

ORANGE COUNTY
CONTINUUM OF CARE BOARD
SPECIAL MEETING
Thursday, July 15, 2021
4 p.m. – 5 p.m.

Webinar:
<https://ocgov.webex.com/ocgov/j.php?MTID=m39339d7848cbd8eeb98f1fada03bf80d>

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Access Code:
177 270 3493

AGENDA

Board Members

Jeanne Awrey, OC Dept. of Education
Matt Bates, City Net
Judson Brown, City of Santa Ana
Natalie Bui, Veteran Affairs CRRC
Donald Dermit, The Rock Church
Becks Heyhoe, OC United Way [Secretary]
Tim Houchen, Hope4Restoration
Patti Long, Mercy House

Dawn Price, Friendship Shelter
Albert Ramirez, City of Anaheim
Maricela Rios-Faust, Human Options [Vice Chair]
Soledad Rivera, Families Together of OC
George Searcy, Jamboree Housing
Tim Shaw, Individual [Chair]
Christina Weckerly Ramirez, Health Care Agency

Call to Order – Tim Shaw, Chair

Board Member Roll Call – Becks Heyhoe, Secretary

Public Comments: Members of the public may address the Continuum of Care (CoC) Board on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the CoC Board. Members of the public may address the CoC Board with public comments on agenda items in the business calendar after the CoC Board member discussion. Comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes.

To address the CoC Board, members of the public are to enter their name and agenda item number in the WebEx chat box to be placed in a queue. CoC Board staff will call your name in the order listed in the chat box.

CONSENT CALENDAR

All matters are approved by one motion unless pulled by a Board Member for discussion or separate action. The CoC Board requests that only pertinent information be discussed during this time.

No consent calendar items.

BUSINESS CALENDAR

1. **Emergency Housing Vouchers Memorandum of Understanding (MOU)** – Jason Austin, Office of Care Coordination Director, and Zulima Lundy, CoC Manager
 - a. Overview of the MOU with the four Public Housing Agencies in Orange County for the Emergency Housing Vouchers provided by the U.S. Department of Housing and Urban Development.
 - b. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Orange County Housing Authority
 - c. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Santa Ana Housing Authority
 - d. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Anaheim Housing Authority
 - e. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Garden Grove Housing Authority

Next Meeting: Wednesday, July 28, 2021, from 2 p.m. to 4 p.m.

Date: July 15, 2021

Subject: Emergency Housing Vouchers Memorandum of Understanding

Recommended Actions:

- a. Overview of the MOU with the four Public Housing Agencies in Orange County for the Emergency Housing Vouchers provided by the U.S. Department of Housing and Urban Development
- b. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Orange County Housing Authority
- c. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Santa Ana Housing Authority
- d. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Anaheim Housing Authority
- e. Approve the Emergency Housing Voucher MOU between the Office of Care Coordination, as the CoC Administrative Entity, and the Garden Grove Housing Authority

Background:

On May 5, 2021, the U.S. Department of Housing and Urban Development (HUD) Office of Public and Indian Housing (PIH) published [PIH Notice 2021-15, Emergency Housing Vouchers-Operating Requirements](#), which outlines the requirements for Public Housing Authorities (PHAs) who will be invited to administer approximately 70,000 vouchers nation-wide. These vouchers are a strategic investment of \$5 billion funded as part of the American Rescue Plan Act of 2021, which provides over \$1.9 trillion in relief to address the continued impact of the COVID-19 pandemic on the economy, public health, state and local governments, individuals, and businesses.

The eligible populations for the Emergency Housing Vouchers (EHVs) are individuals and families who are:

- Experiencing homelessness;
- At-risk of homelessness;
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; and
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability, including clients in rapid rehousing and permanent supportive housing programs.

EHVs provide a unique opportunity to creatively and equitably house some of the most vulnerable people in our communities. To encourage partnerships and community collaboration, HUD is requiring that PHAs administering EHVs partner with their local Continuum of Care (CoC) and receive referrals from the local

Coordinated Entry System (CES). HUD expects local communities, including the CoC and PHAs, to work together to ensure that these resources are targeted to those with the most need in the community and to work together to ensure that these voucher holders are successfully housed and receive needed supportive services to maintain their housing.

On May 10, 2021, the four PHAs in Orange County were notified of their allocation. A total of 1,033 EHV were awarded countywide:

- Orange County Housing Authority – 557 vouchers
- Anaheim Housing Authority – 272 vouchers
- Garden Grove Housing Authority – 117 vouchers
- Santa Ana Housing Authority – 87 vouchers

The CoC must enter into MOU with the PHAs to establish a partnership for the administration of the EHV. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying individuals and families to the PHA. Additionally, CoCs are encouraged to offer or make connections to supportive services for households that are referred to the PHA, including, but not limited to, short- or long-term case management, collecting necessary verifications to support referrals, housing counseling, housing search assistance and utility deposit assistance.

On May 26, 2021, the Orange County CoC Board took action to authorize the County of Orange Office of Care Coordination as the Administrative Entity of the Orange County CoC to enter into MOU negotiations with the four PHAs in Orange County for the EHV.

The Office of Care Coordination has worked with the four PHAs to develop MOUs that support the implementation of the EHV program and receive referrals from the Coordinated Entry System (CES). The final MOUs are included in the attachments for reference.

Analysis:

Authorization of the County of Orange Office of Care Coordination as the Administrative Entity of the Orange County Continuum of Care to enter into a MOU with the four PHAs in Orange County will support the utilization of the EHV and help people experiencing homelessness and at-risk of homelessness in Orange County access permanent housing resources.

Attachments:

Attachment A – MOU between the Orange County Housing Authority and Orange County Continuum of Care for the Emergency Housing Vouchers

Attachment B – MOU between the Housing Authority of the City of Santa Ana and Orange County Continuum of Care for the Emergency Housing Vouchers

Attachment C – MOU between the Anaheim Housing Authority and Orange County Continuum of Care for the Emergency Housing Vouchers

Attachment D – MOU between the Garden Grove Housing Authority and Orange County Continuum of Care for the Emergency Housing Vouchers

Attachment A

MEMORANDUM OF UNDERSTANDING
BETWEEN
ORANGE COUNTY HOUSING AUTHORITY
AND
ORANGE COUNTY CONTINUUM OF CARE
FOR THE EMERGENCY HOUSING VOUCHER PROGRAM

This Memorandum of Understanding (MOU) has been created and entered into on July 13, 2021, by and between the Orange County Housing Authority, henceforth referred to as “PHA”, and Health Care Agency, Office of Care Coordination functioning as the Administrative Entity and Collaborative Applicant for the Orange County Continuum of Care, henceforth referred to as “CoC”. The PHA and CoC may be referred to individually as “Party” and collectively as “the Parties”. The Health Care Agency, Office of Care Coordination also functions as the contracting agency on behalf of the County of Orange for the provision of housing search assistance and housing stabilization services for the Emergency Housing Vouchers (EHVs).

This MOU contains program content and purpose, along with specific guidelines for the implementation and administration of the EHV program as provided by the American Rescue Plan Act of 2021 (ARPA) to address the continued impact of the COVID-19 pandemic on the economy, public health, state and local governments, individuals, and businesses.

The relationship between PHA and CoC, with regard to this MOU, is based upon the following:

- I. The Parties enter into this MOU to further the interests of the CoC by collaboratively working to meet both agencies’ goals and objectives for success in administering the EHV program in accordance with all program requirements.
- II. The Parties reaffirm the commitments made to the mutual participants and service providers, which further contribute to the CoC’s efforts to provide permanent housing solutions and supportive services for those who are experiencing homelessness or at risk of homelessness in Orange County.
- III. This MOU is authorized and provided pursuant to Notice PIH 2021-15 as issued by the U.S. Department of Housing and Urban Development (HUD), Office of Public and Indian Housing (PIH), on May 5, 2021.
- IV. This MOU contains the procedural guidelines authorized by both the PHA’s Director and the CoC Director for the EHV Program, including eligibility verification and referral process utilizing the Coordinated Entry System (CES) to best use and target the EHVs in Orange County.

I. INTRODUCTION

The PHA has received an allocation of EHV to assist individuals and families who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent homelessness or having high risk of housing instability.

The PHA is required to enter into an MOU with the CoC to establish a partnership for the administration of the EHV. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying participants to the PHA through the CES. The CES provides an objective manner to effectively connect individuals and families experiencing homelessness or at risk of homelessness to appropriate services and housing interventions, with the goal of securing permanent and stable housing in Orange County. The MOU is a complete statement of the responsibilities of the parties and evidence of a commitment of resources to the EHV program.

II. PURPOSE

The Purpose of this MOU is to support the efficient and effective lease up of each EHV allocated to the PHA no later than June 30, 2022, and ongoing lease up of any turnover vouchers through September 30, 2023, by receiving appropriate referrals from the CES.

III. TERM

The term of this MOU shall be effective July 13, 2021, and remain active until September 30, 2023. The Parties shall be obligated to perform such duties as would normally extend beyond this term, including but not limited to, obligations with respect to reporting and confidentiality.

IV. MUTUAL RESPONSIBILITIES

- a. Parties commit to administering EHV in accordance with all program requirements in Notice PIH 2021-15.
- b. Parties agree that a strong level of communication and coordination among the Parties is necessary to ensure program success and adherence to program requirements.
 - i. Parties shall establish a mutually convenient regular meeting schedule and communication methods for the EHV process.
 - ii. Parties shall provide an update of referred matches, application status, lease-up status, and available vouchers.
- c. Parties agree to maintain lead EHV liaisons as follows:

ORANGE COUNTY HOUSING AUTHORITY

Lead Name: January Johnson
Title: Section Chief, Special Housing Programs
Email: January.Johnson@occr.ocgov.com
Phone Number: 714-480-2732
Address:
 Orange County Housing Authority
 1501 E. St. Andrew Pl.
 Santa Ana, CA 92705

ORANGE COUNTY CONTINUUM OF CARE

Lead Name: Douglas Becht
Title: Director of Operations
Email: DBecht@ochca.com
Phone Number: 714-834-2323
Address:
 OC Health Care Agency
 Office of Care Coordination, Continuum of Care
 405 W. 5th St, Ste 658, Santa Ana, CA 92701

V. ELIGIBILITY

- a. EHV eligibility is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability as defined in Notice PIH 2021-15.
- b. For the purposes of the EHV program, there will be no local residency preference and PHA referrals will be assigned based on the ratio of available vouchers.
- c. Denial of assistance will be limited to the mandatory prohibitions listed in Notice PIH 2021-15 without applying any additional permissive prohibitions.

VI. EHV ALLOCATION

- a. Parties agree to allocating all EHV's across the following sub-populations: individuals, families, veterans, transitional aged youth, move on, re-entry and exiting facilities, and domestic violence. The Parties will work together on identifying the appropriate proportion of vouchers to be assigned to each sub-population.
- b. Parties agree to the following definitions and characterizations of the identified specific populations and who meet one of the four eligibility categories defined in PIH Notice 2021-15.
 - i. **Domestic Violence.** This allocation refers to individuals and families who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. This sub-population may be best identified by victim service providers.
 - ii. **Re-Entry and Exiting Facilities.** This allocation refers to individuals and families who are exiting a publicly funded institution or component of the system of care, such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution; exited a publicly funded institution or component of the system of care in the past 90 days; or currently receiving criminal justice supervision, such as probation or parole.
 - iii. **Move On.** This allocation refers to people who are formerly homeless and currently being assisted through rapid rehousing and permanent supportive housing programs. Vacancies created through Move On referrals must accept referrals from the CES.
 - iv. **Transitional Aged Youth.** This allocation refers to individuals and families who are 18-24 years old.
 - v. **Veterans.** This allocation refers to individuals and families with household members who served in the U.S. Armed Forces, National Guard or Reserves of any discharge status. Priority will be given to those veteran households who are not eligible for HUD-Veterans Affairs Supportive Housing (VASH) and/or need long-term financial assistance to remain stably housed. HUD-VASH eligible households may be served by the EHV's only if all HUD-VASH resources are exhausted in Orange County.
 - vi. **Families.** This allocation refers to families with at least one minor child, households with an expectant mother, or households that are working towards reunification with minor children.
 - vii. **Individuals.** This allocation refers to adults who are not a part of a household with minor children and includes single adults and households comprised of multiple adults.

- c. EHV's allocated to a specific sub-population will not be held for a future referral while there are other EHV eligible applicants. Unmatched vouchers will be re-allocated to the remaining eligible sub-populations according to the assigned percentages on a weekly basis. This will ensure that the milestones outlined in ATTACHMENT 1 are met or exceeded.
- d. Turnover EHV's may prioritize households exiting rapid rehousing or permanent supportive housing programs in need of ongoing rental assistance without intensive supportive services.

