive further assistance unless the family satisfies these liabilities. Family amounts owed under the lease, the family may not receive further assistance unless the family satisfies these liabilities. Other causes for termination include but are not limited to: Failure to pay the tenant-paid utilities, failure to maintain tenant-supplied appliances and allowing the family to be terminated if any family member engages in drug-related criminal activity or violent behavior toward any of the Jacksonville Housing Authority personnel or violent behavior toward any personnel of the Jacksonville Housing Authority or other families, it will be cause for termination of your assistance.

**FAILURE OF A TENANT TO OCCUPY THE PREMISES ON OR BEFORE THE DATE SPECIFIED IN A LEASE AGREEMENT IS AUTOMATICALLY "OTHER GOOD CAUSES" FOR TERMINATION.**

#### **8. DEBT TO THE AGENCY:**

In case a family through fraud, misrepresentation or default under this contract or previous contracts has left the PHA holding a delinquent account, such delinquency shall be a default under this contract. The PHA shall have the right to recover all costs associated with the collection effort including court costs, reasonable attorney fees and prejudgment interest at the legal rate. In addition, the PHA reserves the right to notify any and all credit service organizations of such a delinquency.

Failure of the family to meet the conditions contained in this statement, including the timely payment of the family payment to the owner, failure of the family to fulfill its obligations under the lease with the owner, will be a basis for termination of rental assistance under the program.

The undersigned participant does further acknowledge that all of the information provided to the Housing Voucher Program is correct and that they have not given any false information to become eligible for housing assistance payments or to get a higher housing assistance payment. They also acknowledge and understand that to violate the above makes them liable for a fine of up to \$10,000 or imprisonment of up to five years or both according to Florida Law Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code. I understand that a violation makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within the jurisdiction. In addition, they acknowledge and understand that any violation of the above could affect their current or future eligibility for housing assistance.

#### **PARTICIPANT'S RESPONSIBILITIES (Participants must adhere to these rules)**

1. The family must supply any information requested by the JHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition. You must report any changes in your income or family composition **IN WRITING WITHIN TEN (10) BUSINESS DAYS**. Family must obtain the Housing Assistance Division's approval to add other family members to the lease.
2. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
3. No one other than those family members listed on your Dwelling Lease Agreement can live in your unit. Reasonable accommodation of overnight guests and visitors must meet the Owner's regulations. The family must promptly notify the JHA if any family member no longer resides in the unit.
4. Your share of the rent is due to your property manager on or before the first day of the month.
5. The family may not commit serious or repeated violations of the lease.
6. You are responsible for any damages caused by the members of your family or visitors. Your property manager may repair all damages and give you the bill.
7. You are responsible for any disturbances or excessive noise caused by members of your family or visitors in the unit, complex, or common area.
8. If you live in a single-family dwelling unit, you are responsible for the exterior of the unit and maintenance of grounds, lawns and shrubs unless otherwise specified in the lease. Failure to do this can result in a ticket from the Housing Safety Division.
9. You must not apply wallpaper, contact paper, attach or paint anything without the written consent of the owner.
10. You must not allow your sewer line becomes stopped up with rags, brushes, excessive paper or other foreign objects, your landlord may make repairs and may give you the bill.

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11. If your utilities are cut off and not restored after a seventy-two (72) hour notice from the JHA, your unit is in violation of the Housing Quality Standards and your assistance may be terminated. Additionally, if your utilities have been turned off for more than thirty (30) days, the unit will be assumed vacant/abandoned and assistance may be terminated.
12. Members of the assisted family or guests may not engage in drug related, violent or criminal activity.
13. The family must promptly give JHA a copy of any owner eviction notice.
14. If you are evicted from any assisted unit you will be ineligible for admission to any Section 8 or Public Housing community for a five-year period, beginning from the date of eviction.
15. Continually trashing a unit beyond ordinary wear and tear and failing to keep the unit in a clean and sanitary manner will be cause for termination from the program. High standards of housekeeping are necessary and a must for your health and safety.
16. Threatening, abusive or violent behavior toward any personnel of the Jacksonville Housing Authority will be cause for termination of your assistance.
17. You must not sublease the assisted unit. The family must not own or have any interest in the unit.
18. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
19. The family must notify the JHA and the owner of their unit before moving out and terminating the lease.
20. Your failure to repay the agency for any funds owing will result in the termination of your assistance.
21. You are responsible for correcting tenant caused deficiencies as a result of a Housing Quality Standards inspection.
22. Fleeing to avoid prosecution, custody, or confinement after a conviction of a felony, or violating a condition of probation or parole imposed under Federal or State law, is a ground for termination of your housing assistance.
23. You will be denied admission permanently to the Section 8 Program if you are a sex offender who is subject to a lifetime registration requirement under State sex offender registration program.
24. The participant cannot rent a unit from any family member. A participant with disabilities may ask for an exception to this rule as a reasonable accommodation. These will be reviewed by case.
25. You must not operate a business from the assisted unit without prior consent from your landlord.
26. You must not operate a business from the assisted unit without prior consent from your landlord.
27. You must not make any additional payments outside of the contract rent to the landlord and/or property manager.

