

Ocala Housing Authority
Application for Continuing Eligibility
PUBLIC HOUSING

Annual Income Adjustment Transfer

Head of Household (H of H)		Date of Birth	Social Security Number
Marital Status <input type="checkbox"/> Married Date Married _____ Spouse's name _____ <input type="checkbox"/> Separated Separation Date _____ Spouse's name _____ Is it a legal separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Divorced Date Divorced _____ Spouse's or Ex Spouse's Name _____ Must provide a copy of divorce decree, marriage license and/or separation agreement			
Home Telephone Number		Work Number	Message Telephone Number
Physical Address		Mailing Address or PO Box	
Name of nearest relative or friend not living with you		Address	Phone Number
Drivers License Number		Email address	
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants			
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Do you or anyone in your household receive Food Stamps? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ (Receiving Food Stamps DOES NOT increase your portion of rent)			
Name of Employer or Source of Income		Date Employment Began	
Address of Employer		Phone Number of Employer	
Spouse/Co Head		Social Security Number	
Income <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$	
Name of Employer			
Address of Employer		Phone Number of Employer	

LIST ALL OTHER FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD
(If additional space is needed please attach all information for additional family members)

1. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment,
 Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
---	----------------------------------

2. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment,
 Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
-------------------------------------	----------------------------	---------------------

Is this family member a full time student?	Name of school
---	-----------------------

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
---	----------------------------------

3. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
---------------------	------------	------------	----------------------	-------------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment,
 Unemployment Family Contribution, Other Assets School Grants\

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
---	-----------------------

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)

(If additional space is needed please attach a separate sheet with all information for additional family members)

4. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
--	----------------

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
------------------------------------	---------------------------

5. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
------------------------------------	---------------------------

6. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Name of Employer or source of income	Address of Employer	Phone Number
--------------------------------------	---------------------	--------------

Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
------------------------------------	---------------------------

CHILDCARE INFORMATION	
Do you pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount paid for childcare \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Are you reimbursed childcare expenses from an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of Daycare facility:	
Telephone #	
CHILD SUPPORT INFORMATION	
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child support court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of child(ren) you receive child support for:	
Amount of child support \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
ALIMONY INFORMATION	
Do you or any of your family members receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the alimony court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ASSET INFORMATION and ADDITIONAL INCOME INFORMATION	
Do you or any household member have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Financial Institution	
Address of Financial Institution	
Checking/Savings Account Number	Checking/Savings Account Balance
Life Insurance Policy Yes No	Cash Value
Company Name	
Do you or any of your family members own any of the following:	
Interest in Real Estate, Property or Land <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stocks or Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividends or Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Funds or Money Market Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Account (401, Keogh, IRA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inheritance, Lump Sum Payments <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special pay to a family member in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain	
Are you or any of your family members receiving income from your participation in a State or local employment training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____	
Are you or any of your family members receiving any financial assistance paid to you or to an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____	

Are you or any of your family members receiving income from a HUD funded program?
 Yes No If yes, name _____

Are you or any of your family members receiving resident service stipend?
 Yes No If yes, name _____

Are you or any of your family members receiving adoption subsidy or payments for the care of foster children or foster adults? Yes No If yes, name _____

Is the Head of Household or any member of the household subject to a lifetime state sex offender registration program? _____

If yes who _____

Where _____ When _____

Have you or any other family member used any other names previously? Yes No If yes, please list all former names and respective dates used. _____

Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

Signature of Head of Household **Date**

Signature of Spouse/Co-Head/Other Adult **Date**



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.

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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.

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)

OCALA HOUSING AUTHORITY
1629 NW 4TH STREET
PO BOX 2468
OCALA, FL 34478-2468

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.

Ocala Housing Authority

1629 NW 4th Street
P.O. Box 2468
Ocala, Florida 34478-2468

Telephone: 352-369-2636
Fax: 352-369-2642
TDD 1-800-545-1833 ext.507

AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

AUTHORIZED TO RELEASE INFORMATION

I, hereby, authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, Credit Bureau, school records and utility companies.

I, hereby, authorize the release of a criminal background check to the Ocala Housing Authority on my behalf and for anyone in my household who is 18 years of age or older and who has also signed this release form.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Services regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years, and will be sufficient to use in lieu of my signature on IRS Form 4506T.