VII. COC ROLE AND RESPONSIBILITIES

- a. CoC through the CES will make direct referrals of qualifying individual and families to the PHA.
- b. CoC will coordinate and consult with the PHA in developing the services and assistance to be offered under the EHV services fee provided by the PHA and/or contracted service providers.
- c. CoC is committed to providing the following services through the CES and the OC Health Care Agency, Office of Care Coordination:
 - i. Educating CES Access Points and CoC Stakeholders on the EHV program, sub-populations priorities for EHV distribution and requirements of this housing opportunity as agreed upon in this MOU.
 - ii. Coordinating the outreach and referral of eligible households through CES.
 - iii. Prioritizing households using the CES policies and procedures approved by the CoC.
 - iv. Partnering with Victim Service Providers to coordinate referrals through the parallel CES for Victim Service Providers.
 - v. Referring eligible individuals and families to PHA through CES, including referrals from the comparable CES for Victim Service Providers.
 - vi. Centralizing the application process through the Office of Care Coordination using the universal PHA application and collecting minimally required supporting documents, as detailed and included in ATTACHMENT 2 and 3.
- d. CoC will determine whether the individual or family qualifies under one of the four eligibility categories for EHV's.
- e. CoC will provide verification and supporting documentation to the PHA of the referring agency's verification that the referred individuals and families meet one of the four eligible categories for EHV assistance.
- f. CoC will comply with the provisions of this MOU.

VIII. PHA ROLES AND RESPONSIBILITIES

- a. PHA is committed to the following:
 - i. Accept referrals from CES for the EHV program.
 - ii. Coordinate and consult with CoC in developing the services and assistance to be offered under the EHV services fee provided by the Office of Care Coordination contracted service provider.
 - iii. Notify applicant, OCC, CES, and designated supportive service agencies of application and appointment notices, including intake interviews and briefing appointments.
- b. PHA will commit a sufficient number of staff and necessary resources to ensure that the application, certification, voucher issuance, and unit inspection processes are completed in a timely manner
- c. PHA will comply with the provisions of this MOU.

IX. SERVICE PROVIDERS ROLE AND RESPONSIBILITIES

- a. The Office of Care Coordination will work with the PHA to identify and contract with service providers to provide housing search assistance, including financial assistance and

housing stabilization services using available EHV service fee funds and other funding resources through contracted services providers, this includes:

1. Information and training on what to expect in the EHV issuance process for household
 2. Helping household identify potentially available units during their housing search
 3. Providing transportation assistance and directions to potential units
 4. Conducting owner/landlord outreach and engagement
 5. Assisting with the completion of rental applications and PHA forms
 6. Helping expedite the EHV leasing process for the household
 7. Educating applicants on compliance with rental lease requirements
 8. Providing at minimum 12-months of housing stabilization services to households
 9. Creating a services plan that details the specific services and engagement to be provided to each household that will support long-term housing stability.
- b. The Office of Care Coordination will be responsible for all procuring and managing all contracted service providers that perform services under this MOU. The Office of Care Coordination will collaborate with PHA regarding procurement and contract management decisions.
- c. The Office of Care Coordination contracted service providers are committed to providing the following services to support EHV Participants in securing housing and stabilizing in housing:
- i. Provide lease up assistance, including but not limited to housing-search assistance, housing related fee assistance, and landlord engagement services to eligible applicants who do not already have access to lease up assistance through other service providers
 - ii. Assist with submitting requests for tenancy approval and other required lease up documentation
 - iii. Support tenants with maintaining compliance with rental lease requirements and provide housing stability services for a minimum of 12 months
 - iv. Assess and refer individuals and families to benefits and supportive services, when applicable to maintaining housing stability

X. PROGRAM EVALUATION

- a. The PHA and CoC agree to cooperate with HUD to provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

XI. GENERAL PROVISIONS

In the event there is a need to update this MOU such as to comply with the terms of the EHV Program funding, but deadlines do not permit such, upon mutual agreement, addendum will be appended to this MOU.

This MOU represents the entire understanding of the PARTIES with respect to the subject matter. No change, modification, extension, termination or waiver of this MOU, or any of the understandings

herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the Parties hereto.

In Witness Whereof, the agencies hereto agree to the provisions as outlined in this MOU.

Signed by

ORANGE COUNTY HOUSING AUTHORITY

_____ Date:
Name: Title:

ORANGE COUNTY CONTINUUM OF CARE

_____ Date:
Name: Dr. Clayton Chau Title: Director, Health Care Agency

ATTACHMENT 1. PROGRAM MILESTONES

The PARTIES will utilize the following goals and milestones as a measure of success in administering the Emergency Housing Vouchers. These goals and milestones focus primarily on the function of the Continuum of Care (CoC), the Coordinated Entry System (CES), and the Public Housing Authority (PHA), accordingly.

The CoC as described in the Memorandum of Understanding (MOU) is to make direct referrals of qualifying participants to the PHA through the CES. The CES provides an objective manner to effectively connect individuals and families experiencing homelessness or at risk of homelessness to appropriate services and housing interventions, with the goal of securing permanent and stable housing in Orange County.

- CES will identify 50% of the referrals within 7 weeks of the effective date of the MOU.
- CES will identify 100% of referrals within 14 weeks of the effective date of the MOU.
- CES will identify replacement referrals within 14 days for any returned matches.
- PHA will complete EHV processing within 45 days of initial contact with the participant as referred by CES.
- PHA will return ineligible referrals to CES within three (3) business days of determining ineligibility.

TENANT INFORMATION FORM

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if different than above) _____

Telephone Number: _____ Home Work Cell Other _____

Telephone Number: _____ Home Work Cell Other _____

E-mail Address _____ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household K = Co-Head (Not Married) Y = Youth Under 18 L = Live-in Aide
 S = Spouse (Married) F = Foster Child/Adult E = Full Time Student Over 18 A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No

TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? Yes No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? Yes No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? Yes No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? Yes No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? Yes No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Asset Information

Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? Yes No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

- | | | | |
|------------------------|--------------------------------------|----------------------|-------------|
| 401(k) or 403(b) | Individual Retirement Accounts (IRA) | Mutual Funds | Stocks |
| Bonds | Inheritances | Pensions | Trust Funds |
| Certificate of Deposit | Life Insurance Policies | Real Property (land) | |
| Checking Account | Money Market Account | Savings Account | |

DOCUMENTATION REQUIRED: Provide 3 current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 3: Income Information

Did you file a Federal Income Tax Return last year? Yes No

Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? Yes No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

- | | | | |
|---------------------------------------|---------------------|--------------------------|-----------------------|
| Alimony Payments | Food Stamps | Self Employment | Wages/Salaries |
| Child Support | Military Pay | Social Security Benefits | Welfare Benefits |
| Disability Benefits | Periodic Gifts | SSI | Worker's Compensation |
| Financial assistance to attend school | Retirement Payments | Unemployment Benefits | |

DOCUMENTATION REQUIRED: Provide 4 current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) Yes No
2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? Yes No
3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? Yes No
4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.** Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? Yes No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	---	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	---	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	---	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Name

Date

DECLARATION OF SECTION 214 STATUS

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

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

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

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

HA: Enter INS/SAVE Primary Verification # _____ 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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

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

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 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].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An 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 appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



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



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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/thiip/iv.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: 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>
	<p>Signature Date</p>
	<p>Printed Name</p>

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. 07/31/2021

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

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

Orange County Housing Authority

Statement of Facts

Warning: It is unlawful to “knowingly and willfully” make any “materially false, fictitious, or fraudulent statements or representation” to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. [18 U.S.C. § 1001]

I certify, under penalty of perjury under the laws of the United States of America and the State of California, that the above information is true and correct.

Signature

Date

ATTACHMENT 3. REQUIRED SUPPORTING DOCUMENTS

Documents Checklist for the Emergency Housing Voucher Program Public Housing Authority Application

This checklist expires 12/31/2021

The following documents are required in order to submit a complete application to the Public Housing Authority (PHA). Please note that additional documentation may be requested at the discretion of the PHA. **It is strongly encouraged that all required documentation be submitted prior to admission to the program.**

Required PHA Forms

- Tenant Information Form (All sections completed or marked N/A if not applicable)
- Declaration of 214 Status
- What you should know about EIV
- Debts owed to Public Housing Authorities and Terminations
- Authorization for the Release of Information/Privacy Act Notice
- Supplement to Application for Federally Assisted Housing

Identification (For all household members) *

- Social Security Cards
- CA State Driver's License or Photo ID
- Eligible Citizenship Documentation, such as Birth Certificate, Resident Alien Card/Alien Number, or Certificate of Naturalization

* If unavailable at time of referral, per PIH Notice 2021-15, the PHA will accept a statement certifying Social Security Number, Date of Birth, and/or Citizenship. If client provides PHA self-certification, client must provide applicable verification, of SSN or citizenship within 180 days or verification of date of birth or disability status within 90 days of admission to the program. Failure to do so may result in termination from the program.

Unearned Income (All forms of unearned income must be disclosed for all household members)**

For all unearned income types, please provide the most recent benefit statement unless otherwise noted

- Social Security/SSI
- Pension
- Unemployment (EDD)
- Food Stamps and/or Cash Aid (TANF/AFDC)
- Disability
- Veteran's Benefit
- Worker's Compensation
- Child Support – CSS statement or similar governmental statement, divorce decree, or statement from paying party certifying amount paid
- Alimony – divorce decree or statement from paying party certifying amount paid
- Contributions to you or your family – letter from contributing party certifying monthly gross amount paid
- Other _____

Earned Income (All forms of earned income must be disclosed for all household members)**

- Last three (3) months of consecutive employment check stubs
- Cash employment – cash payment history for the last three to six months and most current tax return or IRS verification of non-filing.
- Self-employment verification – - most recent complete tax returns, including schedule C or the last three to six months payment history
- Other _____

Assets (All asset information must be disclosed for all household members)**

For purposes of the PHA, an asset includes the following: 401(k)/403(b), bonds, Certificate of Deposit (CD), checking account, Individual Retirement Account (IRA), inheritances, life insurance policies, money market accounts, mutual funds, pensions, real property, savings account, stocks, and trust funds

- 3 months consecutive bank statements for all checking and savings accounts
- Most recent statement for all other assets (i.e. IRA, 401(k), CD, stocks, bonds, investments, annuities, etc.)
- Life insurance – statement/letter showing cash value/surrender value
- Last Income Tax Return Filed, including W-2 (i.e. 1040, 540, 1099 Schedule C) for each person who filed
- If any member of the family has disposed of an asset valued at more than \$1000 for less than market value during the past 2 years – provide all documents of sale, transfer bankruptcy, or foreclosures including documents showing any net monetary gain from the transaction
- Other _____

Other**

- Medical expenses: when medical expenses exceed 3% of your gross annual income - pharmacy printouts, receipts for services and supplies, premium statements, etc., for the last 12 months
- Students, if applicable – class schedule and financial aid information

** If unavailable at time of referral, per PIH Notice 2021-14, the PHA will accept an affidavit attesting to reported income, assets, expenses, and other factors which would affect an income eligibility determination. Additionally, applicants may provide documentation that is not dated within 60 days of the PHA's request. For example, an SSI benefit letter issued 11/2020 showing the 2021 benefit amount and provided 7/2021 would be acceptable. To note, the PHA is still required to verify income against EIV data and is required to follow up on any discrepancies noted between the reported income and EIV data. Any misrepresentation of income received may result in termination from the program.

If a statement/affidavit is to be provided in lieu of verification at the time of referral, please use the Statement of Facts form provided in the application packet. Please use a separate form for each adult household member providing said statement/affidavit and for each category above.

**HOMELESSNESS CERTIFICATION FOR
EMERGENCY HOUSING VOUCHERS**



Client Name: _____

Date of Birth: _____

Number of Adults in Household: _____

Number of Minor Children in Household: _____

This is to certify the above-named person’s or household’s current living situation. This certificate must be completed by an agency recognized by the Continuum of Care (CoC) as having a program designed to serve persons living on the street or other places not meant for human habitation, appears on the CoC’s Housing Inventory Chart or is otherwise recognized by the CoC as part of the CoC inventory.

Please check only one section.

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution for less than 90 days, was living in immediately prior to hospital/institution admission) a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution for less than 90 days, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter.

Living Situation: Recently Homeless

The person(s) named above is/are currently receiving financial and supportive services for persons who are formerly homeless and were living in emergency shelter or a place not meant for human habitation immediately prior to program enrollment. Loss of such assistance would result in a return to homelessness.

I certify that that the information reported above is accurate and correct.

Name: _____

Phone #: _____

Title: _____

Agency: _____

Signature: _____

Date: _____

**VICTIM SERVICE PROVIDER CERTIFICATION
FOR EMERGENCY HOUSING VOUCHERS**



Client Name: _____ Date of Birth: _____

Number of Adults in Household: _____ Number of Minor Children in Household: _____

This is to certify that the above named individual or household meets the definition for persons who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

Confidentiality: All information provided concerning the incident(s) of domestic violence, dating violence, sexual assault, stalking, or human trafficking shall be kept confidential and such details shall not be entered into any shared database. This information must be protected and must not be disclosed to any other entity or individual, except to the extent that disclosure is: (i) consented to by the applicant/tenant in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**RE-ENTRY AND INSTITUTIONAL SETTING CERTIFICATION
FOR EMERGENCY HOUSING VOUCHERS**



Client Name: _____

Date of Birth: _____

This is to certify that the above-named individual's current or previous residence in an institutional setting. This certificate must be completed by a representative of an institution or component of the system of care, such as a health care facility, a mental health facility, foster care or other youth facility, or correction program or institution. The individual above must also be experiencing homelessness or at-risk of homelessness as defined in the McKinney-Vento Homeless Assistance Act.

Please check the applicable section(s).

Current Living Situation: Institutional Setting

The person named above is currently living in a publicly funded institution, including a foster care home or foster care group home, hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, or a substance abuse treatment facility or detox center, and will be discharged to a community setting.