Head of Household  
(signature)

Date

Spouse/Co-Head  
(signature)

Date

Other Adult 18 + years  
(signature)

Date

Other Adult 18+ years  
(signature)

Date



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### Annual Recertification Request to Move

Please complete statement (1) or (2):

(1) I, , wish to renew my lease at my current residence.

OR

(2) I, , wish to move from my current address of

, FL  when my lease expires on

. I am hereby giving my 30+ days notice to JHA of my intention to move.

☐ (initial) I understand that it is my responsibility to discuss with my landlord whether I wish to renew or to move from my unit at lease end. If I choose to move, I understand that I am responsible to provide my Property Manager with a separate written notice in accordance with the terms of my lease.

☐ (initial) I understand that I must be and remain in compliance with my current landlord in order to be eligible to receive a voucher to relocate. I understand that I will be responsible for my portion of the rent through the end of my lease, and that any existing damages (beyond reasonable wear and tear) caused by me to my current unit must be resolved prior to my receiving a voucher and moving from the unit.

☐ (initial) I understand that JHA does not provide assistance with moving costs. I understand that I will be responsible for payment of any required security deposit at my next residence, utility connection fees (if any), and all associated costs of moving.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Date: \_\_\_\_\_

Please return to: \_\_\_\_\_

**Dear Employer:**

Federal regulations require us to verify the income of applicants and tenants to establish their eligibility for housing assistance payments under Section 89 of the Housing and Community Development Act of 1974. Your prompt completion of this form will help us to determine whether this family is eligible for our housing program. **PLEASE RETURN THIS FORM AS SOON AS POSSIBLE.** Thank you for your cooperation.

EMPLOYEE'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_

EMPLOYER COMPANY NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I hereby grant the Housing Assistance Program permission to make inquiries regarding my income and assets. I understand that this information is for the purpose of determining my eligibility only and will be kept confidential.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTIONS BELOW ARE TO BE COMPLETED BY EMPLOYER (SUPERVISOR, PAYROLL OR HUMAN RESOURCES DEPARTMENT)**

FIRST DATE OF EMPLOYMENT: \_\_\_\_\_

LAST DATE OF EMPLOYMENT (if applicable): \_\_\_\_\_

**If this is a Temporary Staffing Agency, please complete the following:**

Current Location Assignment: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_ (IF EMPLOYMENT IS TEMPORARY OR SEASONAL, PLEASE PROVIDE A PAY HISTORY)

**STRAIGHT OVERTIME TIPS/WK**

AVERAGE NUMBER OF HOURS PER WEEK: \_\_\_\_\_

AVERAGE HOURLY WAGE: \_\_\_\_\_

PERSONNEL SUB-AREA CODE (OF DUVAL SCHOOL BOARD EMPLOYEE): \_\_\_\_\_

EFFECTIVE DATE OF LAST PAY RATE INCREASE: \_\_\_\_\_

SHIFT DIFFERENTIAL (IF APPLICABLE): \_\_\_\_\_

DIRECT SUPERVISOR PRINTED NAME: \_\_\_\_\_

DIRECT SUPERVISOR PHONE NUMBER: \_\_\_\_\_

COMPLETING INDIVIDUAL PRINTED NAME & TITLE: \_\_\_\_\_

COMPLETING INDIVIDUAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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### Household Assets Sworn Declaration

Head of Household (print): \_\_\_\_\_

Complete all that apply for 1 through 6:

