



# Annual Recertification Packet

## HOUSING CHOICE VOUCHER PROGRAM

Housing Specialist Name: \_\_\_\_\_

Housing Specialist Email Address: \_\_\_\_\_

**Failure to submit this package by the deadline date may result in termination of your assistance. Attach all necessary documentation and verification for each household member. Please make sure all required documents are signed.**

**Please review the following checklist and attach all necessary documents and verification for EACH family member within your household. Verification submitted cannot be more than 60 days old.**

**Photos of documents sent in the body of an email cannot be printed in a usable format. They will not be accepted. Documents sent by email should be in the form of a PDF file attachment.**

EMPLOYMENT VERIFICATION: If employed, seasonally employed, or have had more than one employer in the past 12 months provide the name, address, and phone number of each employer AND the last 4 current consecutive paystubs. You must also provide verification concerning any previously reported income you no longer receive.

SELF-EMPLOYMENT: If self-employed, provide a complete signed copy of your most recent tax return, business license, and a copy of the profit/loss statements including receipts.

UNEMPLOYMENT: Most recent copy of the Award Letter issued from the Department of Labor indicating the weekly benefit amount.

PUBLIC ASSISTANCE/TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF): Most recent copy of the Award Letter issued from the assisting state or government agency.

CHILD SUPPORT/ALIMONY: At least 2 months of payment history issued from the Division of Family and Children Services, Court Order, and/or Divorce Decree indicating monthly payment.

PENSION/ANNUITY: Most recent copy of the Award Letter indicating the monthly/weekly benefit amount.

VETERAN'S BENEFITS: Most recent copy of the Award Letter issued from the Department of Veteran's Affairs indicating the monthly/weekly benefit amount.

FULL OR PART-TIME STUDENT STATUS (For Students 18 years or older ONLY): Current enrollment and financial aid information from school's Registrar or Admissions Office. Documentation provided should state full-time or part-time status.

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documents or communications in alternative formats, please contact the Housing Choice Voucher Program Office at (470) 802-4707. For Georgia Relay Service, dial 7-1-1.



- SSI/SOCIAL SECURITY BENEFITS: Most recent copy of current Award Letter from the Social Security Administration. Include documentation for each household member currently receiving benefits.
- MEDICAL AND PHARMACY EXPENSE (ELDERLY AND DISABLED ONLY): Provide printouts reflecting the amount paid for unreimbursed pharmacy costs and medical expense/s. Do NOT provide any confidential medical information along with the expense printouts.
- CONTRIBUTIONS/BILL ASSISTANCE: Provide a written statement from the organization or individual providing you cash or assistance which includes the name, address, and phone number of organization or individual and the frequency and amount provided to you.
- BANK STATEMENTS: Current bank statement for all household member accounts including but not limited to: checking/savings, bonds, stocks, money market accounts, etc.
- CHILDCARE EXPENSES: Childcare expense verification from childcare provider for children age 12 and under.

**The following documents are required for New Members of your household. Please do not submit original documents.**

- Social Security Cards
- Immigration/Naturalization Documents (if applicable)
- Birth Certificates
- Photo Identification (for Adults only)

# Personal Declaration Form/Family Composition

\_\_\_\_\_  
Head of Household (Your Name)

\_\_\_\_\_  
Contact Person (In case we cannot reach you)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person's Telephone Number with Area Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number with Area Code

\_\_\_\_\_  
Email Address or Fax Number

## Statement of Family Composition

1.) List all persons who are a part of your household including yourself: (Use the back of this sheet if necessary)

**\*Codes Race: 1= White, 2= Black/African American, 3= American Indian/Alaskan Native, 4=Asian, 5= Native Hawaiian/Other, Pacific Islander**

**\*Codes Ethnicity: 1= Hispanic or Latino, 2= Not Hispanic or Latino**

Full Name	Social Security OR Alien Registration Number	Date of Birth	Age	Sex M/F	Race	Ethnicity	Disabled Y/N	Relationship to Head of Household
								Head of Household

