

APPLICANT INFORMATION NEED LIST
ALL APPLICANTS MUST PROVIDE THE FOLLOWING

In order for the Housing Authority to determine your need for housing and the appropriate size unit for your family, the following items must be completed or submitted when your formal application is accepted. No application is complete without the following information and will not be considered for housing until all information is complete.

1. **CERTIFIED BIRTH CERTIFICATE** for all members of the household including the head and spouse. Footprint copies of the birth certificates issued from the hospital are not accepted. Only birth certificates issued from the Bureau of Vital Statistics will be accepted.
2. **Proof of income and verification of family assets** for all family members. Six check stubs with recent, consecutive dates or an employee form, which the authority has on file, will be accepted.
3. **SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS.**
4. **Divorce decree(s), marriage certificates or other documentation, which applies To individual circumstances.**
5. **A copy of your last Federal Income Tax Return, if applicable. (Self employed)**
6. **A completed Personal Declaration, which is provided by the authority in this packet.**
7. **Name, address and phone numbers of at least two credit references. If no consumer credit has ever been established, name of and location of utility companies which connected services under applicant's name. The Housing Authority will run a credit application with Equifax Credit Information services on each applicant and anyone on application over eighteen (18) years of age.**
8. **Names, addresses and phone numbers of current and former landlords. Make sure if you have EVER LIVED in subsidized housing, this authority or any other housing authority you let us know. The Authority will mail or fax a landlord reference form to them.**
9. **Police Record Clearance Form, from the State you have lived in for the last six (6) months; is required on everyone eighteen (18) years of age or older. The form is provided by the authority and the applicant is required to take them to the designated place and have them run. (Note if you have lived in one State less than six consecutive months you will have to get a record from the State in which you lived in prior.)**
10. **Copy of car title, tag receipt and current insurance card for any car you own or intend to keep on housing authority premises.**

WARNING! Title 18, Section 1001 and 1010 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false statements to any Department of Agency of the United States or the Department of housing and Urban Development.

A COPY OF THE AUTHORITY=S COMMUNITY SERVICE AND SELF SUFFICIENCY POLICY ALONG WITH TWO FORMS ARE ATTACHED TO THIS NEED;S LIST. READ OVER THE POLICY CAREFULLY TO SEE IF YOU WOULD BE EXEMPT OR NON-EXEMPT FROM THIS REQUIREMENT. THESE FORMS MUST BE FILLED OUT AND RETURNED WITH THIS APPLICATION ALONG WITH THE REQUIRED DOCUMENTATION.

WARNING! The Official Code of the State of Georgia, Section 16-9-55, as amended, states that a person is guilty of a misdemeanor for fraudulently obtaining or attempting to obtain Public Housing or a Reduction in Public Housing Rent.

I, _____, the applicant have read the foregoing notice and understand that I must provide the authority with this documentation for my application.

Signature of Applicant

Date

Printed name of applicant

**SOUTH EAST GEORGIA CONSOLIDATED HOUSING AUTHORITIES
FOLKSTON, KINGSLAND, ST. MARYS AND WOODBINE**

PERSONAL DECLARATION

Date _____

APPLICANT=S

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER _____

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below, certifying the information pertaining to them. Please print.

1. HOUSE HOLD COMPOSITION: List all persons who will be living in your home, list head of household first then all other adults.

<u>Adults Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Social Security #</u>	<u>Marital Status</u>

<u>Children names</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Social Security#</u>

If separated or divorced, list name and address of spouse/ex-spouse:

Name: _____

Address: _____

PRESENT LANDLORD:

Name: _____

Address: _____

Phone number _____

FORMER LANDLORD(S)

Name: _____ Name _____
 Address _____ Address _____
 Phone: _____ Your Apt. # _____ Phone _____ Your apt. # _____

NAME, ADDRESS & PHONE NUMBER OF EMPLOYER:

 _____ FAX# _____

PERSON TO NOTIFY IN CASE OF EMERGENCY (INCLUDE ADDRESS, PHONE NUMBER AND RELATIONSHIP TO YOU)

NAME _____
 ADDRESS _____
 PHONE _____

11. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, workers= compensation, retirement benefits, AFDC (Tanf), veterans benefits, rental property income, stock dividends, interest on bank accounts, alimony and all other sources. LIST AMOUNTS RECEIVED BELOW:

FAMILY MEMBER	EMPLOYER	WAGES	TANF	SOC. SEC/SSI	OTHER-SOURCE
_____	1	1	1	1	1
_____	1	1	1	1	1
_____	1	1	1	1	1
_____	1	1	1	1	1

111. **ASSETS:** Do you or any household member own or have interest in any real estate, boat and/or mobile home? _____ If, yes, list below. Have you sold any real estate in the last 2 years? _____ If yes, explain below. Do you own any stocks or bonds? _____
 Do you have any savings accounts? _____ If yes, give bank name and account number _____
 Do you own a car? _____ If yes, give make, model and year _____
 H.A. will need copy of title, tag receipt and current insurance.