1. ☐ I (we) do not have any net family assets (as defined in 24 CFR 813.102) at this time.
2. ☐ I (we) hereby state that the combined value of net family assets does not exceed \$5,000 and the anticipated annual income from these assets is \$\_\_\_\_\_.
3. ☐ I (we) hereby state that the combined value of net family assets exceeds \$5,000 and the anticipated annual income from these assets is \$\_\_\_\_\_.
4. My (our) assets include:

Cash Value*	Int. Rate	Annual Income	Source	Cash Value*	Int. Rate	Annual Income	Source
\$_____	____%	\$_____	Savings Account	\$_____	____%	\$_____	Checking Account
\$_____	____%	\$_____	CDs Term	\$_____	____%	\$_____	Safety Deposit Box
\$_____	____%	\$_____	Certificates of Deposit	\$_____	____%	\$_____	Money Market Funds
\$_____	____%	\$_____	Stocks	\$_____	____%	\$_____	Bonds
\$_____	____%	\$_____	IRA Accounts	\$_____	____%	\$_____	401K Accounts
\$_____	____%	\$_____	Keogh Accounts	\$_____	____%	\$_____	Trust Funds
\$_____	____%	\$_____	Revocable Trust	\$_____	____%	\$_____	Lump Sum Contracts
\$_____	____%	\$_____	Real Estate	\$_____	____%	\$_____	Capital Investments
\$_____	____%	\$_____	Receipts	\$_____	____%	\$_____	
\$_____	____%	\$_____	Life Insurance Policies (excluding Term)	\$_____	____%	\$_____	
\$_____	____%	\$_____	Other Retirement/Pension Funds not named above (Identify):	\$_____			
\$_____	____%	\$_____	Personal property held as an investment (Identify)**:	\$_____			
\$_____	____%	\$_____	Other (Identify):	\$_____			

**PLEASE NOTE:** Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to household members. Include only those amounts which are fully available.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, penalties, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

5. ☐ I (we) have not sold or given away assets (including cash, real estate, etc.) for less than fair market value (FMV) in the past two (2) years.
6. ☐ Within the past two (2) years, I (we) have sold or given away assets for more than \$1,000 below their fair market value (FMV). The difference between FMV and the amount received, for each asset on which this occurred is included above and is equal to a total of \$\_\_\_\_\_.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant \_\_\_\_\_

Applicant/Tenant \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_





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# Additional Adult

Please update and/or submit the following  
forms:

- Consent Form
- Employment Verification Form or 6-9  
paystubs (if employed)
- Zero Income Form (if unemployed)
  - Student Verification (updated  
class/school schedule if enrolled)



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### Right to Request an Interpreter

I understand that if the agency hires an interpreter on my behalf that I will not be responsible for any part of the cost. The Jacksonville Housing Authority is willing and able to pay for an interpreter for me.

☐ I am requesting an interpreter for:

(Language)

### Interpreter Refusal

I have been informed of my right to request an interpreter and hereby refuse the request for an interpreter.

☐ I am providing my own interpreter and understand that by providing my own, I am fully responsible for understanding the written and oral rules of the program. I certify that the interpreter I am providing is able to provide full and accurate oral and written translations. I acknowledge full understanding of any documents I may sign.

☐ I have no need for an interpreter. I am proficient in English and understand both oral and written communication in English. I acknowledge full understanding of any document I sign.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Provided Interpreter's Name

\_\_\_\_\_  
Interpreter's Signature

\_\_\_\_\_  
Date

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### Consent Form for Applications and Continued Eligibility for Housing

Applicant/Tenant #: \_\_\_\_\_

All household members 18 years and older and emancipated adults must complete and authorize the national criminal history information, utility verification, credit check, and eviction search for your application and/or continued eligibility. Failure to do so may result in denial of housing assistance.

(Please Print Clearly)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Address: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Please list any other names or Social Security numbers you have used in the past. This includes any maiden or other legal name changes:

\_\_\_\_\_

This authorization and consent for release of personal information acknowledges that Jacksonville Housing Authority (hereafter referred to as JHA) and/or its agents may now or at any time on the program or for determination of eligibility for housing conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: Searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; driver's license; records of utilities; landlord references or evictions; records of previous employment (including work history); complaints and grievances filed by or against the person named above; records from the U.S. Veterans' Administration; criminal history information on file in local, state or federal agencies; motor vehicle records; workers' compensation reports from either the Department of Labor, National Personnel Records of the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to the Jacksonville Housing Authority, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

(Initial each line below)

Page 1 of 3

*Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.*



1300 Broad Street N  
Jacksonville, FL 32202

Phone: 904-552-5952

[JaxHA.org](http://JaxHA.org)   

\_\_\_\_\_ I understand the "Housing Opportunity Program Extension Act of 1996" requires the Housing Authority to screen the criminal history of all adult members of families and households who are residing in or are applying for admission to its developments or programs. The purpose of the "Act" is to avoid admitting a member of a family or household who is or has been involved in criminal activity which would adversely affect the health safety or welfare of other residents. As an applicant for housing, I am required to provide information concerning all criminal convictions.

