



Arlington Housing Authority

Housing Choice Voucher Certification Briefing Packet

Arlington Housing Authority

Housing Choice Voucher Program

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This is to certify that I have watched the Arlington Housing Authority Family Briefing video and reviewed the eBriefing Packet online at:

https://www.arlingtontx.gov/city_hall/departments/housing_authority/rental_assistance/housing_choice_voucher_program

prior to my certification meeting. I understand that I am able to view the materials and briefing at any time. I have received the documents listed above and they were explained to me by Arlington Housing Authority staff.

Applicant Name Printed

Applicant Signature

Date

THE HOUSING CHOICE VOUCHER PROGRAM - FAMILY OBLIGATIONS

Violation of any of the following may result in termination of participation in the Housing Choice Voucher rental housing assistance program and / or other administrative, civil and criminal actions.

1. The assisted household must supply any information determined by the Arlington Housing Authority (AHA) or HUD to be necessary for the administration of the program including, but not limited to, the following:
 - a. Evidence of citizenship or eligible immigration status
 - b. Documentation of household income or verification of \$0 household income
 - c. Documentation of household composition
 - d. Documentation of social security numbers of all household members age 6 or older, or is under the age of 6 and has an assigned SSN.
 - e. Release of Information Authorization
 - f. Drug Free Certification
 - g. Criminal Background records or records from the courts
 - h. All information provided must be true and complete.
2. The assisted household must provide any documentation required for recertification or to complete an interim examination within the timeframe allowed by the AHA.
3. The assisted household must promptly report any change in household composition and request AHA approval of any addition to the household. Unless stated otherwise by the Lease or House Rules, Guests who remain in the unit 30 days (consecutive or sporadic) in a 12 month period will no longer be considered visitors and must be considered for addition to the lease as a household member.
4. The assisted household must promptly report any and all changes in household income between annual re-examinations to the AHA. **Any changes in household income must be in writing to the AHA within 30 days of the date of onset. Failure to report required changes in household income within 30 days of occurrence will result in a Repayment Agreement and/or termination from the program.** The AHA will continue to re-verify all income at annual recertification. Failure to report income will constitute misrepresentation on the part of the family and may result in termination of rental housing assistance. If there is any question about what to report, report any change in household income to the AHA and AHA staff will determine the appropriate manner in which the reported change is to be handled pursuant to the HUD regulations and AHA Administrative Plan.

Required reporting includes but is not limited to:

- a. Any change in the **source of EARNED INCOME**, such as a job you have not already reported (a new employer).
 - b. Any change in any **UNEARNED INCOME**, such as an increase in SSI, SS, Child Support or contributions from others. You **do not** have to report the annual increase in your SSI and SS checks (other than at your annual recertification, however you must report any other changes).
 - c. Receipt of a deferred payment in a lump sum which represents the delayed start of a periodic payment such as unemployment or child support.
 - d. Receipt of a lump sum payment which is not considered income, but which adds to family assets (i.e., inheritances, insurance settlements, deferred payments of SSI/SS, workers' compensations, etc.)
 - e. Any decrease in household income may be reported.
5. The assisted household must promptly notify the AHA in writing of any absence from the unit.

THE HOUSING CHOICE VOUCHER PROGRAM - FAMILY OBLIGATIONS

6. The assisted household must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
7. No member of the assisted household, guest, or person in the unit with express or implied permission of the assisted household, may engage in drug related criminal activity, violent criminal activity, other criminal activity, or alcohol abuse which interferes with the health, safety, or right to peaceful enjoyment of the vicinity of the premises by other residents.
8. An assisted household may not receive HCV (Section 8) assistance while receiving any other housing subsidy under any federal, state or local housing assistance program.
9. The assisted household must keep all appointments scheduled with the AHA unless canceled in advance. Failure to keep two scheduled appointments will be grounds for termination.
10. The assisted household must not engage in or threaten abusive or violent behavior toward AHA personnel.
11. Any assisted household participating in the Family Self Sufficiency Program (FSS) must comply with the terms of the FSS Contract of Participation. Failure to comply with the FSS Contract of Participation, without good cause, may be grounds for termination from the FSS program and / or the HCV program.
12. The family must promptly notify the PHA if any family member no longer resides in the unit.
13. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child and submit a request to add an additional household member to the assisted household. If the AHA has given approval, a foster child or live-in aide may reside in the unit. If the family does not request approval or AHA approval is denied, the family may not allow a foster child, live-in aide or any other additional persons to reside with the assisted family.
14. Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to the primary use of the unit as a residence by members of the family.
15. The assisted household is responsible to provide any utilities that the owner is not required to provide and to maintain utility service at all times. Lack of utility service makes the unit substandard and ineligible for assistance.
16. The assisted household is responsible to provide and maintain any appliances that the owner is not required to provide. Lack of required appliances makes the unit substandard and ineligible for assistance.
17. The assisted household is responsible for any damages done to the unit during tenancy, beyond normal wear and tear.
18. The assisted household must allow the AHA to inspect the unit at reasonable times and after reasonable notice.
19. The assisted household may not commit any serious or repeated violation of the lease and must pay their monthly portion of tenant rent, identified by the AHA, in accordance with the lease agreement.
20. The assisted household must notify the AHA and the owner at least 30 days prior to moving or terminating the lease. The assisted household is eligible to move anytime after one year of tenancy. The assisted household must provide at least 30 days advanced written notice prior to the end of the lease to the AHA and owner. The lease will terminate on the last day of the month following the 30 days notice. The assisted household may not move, within the jurisdiction or outside the jurisdiction through portability, during the first year of the lease and may move, within the jurisdiction or outside the jurisdiction through portability only once during any 12 month period.

