

**Gallup Housing Authority**  
203 Debra Drive Gallup, NM 87301  
Phone: (505) 722-4388

**READ ENTIRE FIRST PAGE BEFORE COMPLETING THIS APPLICATION**

**YOUR APPLICATION WILL NOT BE ACCEPTED IF YOU DO NOT PROVIDE ALL OF THE DOCUMENTS LISTED BELOW THAT APPLY TO YOU AND YOUR FAMILY. IF NOT, YOU WILL BE REQUIRED TO REPEAT THE ENTIRE PROCESS.**

Your application may be submitted on **FRIDAY MORNINGS between the hours of 8:00am to 11:00am. All family members 18 and over must be present at the time of submission.** To submit your application for housing you must have the following documents:

- **ORIGINAL BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS. MUST HAVE, NO EXCEPTIONS.**
- **ORIGINAL SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS. MUST HAVE, NO EXCEPTIONS.**
- **PHOTO ID FOR ALL HOUSEHOLD MEMBERS 18 AND OVER. (PHOTO ID CANNOT BE EXPIRED)**
- **PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS (IF APPLICABLE)**
  - Check stubs from employer for the last (3) three months
  - Social Security Benefit Statement (Includes SSI for Children)
  - Welfare or Public Assistance Benefits Statements (Includes TANF and Food Stamps)
  - Income Tax return from last year
  - Unemployment Benefits
- Proof of INS Status (If not a citizen of the United States of America)

All applicants will be required to sign in before being interviewed, and will be taken on a first come, first serve basis. Your application will not be accepted if you do not provide all the documents listed above, that apply to you and your family (specifically Birth Certificates and Social Security Cards). If you cannot provide the documents we need, you will be required to repeat the entire process on a later date.

The applicant must notify the PHA in writing of any changes in income, household members, assets, address, or telephone number while on the waiting list. This information is used in determining eligibility and unit size for which the family is eligible and for contacting the applicant. If the PHA is unable to contact the applicant due to a change in address or telephone number that has not been reported in writing, the application will be removed from the waiting list. If the applicant can provide verification that he/she was unable to respond due to circumstances beyond his/her control, the application may be reinstated.

**PLEASE DO NOT BRING YOUR CHILDREN (UNDER 18) TO THIS INTERVIEW. YOUR FULL ATTENTION IS NEEDED AT THAT TIME!!!**



**THANK YOU.**





**Gallup Housing Authority**  
203 Debra Drive Gallup, NM 87301  
P.O Box 1334 Gallup, NM 87305  
Phone (505)722-4388 / Fax (505)863-3386



## **PLEASE BE CONSIDERATE AND STAY HOME IF YOU ARE SICK**



**In an effort to reduce the risk of COVID-19 exposure and to help prevent the spread of the virus, you may not enter this building if you have had any recent exposure to the COVID-19 virus.**

### **If any of the following apply to you, you may not enter this building:**

You have had close contact with an individual infected with COVID-19 within the last 14 days.

You are currently experiencing, or have experienced in the past 14 days, fever, cough or shortness of breath.

You have had close contact within the last 14 days with an individual suspected of being infected with COVID-19, including individuals exhibiting COVID-19 symptoms.

You have traveled to an area that is under a Level 2, 3 or 4 travel advisory by the U.S. State Department.

---

**If any of the above circumstances apply to you,  
DO NOT enter this building.**

Contact our offices by phone for further information and guidance.  
Thank you for your cooperation.