\_\_\_\_\_ I understand that a criminal history background check will be conducted based upon the personal information I have provided and that which is contained in my housing assistance application.

\_\_\_\_\_ I understand that the Housing Authority will conduct a National Crime Information Center (NCIC) search as described and defined in HUD PIH Notice 2012-28.

\_\_\_\_\_ I understand that the criminal background check will also include a check for any current criminal warrants that may exist.

\_\_\_\_\_ I understand this advisement and agreement is valid for a period of 15 months from the date of my signature. At the end of the 15 months I will be required to complete a new background information form in order to keep my application or current housing assistance.

\_\_\_\_\_ I hereby authorize the release of my national criminal history (NCIC) and request that the criminal background check be done. I have provided the personal statistical information to facilitate the criminal history/background check.

\_\_\_\_\_ I hereby authorize the verification of my utilities.

\_\_\_\_\_ I hereby authorize the release of my credit report and request that the credit check is done. I have provided the personal statistical information to facilitate the credit check.

\_\_\_\_\_ I understand that the Housing Authority will conduct an eviction search based upon the personal information I have provided and that which is contained in my housing assistance application.

#### **Authorizations, Representations and Certifications – Please read carefully**

I certify and affirm that the information stated on this consent form is complete, true, and correct. I understand that any misrepresentation of information, or failure to disclose information requested on the Consent Form, may disqualify me from consideration for admission or participation, and may be grounds for denial, eviction, or termination of assistance. Any attempt to obtain Housing Assistance or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

**Consent:** I hereby consent to inquiries being made for the purpose of verifying the statements contained herein, including a credit and criminal background check as part of the eligibility





1300 Broad Street N  
Jacksonville, FL 32202

Phone: 904-552-5952

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determination process and continued eligibility process. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of Jacksonville Housing Authority. I am entitled to know whether housing was denied based upon the information obtained and to receive, upon written request, a disclosure of the credit and criminal background report. I also understand that I may request a copy of the credit and criminal background report conducted with Online Rental Exchange, Post Office Box 1489 Winterville, NC 28590. I consent to allow HUD or the JHA 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. After reading this document, I fully understand its contents and authorize the verification.

**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 JHA's grievance procedures and Section 8 informal hearing procedures.

**WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of government of the United States, knowingly and willfully – (1) falsifies, conceals, or covers up by any trick, scheme or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years, or if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned for not more than 8 years, or both.

---

**Signatures:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Page 3 of 3

*Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.*

# Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

## PHA or IHA requesting release of information (full address, name of contact person, and date):

Jacksonville Housing Authority  
1300 Broad Street  
Jacksonville, FL 32202

**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

## Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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



**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

If you are interested in the Family Self-Sufficiency Program please complete the information below and return this portion to:

1093 West 6th Street  
Jacksonville, FL 32209  
Ph: 904-630-4699 • Fx 904-630-4689

Are you currently a  
Section 8  
or  
Public Housing Participant?

Yes ☐ No ☐

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Cut Here

## Who is Eligible to participate in the Family Self-Sufficiency Program?

All families that are participating in the Section 8 Housing Choice Voucher (HCV) Rental Assistance Program or reside in one of the Jacksonville Housing Authority's Public Housing Communities.

## How do families apply for participation in the FSS Program?

The head of household has to complete a FSS Pre-Application form and attend an orientation.



1093 West 6th Street  
Jacksonville, FL 32209  
Ph: 904-630-4699 • Fx 904-630-4689  
[www.jaxha.org](http://www.jaxha.org)

## The Jacksonville Housing Authority's Family Self-Sufficiency Program



JHA is Helping You  
Climb the Ladder  
of...