The expected discharge date for this person is: _____

Prior Living Situation: Institutional Setting

In the past 90 days, the person named above was living in an institutional setting, including a foster care home or foster care group home, hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, or a substance abuse treatment facility or detox center.

The discharge date for this person was: _____

Criminal Justice Supervision

The person named above is currently receiving criminal justice supervision such as probation or parole.

I certify that that the information reported above is accurate and correct.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

ATTACHMENT 5. EMERGENCY HOUSING VOUCHER REFERRAL EMAIL

The Office of Care Coordination on behalf of the Coordinated Entry System (CES) will be facilitating communication for referrals made to the Emergency Housing Vouchers (EHV). The following is a template email that will be provided to the appropriate Public Housing Authority (PHA) to facilitate the referral and next steps.

To: PHA

Cc: CES ACCESS POINT; HOUSING SERVICE PROVIDER

Subject: Referral: Emergency Housing Voucher

Unique ID:

Subpopulation:

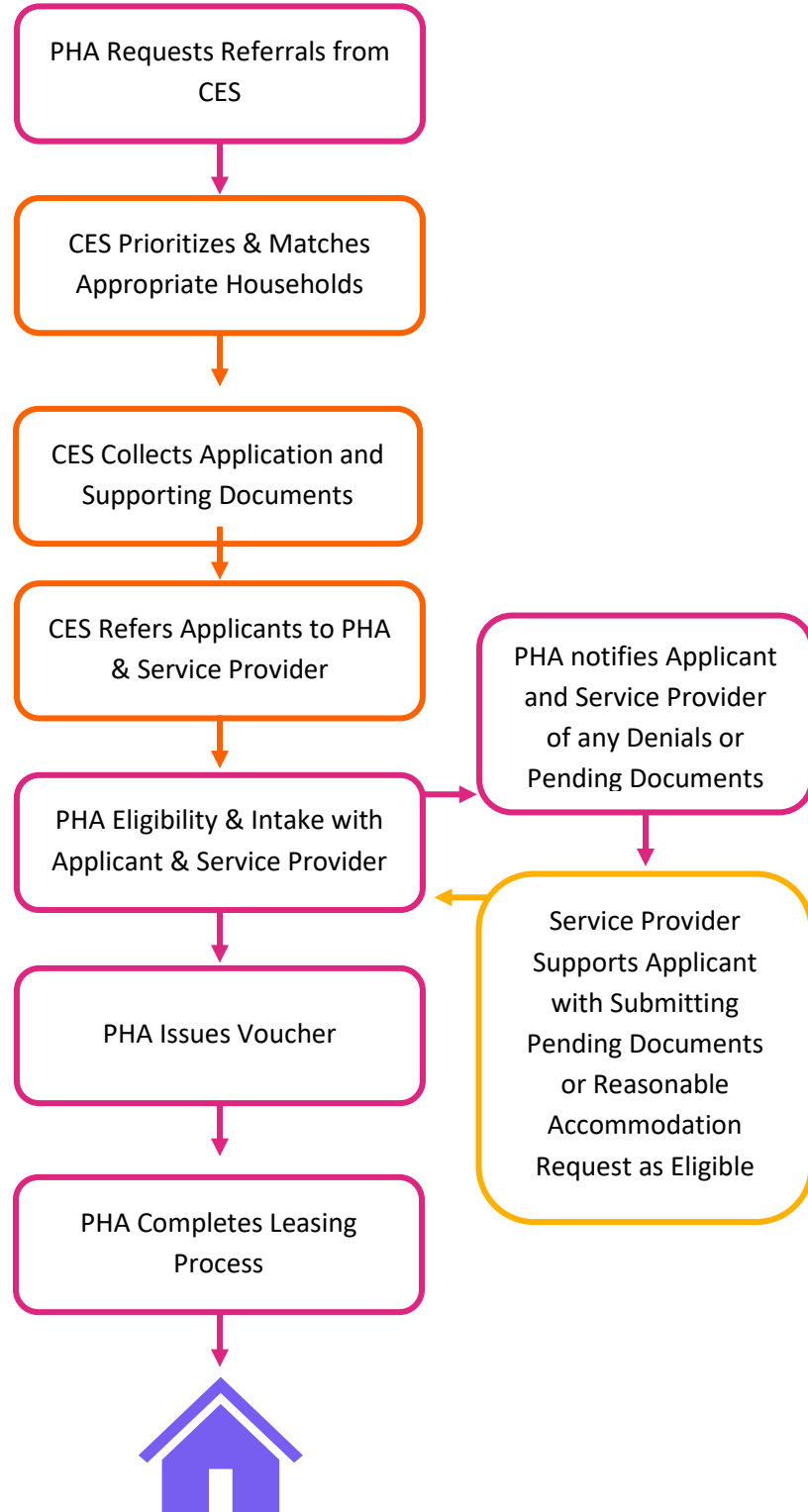
CES is referring the applicant above to the Emergency Housing Voucher Program. The application and eligibility documents are available in HMIS. The contact information for the current CES Access Point and assigned Housing Service Provider are listed below. Please coordinate with the applicant, CES Access Point, and Housing Service Provider to complete the intake process.

CES Access Point:

Housing Service Provider:

ATTACHMENT 6. EMERGENCY HOUSING VOUCHER REFERRAL WORKFLOW

Emergency Housing Voucher Workflow



Emergency Housing Voucher Program Workflow

The **Public Housing Authority (PHA)** will request referrals from the **OC Coordinated Entry System (CES)** through the OC Homeless Management Information System (HMIS). One referral will be requested for every available Emergency Housing Voucher (EHV). **CES** will provide replacement referrals for any **Applicant** who does not complete the application process.

CES will prioritize and match appropriate households based on presumptive eligibility. **CES** will use the prioritization process approved by the Orange County Continuum of Care (CoC) Board, as reflected in the [CES policies and procedures](#). Matches will be made based on the allocations outlined in the EHV Memorandum of Understanding.

CES will collect applications and supporting documents prior to submitting referrals to the **PHA**. The **Applicant** will have a maximum of 30 days to upload the minimally required application and supporting documents to HMIS. **CES** will decline **Applicants** in HMIS who do not submit required documents within 30 days.

CES will refer **Applicants** to the **PHA** and assigned **Service Provider** by email on an ongoing basis as complete applications and supporting documents are uploaded to HMIS. The referral will consist of a statement of presumptive eligibility and a link to the HMIS client record where all application documents will be available to download as needed.

PHA will initiate the eligibility screening and intake with the **Applicant** and **Service Provider**. **PHA** will notify the **Applicant** and **Service Provider** of any pending documents or denials. **Service Provider** will support **Applicants** with submitting pending documents or reasonable accommodation requests as eligible and appropriate. **PHA** will deny the **Applicant** in HMIS after the final notice due date or the end of the appeal period if the voucher will not be issued. **PHA** will distribute a bi-weekly report of application status to **CES** and **Service Provider**.

PHA issues a voucher and provides an electronic copy to **Applicant**, **Service Provider**, and **CES**. **PHA** will enroll the applicant in HMIS.

Once the voucher is issued, **Service Provider** will continue to support the **Applicant** with their housing search and support the **Applicant** with submitting the Request for Tenancy Approval (RTA) to **PHA**.

PHA will complete the unit inspection and leasing process.

Applicant completes move in and is **HOUSED**. **PHA** will enter move-in date and exit **Applicant** from **CES** in HMIS.

Attachment B

MEMORANDUM OF UNDERSTANDING
BETWEEN
HOUSING AUTHORITY OF THE CITY OF SANTA ANA (CA093)
AND
ORANGE COUNTY CONTINUUM OF CARE
FOR THE EMERGENCY HOUSING VOUCHER PROGRAM

This Memorandum of Understanding (MOU) has been created and entered into on July 1, 2021, by and between the Housing Authority of the City of Santa Ana (CA093), a public body, corporate and politic, henceforth referred to as "PHA", and Health Care Agency, Office of Care Coordination functioning as the Administrative Entity and Collaborative Applicant for the Orange County Continuum of Care, henceforth referred to as "CoC". The PHA and CoC may be referred to individually as "Party" and collectively as "the Parties".

This MOU contains program content and purpose, along with specific guidelines for the implementation and administration of the Emergency Housing Voucher (EHV) programs as provided by the American Rescue Plan Act of 2021 (ARPA) to address the continued impact of the COVID-19 pandemic on the economy, public health, state and local governments, individuals, and businesses.

The relationship between PHA and CoC, with regard to this MOU, is based upon the following:

- I. The Parties enter into this MOU to further the interests of the CoC by collaboratively working to meet both Parties' objectives and/or to comply with federal requirements and obligations.
- II. The Parties reaffirm the commitments made to the mutual participants and service providers, which further contribute to the CoC's efforts to provide permanent housing solutions and supportive services for those who are experiencing homelessness or at risk of homelessness in Orange County.
- III. This MOU is authorized and provided pursuant to Notice PIH 2021-15 as issued by the U.S. Department of Housing and Urban Development (HUD), Office of Public and Indian Housing (PIH), on May 5, 2021.
- IV. This MOU contains the procedural guidelines authorized by both the PHA's Director and the CoC Director for the EHV Program, including eligibility verification and referral process utilizing the Coordinated Entry System (CES) to best use and target the EHV's in Orange County.

I. INTRODUCTION

The PHA has received an allocation of EHV to assist individuals and families who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent homelessness or having high risk of housing instability.

The PHA is required to enter into a MOU with the CoC to establish a partnership for the administration of the EHV. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying participants to the PHA. The MOU is a complete statement of the responsibilities of the parties and evidence of a commitment of resources to the EHV program.

II. PURPOSE

The purpose of this MOU is to support the efficient and effective lease up of each EHV allocated to the PHA no later than June 30, 2022, and ongoing lease up of any turnover vouchers through September 30, 2023, by receiving appropriate referrals from the CES.

III. TERM

The term of this MOU shall be effective July 1, 2021, and remain active until September 30, 2023. The Parties shall be obligated to perform such duties as would normally extend beyond this term, including but not limited to, obligations with respect to reporting and confidentiality.

IV. MUTUAL RESPONSIBILITIES

- a. Parties commit to administering the EHV in accordance with all program requirements in Notice PIH 2021-15.
- b. Parties agree that a strong level of communication and coordination among the Parties is necessary to ensure program success and adherence to program requirements.
 - i. Parties shall establish a mutually convenient regular meeting schedule and communication methods for the EHV process.
 - ii. Parties shall provide an update of referred matches, application status, lease up status and available vouchers.
- c. Parties agree to maintain lead EHV liaisons as follows:

HOUSING AUTHORITY OF THE CITY OF SANTA ANA

Lead Name: Judson Brown
Title: Housing Division Manager
Email: jbrown@santa-ana.org
Phone Number: 714-667-2241
Address:
City of Santa Ana
Community Development Agency
20 Civic Center Plaza
Santa Ana, CA 92702

ORANGE COUNTY CONTINUUM OF CARE

Lead Name: Doug Becht
Title: Director of Operations
Email: dbecht@ochca.com
Phone Number: 714-834-2323
Address:
OC Health Care Agency
Office of Care Coordination, Continuum of Care
405 W. 5th St, Ste 658, Santa Ana, CA 92701

V. ELIGIBILITY

- a. EHV eligibility is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability as defined in Notice PIH 2021-15.
- b. For the purposes of the EHV program, there will be no local residency preference and PHA referrals will be assigned based on the ratio of available vouchers.
- c. Denial of assistance will be limited to the mandatory prohibitions listed in Notice PIH 2021-15 without applying any additional permissive prohibitions.

VI. EHV ALLOCATION

- a. Parties agree to allocating all EHV's across the following sub-populations: individuals, families, veterans, transitional aged youth, move on, re-entry and exiting facilities, and domestic violence. The parties will work together on identifying the appropriate proportion of vouchers to be assigned to each sub-population.
- b. Parties agree to the following definitions and characterizations of the identified specific populations and who meet one of the four eligibility categories defined in PIH Notice 2021-15.
 - i. **Domestic Violence.** This allocation refers to individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.
 - ii. **Re-Entry and Exiting Facilities.** This allocation refers to individuals and families who are exiting a publicly funded institution or component of the system of care, such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution; exited a publicly funded institution or component of the system of care in the past 90 days; or currently receiving criminal justice supervision, such as probation or parole.
 - iii. **Move On.** This allocation refers to people who are formerly homeless and currently being assisted through rapid rehousing and permanent supportive housing programs. Vacancies created through Move On referrals must accept referrals from the CES. The PHA will have a local residency preference for the rapid rehousing and permanent supportive housing vacancies that are created through Move On referrals.
 - iv. **Transitional Aged Youth.** This allocation refers to individuals and families who are 18-24 years old.
 - v. **Veterans.** This allocation refers to individuals and families with household members who served in the U.S. Armed Forces, National Guard or Reserves of any discharge status. Priority will be given to those veteran households who are not eligible for HUD-VASH and/or need long-term financial assistance to remain stably housed.
 - vi. **Families.** This allocation refers to families with at least one minor child, households with an expectant mother, or households that are working towards reunification with minor children.
 - vii. **Individuals.** This allocation refers to adults who are not a part of a household with minor children and includes single adults and households comprised of multiple adults.
- c. Turn over EHV's will prioritize households exiting rapid rehousing or permanent supportive housing programs in need of ongoing rental assistance without intensive supportive services.