1. Does anyone outside your home give you money: _____

2. Have you or any adult member of your household ever used any name(s) or Social Security number other than the one(s) you are using now? _____ if yes, please explain _____

3. Have you or any household member ever lived in Public Housing or any other federally assisted housing program _____ If yes please state when and where _____

4. Have you or anyone in your household ever been convicted of any crime other than a traffic violations? _____ if yes, please explain. _____

5. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information to such a housing program? _____ If yes, please explain. _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in household members must be reported to the Housing Authority immediately, in writing.

Signature of head of household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

**SOUTH EAST GEORGIA CONSOLIDATED HOUSING AUTHORITY
FOLKSTON, KINGSLAND, ST. MARYS AND WOODBINE**

P. O. BOX 526

ST. MARYS, GEORGIA 31558

Telephone 912-882-5705

Fax 912-882-7511

**NOTICE TO APPLICANTS CONCERNING PREFERENCES
& APPLICANT=S CERTIFICATION**

This Housing Authority does not select its applicants for housing on a first come, first served basis. This Housing authority has several policies and regulations concerning preferences, We do not have any Federal Preferences, however we do have preferences for working families and families living in Camden and Charlton Counties fro the last six (6) months.

CERTIFICATION

I, the undersigned applicant, do hereby certify that I believe my family is eligible for the following preference:

**_____ I am a working head of household and have been working for the last
_____ months.**

**_____ I am a resident of _____ County and have had a legal address in
that county for the last _____ consecutive months.**

I am willing to accept an apartment in (Please check as many as applicable)

_____ Folkston

_____ Kingsland

_____ St. Marys

_____ Woodbine

Applicant Signature

Date

NOTICE TO ALL APPLICANTS FOR HOUSING

If an applicant is found eligible for Public Housing and a unit is available for occupancy, the prospective Tenant must meet the following requirements before a lease may be executed or a family and/or person allowed to occupy the available unit:

1. Payment of \$150.00 Security Deposit to the Housing Authority. Pet Deposits are an additional \$250.00 and must be paid before a pet is allowed in the apartment.
2. Payment of one month=s rent, pro-rated from date the lease is signed.
3. Connection of all utilities (water, electricity and natural gas) in the name of the Head of household. Applicants must bring in receipts showing payments of Deposits to utility companies.

The utility companies may also assess deposits and connections fees for which the applicant is solely responsible. For information about utility connections and costs, applicant should contact the utility providers directly.

Lights - Georgia Power Company	1-888-660-5890
Water - City of Folkston	496-2563
City of Kingsland	729-5613
City of Woodbine	576-3211
City of St. Marys	510-4026

Natural Gas - See attached list of providers

**NATURAL GAS MARKETERS IN GEORGIA
Toll Free Numbers**

CAN Energy	1-877-226-5389
Energy America	1-888-305-3828
GasKey	1-877-427-1539
Georgia Natural Gas	1-888-878-3258
Infinite Energy Inc.	1-888-342-5434
New Power Company	1-888-424-1288
SCANA Energy Marketing	1-877-467-2262
Shell Energy Services	1-877-677-4355

EXPENSES REPORT

How does your household pay the following bills?

<u>EXPENSES</u>	<u>AMOUNT DUE</u>	<u>HOW OFTEN PAID</u>	<u>LAST PAID</u>	<u>PAID BY WHOM</u>
Rent/Mortgage	\$ _____	_____	_____	_____
Utilities				
<i>a. Electricity</i>	_____	_____	_____	_____
<i>b. Gas</i>	_____	_____	_____	_____
<i>c. Water</i>	_____	_____	_____	_____
<i>d. Sewage</i>	_____	_____	_____	_____
<i>e. Garbage</i>	_____	_____	_____	_____
<i>f. Fuel, oil/wood</i>	_____	_____	_____	_____
<i>Kerosene/other</i>	_____	_____	_____	_____
Telephone				
<i>a. Cell phone</i>	_____	_____	_____	_____
<i>b. Regular phone</i>	_____	_____	_____	_____
Cable TV	_____	_____	_____	_____
Furniture Rent/Buy (Including TV/Stereo)	_____	_____	_____	_____
Appliances	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Charge Accounts	_____	_____	_____	_____
Credit Cards	_____	_____	_____	_____
Automobiles/Transportation	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Total	\$ _____			

Comments/Documentation:

Signature

Date

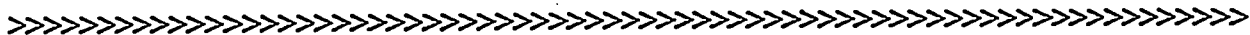
SOUTHEAST GEORGIA CONDOLISTED HOUSING AUTHORITY
CERTIFICATION OF GIFTS AND CONTRIBUTIONS

I hereby certify that I receive regular gifts/contributions in the amount of \$ _____ per _____

from _____ who is my _____

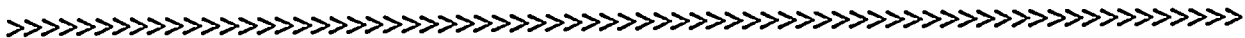
Name of person

I further state that these contributions began _____ and that I have received a total of \$ _____ during the past twelve (12) months.