## **APPLYING FOR HUD HOUSING ASSISTANCE?**

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

### **Do You Realize...**

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

### **Do You Know...**

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

### **So Be Careful!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

**For Office use only. DO NOT WRITE IN THIS SECTION.**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Received By: \_\_\_\_\_

List any special assistance required by applicant: \_\_\_\_\_

## Gallup Housing Authority Application for Admission

Complete this form and please print in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section or question does not apply to you, write N/A in it.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Message: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Where you live now, do you: Rent \_\_\_\_\_ Own \_\_\_\_\_ Homeless \_\_\_\_\_ Other \_\_\_\_\_ Explain other? \_\_\_\_\_

Email: \_\_\_\_\_

**INDICATE THE PROGRAM FOR WHICH YOU WISH TO APPLY:**

\_\_\_\_\_ **Public Housing – Families, Disabled & Handicapped**

\_\_\_\_\_ **Public Housing – Elderly**

\_\_\_\_\_ **Section 8**

**A. Household Information:**

Legal Name	SSN	Relation To Head	Sex M/F	Race Circle One	Ethnicity Circle One	Birth Date	Age	Disabled Y/N	Student Y/N
		<b>HEAD</b>		a. White b. Black c. Native American d. Other	a. Hispanic b. Non-Hispanic				
				a. White b. Black c. Native Amer. d. Other	a. Hispanic b. Non-Hispanic				
				a. White b. Black c. Native Amer. d. Other	a. Hispanic b. Non-Hispanic				
				a. White b. Black c. Native Amer. d. Other	a. Hispanic b. Non-Hispanic				
				a. White b. Black c. Native Amer. d. Other	a. Hispanic b. Non-Hispanic				
				a. White b. Black c. Native Amer. d. Other	a. Hispanic b. Non-Hispanic				
				a. White b. Black c. Native Amer. d. Other	a. Hispanic b. Non-Hispanic				
				a. White b. Black c. Native Amer. d. Other	a. Hispanic b. Non-Hispanic				

1. What is the Head of Household's marital Status? Circle One

- a. Married (Name of Spouse: \_\_\_\_\_)
- b. Never Been Married
- c. Widowed
- d. Divorced- Year: \_\_\_\_\_
- e. Separated- Months \_\_\_\_\_ Years \_\_\_\_\_

2. If married, (by ceremony or common law) and the spouse is not listed on this application, please provide address:

\_\_\_\_\_

3. List names of any household members age 18 or older who are currently full time students and the school they attend:

Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: \_\_\_\_\_

4. Is any household member in the Armed Forces? ( ) Yes or ( ) No If yes, who? \_\_\_\_\_

5. Have you or any other adult member ever used any other name(s) or social security number(s) than the one you are currently using? ( ) Yes or ( ) No If yes, list alias: \_\_\_\_\_

**B. Household Income:**

1. Employment/ Self Employment

Name of Household Members who are <u>Employed</u>	Self-Employed Yes/ No	Employer/ Company Name & Address	Monthly Gross Income/ Hourly Rate of Pay	Hours Worked per Week	Employment Start Date

2. Social Security

Name of Household Members who receive <u>Social Security Benefits</u>	Social Security Amt. per Month	SSI Amt. per Month	SSDI Amt. per Month

3. Other Income (Unemployment, General Assistance, TANF, Food Stamps, Child Support, Pension/ Retirement, Worker's Compensation, Alimony, Military Income, Babysitting/Adult Care, Regular Contributions/ Gifts, Financial Aid)

Name of Household Members who receive <u>Other Income</u>	Type of Income	Amt. per Month	Date Started

1. Does anyone outside your household assist with bills or expenses on a regular basis? ( ) Yes or ( ) No  
 If Yes, Who: \_\_\_\_\_ Amt. of Assistance: \$ \_\_\_\_\_

2. Is any household member age 18 or older employed in a job training program? ( ) Yes or ( ) No  
 If yes, list name and specific job training program:  
 Name: \_\_\_\_\_ Job Program: \_\_\_\_\_  
 Name: \_\_\_\_\_ Job Program: \_\_\_\_\_

**C. Assets**

1. Checking Accounts/ Savings Accounts/ Certificates of Deposits (CDs)/ Property that exceeds \$5000 in value:

Name of Household Members with <u>Accounts</u>	Checking Acct. Balance	Savings Acct. Balance	Type of Asset	Bond Amt.	CD Amt.	Property Type & Value Amt.
	\$	\$		\$	\$	/ \$
	\$	\$		\$	\$	/ \$
	\$	\$		\$	\$	/ \$

2. Asset Disposal: Have you or any household member disposed of an asset in the last 2 years?

Name of Household Members Who own or have sold assets in the last 2 years	Type of Asset	Value of Asset	Amt. Owed on Asset
		\$	\$
		\$	\$
		\$	\$

**D. Medical Expenses**

Complete only if the head of household or spouse is disabled or is 62 years of age or older. Does anyone in your household 62 or over or disabled pay unreimbursed (not paid by insurance or other outside source) medical expenses?