VII. COC ROLE AND RESPONSIBILITIES

- a. CoC will coordinate and consult with the PHA in developing the services and assistance to be offered under the EHV services fee provided by the PHA and/or their contracted service provider.
- b. CoC is committed to providing the following services through the CES and the OC Health Care Agency, Office of Care Coordination:
 - i. Educate CES Access Points and CoC Stakeholders on the EHV program, sub-populations priorities for EHV distribution and requirements of this housing opportunity as agreed upon in this MOU.
 - ii. Coordinate the outreach and referral of eligible households through CES.
 - iii. Prioritize households using the CES policies and procedures approved by the CoC.
 - iv. Partner with victim service providers to coordinate referrals through the parallel system for victim service providers.
 - v. Refer eligible individuals and families to PHA through CES, including referrals from the comparable CES for Victim Service Providers.
 - vi. Centralize the application process through the Office of Care Coordination using the universal PHA application and collecting minimally required supporting documents, as detailed and included in ATTACHMENT 2 and 3.
- c. CoC will provide supporting documentation to the PHA of the referring agency's verification that the referred individuals and families meet one of the four eligible categories for EHV assistance.
- d. CoC will strive to match referred individuals and families to the service provider selected by the PHA.
- e. CoC will comply with the provisions of this MOU.

VIII. PHA ROLES AND RESPONSIBILITIES

- a. PHA is committed to providing the following services:
 - i. Accept referrals from CES for the EHV program as vouchers are available.
 - ii. Accept direct referrals from outside the CoC CES if:
 1. the CES does not have a sufficient number of eligible families to refer to the PHA, or
 2. the CES does not identify individuals or families that may be eligible for EHV assistance because they are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.
 - iii. Coordinate and consult with CoC in developing the services and assistance to be offered under the EHV services fee provided by the PHA and/or their contracted Service Provider.
 - iv. Notify applicant, the Office of Care Coordination, CES, and designated supportive service agencies of application and appointment notices, including intake interviews and briefing appointments.
 - v. Provide housing search assistance using available EHV service fee funds and other funding resources, this includes:
 1. Information and training on what to expect in the EHV issuance process for household.
 2. Help household identify potentially available units during their housing search.
 3. Provide transportation assistance and directions to potential units.
 4. Conduct owner/landlord outreach and engagement.

5. Assist with the completion of rental applications and PHA forms.
 6. Help expedite the EHV leasing process for the household.
 7. Educate applicants on compliance with rental lease requirements.
- vi. PHA may subcontract the housing search assistance activities listed above.
- b. PHA will commit a sufficient number of staff and necessary resources to ensure that the application, certification, voucher issuance, and unit inspection processes are completed in a timely manner.
 - c. PHA will comply with the provisions of this MOU.
 - d. PHA will select the service provider to fulfill the service providers role and responsibilities.

IX. SERVICE PROVIDERS ROLE AND RESPONSIBILITIES

- a. Service providers are committed to providing the following services to support participants in securing housing and stabilizing in housing:
 - i. Provide lease up assistance, including but not limited to housing search assistance, housing related fee assistance, and landlord engagement services to eligible applicants who do not already have access to lease up assistance through other service providers. Provide a services plan that details the specific services and engagement to be provided to each household.
 - ii. Provide between 6-12 months of housing stabilization services to each household.
 - iii. Assist with submitting requests for tenancy approval and other required lease up documentation.
 - iv. Support tenants with maintaining compliance with rental lease requirements and provide housing stability services for a minimum of 12 months.
 - v. Assess and refer individuals and families to benefits and supportive services, when applicable to maintaining housing stability.
- b. Service Providers will comply with the provisions of this MOU.

X. PROGRAM EVALUATION

- a. The PHA and CoC agree to cooperate with HUD to provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

XI. GENERAL PROVISIONS

In the event there is a need to update this MOU such as to comply with the terms of the EHV Program funding, but deadlines do not permit such, upon mutual agreement, addendum will be appended to this MOU.

The Attachments to this MOU are subject to revision at any time after execution of the MOU, upon written administrative approval from both Parties. The Attachments are only for reference.

This MOU represents the entire understanding of the Parties with respect to the subject matter. No change, modification, extension, termination or waiver of this MOU, or any of the understandings herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the Parties hereto.

In Witness Whereof, the agencies hereto agree to the provisions as outlined in this MOU.

Signed by

HOUSING AUTHORITY OF THE CITY OF SANTA ANA (CA093)

_____ Date:
Name: Title:

ORANGE COUNTY CONTINUUM OF CARE

_____ Date:
Name: Title:

ATTACHMENT 1. PROGRAM MILESTONES

The PARTIES will utilize the following goals and milestones as a measure of success in administering the Emergency Housing Vouchers. These goals and milestones focus primarily on the function of the Continuum of Care (CoC), the Coordinated Entry System (CES) and the Public Housing Authority (PHA), accordingly.

The CoC as described in the Memorandum of Understanding (MOU) is to make direct referrals of qualifying participants to the PHA through the CES. The CES provides an objective manner to effectively connect individuals and families experiencing homeless or at risk of homelessness to appropriate services and housing interventions, with the goal of securing permanent and stable housing in Orange County.

- CES will identify 50% of the referrals within 7 weeks of the effective date of the MOU.
- CES will identify 100% of referrals within 14 weeks of the effective date of the MOU.
- CES will identify replacement referrals within 14 days for any returned matches.
- PHA will make all reasonable efforts to complete EHV processing within 45 days of initial contact with participant as referred by CES.
- PHA or designee will return ineligible referrals to CES within three (3) business days of determining ineligibility.

TENANT INFORMATION FORM

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if different than above) _____

Telephone Number: _____ Home Work Cell Other _____

Telephone Number: _____ Home Work Cell Other _____

E-mail Address _____ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household K = Co-Head (Not Married) Y = Youth Under 18 L = Live-in Aide
 S = Spouse (Married) F = Foster Child/Adult E = Full Time Student Over 18 A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No

TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? Yes No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? Yes No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? Yes No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? Yes No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? Yes No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Asset Information

Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? Yes No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

DOCUMENTATION REQUIRED: Provide 3 current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 3: Income Information

Did you file a Federal Income Tax Return last year?

Yes No

Does anyone living outside your household pay for or provide money for any of your household bills or living expenses?

Yes No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide 4 current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) Yes No

2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? Yes No

3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? Yes No

4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.** Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? Yes No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	---	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Name

Date

DECLARATION OF SECTION 214 STATUS

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

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

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

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

HA: Enter INS/SAVE Primary Verification # _____ 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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

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

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 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].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An 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 appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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/thiip/iv.cfm>.

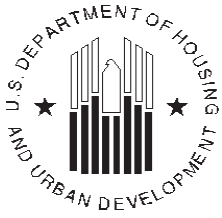
The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

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

Page 15 of 29 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.

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

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. 07/31/2021

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Orange County Housing Authority

Statement of Facts

Warning: It is unlawful to “knowingly and willfully” make any “materially false, fictitious, or fraudulent statements or representation” to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. [18 U.S.C. § 1001]

I certify, under penalty of perjury under the laws of the United States of America and the State of California, that the above information is true and correct.

Signature

Date

ATTACHMENT 3. REQUIRED SUPPORTING DOCUMENTS

Documents Checklist for the Emergency Housing Voucher Program Public Housing Authority Application

This checklist expires 12/31/2021

The following documents are required in order to submit a complete application to the Public Housing Authority (PHA). Please note that additional documentation may be requested at the discretion of the PHA. **It is strongly encouraged that all required documentation be submitted prior to admission to the program.**

Required PHA Forms

- Tenant Information Form (All sections completed or marked N/A if not applicable)
- Declaration of 214 Status
- What you should know about EIV
- Debts owed to Public Housing Authorities and Terminations
- Authorization for the Release of Information/Privacy Act Notice
- Supplement to Application for Federally Assisted Housing

Identification (For all household members) *

- Social Security Cards
- CA State Driver's License or Photo ID
- Eligible Citizenship Documentation, such as Birth Certificate, Resident Alien Card/Alien Number, or Certificate of Naturalization

* If unavailable at time of referral, per PIH Notice 2021-15, the PHA will accept a statement certifying Social Security Number, Date of Birth, and/or Citizenship. If client provides PHA self-certification, client must provide applicable verification, of SSN or citizenship within 180 days or verification of date of birth or disability status within 90 days of admission to the program. Failure to do so may result in termination from the program.

Unearned Income (All forms of unearned income must be disclosed for all household members)**

For all unearned income types, please provide the most recent benefit statement unless otherwise noted

- Social Security/SSI
- Pension
- Unemployment (EDD)
- Food Stamps and/or Cash Aid (TANF/AFDC)
- Disability
- Veteran's Benefit
- Worker's Compensation
- Child Support – CSS statement or similar governmental statement, divorce decree, or statement from paying party certifying amount paid
- Alimony – divorce decree or statement from paying party certifying amount paid
- Contributions to you or your family – letter from contributing party certifying monthly gross amount paid
- Other _____

Earned Income (All forms of earned income must be disclosed for all household members)**

- Last three (3) months of consecutive employment check stubs
- Cash employment – cash payment history for the last three to six months and most current tax return or IRS verification of non-filing.
- Self-employment verification – - most recent complete tax returns, including schedule C or the last three to six months payment history
- Other _____

Assets (All asset information must be disclosed for all household members)**

For purposes of the PHA, an asset includes the following: 401(k)/403(b), bonds, Certificate of Deposit (CD), checking account, Individual Retirement Account (IRA), inheritances, life insurance policies, money market accounts, mutual funds, pensions, real property, savings account, stocks, and trust funds

- 3 months consecutive bank statements for all checking and savings accounts
- Most recent statement for all other assets (i.e. IRA, 401(k), CD, stocks, bonds, investments, annuities, etc.)
- Life insurance – statement/letter showing cash value/surrender value
- Last Income Tax Return Filed, including W-2 (i.e. 1040, 540, 1099 Schedule C) for each person who filed
- If any member of the family has disposed of an asset valued at more than \$1000 for less than market value during the past 2 years – provide all documents of sale, transfer bankruptcy, or foreclosures including documents showing any net monetary gain from the transaction
- Other _____

Other**

- Medical expenses: when medical expenses exceed 3% of your gross annual income - pharmacy printouts, receipts for services and supplies, premium statements, etc., for the last 12 months
- Students, if applicable – class schedule and financial aid information

** If unavailable at time of referral, per PIH Notice 2021-14, the PHA will accept an affidavit attesting to reported income, assets, expenses, and other factors which would affect an income eligibility determination. Additionally, applicants may provide documentation that is not dated within 60 days of the PHA's request. For example, an SSI benefit letter issued 11/2020 showing the 2021 benefit amount and provided 7/2021 would be acceptable. To note, the PHA is still required to verify income against EIV data and is required to follow up on any discrepancies noted between the reported income and EIV data. Any misrepresentation of income received may result in termination from the program.

If a statement/affidavit is to be provided in lieu of verification at the time of referral, please use the Statement of Facts form provided in the application packet. Please use a separate form for each adult household member providing said statement/affidavit and for each category above.

ATTACHMENT 4. ELIGIBILITY VERIFICATION

**HOMELESSNESS CERTIFICATION FOR
EMERGENCY HOUSING VOUCHERS**



Client Name: _____ Date of Birth: _____

Number of Adults in Household: _____ Number of Minor Children in Household: _____

This is to certify the above-named person's or household's current living situation. This certificate must be completed by an agency recognized by the Continuum of Care (CoC) as having a program designed to serve persons living on the street or other places not meant for human habitation, appears on the CoC's Housing Inventory Chart or is otherwise recognized by the CoC as part of the CoC inventory.

Please check only one section.

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution for less than 90 days, was living in immediately prior to hospital/institution admission) a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution for less than 90 days, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter.

Living Situation: Recently Homeless

The person(s) named above is/are currently receiving financial and supportive services for persons who are formerly homeless and were living in emergency shelter or a place not meant for human habitation immediately prior to program enrollment. Loss of such assistance would result in a return to homelessness.

I certify that that the information reported above is accurate and correct.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

**VICTIM SERVICE PROVIDER CERTIFICATION
FOR EMERGENCY HOUSING VOUCHERS**



Client Name: _____ Date of Birth: _____

Number of Adults in Household: _____ Number of Minor Children in Household: _____

This is to certify that the above named individual or household meets the definition for persons who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

Confidentiality: All information provided concerning the incident(s) of domestic violence, dating violence, sexual assault, stalking, or human trafficking shall be kept confidential and such details shall not be entered into any shared database. This information must be protected and must not be disclosed to any other entity or individual, except to the extent that disclosure is: (i) consented to by the applicant/tenant in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**RE-ENTRY AND INSTITUTIONAL SETTING CERTIFICATION
FOR EMERGENCY HOUSING VOUCHERS**



Client Name: _____

Date of Birth: _____

This is to certify that the above-named individual's current or previous residence in an institutional setting. This certificate must be completed by a representative of an institution or component of the system of care, such as a health care facility, a mental health facility, foster care or other youth facility, or correction program or institution. The individual above must also be experiencing homelessness or at-risk of homelessness as defined in the McKinney-Vento Homeless Assistance Act.

Please check the applicable section(s).