PLEASE INDICATE THE FORM OF ASSISTANCE RECEIVED:

- | | | |
|------------------------|----------------------|-------------------------|
| _____ Telephone bill | _____ Cable Service | _____ Furniture Rental |
| _____ Cell Phone bill | _____ Car Payment | _____ Diapers/Baby Food |
| _____ Medical Expenses | _____ Child Care | _____ Clothing |
| _____ Groceries | _____ Personal Items | _____ Utility bills |
| _____ Other _____ | | |



Signed-Head of Household Date

Signed-Spouse/Co-Head Date

Notary Date

My Notary Commission Expires _____

INCOME QUESTIONNAIRE

Name and address of head of household _____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check Yes for a particular type of income if any household member gets it. We'll get the details from you later. Check No only if no member of your household gets the particular type of income. I certify that all the information is true.

Warning: Section 1001 of the Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

1. Employment Income

(This doesn't include employment income of children younger than 18 or live-in aids)

Wages _____ Yes _____ No
Salaries _____ Yes _____ No
Overtime pay _____ Yes _____ No
Commissions _____ Yes _____ No
Fees _____ Yes _____ No
Tips _____ Yes _____ No
Bonuses _____ Yes _____ No

Any other amount adult household members earn from working for other people or from their own business _____ Yes _____ No

2. Benefit Payments

(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security Or Supplemental Security Income.)

Social Security _____ Yes _____ No
SSI _____ Yes _____ No
Workers' Compensation _____ Yes _____ No
disability pay or benefits _____ Yes _____ No
Unemployment benefits _____ Yes _____ No
Severance pay _____ Yes _____ No
Annuities _____ Yes _____ No
Insurance policy payments _____ Yes _____ No
Pensions _____ Yes _____ No
Retirement fund benefits _____ Yes _____ No
Death benefits _____ Yes _____ No

Any other benefit payments: (e.g. veteran's disability, black lung sick benefits, dependent indemnity compensation) _____ Yes _____ No

3. Welfare assistance _____ Yes _____ No

4. Alimony and/or child support

(This includes adoption assistant payments)

_____ Yes _____ No

5. Interest, dividends, and other income from From household assets.

Interest from bank accounts or bonds ___Y___N
Dividends from stocks, mutual funds ___y___N
Income distributed from trust funds ___Y___N
Money from renting household assets ___Y___N
Any other interest, dividends, or rent ___Y___N

6. Lottery winnings paid in periodic payments

_____ Yes _____ No

7. Money or gifts regularly given by persons not Not living in the unit.

(This includes rent or utility payments Regularly paid by someone on behalf of the Household, but doesn't include recurring Amounts paid directly to a child care Provider, gifts of groceries, utility rebates Paid to senior citizens, payments received For the care of foster children, or gifts Received on a nonrecurring basis)

_____ Yes _____ No

8. Any other sources of income? ___Yes___ No

If yes, please specify: _____

YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need...

An accommodation or adjustment in the program's rules, policies, practices, or services, or

A modification of your Public Housing unit or its associated premises, then...

You have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

We will try to approve your request if you can show that...

You have a disability that requires a reasonable accommodation or modification, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable accommodation Request Form available at Folkston, Kingsland, St. Marys=s, or Woodbine Offices of the South East Georgia Consolidated Housing Authority or by call in 496-7259; 729-5452; 882-5705 or 576-3147 during regular business hours. The TTY number for hearing impaired persons is 1-800-225-0056 in Camden County or 1-800-855-1155 in Charlton County. If you need help filing out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response with in 30 calendar days after we have received your request. If we turn down your request, we will explain the reasons. You will have a right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Signature (Head of Household)

Date

The S. E. GA Consolidated Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.

SE GEORGIA CONSOLIDATED HOUSING AUTHORITY
REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household _____

Address _____

Day phone _____ Home phone (if different) _____

1. The following member of my household has a disability:

Name _____ Relationship _____

2. Please provide the following accommodation(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises.

Check the applicable request:

_____ An accommodation or adjustment in the following program, rule, policy, practice or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in how I meet the terms of the program=s rules and regulations. (Please be specific and explain what is needed. Attach a separate sheet if necessary for additional information.)

_____ A modification in my unit or to another part of the associated housing complex. (Please tell what specifically is needed. Attach a separate sheet if necessary for additional information.) (Note: Applicable only to programs where the SE Georgia Consolidated Housing Authority owns the property.)