This consent form expires five (5) years after the date of signature.

NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household _____, ss# _____-____-_____
Co-Head: _____, ss# _____-____-_____
Other Adult: _____, ss# _____-____-_____
Dependent: _____, ss# _____-____-_____
Dependent: _____, ss# _____-____-_____
Dependent: _____, ss# _____-____-_____
Dependent: _____, ss# _____-____-_____

Signature of Head of Household

Date

Signature of Co-Head

Date

Other Adult

Date

Other Adult

Date

Equal Opportunity Employer/Equal Opportunity Housing

revised 5/2019

OCALA HOUSING AUTHORITY
DETERMINATION OF EXEMPTION FOR COMMUNITY SERVICE

Family: _____

Adult family member: _____

This adult family member meets the requirements for being exempted from the PHA's community service requirement for the following reason:

- 62 years of age or older (*Documentation of age in file*)
- Is a person with disabilities and self-certifies below that he or she is unable to comply with the community service requirement (*Documentation of HUD definition of disability in file*)

Tenant certification: I am a person with disabilities and am unable to comply with the community service requirement.

Signature of Family Member _____
Date

- Is the primary caretaker of such an individual in the above category? (*Documentation in file*)
- Is engaged in work activities (*Verification in file*)
- Is able to meet requirements under a state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program (*Documentation in file*)
- Is a member of a family receiving assistance, benefits, or services under a state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program, and has not been found by the state or other administering entity to be in noncompliance with such program (*Documentation in file*)

Signature of Family Member _____
Date

Signature of PHA Official _____
Date

**OCALA HOUSING AUTHORITY
CERTIFICATION FOR DIVESTITURE OF ASSETS**

I hereby certify that during the two (2) years (24 months) period preceding the effective date of my certification or recertification of eligibility for program participation, I HAVE NOT disposed of assets for less than fair market value.

I HAVE disposed of assets for less than fair market value within the two (2) year period preceding the effective date of my certification or recertification.

If you have disposed of asset(s), please explain below; ASSET(S), VALUE OF THE ASSET(S), AND AMOUNT RECEIVED FOR THE ASSET(S):

I HAVE BEEN MADE AWARE OF THE PROVISIONS OF SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE, PUNISHABLE BY \$10,000.00 FINE OR TEN (10) YEARS OF IMPRISONMENT OR BOTH, TO MAKE A WILLFUL STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Signature of Head of Household

Date

Signature of Co-Head

Date

Other Adult

Date

EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING

EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE CONTACT THE FOLLOWING

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

PLEASE KEEP THIS INFORMATION UPDATED IF THERE ARE ANY CHANGES



Ocala Housing Authority

Housing Counseling Program Client Disclosure Form

Ocala Housing Authority (OHA) provides housing counseling to anyone, regardless of income and at no charge to you. The Ocala Housing became a HUD Certified Housing Counseling Agency in August 2000. The OHA provides both 1-on-1 and group counseling sessions, covering everything from rental counseling, intensive homebuyer education, both pre and post purchase as well as delinquency counseling as it pertains to rental and mortgages. The OHA Housing Counselors will work with those seeking counseling services to develop action plans and set goals to realizing their dream of affordable safe and decent housing.

Mortgage/Rental Counseling:

Housing Counselors working with renters can:

- Provide information and education about housing resources and renters/mortgagees responsibilities.
- Provide financial planning tools to resolve housing problems, including:
 - Developing a budget and monthly spending plan;
 - Prioritizing spending for housing stability;
 - Identify other agencies that maybe able to assist with other needed services
 - Helping identify solutions for maintaining necessary utilities

The counselor may help analyze my/our financial and credit situation, identify barriers to affordable mortgage financing and other housing problems and develop a plan to remove barriers. The counselor may also provide assistance in debt management and help me/us prepare a monthly manageable budget and spending plan. I/We understand that it will not be the responsibility of the counselor to "fix" the problem, but rather to provide guidance and education which may enable me/us to resolve my/our personal financial challenges.

Purpose: I/We understand that the purpose of the OHA 's housing counseling program is to provide 1-on-1 or group counseling to help customers with their housing needs at no cost to me/us.