Current Living Situation: Institutional Setting

The person named above is currently living in a publicly funded institution, including a foster care home or foster care group home, hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, or a substance abuse treatment facility or detox center, and will be discharged to a community setting.

The expected discharge date for this person is: _____

Prior Living Situation: Institutional Setting

In the past 90 days, the person named above was living in an institutional setting, including a foster care home or foster care group home, hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, or a substance abuse treatment facility or detox center.

The discharge date for this person was: _____

Criminal Justice Supervision

The person named above is currently receiving criminal justice supervision such as probation or parole.

I certify that that the information reported above is accurate and correct.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

ATTACHMENT 5. EMERGENCY HOUSING VOUCHER REFERRAL EMAIL

The Office of Care Coordination on behalf of the Coordinated Entry System (CES) will be facilitating communication for referrals made to the Emergency Housing Vouchers. The following is a template email that will be provided to the appropriate Public Housing Authority (PHA) to facilitate the referral and next steps.

To: PHA

Cc: CES ACCESS POINT; HOUSING SERVICE PROVIDER

Subject: Referral: Emergency Housing Voucher

Unique ID:

Subpopulation:

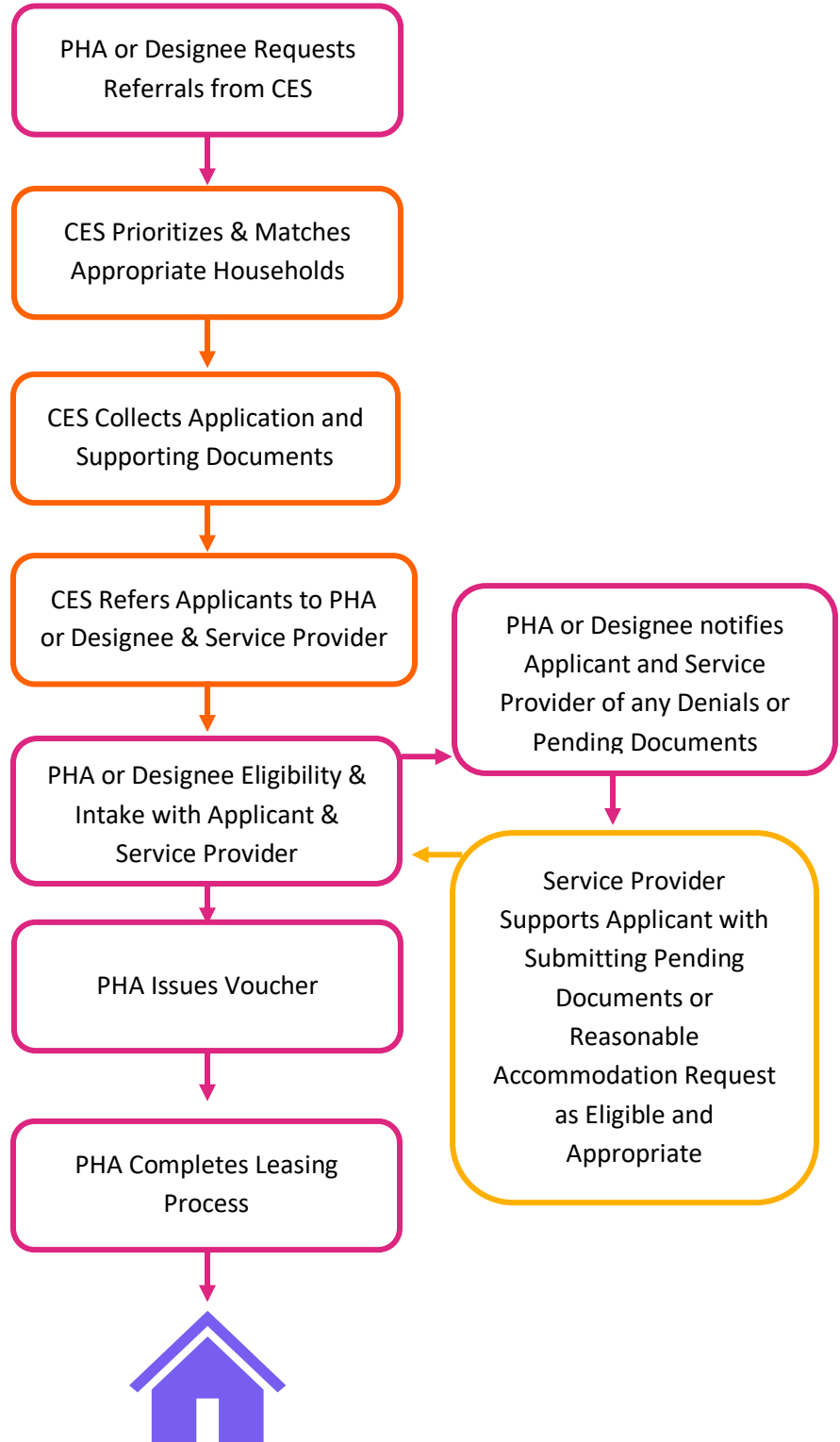
CES is referring the applicant above to the Emergency Housing Voucher Program. The application and eligibility documents are available in HMIS. The contact information for the current CES Access Point and assigned Housing Service Provider are listed below. Please coordinate with the applicant, CES Access Point and Housing Service Provider to complete the intake process.

CES Access Point:

Housing Service Provider:

ATTACHMENT 6. EMERGENCY HOUSING VOUCHER REFERRAL WORKFLOW

Emergency Housing Voucher Workflow



Emergency Housing Voucher Program Workflow

The **Public Housing Authority (PHA) or Designee** will request referrals from the **OC Coordinated Entry System (CES)** through the OC Homeless Management Information System (HMIS). One referral will be requested for every available Emergency Housing Voucher (EHV). **CES** will provide replacement referrals for any **Applicant** who does not complete the application process.

CES will prioritize and match appropriate households based on presumptive eligibility. **CES** will use the prioritization process approved by the Orange County Continuum of Care (CoC) Board, as reflected in the [CES policies and procedures](#). Matches will be made based on the allocations outlined in the EHV Memorandum of Understanding.

CES will collect applications and supporting documents prior to submitting referrals to the **PHA or Designee**. The **Applicant** will have a maximum of 30 days to upload the minimally required application and supporting documents to HMIS. **CES** will decline **Applicants** in HMIS who do not submit required documents within 30 days.

CES will refer **Applicants** to the **PHA or Designee** and assigned **Service Provider** by email on an ongoing basis as complete applications and supporting documents are uploaded to HMIS. The referral will consist of a statement of presumptive eligibility and a link to the HMIS client record where all application documents will be available to download as needed.

PHA or Designee will initiate the eligibility screening and intake with the **Applicant** and **Service Provider**. **PHA or Designee** will notify the **Applicant** and **Service Provider** of any pending documents or denials. **Service Provider** will support **Applicants** with submitting pending documents or reasonable accommodation requests as eligible and appropriate. **PHA or Designee** will deny the **Applicant** in HMIS after the final notice due date or the end of the appeal period if the voucher will not be issued. **PHA or Designee** will make all reasonable efforts to distribute a bi-weekly report of application status to **CES** and **Service Provider**.

PHA issues a voucher and provides an electronic copy to **Applicant**, **Service Provider**, and **CES**. **PHA or Designee** will enroll the applicant in HMIS.

Once the voucher is issued, **Service Provider** will continue to support the **Applicant** with their housing search and support the **Applicant** with submitting the Request for Tenancy Approval (RTA) to **PHA**.

PHA will complete the unit inspection and leasing process.

Applicant completes move in and is **HOUSED**. **PHA or Designee** will enter move in date and exit **Applicant** from **CES** in HMIS.

Attachment C

MEMORANDUM OF UNDERSTANDING
BETWEEN
ANAHEIM HOUSING AUTHORITY,
AND
ORANGE COUNTY CONTINUUM OF CARE
FOR THE EMERGENCY HOUSING VOUCHER PROGRAM

This Memorandum of Understanding (MOU) has been created and entered into on July 1, 2021, by and between the Anaheim Housing Authority, henceforth referred to as “PHA”, and Orange County Continuum of Care (CoC). The PHA and CoC may be referred to individually as “Party” and collectively as “the Parties.”

This MOU contains program content and purpose, along with specific guidelines for the implementation and administration of the Emergency Housing Voucher (EHV) programs as provided by the American Rescue Plan Act of 2021 (ARPA) to address the continued impact of the COVID-19 pandemic on the economy, public health, State and local governments, individuals, and businesses.

The relationship between PHA and CoC, with regard to this MOU, is based upon the following:

- I. The Health Care Agency, Office of Care Coordination functions as the Administrative Entity and Collaborative Applicant for the CoC.
- II. The Parties enter into this MOU to further the interests of the CoC by collaboratively working to meet both agencies’ objectives and/or to comply with federal requirements and obligations.
- III. The Parties reaffirm the commitments made to the mutual participants and service providers, which further contribute to the CoC’s efforts to provide permanent housing solutions and supportive services for those who are experiencing homelessness or at risk of homelessness in Orange County.
- IV. This MOU is authorized and provided pursuant to Notice PIH 2021-15 as issued by the U.S. Department of Housing and Urban Development (HUD), Office of Public and Indian Housing (PIH), on May 5, 2021.
- V. This MOU contains the procedural guidelines authorized by both the PHA’s Director and the CoC Director for the EHV Program, including eligibility verification and referral process utilizing the Coordinated Entry System (CES) to best use and target the vouchers in Orange County.

I. INTRODUCTION

The PHA has received an allocation of Emergency Housing Vouchers (EHV) to assist individuals and families who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent homelessness or having high risk of housing instability.

The PHA is required to enter into a Memorandum of Understanding (MOU) with the CoC to establish a partnership for the administration of the EHVs. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying participants to the PHA. The MOU is a complete statement of the responsibilities of the parties and evidence of a commitment of resources to the EHV program.

II. PURPOSE

The Purpose of this MOU is to support the efficient and effective lease up of each EHV allocated to the PHA no later than June 30, 2022 and ongoing lease up of any turnover vouchers through September 30, 2023, by receiving appropriate referrals from the CES.

III. TERM

The term of this MOU shall be effective July 1, 2021, and remain active until September 30, 2023. The Parties shall be obligated to perform such duties as would normally extend beyond this term, including but not limited to, obligations with respect to reporting and confidentiality.

IV. MUTUAL RESPONSIBILITIES

- a. Parties commit to administering EHV in accordance with all program requirements in Notice PIH 2021-15.
- b. Parties agree that a strong level of communication and coordination among the Parties is necessary to ensure program success and adherence to program requirements.
 - i. Parties shall establish a mutually convenient regular meeting schedule and communication methods for EHV process.
 - ii. Parties shall provide an update of referred matches, application status, lease up status and available vouchers.
- c. Parties agree to maintain lead EHV liaisons as follows:

HOUSING AUTHORITY
Lead Name: Kerrin Cardwell
Title: Housing Authority Manager
Email: kcardwell@anaheim.net
Phone Number: (714) 765-5004
Address: 201 S. Anaheim Blvd., Suite 203
Anaheim, CA 92805

ORANGE COUNTY CONTINUUM OF CARE
Lead Name: Doug Becht
Title: Director of Operations
Email: dbecht@ochca.com
Phone Number: 714-834-2323
Address:
OC Health Care Agency
Office of Care Coordination, Continuum of Care
405 W. 5th St, Ste 658, Santa Ana, CA 92701

V. ELIGIBILITY

- a. EHV eligibility is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless and for who providing rental assistance will prevent the family's homelessness or having high risk of housing instability as defined in Notice PIH 2021-15.
- b. For the purposes of the EHV program, there will be no local residency preference and PHA referrals will be assigned based on the ratio of available vouchers.
- c. Denial of assistance will be limited to the mandatory prohibitions listed in Notice PIH 2021-15 without applying any additional permissive prohibitions.

VI. EHV ALLOCATION

- a. Parties agree to allocating all EHV across the following sub-populations: individuals, families, veterans, transitional aged youth, move on, re-entry and exiting facilities, and domestic violence. The parties will work together on identifying the appropriate proportion of vouchers to be assigned to each sub-population.

- b. Parties agree to the following definitions and characterizations of the identified specific populations and who meet one of the four eligibility categories defined in PIH Notice 2021-15.
 - i. **Domestic Violence.** This allocation refers to individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.
 - ii. **Re-Entry and Exiting Facilities.** This allocation refers to individuals and families who are exiting a publicly funded institution or component of the system of care, such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution; exited a publicly funded institution or component of the system of care in the past 90 days; or currently receiving criminal justice supervision, such as probation or parole.
 - iii. **Move On.** This allocation refers to people who are formerly homeless and currently being assisted through rapid rehousing and permanent supportive housing programs. Vacancies created through Move On referrals must accept referrals from the Coordinated Entry System. Referrals for this population may be provided directly to the PHA if the Coordinated Entry (CE) system is unable to accommodate referrals to the PHA. The PHA will have a local residency preference for the rapid rehousing and permanent supportive housing vacancies that are created through Move On referrals.
 - iv. **Transitional Aged Youth.** This allocation refers to individuals and families who are 18-24 years old.
 - v. **Veterans.** This allocation refers to individuals and families with household members who served in the U.S. Armed Forces, National Guard or Reserves of any discharge status. Priority will be given to those veteran household who are not eligible for HUD-VASH and/or need long-term financial assistance to remain stably housed.
 - vi. **Families.** This allocation refers to families with at least one minor child, households with an expectant mother, or households that are working towards reunification with minor children.
 - vii. **Individuals.** This allocation refers to adults who are not a part of a household with minor children and includes single adults and households comprised of multiple adults.
- c.
- d. Turn over EHV will prioritize households exiting rapid rehousing or permanent supportive housing programs in need of ongoing rental assistance without intensive supportive services.