- 3. I need this reasonable accommodation because:
- 4. My request can be verified by:

Physician/Diagnostician

Name _____

Title: _____

Organization _____

Address _____

Phone () _____

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I _____, give the SE Georgia Consolidated Housing Authority permission to contact the individual(s) identified in No.4 of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above (NOTE: This must be signed by the person designated in No. 1 of this form or by an individual with authority to sign on that person=s behalf).

Signed (Head of Household)

Date

SOUTH EAST GEORGIA CONSOLIDATED HOUSING AUTHORITY
Folkston, Kingsland, St. Marys, and Woodbine
P. O. Box 397
Folkston, Georgia 31537

DATE _____

Dear _____:

Enclosed is a Request for Reasonable Accommodations form signed by _____ asking you to verify (his/her), or (his/her) household member=s need for a reasonable accommodation or modification in (his/her) housing.

In accordance with laws concerning persons with disabilities, a housing provider, upon request, may have to make reasonable accommodations to its program=s rules, policies, practices or services or reasonable modification to a housing unit or its associated premises. These reasonable accommodations or modifications may be required if they are necessary to enable a person with a disability to comply with the program=s requirements and have a equal opportunity within the program to use and enjoy the unit and its associated premises. Please note that such accommodations must be necessary, not just desirable.

_____ has requested the accommodation described o the enclosed Request for a Reasonable Accommodations form. Please indicate by completing the verification portion of this form whether you believe that requested accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person.

This form should not be used to discuss the person=s diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return the form within ten calendar days of its receipt in the enclosed self-addressed, stamped envelope. If you have any questions, or cannot complete the form within ten days, please call the appropriate Housing Authority office at: Folkston - 912-496-7259; Kingsland - 912-729-5452; St. Marys- 912-882-5705 and Woodbine - 912-576-3147.

Thank you for your cooperation.

Sincerely,

Bobby Davis
Executive Director

Enclosure: Request for a Reasonable Accommodation Verification Form

REQUEST FOR A REASONABLE ACCOMMODATION VERIFICATION FORM

In accordance with the signed consent provided on the attached form, please verify the information concerning a request for a reasonable accommodation for _____ by completing the following:

(Check all applicable lines)

- A. _____ The subject individual has a disability or handicap (The U. S. Department of Housing and Urban Development's definition of handicap requires that the individual has an impairment that is expected to be of long continued and indefinite duration, is a substantial impediment to his or her ability to live independently and is of a nature that the ability to live independently could be improved by a stable residential situation. This term includes: developmentally disabled persons as defined in Section 102 of the Department Disabilities Services and Facilities Construction Amendment of 1970 (42) USC 269, {1})

An individual who is developmentally disabled, i.e., an individual who has a severe chronic disability, is one for whom all of the below apply:

1. Is attributable to a mental and/or physical impairment;
2. Was manifested before the age of 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency,
AND
5. Requires special, interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

_____ The subject individual does NOT have a disability or handicap.

- B. _____ The disability or handicap necessitates the requested accommodation or modification identifier on the enclosed Reasonable Accommodation Request Form in order for the subject individual to comply with the requirements of the program and have equal access to and enjoyment of his/her unit and its associated premises.

- C. Do you believe the requested accommodation will achieve its stated purpose?
___ Yes ___ NO (If No@ please briefly explain)

D. Please indicate the critical time frame required to complete the requested accommodation so that the subject can have an equal opportunity to use and enjoy his/her unit and its associated premises and honor the terms of his/her lease.

- Immediate
- Within 5 months
- From 6 months to 1 year

E. How long have you been familiar with the subject individual's disability?

F. Date of last contact with the subject individual concerning his/her disability:

G. Please provide any comments to assist in the evaluation of the requested reasonable accommodations:

I certify that the above information is true and complete.

Physician/diagnostician name/title

License #

Signature

Date

Name of Organization

Street address

City, State, Zip

Phone

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false

COMMUNITY SERVICE AND SELF SUFFICIENCY POLICY

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing residents (18 or older) contribute eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

B. Definitions

Community Service: Volunteer Work which includes, but is not limited to:

- * Work at a local institution including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- * Work at the Authority to help improve physical conditions;
- * Work at the Authority to help with children=s programs;
- * Work at the Authority to help with senior programs;
- * Helping neighborhood groups with special projects;
- * Working through resident organization to help other residents with problems, serving as an officer in a Resident Organization, serving on the Resident Advisory Board; and
- * Caring for Children of other residents so they may volunteer.

Note: Political Activity is Excluded:

Self Sufficiency Activities - activities that include, but are not limited to:

- * Job readiness programs;
- * Job training programs
- * GED classes
- * Substance abuse or mental health counseling;
- * English proficiency or literacy (reading) classes;
- * Apprenticeships;
- * Budgeting and credit counseling;
- * Any kind of class that helps a person toward economic independence; and
- * Full time student status at any school, college or vocational school.