2.) Has anyone moved out of your household during the past 12 months (include deaths, marriages, divorce, separation, permanent placement in nursing home, placement in a foster home etc.)? **Yes**  **No**

Full Name	Relationship	Out	Date	Reason

**Marital Status Disclosure**

3.) Are you currently married, and your spouse does not reside in the household?  
Please provide the following information:

Yes  No

Name of Spouse	Address	Amount they contribute to your household

**Current Annual Income Checklist**

1.) Will any household member be receiving employment income?  
If yes, complete below:

Yes  No

**Please list all current employment:**

Household Member Name(s)	Employer's Name and Address	Dates Worked	Pay Rate	Hours Worked Per Week
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	

**Please list all employment that ended in the past 12 months:**

Household Member Name(s)	Employer's Name and Address	Dates Worked	Hours Per Week
		From: To:	
		From: To:	
		From: To:	

2.) Does anyone in the household earn income from self-employment or occasional income bottle/can collecting, yard work, babysitting, car repair, scrap iron, garage sales, etc.)?

Yes  No

If yes, did they file taxes for the previous year?

Yes  No

Household Member Name(s)	Date Business Started	Income Per Week

3.) Is anyone in the household receiving TANF or Disability Assistance?

Yes  No

If yes, list recipients.

\_\_\_\_\_ **TANF** (cash assistance) \$ \_\_\_\_\_ Per \_\_\_\_\_  
 \_\_\_\_\_ **DA** (disability assistance) \$ \_\_\_\_\_ Per \_\_\_\_\_

4.) Is anyone in the household receiving Social Security, Dual Entitlement or SSI benefits? **Yes**  **No**

If yes, list recipients:

\_\_\_\_\_ **Social Security**      \$ \_\_\_\_\_ Per \_\_\_\_\_  
 \_\_\_\_\_ **SSI/DE**                      \$ \_\_\_\_\_ Per \_\_\_\_\_

5.) Is anyone in the household receiving alimony or child support payments? **Yes**  **No**

If yes, list recipients.

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

6.) Is anyone in the household receiving unemployment compensation, disability compensation, worker's compensation or severance pay? **Yes**  **No**

If yes, list recipients.

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

7.) Is any household member, 18 or older, receiving pay as a member of the Armed Services? **Yes**  **No**

If yes, list recipients.

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

8.) Is any household member receiving recurring monetary contributions or other gifts or payments to help the assisted family from a non-household member? **Yes**  **No**

Name, phone number, and address of non-household member	Amount	Frequency
	\$	
	\$	

9.) Is anyone in the household receiving periodic payments from annuities, insurance policies, retirement funds, pensions, death benefits, or other similar payments? **Yes**  **No**

If yes, list recipients:

Household Member Name(s)	Provider	Amount/Frequency

## Current Annual Deductions Checklist

1.) Is any household member over the age of 18 currently attending school? Yes  No

Household Member Name(s)	School Name	Full time or Part time

2.) Is any household member paying for unreimbursed childcare expenses? Yes  No

If yes, list name of household member(s) attending, name and address of the childcare provider, and monthly cost:

Household Member Name(s)	Childcare Providers Name	Address	Anticipated Monthly Expense
			\$
			\$
			\$

3.) Is the head of household, spouse or co-head elderly (62 or older) or disabled? Yes  No

4.) Will any household member be paying any unreimbursed medical expenses? Yes  No

If yes, list the name of the household member and the name and address of the medical provider below.

Medical expenses include but are not limited to pharmacy, doctor visits, dentist, medical insurance premiums, hospital bills which you are paying, or other related medical expenses.

Provide documentation of the medical expenses you have paid over the past 12 months. Examples of documentation include pharmacy printouts, payment legers, and receipts.