## What is the Family Self-Sufficiency Program?

The Family Self-Sufficiency (FSS) Program is an initiative of the Department of Housing and Urban Development (HUD). The purpose of the program is to assist Section 8 and Public Housing families to complete goals in:

- Education
- Job-Training
- Employment
- Entrepreneurial
- Homeownership

*Emphasis on employment, credit readiness and free of cash assistance.*

## What is the Family Self-Sufficiency Program?

The FSS participants will receive case management services from a Service Coordinator assisting the FSS Participants to develop their Individual Training and Service Plan (ITSP). This plan helps the participants to review their strengths as well as decide their goals.



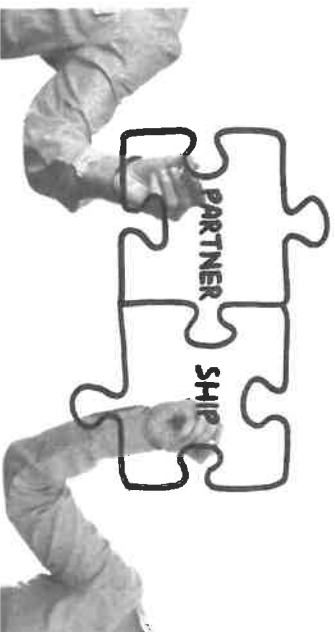
Family Self Sufficiency  
and you !

*The FSS Program hosts educational workshops called the "Family Self-Sufficiency University (FSSU)." These workshops are preparations to enhance the FSS participant's quality of life and to help them gain valuable knowledge about various community resources which could help them achieve their goals.*

### *These FSSU Workshops Include:*

- Parenting / Life Skills
- Job Fair
- Entrepreneurship
- Homeownership
- Back to School Events
- Financial Literacy

*The FSS Program in partnership with various community organizations representatives serve on the Program Coordinating Committee (PCC) in order to assure services are delivered.*



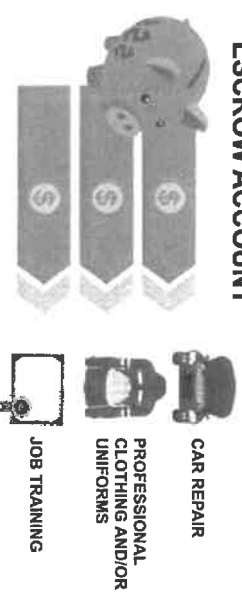
## Does the FSS Program offer financial support?

The FSS Program is a recipient of the Community Development Block Grant (CDBG) from the City of Jacksonville (<http://www.coj.net/>). The grant funds assist with payment toward education, job-training and supportive services. In addition, the FSS participants are eligible for a FSS escrow account.

## What is an FSS ESCROW Savings Account?

After enrolled in the Family Self-Sufficiency Program and the families are working toward completion of their goals and the rent increases due to *earned (working) income*, a monthly deposit is credited to the escrow account as a result. Withdrawal of the escrow funds for completion of interim goals stated on the ITSP. A final disbursement is awarded to the FSS participant after all goals are completed.

### ESCROW ACCOUNT



CAR REPAIR

PROFESSIONAL CLOTHING AND/OR UNIFORMS

JOB TRAINING





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



## ***What You Should Know About EIV***

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

#### **What is EIV?**

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

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

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

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

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

#### **What is the EIV information used for?**

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

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

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

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

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

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

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

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

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

#### **What are my responsibilities?**

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

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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](http://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: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/ph/eiv](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv)

**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

## DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** 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 Jacksonville Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States: or
- ☐ I have eligible immigration status and I am 62 years of age or older. (Attach evidence of proof of age) or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigrant status under §101(a) (15) or 101 (a) (20) of the Immigration and Nationality Act (INA) 3/; or
  - ☐ Permanent residence under 249 of INA 4/; or
  - ☐ Refugee, asylum, or conditional entry status under §207, 208 or 203 of the INA 5/; or
  - ☐ Parole status under §212 (d) (5) of the INA 6/; or
  - ☐ Threat to life or freedom under 243 (h) or the INA 7/; or
  - ☐ Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

(See reverse side for footnotes and instructions)

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.

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## DECLARATION OF SECTION 214 STATUS

**Warning:** 18 U.S.C. 1001 provides, among other things, that who ever 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:*

1. Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. 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.
3. 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 IHA 249].
4. 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 201 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].
5. 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].
6. 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].
7. 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].

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "X" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the children.

**Instructions to Housing Authority:** Following Verification of status claimed by persons declaring eligible immigration status (other than for noncitizen age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.**

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