Exempt Adult - an adult member of the family who

- * Is 62 years of age or older;

- * Has a disability that prevents him/her from being gainfully employed;
- * Is the caretaker of a disabled person;
- * Is working at least 20 hours a week; or
- * Is participating in welfare to work program.

Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self sufficiency program activity, or a combination of the two.
2. At least (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations:
 - * At lease execution or re-examination after February 1, 2000, all adult members (18 or older) of a public housing resident family must:
 1. Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
 2. Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with Community Service requirement will result in non-renewal of their lease.
 - * At each annual re-examination, non-exempt family member must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signature of supervisors, instructors, or counselors certifying to the number of hours contributed.
 - * If a family member is found to non-compliant at re-examination, he/she and the Head of household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.
5. Change in exempt status:
 - * If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report to the Authority and provide documentation of such.
 - * If during the (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

Authority Obligations

1. To the greatest extent possible and practicable, the Authority will
 - * provide names of the agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service Obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who is

otherwise able to be gainfully employed is not necessarily exempt from the community Service requirement); and

* Provide in-house opportunities for volunteer work or self sufficiency programs.

2. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
3. The Authority will make the determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority=s Grievance Procedure if they disagree with the Authority=s determination.
4. Non-compliance of family member:
 - * At least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt of non-exempt status and compliance of family members;
 - * If the Authority finds a family member to be non-compliant, the Authority will enter into an agreement with the non-compliant member and the Head of Household to make up the deficient hours over the next twelve (12) months period;
 - * If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the non-compliant member agrees to move out of the unit;
 - * The Family may use the Authority=s Grievance Procedure to protest the lease termination.

COMMUNITY SERVICE EXEMPTION CERTIFICATON

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

- I am 62 or older
- I have a disability which prevents me from working
(Certification of disability Form will serve as documentation)
- I am working
(Employment Verification will serve as documentation)
- I am participating in Welfare to Work Program
(Must provide verification letter from agency)
- I am receiving TANF and am participating in a required economic self sufficiency program or work activity.
(Must provide verification from the funding agency that you are complying with job training or work requirements)
- I am a full time student
(Must provide verification letter from school attended)

Resident

Date

COMMUNITY SERVICE NON-EXEMPTION CERTIFICATION

I certify that I am not eligible for an exemption from the Community Service requirement. I am not 60 or older, do not have a disability which prevents me from working, I am not working at least 20 hours per week and do not participate in a Welfare to Work Program nor am I receiving TANF and participating in a required economic self sufficiency program or work activity, and I am also not a full time student.

Resident/Applicant

Date

COMMUNITY SERVICE COMPLIANCE CERTIFICATION

I have received a copy of, have read and understand the contents of the Southeast Georgia Consolidated Housing Authority's Community Service/Self Sufficiency Policy.

I understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that If I do not comply; the lease will not be renewed.

Resident

Address

Date

statements or misrepresentations to any department or agency of the United States as to any matter
DECLARATION OF SECTION 214 STATUS

Notice to Applicants and Tenants: In order to be eligible to receive housing assistance, each applicant for or recipient of housing assistance must be within the United States lawfully. Please read the Declaration statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because:

- 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 giving proof of age); or
- I have eligible immigration status as checked below: (see next page for definitions and attach INS documents evidencing eligible immigration status and a signed Verification Consent form)
 - Immigration status under SS101 (a)(15) of the Immigration and Nationality Act (INA); or
 - Permanent residence under S249 of INA; or
 - Refuges, asylum or conditional entry status under SS207, 208 or 203 of the INA; or
 - Threat to life or freedom under S243 (h) of the INA; or
 - Amnesty under S245A of the INA

Signature of Family Member

Date

Check this box if the above signature is of an adult who is or will reside in the unit who is responsible for the child named above on this statement.

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statements 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.

2. Eligible immigration status and 62 years of age or older - For non-citizens 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 select this category, you must include a document providing proof of age.

3. Immigrant status under SS101(a)(20) of INA - A non-citizen lawfully admitted for permanent residence, as defined by S101(A)(20) of the Immigration and Nationality Act (INA), as an immigrant by S101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively. This category includes a non-citizen admitted under SS210 or 210A of the INS U.S.C. 1160 or 1161. {special agricultural worker status}, who has been granted lawful temporary resident status.

4. Permanent residence under S249 of INA - A non-citizen 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 S249 of the INA (8 U.S.C. 1259) {amnesty granted under INA 249}

5. Refugees, asylum or conditional entry status under SS207, 208 or 203 of INA a non-citizen who is lawfully present in the U.S. pursuant to an admission under S207 of the INA (8 U.S.C. 1157) {refugee status}; pursuant to the granting of asylum (which has not been terminated) under S208 of the INA (8 U.S.C. 1158) {asylum status}; or as a result of being granted conditional entry under S203(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)

6. Parole status under S212(d)(5) of INA - A non-citizen 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 S212(d)(5) of the INA (8 U.S.C. 1182(d)9500 {PAROLE STATUS}.