Household Members Name(s)	Medical Providers Name	Address	Anticipated Annual Expense
			\$
			\$
			\$
			\$
			\$

5.) Are there any deductions from your Social Security or SSI Checks? Yes  No

If yes, what? \_\_\_\_\_

## Asset Certification

Examples of assets include checking and savings accounts, trust funds, real estate, stocks, bonds, certificates of deposit, mutual funds, money market funds, pensions that you are not withdrawing from, whole life insurance policies, personal investment items such as coin or stamp collections, etc. The annual income from your net assets (as defined in 24 CFR Part 5) will be included in the total gross income for this household.

1.) Does your household have assets with a net value **under** or **over** \$5,000? **Under**  **Over**  **N/A**

2.) If your household has assets, complete the chart below:

### Our household assets are held in the following accounts:

Household Member Name	Account Type	Current Balance	Interest Rate or Annual Asset Income
		\$	
		\$	
		\$	
		\$	
		\$	

3.) Have you disposed of any assets for less than Fair Market Value in the past two years? **Yes**  **No**

### If yes, complete below:

Type of Asset Disposed of:	Fair Market Value (FMV) of Asset	Amount Received for Asset	FMV - Amount Received = Amount to Count
	\$	\$	\$

## CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and **all** members of your household.

1. Has any household member engaged in any criminal activity within the past five (5) years?

**Yes**  **No**  If yes, please explain:

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2. Has any household member been arrested and/or convicted of any criminal activity within the past five (5) years? **Yes**  **No**  If yes, please explain when, where, and why the household member was arrested and the disposition of the case(s) (Attach a separate sheet if needed).

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3. Have you or any household member ever been evicted from Public or Subsidized Housing for violent criminal or drug related activity? **Yes**  **No**  If yes, provide the date and reason for the eviction: \_\_\_\_\_

\_\_\_\_\_  
Name of Household Member:

\_\_\_\_\_  
Name of Public/Subsidized Housing:

4. Is your address knowingly registered to a lifetime sex offender? **Yes**  **No**   
If yes, who? \_\_\_\_\_ Date your address was verified by sworn official \_\_\_\_\_

5. Is any household member subject to a lifetime sex offender registration? **Yes**  **No**   
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_

6. Is any household member currently using, or has any household member used illegal drugs within the past six (6) months? **Yes**  **No**  If yes, who? \_\_\_\_\_

**I/We certify that the above information given Georgia DCA on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money was owed. I/We also understand that giving false statements or information can be grounds for termination of housing assistance and is punishable under Federal or State criminal law.**

Date \_\_\_\_\_

Head of Household's Signature \_\_\_\_\_

Other Adult Household Member Signature \_\_\_\_\_

Other Adult Household Member Signature \_\_\_\_\_

Other Adult Household Member Signature \_\_\_\_\_

DCA Representative as Witness \_\_\_\_\_

Initial here if DCA staff assisted you with completing this form in your presence.

**Reporting changes in Income or Household Composition**

I understand that I am required to report within 10 days, in writing, any changes in income and household composition. Failure to report this information may result in owing DCA back rent and/or the termination of my subsidy.

Head of Household to initial here



### ZERO INCOME STATEMENT and MONETARY CONTRIBUTION WORKSHEET

1) I, \_\_\_\_\_ verify that I have NO income. I understand that I am required to report within ten (10) business days, in writing, any changes in income and household composition. Failure to report this information may result in owing DCA back rent and/or the termination of my subsidy.

2) How do you pay for the following?

	Monthly Expense	How do you pay for/or explain how you receive it?	Provide the name and address of the people/agency who provide you assistance to purchase the following:
Cleaning Products (disinfectant, laundry products, etc.)	\$		
Personal care items (clothing, soap, shampoo, toilet paper deodorant, diapers, etc.)	\$		
Rent or utilities in excess of your utility allowance?	\$		
Transportation (gas, registration, license, bus pass, etc.)	\$		
Loans or credit cards (car payment, school loan, etc.)	\$		
Food/Groceries	\$		
Health Care (Insurance, Prescriptions, co-pays, etc.)	\$		
Cell Phone/Home Phone	\$		
Cable/Internet	\$		
<b>Total Expenses</b>	<b>\$</b>	<b>X 12</b>	<b>\$</b>

What is the reason you have zero income (lost employment, unpaid leave etc.) Please explain:

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documentation or communication in alternative formats, please contact your assigned Housing Specialist.