VII. COC ROLE AND RESPONSIBILITIES

- a. CoC will coordinate and consult with PHA in developing the services and assistance to be offered under the EHV services fee provided by the PHA and/or their contracted Service Provider.
- b. CoC is committed to providing the following services through the Orange County Coordinated Entry System (CES) and the OC Health Care Agency, Office of Care Coordination:
 - i. Educating CES Access Points and CoC Stakeholders on the EHV program, sub-populations priorities for EHV distribution and requirements of this housing opportunity as agreed upon in this MOU.
 - ii. Coordinating the outreach and referral of eligible households through CES
 - iii. Prioritizing households using the CES policies and procedures approved by the CoC

- iv. Partnering with Victim Service Providers to coordinate referrals through the parallel system for Victim Service Providers
- v. Refer eligible individuals and families to PHA through CES, including referrals from the comparable CES for Victim Service Providers
- vi. Centralizing the application process through OCC using the universal PHA application and collecting minimally required supporting documents, as detailed and included in ATTACHMENT [...] and [...]
- c. Provide supporting documentation to the PHA of the referring agency's verification that the referred individuals and families meet one of the four eligible categories for EHV assistance.
- d. The CoC will strive to match referred individuals and families to the Service Provider selected by the PHA.
- e. The CoC will comply with the provisions of this MOU

VIII. PHA ROLES AND RESPONSIBILITIES

- a. PHA is committed to providing the following services:
 - i. Accept referrals from CES for the EHV program as vouchers are available.
 - ii. Accept direct referrals from outside the CoC CE system if:
 - 1. the CE system does not have a sufficient number of eligible households to refer to the PHA, or
 - iii. the CE system does not identify families that may be eligible for EHV assistance because they are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.
 - iv. Coordinate and consult with COC in developing the services and assistance to be offered under the EHV services fee provided by the PHA and/or their contracted Service Provider.
 - v. Notify applicant, OCC, CES, and designated supportive service agencies of application and appointment notices, including intake interviews and briefing appointments
 - vi. Provide housing search assistance and housing stabilization services using available EHV service fee funds and other funding resources, this includes:
 - 1. Information and training on what to expect in the EHV issuance process for household
 - 2. Helping household identify potentially available units during their housing search,
 - 3. Provide transportation assistance and directions to potential units
 - 4. Conduct owner/landlord outreach and engagement
 - 5. Assist with the completion of rental applications and PHA forms
 - 6. Help expedite the EHV leasing process for the household
 - 7. Educate applicants on compliance with rental lease requirements
 - vii. The PHA will select the Service Provider to fulfill the Service Providers Role and Responsibilities.
 - viii. PHA may subcontract the housing search assistance activities listed above.
- b. PHAs will commit a sufficient number of staff and necessary resources to ensure that the application, certification, voucher issuance and unit inspection processes are completed in a timely manner
- c. PHAs will comply with the provisions of this MOU

IX. SERVICE PROVIDERS ROLE AND RESPONSIBILITIES

- a. Service Providers are committed to providing the following services to support all Participants in securing housing and stabilizing in housing:
 - i. Provide lease up assistance, including but not limited to housing search assistance, housing related fee assistance, and landlord engagement services to eligible applicants who do not already have access to lease up assistance through other service providers
 - ii. Assist with submitting requests for tenancy approval and other required lease up documentation
 - iii. Support all tenants with maintaining compliance with rental lease requirements and provide housing stability services for a minimum of 6-12 months
 - iv. Provide a services plan that details the specific services and engagement to each household.
 - v. Assess and refer individuals and families to benefits and supportive services, when applicable to maintaining housing stability
- b. Service Providers will comply with the provisions of this MOU

X. PROGRAM EVALUATION

- a. The PHAs and CoC agree to cooperate with HUD to provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

XI. GENERAL PROVISIONS

In the event there is a need to update this MOU such as to comply with the terms of the EHV Program funding, but deadlines do not permit such, upon mutual agreement, addendum will be appended to this MOU.

This MOU represents the entire understanding of the PARTIES with respect to the subject matter. No change, modification, extension, termination or waiver of this MOU, or any of the understandings herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the Parties hereto.

In Witness Whereof, the agencies hereto agree to the provisions as outlined in this MOU.

Signed by

ANAHEIM HOUSING AUTHORITY

_____ Date:
Name: Title:

ORANGE COUNTY CONTINUUM OF CARE

_____ Date:
Name: Title:

ATTACHMENT 1. PROGRAM MILESTONES

The PARTIES will utilize the following goals and milestones as a measure of success in administering the Emergency Housing Vouchers. These goals and milestones focus primarily on the function of the Continuum of Care (CoC), the Coordinated Entry System (CES) and the Public Housing Authority (PHA), accordingly.

The CoC as described in the Memorandum of Understanding (MOU) is to make direct referrals of qualifying participants to the PHA through the CES. The CES provides an objective manner to effectively connect individuals and families experiencing homeless or at risk of homelessness to appropriate services and housing interventions, with the goal of securing permanent and stable housing in Orange County.

- CES will identify 50% of the referrals within 7 weeks of the effective date of the MOU
- CES will identify 100% of referrals within 14 weeks of the effective date of the MOU
- CES will identify replacement referrals within 14 days for any returned matches
- PHA will complete EHV processing within 45 days of initial contact with participant as referred by CES.
- PHA will return ineligible referrals to CES within three (3) business days of determining ineligibility

ATTACHMENT 2. UNIVERSAL APPLICATION

ATTACHMENT 3. REQUIRED SUPPORTING DOCUMENTS

ATTACHMENT 4. ELIGIBILITY VERIFICATION

ATTACHMENT 5. EMERGENCY HOUSING VOUCHER REFERRAL EMAIL

The Office of Care Coordination on behalf of the Coordinated Entry System (CES) will be facilitating communication for referrals made to the Emergency Housing Vouchers. The following is a template email that be provided to the appropriate Public Housing Authority (PHA) to facilitate the referral and next steps.

To: PHA

Cc: CES ACCESS POINT; HOUSING SERVICE PROVIDER

Subject: Referral: Emergency Housing Voucher

Unique ID:

Subpopulation:

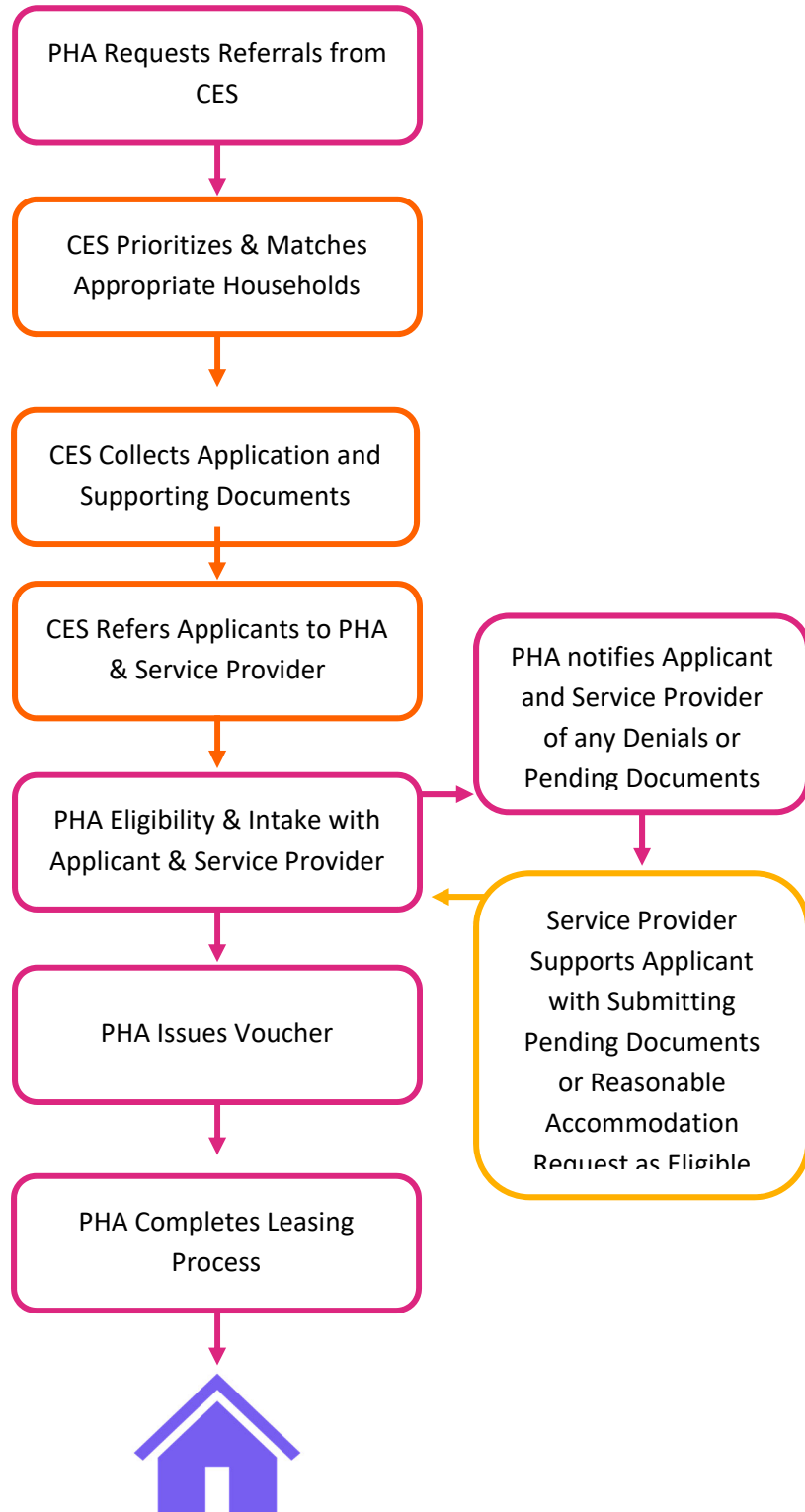
CES is referring the applicant above to the Emergency Housing Voucher Program. The application and eligibility documents are available in HMIS. The contact information for the current CES Access Point and assigned Housing Service Provider are listed below. Please coordinate with the applicant, CES Access Point and Housing Service Provider to complete the intake process.

CES Access Point:

Housing Service Provider:

ATTACHMENT 6.
EMERGENCY HOUSING VOUCHER REFERRAL WORKFLOW

Emergency Housing Voucher Workflow



Emergency Housing Voucher Program Workflow

The **Public Housing Authority (PHA)** will request referrals from the **OC Coordinated Entry System (CES)** through the OC Homeless Management Information System (HMIS). One referral will be requested for every available Emergency Housing Voucher (EHV). **CES** will provide replacement referrals for any **Applicant** who does not complete the application process.

CES will prioritize and match appropriate households based on presumptive eligibility. **CES** will use the prioritization process approved by the Orange County Continuum of Care (CoC) Board, as reflected in the [CES policies and procedures](#). Matches will be made based on the allocations outlined in the EHV Memorandum of Understanding.

CES will collect applications and supporting documents prior to submitting referrals to the **PHA**. The **Applicant** will have a maximum of 30 days to upload the minimally required application and supporting documents to HMIS. **CES** will decline **Applicants** in HMIS who do not submit required documents within 30 days.

CES will refer **Applicants** to the **PHA** and assigned **Service Provider** by email on an ongoing basis as complete applications and supporting documents are uploaded to HMIS. The referral will consist of a statement of presumptive eligibility and a link to the HMIS client record where all application documents will be available to download as needed.

PHA will initiate the eligibility screening and intake with the **Applicant** and **Service Provider**. **PHA** will notify the **Applicant** and **Service Provider** of any pending documents or denials. **Service Provider** will support **Applicants** with submitting pending documents or reasonable accommodation requests as eligible and appropriate. **PHA** will deny the **Applicant** in HMIS after the final notice due date or the end of the appeal period if the voucher will not be issued. **PHA** will distribute a bi-weekly report of application status to **CES** and **Service Provider**.

PHA issues voucher and provides an electronic copy to **Applicant**, **Service Provider**, and **CES**. **PHA** will enroll applicant in HMIS.

Once the voucher is issued, **Service Provider** will continue to support the **Applicant** with their housing search and support the **Applicant** with submitting the Request for Tenancy Approval (RTA) to **PHA**.

PHA will complete the unit inspection and leasing process.

Applicant completes move in and is **HOUSED**. **PHA** will enter move in date and exit **Applicant** from **CES** in HMIS.

Attachment D

MEMORANDUM OF UNDERSTANDING
BETWEEN
GARDEN GROVE HOUSING AUTHORITY,
AND
ORANGE COUNTY CONTINUUM OF CARE
FOR THE EMERGENCY HOUSING VOUCHER PROGRAM

This Memorandum of Understanding (MOU) has been created and entered into on July 13, 2021, by and between the Garden Grove Housing Authority, henceforth referred to as “PHA”, and Health Care Agency, Office of Care Coordination functioning as the Administrative Entity and Collaborative Applicant for the Orange County Continuum of Care (“CoC”). The PHA and CoC may be referred to individually as “Party” and collectively as “the Parties”.