7. Threat to life or freedom under S243(h) of INA - a non-citizen who is lawfully present in the U.S., as a result of the Attorney General's withholding deportation under S243 (h) of the INA (8 U.S.C. 1253 (h)) {threat to life or freedom}.

8. Amnesty under S245A of INA - A non-citizen lawfully admitted for temporary or permanent residence under S245A of the INA (8 U.S.C. 1255a) {amnesty granted under INA 245A}.

VERIFICATION CONSENT

I consent to allow the South East Georgia Consolidated Housing Authority to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD=s assisted housing programs. I understand that the Housing Authority cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In additions, I understand I must be given an opportunity to contest the determination with the INS or the Housing Authority, or both.

Signatures

Adult:

Head of Household	Alien Number	Date
-------------------	--------------	------

Spouse	Alien Number	Date
--------	--------------	------

Family Member 18 or Older	Alien Number	Date
---------------------------	--------------	------

Family Member 18 or Older	Alien Number	Date
---------------------------	--------------	------

Children:

Family Member under 18	Alien Number	Responsible Adult Signature	Date
------------------------	--------------	-----------------------------	------

Family Member under 18	Alien Number	Responsible Adult Signature	Date
------------------------	--------------	-----------------------------	------

Family Member under 18	Alien Number	Responsible Adult Signature	Date
------------------------	--------------	-----------------------------	------

Family Member under 18	Alien Number	Responsible Adult Signature	Date
------------------------	--------------	-----------------------------	------

Family Member under 18	Alien Number	Responsible Adult Signature	Date
------------------------	--------------	-----------------------------	------

Family Member under 18	Alien Number	Responsible Adult Signature	Date
------------------------	--------------	-----------------------------	------

If citizenship claimed by adult, leave blank.

NON-CONTENDING FAMILY MEMBERS

I, _____, certify, under penalty of perjury that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

First Name, Middle Initial(s), Last Name

First Name, Middle Initial(s), Last Name

First Name, Middle Initial(s), Last Name

First Name, Middle Initial(s), Last Name

Signature of Head of Household or Spouse

Date

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

NOTICE TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING SECTION 214 HOUSING ASSISTANCE

The Law. Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible non-citizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final Anon-citizens Rule^e entitled, Restrictions on Assistance to Non-citizens, which was published in the *Federal Register*, on Monday, March 20, 1995 (60 FR 14816-4861).

When the Law Became Effective. The Non-citizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing authority (HA) was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

What the Law Means to You. The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

Type of Programs This Law Applies To. The Non-citizens Rule applies to the following HUD-assisted housing programs:

- 1) Section 8 Rental Certificate Program
- 2) Section 8 Rental Voucher Program
- 3) Section 8 Moderate Rehabilitation Program
- 4) Public and Indian Housing Programs

What Persons Are Covered By This Law Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Non-citizens who have eligible immigration status.

What Evidence Will Be Required? Each family member, regardless of age, is required to submit the following evidence:

For Citizens or nationals: A signed declaration of U.S. citizenship (whether by birth or naturalization).

For Non-citizens who are 62 years of age or older and receiving housing assistance on June 19, 1995: A signed declaration of eligible immigration status and proof of age.

For All Other Non-citizens. The evidence consists of: 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below on this page; and 3) A signed verification consent form.

For All Other Non-citizens, What Immigration Status is Eligible? Under the Non-citizens Rule, a non-citizen would be eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

Immigrant Status Under SS101 (a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by S101(a)(20) of the INA, as an immigrant, as defined by S101(a)(15) of the INA (8U.S.C. 1101(a)(20) and 1101 (a)(15), respectively *{immigrant status}*). This category includes a non-citizen admitted under SS210 or 210A of the INA (8 U.S.C. 1160 or 1161). *{special agricultural worker status}*. Who has been granted lawful temporary resident status.

Permanent Residence Under S249 of INA A non-citizen who entered the U. S. before January 1, Box 1972, or such later date s enacted by law, and has continuously maintained residence in the U.S. since than, 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 unde4r S249 of the INA (8 U.S.C. 1259) *{amnesty granted under INA 249}*.

Refugee, Asylum, or conditional Entry Status Under SS207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under S207 of the INA (8U.S.C. 1157) *[refugee status]* pursuant to the granting of asylum (which has not been terminated) under S208 of the *INA (8 U.S. C. 1158) {asylum status}*; or as a result of being granted conditional entry under S203 (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 *{condition entry status}*.

Parole Status under S212(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 S212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) *{parole status}*.

Threat To Life or Freedom Under S243(b) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General=s withholding deportation under S243(h) of the INA (8 U.S.C. 1253(h)) *[threat to life or freedom]*.