Applicant/Tenant Signature

Date

\_\_\_\_\_ Initial here if DCA staff assisted you with completing this form.



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.

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

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 and the Housing Agency/Authority (HA)**

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

**Department of Community Affairs  
60 Executive Park S #2231, Atlanta, GA 30329**

**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

## Family Obligations: Grounds for Denial and Termination of Assistance

### Georgia Department of Community Affairs

**When a family is required to provide notice to DCA, the notice must be in writing. Admin Plan 5-I.C**

**DCA may deny and terminate assistance to an Applicant or Participant on any of the following grounds:**

1. Failure to supply any information, including any certification, release, or other documentation that DCA considers necessary to verify citizenship or eligible immigration status or for use in an annual or interim examination of family income and composition. (24 CFR 982.551 (b) & (24 CFR 982.552(b)(4)) (Admin Plan 12-I.D).
2. Failure to provide documentation of Social Security numbers, and to sign and submit consent forms for obtaining information, including spouse unless legally separated or divorced.) 24 CFR 982.551(a) (3) & 24 CFR 5.218(c)) (Admin Plan 12-I.D).
3. Failure to supply any information requested by DCA to verify that the family is living in the unit or information related to the family's absence from the unit. (24 CFR 982.551((h)(7)(i))
4. Failure to give DCA a copy of any notices from the Department of Housing and Urban Development (HUD) regarding family income, earnings, wages or unemployment compensation.
5. Failure to supply any information requested for use in a regularly scheduled reexamination or interim reexamination of family income and composition. (24 CFR 982.551(b)(2) (Admin. Plan 5-I.C and 11-I.C).
6. Porting families may be terminated for family action or inaction. (24 CFR 982.355(c)(17), (Admin. Plan 10).
7. Failure to promptly notify DCA and the landlord **IN WRITING** when a family member or Head of Household will be away from the unit for more than 30 calendar days. (Admin. Plan 5-I. C.) The family or Head of Household may be absent from the unit for up to 180 consecutive days with DCA's written approval. (Admin Plan 3-I.L.).
8. Failure to notify DCA **IN WRITING** within 30 business days of the birth, adoption, or court-awarded custody of a child. (24 CFR 982.551(h)(2)(Admin. Plan 11-II.B).
9. Failure to request and obtain prior written approval from DCA and the landlord to add any other person(s) as an occupant of the unit (except for the birth, adoption, or court-awarded custody of a child). (24 CFR 982.551(h)(2)(Admin. Plan 11-II.B).  
Approval to add a member to the household will be **DENIED** if the individual is ineligible for assistance from DCA due to a debt, fraud, or other reason. Person(s) who reside in the unit more than 50% of the time or have established residency are considered occupants.
10. Failure to notify DCA **IN WRITING** within 10 business days if a household member no longer lives in the unit.(24 CFR 982.551((h)(3))(Admin. Plan 5-I.C).
11. Failure to report **ANY** increases in income or expenses at the next annual reexamination. (24 CFR 982.551(b)(2), (Admin. Plan 11-II-C).
12. Failure to report **ANY** increase in income for zero income families within 10 calendar days of the date of the increase. (24 CFR 982.551(b)(2), (Admin. Plan 11-II-C).
13. Failure to properly report any other changes (i.e. marriage, divorce, separation, etc.) that DCA may consider relevant or that affect family composition or income. (24 CFR 982.551(h)(2) (Admin. Plan 5-I.C).
14. Failure to comply with the lease. **BEFORE** moving out of the unit or terminating the Lease the family must provide DCA with a **COPY OF WRITTEN** notice given to the landlord, which must be in accordance with the terms of the Lease. The initial lease term must be for a minimum of one year. (24 CFR 982.309)(Admin. Plan 9-I.E).
15. Failure to use the assisted unit for residence by the family. The unit must be the family's