Applicants Signature: _____ Date: _____

Co- Applicants Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Housing Counselor Signature: _____ Date: _____

- This form expires 15 months from the date signed.



OCALA HOUSING AUTHORITY

FRAUD STATEMENT

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within thirty (30) days of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing), or failure to report to the Ocala Housing Authority representative for any programs administered by the Ocala Housing Authority, your assistance will be terminated and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.

_____	_____
<u>Signature of Head of Household</u>	<u>Date</u>
_____	_____
<u>Signature of Co-Head</u>	<u>Date</u>
_____	_____
<u>Signature of Other Adult</u>	<u>Date</u>
_____	_____
<u>Signature of OHA Representative</u>	<u>Date</u>

EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____
Signature (see instructions) Date

▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at irs.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUCS Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (TIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are heir at law, next of kin, or beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

**Ocala Housing Authority
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 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 age six years 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.

Signatures:

Initial: I received a copy of the
Privacy Act Notice

Head of Household

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

OCALA HOUSING AUTHORITY
1629 NW 4th Street
PO BOX 2468
OCALA, FL 34478-2468
PHONE (352) 369-2636
FAX (352) 369-2642
TDD 1-800-545-1833 EXT. 507

ACKNOWLEDGEMENT OF RECEIPT

OCALA HOUSING AUTHORITY

NOTICE OF REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

I, _____ hereby sign and acknowledge receipt of
the Ocala Housing Authority's Notice of Reasonable Accommodations for Persons with Disabilities.

Signature

Date



Ocala Housing Authority

Notice to all Applicants, Participants and Residents



Reasonable Accommodations for Persons with Disabilities

The Ocala Housing Authority is a public agency that provides subsidized housing to eligible families including families with children, elderly families, disabled families, and single people. Ocala Housing Authority is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, OHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability in accordance with:

1. Section 504 of the Rehabilitation Act of 1973 (Section 504);
2. Titles II and III of the Americans with Disabilities Act of 1990 (ADA);
3. The Fair Housing Act of 1968, as amended (Fair Housing Act);
4. The Architectural Barriers Act of 1968; and
5. 24 C.F. R. Part 8 etc.

A reasonable accommodation is a structural change a Public Housing Authority can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant, resident, or participant with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- ❖ Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- ❖ Adding or altering unit features so they may be used by a family member with a disability;
- ❖ Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- ❖ Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- ❖ Making large type documents, Braille documents, cassettes or a reader available to an applicant, resident or participant with a vision impairment during the application process or re-examination;
- ❖ Making a sign language interpreter available to an applicant, resident, applicant or participant with a hearing impairment during the interview or meetings with PHA staff;

- ❖ Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

The Housing Authority is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

An applicant/resident/participant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their unit, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application or re-examination process or at any time you need an accommodation.

Contact the Compliance Director, Jacalyn Brown, at PH: 352-620-3350 email: jbrown@ocalahousing.org

1629 NW 4th St, Ocala, FL 34475

P.O. Box 2468, Ocala FL 34478-2468

Phone: (352) 620-3350 • Fax: (352) 732-1750 • TTY: (352) 368-2969 • TDD1 (800) 545-1833 x507

Ocala Housing Authority

REGULAR CONTRIBUTION OR GIFTS AFFIDAVIT

The persons signing this document do so under his/her own free will acknowledging that they contribute/receive \$_____ per month for the next twelve months. I further confirm that I have read and understand the statement below and its relevance to the information contained herein. In addition, I fully understand the ramification of any false statements and can be contacted for further verifications.

Participant Name: _____

Address: _____ City/State: _____

Phone: _____

Person Giving Contribution Name: _____

Address: _____ City/State: _____

Phone _____

WARNING: 18 USC. 10011 PROVIDED, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKE OR USE A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

PARTICIPANT SIGNATURE
_____ Personally Known to Me

DATE
_____ Produced A Current Photo ID

PERSON GIVING CONTRIBUTION SIGNATURE
_____ Personally Known to Me

DATE
_____ Produced A Current Photo ID

STATE OF FLORIDA
COUNTY OF MARION

Subscribed and sworn before me this _____ day of _____, _____ a Notary Public in and for the State of Florida.