\*\*Must provide statements for all payments made in the last 12 months for; prescriptions, over the counter recurring expenses, patient paid portion of doctor's visits, and health insurance premiums. DO NOT include life or burial insurance premiums.

Name of Household Member with Medical Expenses	Type of Expense	Amt. of Expense	Company Name/ Address/ Ph. #
		\$	
		\$	
		\$	

**E. Child Care and/or Handicap Assistance Expenses**

1. Do you or any household member pay childcare for children who are under 13 years of age which allows a family member to work or go to school? ( ) Yes ( ) No

If yes, Name of Child Care Provider: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ CYFD? ( ) Yes ( ) No

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? ( ) Yes or ( ) No

Itemize: \_\_\_\_\_

**F. Criminal History** (Background checks are done for each adult member.)

1. Have you or any household member age 18 or over been arrested or convicted of a crime other than traffic violations in the past five (5) years? ( ) Yes ( ) No

If Yes, Name of Household Member: \_\_\_\_\_ When: \_\_\_\_\_  
Location: \_\_\_\_\_ Description of what happened: \_\_\_\_\_

2. Have you or any household member ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? ( ) Yes ( ) No

If Yes, Name of Household Member: \_\_\_\_\_ When: \_\_\_\_\_  
Housing Program: \_\_\_\_\_ Description of what happened: \_\_\_\_\_

3. Has any household member (regardless of age) been arrested, charged or convicted for any of the following:

- a. Violent criminal activity? ( ) Yes or ( ) No

If Yes, Name of Household Member: \_\_\_\_\_ When: \_\_\_\_\_  
Location: \_\_\_\_\_ Description of what happened & disposition of case: \_\_\_\_\_

- b. Alcohol related activity? ( ) Yes or ( ) No

If Yes, Name of Household Member: \_\_\_\_\_ When: \_\_\_\_\_  
Location: \_\_\_\_\_ Description of what happened & disposition of case: \_\_\_\_\_

- c. Manufacture or sale of methamphetamines? ( ) Yes or ( ) No

If Yes, Name of Household Member: \_\_\_\_\_ When: \_\_\_\_\_  
Location: \_\_\_\_\_ Description of what happened & disposition of case: \_\_\_\_\_

- d. Possession, sale, or distribution of illegal drugs? ( ) Yes or ( ) No

If Yes, Name of Household Member: \_\_\_\_\_ When: \_\_\_\_\_  
Location: \_\_\_\_\_ Description of what happened & disposition of case: \_\_\_\_\_

4. Do you or any household member age 18 and over possess a Medicinal Marijuana Card? ( ) Yes or ( ) No

5. List any household member who is required to register as a sex offender:

Name of Household Member: \_\_\_\_\_  
Probation/Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Has any household member participated in drug rehabilitation during the last 12 months? ( ) Yes or ( ) No

If yes, explain: \_\_\_\_\_

7. Has any household member been evicted from federally assisted housing for drug or other criminal activity in the past 3 years? ( ) Yes or ( ) No

If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_  
Explain: \_\_\_\_\_

## G. Rental History

**Must be completed for each Household Member 18 yrs. and over.** Please provide 7 years of rental history from present to past (where you have lived for the past 7yrs.) If you have never rented, please provide us with the information of where you were living, even if you were living with family or friends. **\*\*Use back if more room needed.**

Name/s of Household Member/s: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Landlord's Phone Number: (\_\_\_\_) \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rental Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Move in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Move out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