- only residence. 24 CFR 982.551(h)(1)(Admin. Plan 5-I.C).
16. Failure to allow DCA to inspect the unit at reasonable times and after reasonable notice. If the head of household misses the appointment, one final appointment will be scheduled. If the family misses the final appointment, DCA will terminate assistance for abuse. (24 CFR 982.551(d)), (Admin. Plan 8-IIC).
  17. Failure to pay utility bills and supply and maintain any appliances that the owner is not required to supply under the Lease. All tenant paid utilities must remain continuously connected. Participants with a first documented instance of utility disconnection will be required to have the utility reconnected within 24 hours or face rental assistance termination. 24 CFR 982.404(a); (Admin. Plan 8-IC Participants with a second documented instance of utility disconnection will not be provided with an opportunity for reconnection and will be terminated for abuse. (Admin. Plan 5-I. C).
  18. Failure to reimburse landlord for any damages (other than damage from ordinary wear and tear) to occupied unit or premises caused by household members or guests during lease term or when vacating the unit. (Admin. Plan 12-I.E).
  19. Failure to correct tenant-caused, life-threatening HQS violations within 24 hours and other tenant-caused HQS violations within the required time period.
  20. Failure to pay rent to the landlord when due or report any additional charges by the landlord **IN WRITING** to DCA. It is illegal for a landlord to charge additional amounts for rent or any other item not specified in the lease which has not been specifically approved by DCA.
  21. Failure to give DCA a copy of any owner eviction notice. If evicted for serious or repeated lease violations the family will be ineligible for continued rental assistance. (24 CFR 982.551(g)) (Admin. Plan 12-I.D).
  22. The family (including each household member) must **NOT**:
    - a. Own or have any interest in the unit. This includes, but is not limited to, rent to own agreements, installment sales contracts, or any other arrangement for a family member to buy the unit;(24 CFR 982.551(h)(j)) (Admin. Plan 5-I. C).
    - b. Sublease or let the unit, assign the Lease, or transfer the unit; (24 CFR 982.551(h)(6) (Admin. Plan 5-I. C).
    - c. Receive Housing Choice Voucher (HCV) assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or Local housing assistance program. (24 CFR 982.551 (n)) (Admin. Plan 5-I. C);
    - d. Be related to the owner in any of the following ways: parent, child, grandparent, grandchild, sister, or brother unless the family includes a member with a disability and the unit accommodates the disability. (24 CFR 982.306 (d)) (Admin. Plan 5-I. C);
    - e. Be evicted from federally assisted housing for serious violation of the Lease, including drug related criminal activity within the last five years (24 CFR 982.552 (c)(iii));
    - f. Be subject to a permanent or lifetime registration as a sex offender. HCV assistance for participants (or household members) erroneously admitted will be terminated (24 CFR 982.553 (a)(2)(i) (Admin. Plan 12-I.D.);
    - g. Owe DCA or have committed past abuse for unreported income (24 CFR 982.552(c)(v));
    - h. Be a felon convicted of illegal drug or violent criminal activity or other criminal act that threatens the health and safety of other residents. 24 CFR 982.551 (1) and 24 CFR 982.553 (a)(ii)(3)(Admin. Plan 5-I.C).
  23. The family (including each household member or guest) must **NOT**:
    - a. Commit any serious or repeated violation of the Lease 24 CFR 5.2005(c)(1) (Admin.12.III-E);
    - b. Commit fraud, bribery, or any other corrupt or criminal act in connection with the Housing Choice Voucher Program (24 CFR 982.551(k) & 24 CFR 982.552 (c)(iv));
    - c. Participate in illegal drug or violent criminal activity while receiving assistance from DCA (24 CFR 982.553(a)(1) and (2)) (Admin. Plan 12-I.E.);

- d. Be convicted of the manufacture or sale of methamphetamines (speed) on federally assisted housing property (24 CFR 982.553(b)(1)(ii) (Admin. Plan 12-I.D.);
- e. Participate in drug use or alcohol abuse that adversely affects the health or safety, or peaceful enjoyment of the premises of other residents while receiving assistance from DCA (24 CFR 982.553 (b)(1)(B) (Admin. Plan 12-I.E.);
- 24. Engaging in or threatening abusive or violent behavior towards DCA personnel. (24 CFR 982.552)(1)(ix) (Admin. Plan 12-I.E).
- 25. Owing money to DCA or another Housing Agency in connection with HCV or public housing programs. (24 CFR 982552(c)(1)(v) (Admin. Plan 12-I.E).
- 26. Failure to cooperate with DCA staff, DCA Regional Compliance Officers, and other State and Federal personnel that are assigned special case reviews.