Amnesty Under S245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under S245A of the INA (8 U.S.C. 1255a) *[amnesty granted under INA 245A]*.

What INS Documents Are Acceptable? The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

F-2

- 1) Form I-151, Alien Registration Receipt Card (issued to lawful permanent resident prior to 1979). Form I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens):
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - a) AAdmitted as Refugee Pursuant to Section 207";
 - b) ASection 208" or AAsylum@;
 - c) ASection 243(h)@ or ADeportation stayed by Attorney General@;
 - d) AParoled Pursuant to Section 212(D)(5) of the INA@;
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 5) Form I-688, Temporary Resident Card, which must be annotated ASection 245A@ or ASection 210";
- 6) Form I-688B, Employment Authorization Card, which must be annotated AProvision of Law 274a.12(11)@ or AProvision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

F3

Note: Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The HA may not retain the original document(s). HA must immediately make copies from the original document(s) and return the original documents to the family member.

When Must Evidence of Eligible Immigration Status Be Submitted? Evidence of eligible immigration status must be submitted at the times specified below, subject to any extension granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

Applicants For applicants, the HA must ensure that evidence of eligible immigration status is submitted not later than the date of HA anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

Families already receiving assistance on June 19, 1995. For a family already receiving the benefits of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

New occupants of assisted units. For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person=s occupancy.

Changing participation in a HUD program. Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Non-citizens Rule unless the family already has submitted the evidence to the HA for a covered program.

One-time evidence requirement for continuous occupancy. For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously assisted occupancy under any covered program.

What Happens If One Or More Family Members Does Not Qualify?

Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. AFamily@ as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of ineligible immigrations status of a family member if:

- 1) The primary and secondary verification of any immigration documents that were timely submitted has not be completed;
- 2) The family member for whom required evidence has not been submitted has move from the tenant=s dwelling unit:

F-4

- 3) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant=s dwelling unit:
- 4) The INS appeals process has not been concluded:
- 5) For a tenant, the HA informal hearing process has not been concluded:
- 6) Assistance is prorated:
- 7) Assistance for a mixed family is continued; or
- 8) Deferral of termination of assistance is granted.
- 9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the HA informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant=s assistance shall be terminated, in accordance with the procedures for any of the following events:

- 1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted; or
- 2) Evidence of citizenship and eligible immigration status is submitted timely, but INS primary and secondary verification does not verify eligible immigration status of a family member; and
 - a) The family does not pursue INS appeal or HA informal hearing rights: or
 - b) INS appeal and HA informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member.

What Rights of Appeal Are Available? Three distinct forms of appeal process are available to both applicants and tenants:

- 1) **Appeal to INS.** The following instructions apply to the right of appeal to the INS:
 - a) **Submission of request for appeal.** When the AH receives notification that INS secondary verification failed to confirm eligible immigration status, the HA shall notify the family of the results of the INS verifications. The family shall have 30 days from the date of the HA=s notification to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the

F-5

HA with a copy of the written request for appeal and proof of the mailing. For good cause shown, the HA shall grant the family an extension of the time within which to request an appeal.

b) Documentation to be submitted as part of the appeal to INS. The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from INS annotated at the top center in bold print: **HUD APPEAL**. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the HA.

c) Results of INS Appeal.

(I) The INS will issue the results of the appeal to the family, with a copy to the HA, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30-day time period, the INS will inform the family and the HA of the reasons for the delay.

Note: The INS response will be indicated in Section B of Form G-845S, Document Verification Request, which is returned to the family and HA. The INS response will be indicated in Section B by a mark in one of the following boxes: 1,2,5,6,8,11,12,15, or 18.

(II) When the HA receives a copy of the INS response, the HA shall notify the family of its right to request an informal hearing on the HA's ineligibility determination.

d) No delay, denial or termination of assistance until completion of INS appeal process; direct appeal to INS. Pending the completion of the INS appeal, assistance may not be delayed, denied or terminated on the basis of immigration status.

2. Informal hearing with HA.

a) When request for hearing is to be made. After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family may request that the HA provide an informal hearing. This request must be made either within 14 days of the date the HA mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).

b) Extension of time to request hearing. The HA shall extend the period of time for requesting a hearing (for a specified period) upon good cause shown.

c) **Informal hearing procedures.**

- (i) For tenants, the procedures for the hearing before the HA are set forth in 24 CFR Part 966.
- (ii) For applicants, the procedures for the informal hearing before the HA are as follows:
- (A) **Hearing before an impartial individual.** The applicant shall be provided a hearing before any person(s) designated by the HA (including an officer or employee of the HA). Other than a person who made or approved the decision under review, and other than a person who is a subordinate of the person who made or approved the decision;
- (B) **Examination of evidence.** The applicant shall be provided the opportunity to examine a copy, at the applicant's expense and at a reasonable time in advance of the hearing, any documents in the possession of the HA pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;
- (C) **Presentation of evidence and arguments in support of eligible immigration status.** The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings;
- (D) **Controverting evidence of the project owner.** The applicant shall be provided the opportunity to controvert evidence relied upon by the HA and to confront and cross-examine all witnesses on whose testimony or information the HA relies;
- (E) **Representation.** The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such person make statements on the applicant's behalf;
- (F) **Interpretive services.** The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or HA, as may be agreed upon by both parties;
- (G) **Hearing to be recorded.** The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the HA); and