Notary Public State of Florida at Large

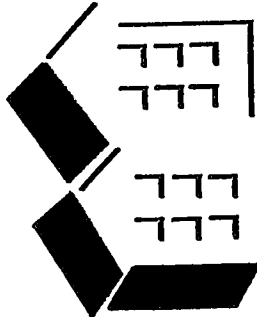
My Commission expires: _____





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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.

Identify 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/eh/ehiv/cfm>.

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

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

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

Signature

Date



TENANT INTEGRITY POLICY

- All changes in household income and or family size must be reported to the Ocala Housing Authority (OHA)
 - Report changes in writing within thirty (30) calendar days of change
 - Complete an interim adjustment packet within thirty (30) calendar days of change
 - You must provide proof of the change
 - Proof of income change
 - pay stub –first full pay stub
 - child support
 - SS benefits, etc.
 - Addition of family members
 - birth certificate
 - marriage license
 - court docs, etc.
 - Deletion of family members (proof of new residency, etc.)
- Failure to report changes in writing within thirty (30) calendar days may result in termination from the program.
 - Exception – If **income** is reported timely enough that it does not result in an under collection of rent (Public Housing) or an overpayment of HAP (Housing Choice Voucher), then the resident/participant will not be terminated. However, a second occurrence will result in termination. The rent change will become effective on the first (1st) of the following month.
- The OHA management has the discretion to evaluate on a case to case basis to determine if the family will be terminated or allowed to enter into a repayment agreement.
- A refusal to enter into a repayment agreement and/or make payments on a signed repayment agreement will result in termination from the program.
- If the family enters into a repayment agreement, then any failure to make timely payments will result in termination.
- However, upon request, the Agency may within its sole discretion, consider a hardship review.

*** The Tenant Integrity Policy replaces the Zero Tolerance Policy**

Print Name

Date

Signature

Updated 11/2018

OCALA HOUSING AUTHORITY SMOKE-FREE LEASE ADDENDUM EFFECTIVE OCTOBER 1, 2017

1. Purpose of the Smoke Free Policy.

The parties desire to mitigate:

- The irritation and known adverse health effects of second hand smoke;
- Maintenance cleaning and repair from smoking;
- The increased risk of fire from smoking and the higher costs of fire insurance, for a non-smoke free building

The Smoke-Free Policy applies to all Public Housing properties owned and operated by the Ocala Housing Authority; Pine Gardens - 515 SW 2nd Avenue; Pavilion Oaks - 2201 NW 1 Avenue; Deer Run - 2802 NE 4th Court; Shady Hollow - 800 SW 19th Avenue Road and the Administrative Office 1629 NW 4th Street.

2. Definitions:

Smoke or Smoking - means inhaling or, exhaling, smoke, aerosol, or vapor from any lighted or heated cigar, cigarette, pipe, or any other delivery electronic device lighted or heated tobacco plant product intended for inhalation, including water pipes, hookahs, marijuana and Kush, whether synthetic or natural legal or illegal, in any form. Smoking also includes the use of electronic smoking device which creates an aerosol vapor, in any manner or in any form.

Water Pipes or Hookahs – are smoking devices that use coal or charcoal to heat tobacco and then draw the smoke through water and a hose to the user. Both heating sources and burning of tobacco are sources of contaminant emissions.

Electronic Smoking Device or Electronic Delivery Device - means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-hookah, or vapor pen, under any other product name or descriptor.

3. Scope of Smoke Free Policy. Resident agrees and acknowledges that the premises to be occupied by the Resident and members of the Resident's household have been designated as a smoke-free living environment. Resident, members of the Resident's household and any guest or visitors under the Residents control will not smoke anywhere in or on:

- Unit rented by Resident, including any associated balconies, patios, or porches;
- Common areas of the property, including, but not limited to lobbies, hallways, stairwells, elevators, laundry rooms, community rooms, community bathrooms or offices; or
- Grounds of the property, including, but not limited to entryways, playgrounds walkways and sitting areas.

4. Resident to Promote Smoke-Free Policy and Alert the Ocala Housing Authority (OHA) of Violations. The Resident will inform Resident guests and visitors of the smoke-free policy. Resident will also promptly give OHA a written statement of any incident where, the Resident observes smoking not allowed by this policy, or believes smoke is migrating into the Resident's unit from sources outside of the Resident's unit.