**FAMILY CERTIFICATION:**

**I understand that failure to comply with these responsibilities is grounds for denial or termination of my rental assistance. I understand as Head of Household that it is my sole responsibility to provide true and complete information on myself and all household members now or in the future and failure to do so may lead to the denial or termination of my assistance. I understand that if I am terminated for program abuse, I will be ineligible for assistance for three years. If I am terminated for program fraud, I will be ineligible for assistance for five years. Also, if I am terminated for two documented cases of fraud, I will be permanently ineligible for assistance. All monies paid by DCA from the documented date the fraud began must be reimbursed to DCA. Additionally, I understand that false statements or information are punishable under Federal and/or State Law and DCA will pursue accordingly. Under Federal Law this could result in a fine up to \$10,000 and/or imprisonment for up to five years. I also understand that as Head of Household, I am solely responsible for each guest and family member’s behavior in relation to the family obligation policies outlined above and their violation of the family obligations could lead to termination from the program.**

\_\_\_\_\_  
Name of Head of Household

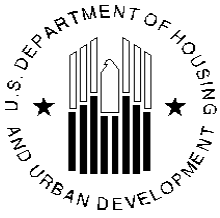
\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Co-Head

\_\_\_\_\_  
Signature of Co-Head

\_\_\_\_\_  
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 record keeping 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 06/30/2026.

#### **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><b>This Notice was provided by the below-listed PHA:</b> Georgia Department of Community Affairs</p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>	
	<p><b>Signature</b></p>	<p><b>Date</b></p>
	<p><b>Printed Name</b></p>	



Housing Choice Voucher Program

**THIRD PARTY CONSENT FORM**

**PURPOSE:** The Georgia Department of Community Affairs may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Georgia Department of Community Affairs (DCA) any information or material needed to complete and verify my application for participation, and or to maintain my continued assistance under the Housing Choice Voucher Program, Low-Income Public Housing, Project Based Voucher, and/or other housing assistance programs. I understand and agree that this authorization or information obtained with its use may be given to and used by DCA and the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED (INQUIRIES MAY BE MADE ABOUT):** Child Care Expenses, Credit History, Criminal Activity, Family Composition Employment Income, Pensions, Assets, Federal, State, Tribal or Local Benefits, Disabled Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, Rental History, Utility History, and School Records

**GROUPS OR INDIVIDUALS THAT MAY RELEASE INFORMATION:** The groups or individuals that are asked to release the above information (depending on program requirements) include but are not limited to: Previous landlords (including Public Housing Agencies), Court and Post Offices, Law Enforcement Agencies, Schools and Colleges, Support and Alimony Providers, Past and Present Employers Welfare Agencies, State Employment Agencies/ Department of Labor, Social Security Administration, Medical and Child Care Providers, Veterans Administration, Retirement Services, Banks & Other Financial Institutions, Credit Providers & Credit Bureaus, and Utility Companies

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or re- certification. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office or Personnel Management, the U.S. Postal Service, the Social Security Agency, and the State Welfare and Food Stamp Agencies.

**CONDITIONS:** I agree that a photocopy of this authorization *may* be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance will be terminated

**Each adult (18 years or older) must sign and date the form in the space provided next to the name.**

Head of Household

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

\_\_\_\_\_  
Date



## THIRD PARTY CONSENT FORM

**Other Adult**

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

**Other Adult**

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

**Other Adult**

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

**Other Adult**

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