Name/s of Household Member/s: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Landlord's Phone Number: (\_\_\_\_) \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rental Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Move in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Move out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

Name/s of Household Member/s: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Landlord's Phone Number: (\_\_\_\_) \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rental Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Move in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Move out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

Name/s of Household Member/s: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Landlord's Phone Number: (\_\_\_\_) \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rental Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Move in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Move out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

1. Are you or any household member currently behind in paying your rent at your current residence? ( ) Yes ( ) No  
If yes, Name of household member: \_\_\_\_\_ How many months? \_\_\_\_\_ Amount owed? \$ \_\_\_\_\_
2. Are you being asked to leave your current residence? ( ) Yes ( ) No  
Have you received an eviction Notice? ( ) Yes ( ) No
3. Have you EVER been evicted for any reason? ( ) Yes ( ) No  
If yes, Explain: \_\_\_\_\_
4. Have you, your spouse, or any other household member over the age of 18, ever received any type of rental assistance from us or any other housing agency? ( ) Yes ( ) No  
If Yes, Name/ Location of Agency: \_\_\_\_\_ When: \_\_\_\_\_  
Do you owe money to that Housing Agency? ( ) Yes ( ) No Amount Owed: \$ \_\_\_\_\_

## H. Disability

A person with a disability, as defines under federal civil rights laws (24 CFR parts 8.2,25.104 and 100.201) is any person who:

- Has a physical or mental impairment that substantially limits one or more major life activities of an individual, or
- Has a record of such impairment, or
- Is regarded as having such impairment.

The phrase “physical or mental impairment” includes:

- Any physiological disorder or condition, cosmetic, or disfigurement, or anatomical loss affecting one ore more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; gender-urinary; hemic and lymphatic; skin; and endocrine; or
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional and mental illness, and specific learning disabilities. The term “physical and mental impairment” includes but is not limited to such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, alcoholism.

“Major life activities” includes, but is not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and/ or working.

“Has a record of such impairment” means has a history of, or has been classified as having a mental or physical impairment that substantially limits one or more major life activities.

“Is regarded as having impairment” is defined as having a physical or mental impairment that does not substantially limit one or more major life activities but is treated by a public entity (such as a PHA) as constituting such limitation; has none of the impairment defined in this section but is treated by a public entity as having impairment; or has a physical or mental impairment that substantially limits one or more major life activities, only as a result of the attitudes of the others toward impairment.

1. Does the previous definition of “disability” describe the situation for your family? ( ) Yes ( ) No

If yes, does that member of your household require a handicapped accessible unit or any other reasonable accommodations?

( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

**Note: All Information provided on this form will be verified by the Housing Authority. Incomplete or false information on any section of this application will result in denial of application.**

Section 35(a) of the U.S. Criminal Code makes it a criminal offense, punishable by maximum of 10 years imprisonment, \$10,000 fine or both to make a false statement or misrepresentation to any department of the U.S. as to any matter within their jurisdiction. I do hereby swear and attest that all the information provided on this application by me and my household is true and correct to the best of my knowledge. I understand that I must report any changes in income, assets, and family composition to the Housing Authority in writing within 10 days of the change. I understand that filling this application does not guarantee that I will be offered housing assistance.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free Hotline at 1-800-669-9777.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<b>Signature of Applicant</b>	<b>Date</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information.

Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

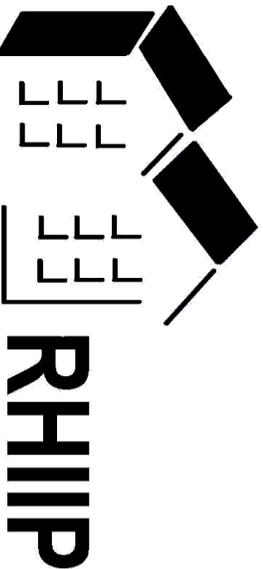
**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**\*\*\* PAGE INTENTIONALLY LEFT BLANK \*\*\***



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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.