This MOU contains program content and purpose, along with specific guidelines for the implementation and administration of the Emergency Housing Voucher (EHV) programs as provided by the American Rescue Plan Act of 2021 (ARPA) to address the continued impact of the COVID-19 pandemic on the economy, public health, state and local governments, individuals, and businesses.

The relationship between PHA and CoC, with regard to this MOU, is based upon the following:

- I. The Parties enter into this MOU to further the interests of the CoC by collaboratively working to meet both agencies’ goals and objectives for success in administering the EHV program in accordance with all program requirements.
- II. The Parties reaffirm the commitments made to the mutual participants and service providers, which further contribute to the CoC’s efforts to provide permanent housing solutions and supportive services for those who are experiencing homelessness or at risk of homelessness in Orange County.
- III. This MOU is authorized and provided pursuant to Notice PIH 2021-15 as issued by the U.S. Department of Housing and Urban Development (HUD), Office of Public and Indian Housing (PIH), on May 5, 2021.
- IV. This MOU contains the procedural guidelines authorized by both the PHA’s Director and the CoC Director for the EHV Program, including eligibility verification and referral process utilizing the Coordinated Entry System (CES) to best use and target the EHV’s in Orange County.

I. INTRODUCTION

The PHA has received an allocation of Emergency Housing Vouchers (EHV) to assist individuals and families who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent homelessness or having high risk of housing instability.

The PHA is required to enter into a Memorandum of Understanding (MOU) with the CoC to establish a partnership for the administration of the EHV. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying participants to the PHA. The MOU is a complete statement of the responsibilities of the Parties and evidence of a commitment of resources to the EHV program.

II. PURPOSE

The Purpose of this MOU is to support the efficient and effective lease up of each EHV allocated to the PHA no later than June 30, 2022, and ongoing lease up of any turnover vouchers through September 30, 2023, by receiving appropriate referrals from the CES.

III. TERM

The term of this MOU shall be effective July 13, 2021, and remain active until September 30, 2023. The Parties shall be obligated to perform such duties as would normally extend beyond this term, including but not limited to, obligations with respect to reporting and confidentiality.

IV. MUTUAL RESPONSIBILITIES

- a. Parties commit to administering EHV in accordance with all program requirements in Notice PIH 2021-15.
- b. Parties agree that a strong level of communication and coordination among the Parties is necessary to ensure program success and adherence to program requirements.
 - i. Parties shall establish a mutually convenient regular meeting schedule and communication methods for the EHV process.
 - ii. Parties shall provide an update of referred matches, application status, lease up status, and available vouchers.
- c. Parties agree to maintain lead EHV liaisons as follows:

GARDEN GROVE HOUSING AUTHORITY

Lead Name: Danny Huynh
Title: Housing Authority Manager
Email: dannyh@ggcity.org
Phone Number: 714-741-5154
Address:
Garden Grove Housing Authority
12966 S Euclid St #150
Garden Grove, CA 92840

ORANGE COUNTY CONTINUUM OF CARE

Lead Name: Doug Becht
Title: Director of Operations
Email: dbecht@ochca.com
Phone Number: 714-834-2323
Address:
OC Health Care Agency
Office of Care Coordination, Continuum of Care
405 W. 5th St, Ste 658, Santa Ana, CA 92701

V. ELIGIBILITY

- a. EHV eligibility is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability as defined in Notice PIH 2021-15.
- b. For the purposes of the EHV program, there will be no local residency preference and PHA referrals will be assigned based on the ratio of available vouchers.
- c. Denial of assistance will be limited to the mandatory prohibitions listed in Notice PIH 2021-15 without applying any additional permissive prohibitions.

VI. EHV ALLOCATION

- a. Parties agree to allocating all EHV's across the following sub-populations: individuals, families, veterans, transitional aged youth, move on, re-entry and exiting facilities, and domestic violence. The Parties will work together on identifying the appropriate proportion of vouchers to be assigned to each sub-population.
- b. Parties agree to the following definitions and characterizations of the identified specific populations and who meet one of the four eligibility categories defined in PIH Notice 2021-15.
 - i. **Domestic Violence.** This allocation refers to individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. Referrals for this population may be provided directly to the PHA from a victim services provider in the absence of a Coordinated Entry System (CES) specifically designed to accommodate the special needs of this group.
 - ii. **Re-Entry and Exiting Facilities.** This allocation refers to individuals and families who are exiting a publicly funded institution or component of the system of care, such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution; exited a publicly funded institution or component of the system of care in the past 90 days; or currently receiving criminal justice supervision, such as probation or parole.
 - iii. **Move On.** This allocation refers to people who are formerly homeless and currently being assisted through rapid rehousing and permanent supportive housing programs. Vacancies created through Move On referrals must accept referrals from the Coordinated Entry System.
 - iv. **Transitional Aged Youth.** This allocation refers to individuals and families who are 18-24 years old.
 - v. **Veterans.** This allocation refers to individuals and families with household members who served in the U.S. Armed Forces, National Guard or Reserves of any discharge status. Priority will be given to those veteran households who are not eligible for HUD-VASH and/or need long-term financial assistance to remain stably housed.
 - vi. **Families.** This allocation refers to families with at least one minor child, households with an expectant mother, or households that are working towards reunification with minor children.
 - vii. **Individuals.** This allocation refers to adults who are not a part of a household with minor children and includes single adults and households comprised of multiple adults.

- c. Turn over EHV will prioritize households exiting rapid rehousing or permanent supportive housing programs in need of ongoing rental assistance without intensive supportive services.

VII. COC ROLE AND RESPONSIBILITIES

- a. CoC will coordinate and consult with the PHA in developing the services and assistance to be offered under the EHV services fee provided by the PHA and/or their contracted service provider.
- b. CoC is committed to providing the following services through the Orange County Coordinated Entry System (CES) and the OC Health Care Agency, Office of Care Coordination:
 - i. Educating CES Access Points and CoC Stakeholders on the EHV program, sub-populations priorities for EHV distribution and requirements of this housing opportunity as agreed upon in this MOU.
 - ii. Coordinating the outreach and referral of eligible households through CES.
 - iii. Prioritizing households using the CES policies and procedures approved by the CoC.
 - iv. Partnering with Victim Service Providers to coordinate referrals through the parallel CES for Victim Service Providers.
 - v. Referring eligible individuals and families to PHA through CES, including referrals from the comparable CES for Victim Service Providers.
 - vi. Centralizing the application process through OCC using the universal PHA application and collecting minimally required supporting documents, as detailed and included in ATTACHMENT 2 and 3.
- c. Provide supporting documentation to the PHA of the referring agency's verification that the referred individuals and families meet one of the four eligible categories for EHV assistance.
- d. The CoC will strive to match EHV with service providers selected by the PHA.
- e. The CoC will comply with the provisions of this MOU.

VIII. PHA ROLES AND RESPONSIBILITIES

- a. PHA is committed to providing the following services:
- b. Accept all referrals from CES for the EHV program as vouchers are available.
 - i. Coordinate and consult with CoC in developing the services and assistance to be offered under the EHV services fee provided by the PHA and/or their contracted service provider.
 - ii. Notify applicant, Office of Care Coordination, CES, and designated supportive service agencies of application and appointment notices, including intake interviews and briefing appointments.
 - iii. Provide housing search assistance and housing stabilization services using available EHV service fee funds and other funding resources, this includes:
 - 1. Information and training on what to expect in the EHV issuance process for household.
 - 2. Helping household identify potentially available units during their housing search.
 - 3. Provide transportation assistance and directions to potential units.
 - 4. Conduct owner/landlord outreach and engagement.
 - 5. Assist with the completion of rental applications and PHA forms.
 - 6. Help expedite the EHV leasing process for the household.
 - 7. Educate applicants on compliance with rental lease requirements.
 - 8. Provide housing stabilization services to households for 6 to 12 months.

9. Provide a services plan that details the specific services and engagement to be provided to each household.
- b. PHAs will commit a sufficient number of staff and necessary resources to ensure that the application, certification, voucher issuance and unit inspection processes are completed in a timely manner.
- c. PHAs will comply with the provisions of this MOU.

IX. SERVICE PROVIDERS ROLE AND RESPONSIBILITIES

- a. Service providers are committed to providing the following services to support Participants in securing housing and stabilizing in housing:
 - i. Provide lease up assistance, including but not limited to housing search assistance, housing related fee assistance, and landlord engagement services to eligible applicants who do not already have access to lease up assistance through other service providers.
 - ii. Assist with submitting requests for tenancy approval and other required lease up documentation.
 - iii. Support tenants with maintaining compliance with rental lease requirements and provide housing stability services for 6 to 12 months.
 - iv. Assess and refer individuals and families to benefits and supportive services, when applicable to maintaining housing stability.
- b. Service Providers will comply with the provisions of this MOU.

X. PROGRAM EVALUATION

- a. The PHAs and CoC agree to cooperate with HUD to provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

XI. GENERAL PROVISIONS

In the event there is a need to update this MOU such as to comply with the terms of the EHV Program funding, but deadlines do not permit such, upon mutual agreement, addendum will be appended to this MOU.

In the performance of all services and obligations under this MOU, all Parties shall act as independent agents. The Parties, and each of their respective officers and employees, shall not be considered as an employee or agent of any other party to this MOU.

Each Party to this MOU hereby assumes any and all risks and agrees to be liable for any obligations, costs, claims, judgments, attorney fees, personal injury, and property damage caused by the negligent acts or omissions of that party and the officers, employees, and agents thereof. Each Party warrants that it has adequate Worker's Compensation Insurance and liability insurance for its own employees.

This MOU represents the entire understanding of the Parties with respect to the subject matter. No change, modification, extension, termination or waiver of this MOU, or any of the understandings herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the Parties hereto.

In Witness Whereof, the agencies hereto agree to the provisions as outlined in this MOU.

Signed by

GARDEN GROVE HOUSING AUTHORITY

_____ Date:
Name: Title:

ORANGE COUNTY CONTINUUM OF CARE

_____ Date:
Name: Title:

ATTACHMENT 1. PROGRAM MILESTONES

The Parties will utilize the following goals and milestones as a measure of success in administering the Emergency Housing Vouchers. These goals and milestones focus primarily on the function of the Coordinated Entry System (CES) and the Public Housing Authority (PHA), accordingly.

- CES will identify 50% of the referrals within 7 weeks of initiating referrals
- CES will identify 100% of referrals within 14 weeks of initiating referrals
- CES will identify replacement referrals within 14 days for any returned matches
- PHA will complete intake within 14 days of receiving the referral from CES
- PHA will return ineligible referrals to CES within 3 days of determining ineligibility

TENANT INFORMATION FORM

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if different than above) _____

Telephone Number: _____ Home Work Cell Other _____

Telephone Number: _____ Home Work Cell Other _____

E-mail Address _____ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household K = Co-Head (Not Married) Y = Youth Under 18 L = Live-in Aide
 S = Spouse (Married) F = Foster Child/Adult E = Full Time Student Over 18 A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No

TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? Yes No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? Yes No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? Yes No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? Yes No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? Yes No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Asset Information

Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? Yes No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

- | | | | |
|------------------------|--------------------------------------|----------------------|-------------|
| 401(k) or 403(b) | Individual Retirement Accounts (IRA) | Mutual Funds | Stocks |
| Bonds | Inheritances | Pensions | Trust Funds |
| Certificate of Deposit | Life Insurance Policies | Real Property (land) | |
| Checking Account | Money Market Account | Savings Account | |

DOCUMENTATION REQUIRED: Provide 3 current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 3: Income Information

Did you file a Federal Income Tax Return last year? Yes No

Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? Yes No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

- | | | | |
|---------------------------------------|---------------------|--------------------------|-----------------------|
| Alimony Payments | Food Stamps | Self Employment | Wages/Salaries |
| Child Support | Military Pay | Social Security Benefits | Welfare Benefits |
| Disability Benefits | Periodic Gifts | SSI | Worker's Compensation |
| Financial assistance to attend school | Retirement Payments | Unemployment Benefits | |

DOCUMENTATION REQUIRED: Provide 4 current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) Yes No

2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? Yes No

3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? Yes No

4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.** Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? Yes No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	---	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	---	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Name

Date

DECLARATION OF SECTION 214 STATUS

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

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

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

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

HA: Enter INS/SAVE Primary Verification # _____ 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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

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

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 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].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An 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 appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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/thiip/iv.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

Page 15 of 29 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>
<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>	<p>Page 17 of 29</p>

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. 07/31/2021

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Orange County Housing Authority

Statement of Facts

Warning: It is unlawful to “knowingly and willfully” make any “materially false, fictitious, or fraudulent statements or representation” to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. [18 U.S.C. § 1001]

I certify, under penalty of perjury under the laws of the United States of America and the State of California, that the above information is true and correct.