THE HOUSING CHOICE VOUCHER PROGRAM - FAMILY OBLIGATIONS

- 21. The assisted household must not be evicted from the unit. The family must promptly give the AHA a copy of any owner issued eviction notice.
- 22. The assisted unit must be used by the family as its primary residence. The assisted unit must be the family's only residence.
- 23. The assisted household may not receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
- 24. The unit may not be sub-let nor the lease transferred to another person.
- 25. The assisted household must not own or have any interest in the unit.
- 26. The assisted household must keep the unit safe, decent and sanitary at all times and must report any needed repair to the landlord.
- 27. The assisted household must make monthly payments on executed Repayment Agreements. Missing two consecutive payments or being habitually late in making payments is grounds for termination.
- 28. The address of the assisted unit may not be used by anyone other than those persons listed on the lease. Use of the address for receipt of mail, or any other reason, by another person will be considered evidence that the subject individual is residing in the unit without authorization and will be grounds for termination of HCV assistance for the assisted household.
- 29. The family is responsible for an HQS violation caused by the family.

WARNING -- Title 18 United States Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If you provide false or incomplete information, you may be required to repay any and all overpaid rental housing assistance you received, you may be also be fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future rental housing assistance.

Be sure to give correct information. Theft by Deception makes it a crime to knowingly give false information to get a lower rent, or to receive aid or benefits under any state or federally funded assistance program. I, the undersigned, certify that I have attended a briefing about the AHA's Housing Choice Voucher rental housing assistance program, that I have read the above statement or it has been read to me, and that I understand and agree to abide by the Family Obligations.

I understand that violation of any of the above items is grounds for termination from the Section 8 Housing Choice Voucher Program and may result in the loss of eligibility to participate in or receive rental housing assistance and that I am entitled to an Informal Hearing to appeal a determination to terminate rental housing assistance made by the Arlington Housing Authority in accordance with the AHA Administrative Plan Policies and Procedures.

Head of Household (Please Print): _____

Signature of Head of Household

Date

Signature of Spouse or Other Adult Household Member

Date

Signature of Spouse or Other Adult Household Member

Date



Arlington Housing Authority

501 W. Sanford Street, Suite 20
Arlington, TX 76011
Phone: 817-275-3351
Fax: 817-962-1200

Participant Notice of Criminal Background Screening, Electronic Income Verification Matching, Debts Owed to Public Housing Agencies, and Terminations

Criminal Background

The Arlington Housing Authority (AHA) conducts a review of the criminal background records for all program participants and their adult family members prior to admission to the program and at least annually. A review of criminal background records will also be conducted on adult persons proposed for addition to the participant's household, or when AHA receives a reliable complaint or information indicating that the participant or members of the household are involved in drug-related criminal activity, violent criminal activity, or if any household member is, or becomes, a registered sex offender. The AHA may deny or terminate housing assistance for persons with criminal records.

Electronic Income Verification (EIV) Matching

The AHA participates in a computer matching process that compares the income information reported to the AHA by housing participants and members of their household with actual income, reported through computer matching performed by the United States Department of Housing and Urban Development (HUD). The purpose of this system, known as EIV, is to verify participant's reported income. By my signature below, I acknowledge that the AHA has provided me with the Rental Housing Integrity Information Project (RHIIIP) document titled *What You Should Know About EIV*.

Debts Owed to Public Housing Agencies and Terminations

By my signature below, I acknowledge that the AHA has provided me with the document titled *Debts Owed to PHAs & Termination Notice*.

Participant Name Printed

Participant Signature

Date

Participant signature acknowledges that the information contained herein was reviewed by and explained to the participant.



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 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. 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 r visit their website at: <http://www.ftc.gov>). Provide you... 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/officesph/programs/ehiv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



**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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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 Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		

Notice to all Housing Choice Voucher Program Applicants / Participants

Reasonable Accommodations for Housing Choice Voucher Program Applicants or Participants with Disabilities

The Arlington Housing Authority (AHA) is a public housing agency that provides rental housing assistance to eligible persons including the elderly, persons with disabilities, and families including families with children. The AHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familiar status. In addition, the AHA is required to consider requests for a 'reasonable accommodation' by an applicant or participant if they, or any of their household members, has a disability. A reasonable accommodation is a change or modification of program rules, policy, procedure, or service that will assist an applicant or program participant to make effective use of the housing assistance program.

Some examples of a reasonable accommodation include:

- Providing a larger number of bedrooms assigned to the Housing Voucher for required placement or storage of medical equipment and medical supplies
- Providing large font documents, Braille documents or other assistance to vision impaired applicants / participants
- Providing a sign interpreter for hearing impaired applicants / participants

If you, or a member of your household, have a disability and you require a reasonable accommodation you may submit a request at any time. The AHA prefers to receive requests in writing on its Reasonable Accommodation Request form. Persons may obtain a request form from the AHA or by contacting their caseworker. Additional documentation or verification may be required by the AHA to evaluate requests received.

I hereby acknowledge that I have received and understand information regarding the AHA's reasonable accommodation policy and how to apply for a reasonable accommodation, if needed.

Head of Household Name Printed

Head of Household Signature

Date