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

### **What are the penalties for providing false information?**

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

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

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

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

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

### **What do I do if the EIV information is incorrect?**

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

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

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

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

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

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

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

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

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

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

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

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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 \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
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.

## DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

*(Print Full Name)*

I, \_\_\_\_\_, certify, under penalty of perjury 1; that to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national citizen of the United States; or
  
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
  
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under status §§101(a)(15) or (101)(a)(20) of the Immigration And Nationality Act (INA) 3/; or
  - Permanent residence under §219 of INA 4/; or
  - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
  - Parole status under §§212(d)(5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245A of the INA 8/.
  -

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

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

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

[See reverse side for footnotes and instructions.]

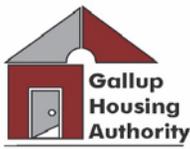
uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 OR 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §241 of the 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 §241 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(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 public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [*parole status*].
- 7/ Threat to life or freedom ;under §243(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 §243(h) of the INA (8 U.S.C. 1253(H)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*]

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

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an “X” in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



# Gallup Housing Authority

203 Debra Drive / PO Box 1334 Gallup, NM 87305

Phone: (505) 722-4388 Fax: (505) 863-3386



## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to and verify my application for participation, and to maintain my continued assistance under the Section 8 Rental Assistance Program and Public Housing Program. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file and about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records of my payment history, and any violations of my lease or PHA policies.

### INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity & Marital Status	Employment, Income & Assets	Medical & Child Care Allowances
Credit & Criminal Activity	Residences & Rental Activity	Student Status

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

Previous Landlords	Past/Present Employers	Public Housing Agencies	Welfare Agencies
Court/Post Offices	Schools/Colleges	Retirement Systems	Utility Companies
Veteran's Administration	Support/Alimony Providers	Soc. Security Administration	State Unemployment Agencies
Medical/Child Care Providers	Banks/Other Financial Inst.	Law Enforcement Agencies	Credit Providers/Bureaus

### COMPUTER MATCHING NOTICE AND CONSENT:

I understand & agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration; and State welfare and food stamp agencies.

### CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and five months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

### SIGNATURES:

_____ Head of Household (PRINT NAME)	_____ Signature	_____ SSN	_____ Date
_____ Spouse/ Co-Head (PRINT NAME)	_____ Signature	_____ SSN	_____ Date
_____ Other Adult (PRINT NAME)	_____ Signature	_____ SSN	_____ Date
_____ Other Adult (PRINT NAME)	_____ Signature	_____ SSN	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**\*\*\* PAGE INTENTIONALLY LEFT BLANK \*\*\***



# Gallup Housing Authority

203 Debra Drive / PO Box 1334 Gallup, NM 87305

Phone: (505) 722-4388

Fax: (505) 863-3386



## AUTHORIZATION FOR RELEASE OF CRIMINAL BACKGROUND INFORMATION

**\*\*ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST COMPLETELY FILL OUT THE REQUESTED INFORMATION & SIGN FORM BELOW**

I / We, the undersigned hereby give written consent to McKinley Metro Dispatch to release any and all criminal and traffic history to the Gallup Housing Authority.

I / We agree to indemnify and hold harmless Gallup Housing Authority, and any of its employees, against any liability as a result of my representative(s) reviewing information on file with McKinley Metro Dispatch.

The Gallup Housing Authority request this date pursuant to the Public Records Act.

Name (Print): _____	SSN: _____
Maiden Name/ Alias _____	Date of Birth: _____
Address: _____	
Signature: _____	Date: _____

Name (Print): _____	SSN: _____
Maiden Name/ Alias _____	Date of Birth: _____
Address: _____	
Signature: _____	Date: _____

Name (Print): _____	SSN: _____
Maiden Name/ Alias _____	Date of Birth: _____
Address: _____	
Signature: _____	Date: _____

**\*\*\* PAGE INTENTIONALLY LEFT BLANK \*\*\***