Signature

Date

ATTACHMENT 3. REQUIRED SUPPORTING DOCUMENTS

Documents Checklist for the Emergency Housing Voucher Program Public Housing Authority Application

This checklist expires 12/31/2021

The following documents are required in order to submit a complete application to the Public Housing Authority (PHA). Please note that additional documentation may be requested at the discretion of the PHA. **It is strongly encouraged that all required documentation be submitted prior to admission to the program.**

Required PHA Forms

- Tenant Information Form (All sections completed or marked N/A if not applicable)
- Declaration of 214 Status
- What you should know about EIV
- Debts owed to Public Housing Authorities and Terminations
- Authorization for the Release of Information/Privacy Act Notice
- Supplement to Application for Federally Assisted Housing

Identification (For all household members) *

- Social Security Cards
- CA State Driver's License or Photo ID
- Eligible Citizenship Documentation, such as Birth Certificate, Resident Alien Card/Alien Number, or Certificate of Naturalization

* If unavailable at time of referral, per PIH Notice 2021-15, the PHA will accept a statement certifying Social Security Number, Date of Birth, and/or Citizenship. If client provides PHA self-certification, client must provide applicable verification, of SSN or citizenship within 180 days or verification of date of birth or disability status within 90 days of admission to the program. Failure to do so may result in termination from the program.

Unearned Income (All forms of unearned income must be disclosed for all household members)**

For all unearned income types, please provide the most recent benefit statement unless otherwise noted

- Social Security/SSI
- Pension
- Unemployment (EDD)
- Food Stamps and/or Cash Aid (TANF/AFDC)
- Disability
- Veteran's Benefit
- Worker's Compensation
- Child Support – CSS statement or similar governmental statement, divorce decree, or statement from paying party certifying amount paid
- Alimony – divorce decree or statement from paying party certifying amount paid
- Contributions to you or your family – letter from contributing party certifying monthly gross amount paid
- Other _____

Earned Income (All forms of earned income must be disclosed for all household members)**

- Last three (3) months of consecutive employment check stubs
- Cash employment – cash payment history for the last three to six months and most current tax return or IRS verification of non-filing.
- Self-employment verification – - most recent complete tax returns, including schedule C or the last three to six months payment history
- Other _____

Assets (All asset information must be disclosed for all household members)**

For purposes of the PHA, an asset includes the following: 401(k)/403(b), bonds, Certificate of Deposit (CD), checking account, Individual Retirement Account (IRA), inheritances, life insurance policies, money market accounts, mutual funds, pensions, real property, savings account, stocks, and trust funds

- 3 months consecutive bank statements for all checking and savings accounts
- Most recent statement for all other assets (i.e. IRA, 401(k), CD, stocks, bonds, investments, annuities, etc.)
- Life insurance – statement/letter showing cash value/surrender value
- Last Income Tax Return Filed, including W-2 (i.e. 1040, 540, 1099 Schedule C) for each person who filed
- If any member of the family has disposed of an asset valued at more than \$1000 for less than market value during the past 2 years – provide all documents of sale, transfer bankruptcy, or foreclosures including documents showing any net monetary gain from the transaction
- Other _____

Other**

- Medical expenses: when medical expenses exceed 3% of your gross annual income - pharmacy printouts, receipts for services and supplies, premium statements, etc., for the last 12 months
- Students, if applicable – class schedule and financial aid information

** If unavailable at time of referral, per PIH Notice 2021-14, the PHA will accept an affidavit attesting to reported income, assets, expenses, and other factors which would affect an income eligibility determination. Additionally, applicants may provide documentation that is not dated within 60 days of the PHA's request. For example, an SSI benefit letter issued 11/2020 showing the 2021 benefit amount and provided 7/2021 would be acceptable. To note, the PHA is still required to verify income against EIV data and is required to follow up on any discrepancies noted between the reported income and EIV data. Any misrepresentation of income received may result in termination from the program.

If a statement/affidavit is to be provided in lieu of verification at the time of referral, please use the Statement of Facts form provided in the application packet. Please use a separate form for each adult household member providing said statement/affidavit and for each category above.

ATTACHMENT 4. ELIGIBILITY VERIFICATION

**HOMELESSNESS CERTIFICATION FOR
EMERGENCY HOUSING VOUCHERS**



Client Name: _____ Date of Birth: _____

Number of Adults in Household: _____ Number of Minor Children in Household: _____

This is to certify the above-named person’s or household’s current living situation. This certificate must be completed by an agency recognized by the Continuum of Care (CoC) as having a program designed to serve persons living on the street or other places not meant for human habitation, appears on the CoC’s Housing Inventory Chart or is otherwise recognized by the CoC as part of the CoC inventory.

Please check only one section.

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution for less than 90 days, was living in immediately prior to hospital/institution admission) a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution for less than 90 days, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter.

Living Situation: Recently Homeless

The person(s) named above is/are currently receiving financial and supportive services for persons who are formerly homeless and were living in emergency shelter or a place not meant for human habitation immediately prior to program enrollment. Loss of such assistance would result in a return to homelessness.

I certify that that the information reported above is accurate and correct.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

**VICTIM SERVICE PROVIDER CERTIFICATION
FOR EMERGENCY HOUSING VOUCHERS**



Client Name: _____ Date of Birth: _____

Number of Adults in Household: _____ Number of Minor Children in Household: _____

This is to certify that the above named individual or household meets the definition for persons who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

Confidentiality: All information provided concerning the incident(s) of domestic violence, dating violence, sexual assault, stalking, or human trafficking shall be kept confidential and such details shall not be entered into any shared database. This information must be protected and must not be disclosed to any other entity or individual, except to the extent that disclosure is: (i) consented to by the applicant/tenant in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**RE-ENTRY AND INSTITUTIONAL SETTING CERTIFICATION
FOR EMERGENCY HOUSING VOUCHERS**



Client Name: _____

Date of Birth: _____

This is to certify that the above-named individual's current or previous residence in an institutional setting. This certificate must be completed by a representative of an institution or component of the system of care, such as a health care facility, a mental health facility, foster care or other youth facility, or correction program or institution. The individual above must also be experiencing homelessness or at-risk of homelessness as defined in the McKinney-Vento Homeless Assistance Act.

Please check the applicable section(s).

Current Living Situation: Institutional Setting

The person named above is currently living in a publicly funded institution, including a foster care home or foster care group home, hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, or a substance abuse treatment facility or detox center, and will be discharged to a community setting.

The expected discharge date for this person is: _____

Prior Living Situation: Institutional Setting

In the past 90 days, the person named above was living in an institutional setting, including a foster care home or foster care group home, hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, or a substance abuse treatment facility or detox center.

The discharge date for this person was: _____

Criminal Justice Supervision

The person named above is currently receiving criminal justice supervision such as probation or parole.

I certify that that the information reported above is accurate and correct.

Name: _____ Phone #: _____

Title: _____ Agency: _____

Signature: _____ Date: _____

ATTACHMENT 5. EMERGENCY HOUSING VOUCHER REFERRAL EMAIL

The Office of Care Coordination on behalf of the Coordinated Entry System (CES) will be facilitating communication for referrals made to the Emergency Housing Vouchers. The following is a template email that be provided to the appropriate Public Housing Authority (PHA) to facilitate the referral and next steps.

To: PHA

Cc: CES ACCESS POINT; HOUSING SERVICE PROVIDER

Subject: Referral: Emergency Housing Voucher

Unique ID:

Subpopulation Focus:

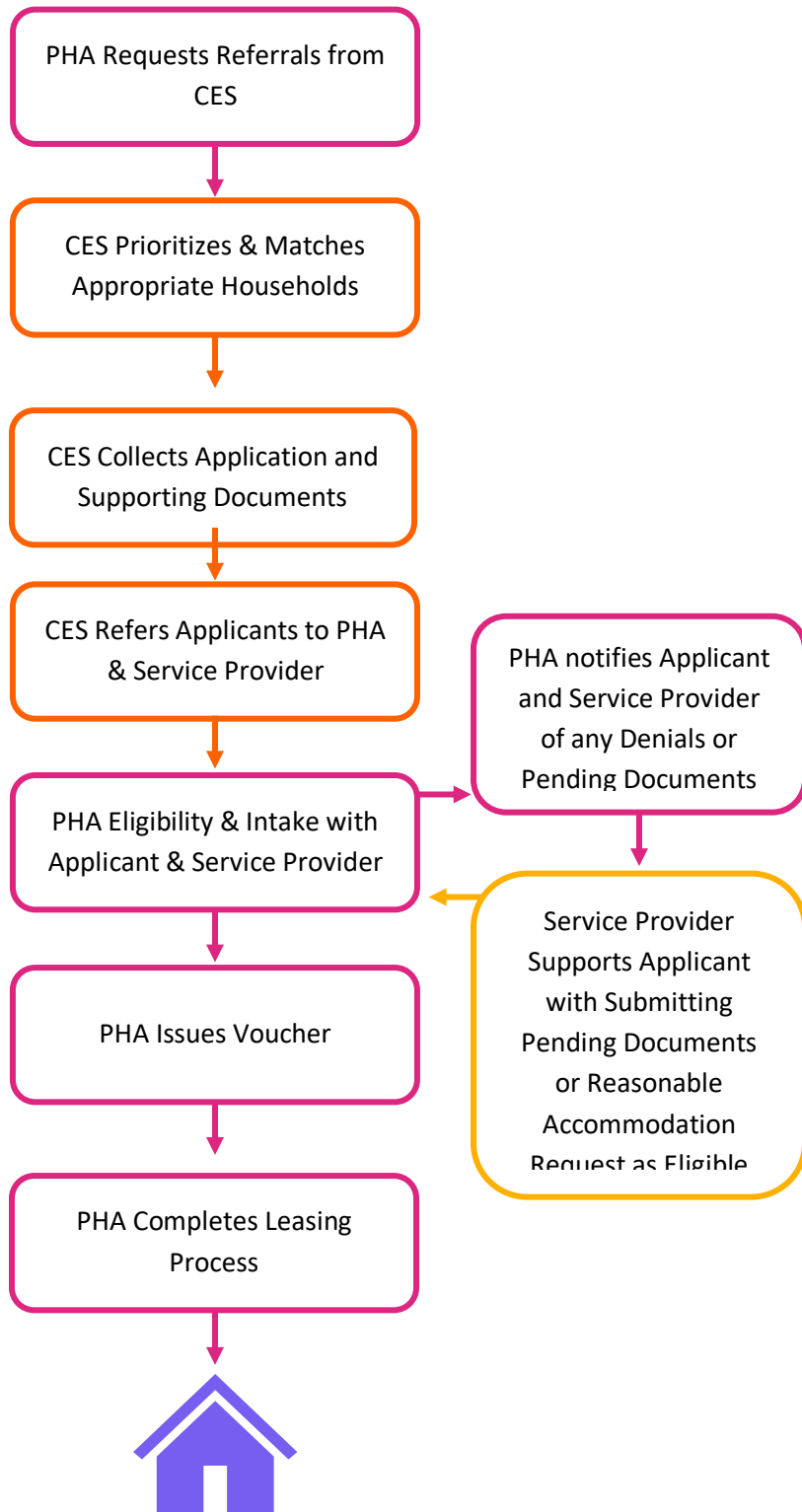
CES is referring the applicant above to the Emergency Housing Voucher Program. The application and eligibility documents are available in the Homeless Management Information System (HMIS). The contact information for the current CES Access Point and assigned Housing Service Provider are listed below. Please coordinate with the applicant, CES Access Point and Housing Service Provider to complete the intake process.

CES Access Point:

Housing Service Provider:

ATTACHMENT 6. EMERGENCY HOUSING VOUCHER REFERRAL WORKFLOW

Emergency Housing Voucher Workflow



Emergency Housing Voucher Program Workflow

The **Public Housing Authority (PHA)** will request referrals from the **OC Coordinated Entry System (CES)** through the OC Homeless Management Information System (HMIS). One referral will be requested for every available Emergency Housing Voucher (EHV). **CES** will provide replacement referrals for any **Applicant** who does not complete the application process.

CES will prioritize and match appropriate households based on presumptive eligibility. **CES** will use the prioritization process approved by the Orange County Continuum of Care (CoC) Board, as reflected in the [CES policies and procedures](#). Matches will be made based on the allocations outlined in the EHV Memorandum of Understanding.

CES will collect applications and supporting documents prior to submitting referrals to the **PHA**. The **Applicant** will have a maximum of 30 days to upload the minimally required application and supporting documents to HMIS. **CES** will decline **Applicants** in HMIS who do not submit required documents within 30 days.

CES will refer **Applicants** to the **PHA** and assigned **Service Provider** by email on an ongoing basis as complete applications and supporting documents are uploaded to HMIS. The referral will consist of a statement of presumptive eligibility and a link to the HMIS client record where all application documents will be available to download as needed.

PHA will initiate the eligibility screening and intake with the **Applicant** and **Service Provider**. **PHA** will notify the **Applicant** and **Service Provider** of any pending documents or denials. **Service Provider** will support **Applicants** with submitting pending documents or reasonable accommodation requests as eligible and appropriate. **PHA** will deny the **Applicant** in HMIS after the final notice due date or the end of the appeal period if the voucher will not be issued. **PHA** will distribute a bi-weekly report of application status to **CES** and **Service Provider**.

PHA issues voucher and provides an electronic copy to **Applicant**, **Service Provider**, and **CES**. **PHA** will enroll applicant in HMIS.

Once the voucher is issued, **Service Provider** will continue to support the **Applicant** with their housing search and support the **Applicant** with submitting the Request for Tenancy Approval (RTA) to **PHA**.

PHA will complete the unit inspection and leasing process.

Applicant completes move in and is **HOUSED**. **PHA** will enter move in date and exit **Applicant** from **CES** in HMIS.