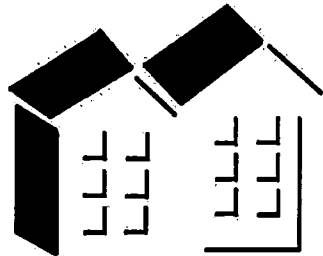
(H) Hearing decision. The HA shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the HA informal hearing. The decision shall state the basis for the decision.

- 3) **Judicial relief.** A decision against a family member under the INS appeal process or the HA=s informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/ripihivm.htm>.

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Signature</td> <td style="width: 50%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Southeast Georgia Consolidated Housing Authority
P.O. Box 526
St. Mary's, GA 31553

Office Locations: Folkston, Kingsland, St. Mary's, Woodbine

Main Auto-Attendant # 912-434-2734
Fax # 912-882-7511

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

42

NON-SMOKING POLICY

SOUTH EAST GEORGIA CONSOLIDATED HOUSING AUTHORITY

501 w. Church Street

P. O. Box 7394

St. Marys, GA 31558

Effective 07-30-2018

Smoke Free Housing Policy 24 CER Parts 965 and 966

On December 5, 2016, the Department of Housing and Urban Development (HUD) finalized a rule that requires all Public Housing Agencies (PHAs) to implement a smoke free policy by July 30, 2018. Specifically, PHAs must implement a "smoke free" policy banning the use of "prohibited tobacco products" in all public housing living units, indoor common areas in public housing, and PHA administrative office buildings.

This smoke free policy is intended to benefit the Housing Authority and all of its public housing residents, visitors, and staff by mitigating (i) the irritation and know adverse health effects of secondhand smoke; (ii) the increased maintenance, cleaning and redecorating costs from smoking; (iii) the increased risk of fire from smoking; and (iv) the higher costs of fire insurance for a non-smoke free building.

"Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or form. "Smoking" also including the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form. "electronic Smoking Devices" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

All public housing buildings and administrative offices shall be smoke free. Smoking is prohibited in all living units, including any associated balconies, decks, patios, and in the common areas of the buildings, including but not limited to, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices and elevators.

Smoking is prohibited on the grounds adjoining public housing and office buildings, except in areas located at least 25 feet from such buildings. This policy is applicable to all residents, Housing Authority employees, visitors, contractors, volunteers, and vendors. Tenants and household members shall be responsible to enforce this Policy as their guests, invitees, and visitors to their residential units. Further,

SOUTHEAST GEORGIA CONSOLIDATED HOUSING AUTHORITY
300 GEORGIA STREET POST OFFICE BOX 1000
WOODBINE < GEORGIA 31569
(912) 576-3147 FAX (912) 576-3769

REQUEST FOR VERIFICATION OF EMPLOYMENT

Date: _____

Name of Employer: _____

Address: _____ Phone: _____

Re: _____

Regulations require the Housing Authority to verify the employment of household/family members for the purpose of determining the family's eligibility for rental assistance.

I hereby request that you furnish information to the Housing Authority regarding my employment. I understand that this information will be kept confidential and will be used only for the program purposes.

 Signature

 Social Security Number Employee No.

.....
 Please list the last eight (8) payrolls:

Date	Hours Worked	Gross Amt	Net Amt	Overtime Hours	Hourly Rate

Date of Start Employment: _____ Present Position: _____

Certification

This form should be completed and signed by a bona fide representative of the employer. In no event should it be filled out by the employee. Federal statues provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy.

 Signature & Title of person filling out form Phone Number

 Printed Name of person filling out form Date

Computerized sheets must have the company name and the employee name on them to be accepted. Forms must be filled out completely for acceptance.

Employer to Fill Out

St. Marys Police Department



563 Point Peter Road
St. Marys, Georgia 31558
912-882-4488

Timothy P. Hatch
Chief of Police



CONSENT FORM

I hereby authorize _____
to receive any Georgia criminal history/record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

City

State

Zip

Sex

Race

Date of Birth

Social Security #

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose Code 'M')
- Employment with elder care (Purpose Code 'N')
- Employment with children (Purpose Code 'W')
- Employment with criminal justice agency-civilian (Purpose Code 'J')
- Employment with criminal justice agency-P.O.S.T certified (Purpose Code 'Z')

Notary Signature & Stamp

Date