5. Ocala Housing Authority to Enforce Smoke-Free Policy. OHA will post no smoking signs at entrances and exits, common areas in conspicuous places adjoining the grounds of the property. OHA will also take responsible steps to promptly remedy known and reported lease violations of the smoke-free policy. If the staff or an agent of the OHA witnesses smoking, it will be reported promptly to the OHA. A resident will promptly provide a written statement of any incident where the resident observes smoking not allowed or believes smoke is migrating into the Residents unit from sources outside the Residents unit. The OHA will promptly notify the Resident via a

OCALA HOUSING AUTHORITY SMOKE-FREE LEASE ADDENDUM

EFFECTIVE OCTOBER 1, 2017

verbal warning for the first offense and any subsequent Seven Day option to Cure of the violation of the Smoke-Free Policy. If three or more such violations occur a Notice of Termination of the Lease Agreement will be issued.

6. Other Residents are Third-Party Beneficiaries of Resident's Agreement. The Resident agrees that other Residents of the rental community are third-party beneficiaries of the Resident's smoke-free Lease Addendum with the OHA. A Resident may sue another Resident for an injunction to prohibit smoking or for damages but does not have the right to evict another Resident. Any lawsuit between residents does not create a presumption that the OHA breached this Lease Addendum.

7. Effect of Breach and Right to Terminate the Lease. The OHA will promptly issue a verbal warning for the first offense to the Smoke Free Policy and a unit inspection, if applicable. The verbal warning will be documented by a letter to the resident. Any subsequent violations to the Smoke Free Policy will result in a Seven Day Option to Cure. If three or more such violations occur, after the initial verbal warning, a Notice of Termination of the Lease Agreement will be issued. A breach of this Lease Addendum shall give each party all the rights contained herein, as well as the rights in the Lease. A material breach of this Lease Addendum shall be considered a material breach of the Lease, and grounds for enforcement action, including eviction, by the OHA. The Resident acknowledges that a breach of the Lease Addendum shall also render the Resident liable to the OHA for the cost of repair to the Residents apartment unit due to damage from smoke odors or residue.

8. Ocala Housing Authority Disclaimer. The Resident acknowledges that the OHA's adoption of a smoke-free living environment and the efforts to designate the premises as smoke-free do not in any way change the standard of care that the OHA or its managing agents would have to a Resident to render buildings and premises designated as smoke-free any safer, more inhabitable, or in terms of air quality standards, than any other rental premises. OHA specifically disclaims any implied or expressed warranties that the building, common areas, or Resident's premises will have any higher or improved air quality standards than any other rental property. OHA cannot and does not warrant or promise that the rental premises or common areas will be free from secondhand smoke. OHA and its managing agents are not the guarantor of Resident's health or the smoke-free condition of the premises, Tenant acknowledges that the OHA's ability to police, monitor, or enforce this agreement of the Lease Addendum is dependent in significant part on voluntary compliance by the Resident, members of the Resident's household, and Resident guests, Resident with respiratory ailments, allergies or any other physical or mental condition relating to smoke are put on notice that the OHA does not assume any higher duty of care to enforce this Lease Addendum than any other OHA obligation under the Lease.

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

Ocala Housing Authority
 1629 NW 4th Street
 PO Box 2468
 Ocala, FL 34478-2468
 Phone 352 369-2636
 TDD 1-800-545-1833 ext. 507
 Fax 352 369-2642

Ocala Housing Authority Vehicle Registration Form

It is the policy of the Ocala Housing Authority for all residents who have an automobile to provide our office with a current registration of all vehicles that will be parked on OHA property. All vehicles will be required to have an OHA parking decal affixed to the vehicle.

It is also the resident's responsibility to notify our office of the disposition any vehicle with an OHA decal and also to notify our office of the acquisition of a new or different vehicle.

All vehicles must be registered, tagged and in operable condition in order to be parked on OHA property. Any vehicles that are inoperable or have flat tires will be tagged and then towed at the owner's expense.

Name of Owner		OHA Decal Number	
Address		City	State
Year	Color	Make	Model
Tag Number		Phone Number	
Apartment Complex			

_____ A copy of the current registration is attached.

_____ A copy of the current registration will be provided on _____.

 Signature of Head of Household

 Date

 Signature of OHA Representative

 Date

