

# Sylvan Retreat Apartments

400 S. Rockford Road  
Mountville, PA 17554  
717-285-2667

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Thank you for your inquiry to Housing Development Corporation MidAtlantic. Our non-profit organization is dedicated to providing residential opportunities for low to moderate income families, senior citizens and individuals by providing affordable, safe and secure housing in Pennsylvania, Maryland & Delaware.

Sylvan Retreat Apartments is for seniors age 62 and older. This property features 40 one bedroom apartments for low to moderate income individuals. Enclosed is an application and fact sheet that includes property information, amenities, unit rents\*, and income guidelines. \*Maximum income limits must be met to qualify. **You must complete and return this application (with fee if applicable) in order to apply and/or be placed on the waiting list.**

If you have any questions regarding income guidelines, length of waiting list or availability, please contact the Community Manager at 717-285-2667 or email [SylvanRetreatApartments@hdcweb.com](mailto:SylvanRetreatApartments@hdcweb.com).

When completing emailed or downloaded applications, please note the following:

- There is a different application for every property, please make sure you are filling out the correct application.
- You must print out the application in order to complete it.
- You may NOT email or fax applications. All applications must be mailed or hand delivered to the property where you are applying for residency.

**This application must be returned to:**

**Sylvan Retreat Apartments  
400 South Rockford Road  
Mountville, PA 17554**

We look forward to welcoming you home to HDC MidAtlantic!

**HDC MIDATLANTIC TEAM**

[info@hdcweb.com](mailto:info@hdcweb.com)

[www.hdcweb.com](http://www.hdcweb.com)



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# Sylvan Retreat Apartments

400 South Rockford Road, Mountville, PA 17554

## Property Information

**Number of Units:** 40









**Occupancy:** Senior 62+

**Rent Type(s):** Rents Based On Income,

**Additional Information:**

Rent includes heat, water, sewer and trash removal

## Features and Amenities


-  Laundry Facilities
-  24-Hour Emergency Maintenance Service
-  Resident Services
-  Off-Street Parking
-  Community Room
-  Indoor/Outdoor Community Space
-  Outdoor Patio
-  Energy efficient appliances
-  Pet Friendly
-  Tobacco Free
-  Equal Opportunity Housing


## Income Limits

### 1-2 Person Household Maximum Income Limits and Monthly Rent

Apartment Type	AMI	Household Size		Rent
		1 person(s)	2 person(s)	
1 bedroom	30%	\$0 - \$15,550	\$0 - \$17,750	Based on Income
1 bedroom	50%	\$0 - \$25,850	\$0 - \$29,550	Based on Income

### Contact Information

 717-285-2667

 info@hdcweb.com

## **TO ALL APPLICANTS:**

The United States Department of Housing & Urban Development pays the rental subsidy for this community. Therefore, in compliance with the HUD regulations, as a part of your rental housing application we will run a criminal check, sex offender check, credit check, landlord reference check, verification of income, verification of assets and other resident selection criteria on all persons in your household age 18 and older as required by our management contract with the owner of this community.

In addition, please be advised that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments as no cost to themselves.

## **REGISTERED SEX OFFENDERS WILL NOT BE ADMITTED FOR HOUSING.**

Thank you.

MANAGEMENT AGENT: HDC MIDATLANTIC



# RENTAL APPLICATION

HUD  
Rental Application  
Revised: 10/2018

**Please complete this application and return to:**

Sylvan Retreat Apartments, 400 South Rockford Road, Mountville, PA 17554

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

*THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT.*

Number of bedrooms: \_\_\_\_\_ Do you receive Section 8 or any other rental subsidy? Yes  No

HOUSEHOLD COMPOSITION				
Starting with the Head of Household, list all members who will live at this location. Provide the relationship of the household member to the Head of Household (spouse, daughter, etc.)				
MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE MM/DD/YEAR	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

<b>Applicant's Name (Head of Household)</b>		Email address:		Home Phone ( )	
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address	
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address	
<b>Co-Applicant's Name</b>		Email address:		Home Phone ( )	
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address	
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address	



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## RENTAL APPLICATION

<b>CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household)</b> Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )
<b>CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant)</b> Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )

<b>EMPLOYMENT INFORMATION</b>			
<b>Name and Address of Employer (Head of Household)</b>		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ( )	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ( )
<b>Name and Address of Employer (Co-Applicant)</b>		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ( )	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ( )
<b>Name and Address of Employer (Other Adult Member)</b>		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ( )	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ( )

## RENTAL APPLICATION

YEARLY INCOME				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
Gross Salary from Wages	\$	\$	\$	\$
Overtime Pay	\$	\$	\$	\$
Commissions/Fees/Tips/Bonuses	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Workers Compensation, etc.	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc.	\$	\$	\$	\$
TANF Payments	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Interest and/or Dividends	\$	\$	\$	\$
Net Income from Business	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$
Financial Assistance in excess of Tuition:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
			TOTAL:	\$
ASSETS	CASH VALUE	NAME OF FINANCIAL INSTITUTION		
Checking Account	\$			
Savings Account	\$			
Certificate of Deposit	\$			
Mutual Funds/Stocks/Bonds	\$			
Real Estate	\$			
Whole Life Insurance Policy	\$			
Other:	\$			
TOTAL:	\$			
<p>I <input type="checkbox"/> HAVE / <input type="checkbox"/> HAVE NOT (← check one) disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. <b>IF YES</b>, please list the asset value under the "Other" row in the above listing of assets.</p>				

PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS		
	YOUR FULL NAME	YOUR MOTHER'S FULL MAIDEN NAME
Head of Household		
Co-Applicant		
Other		

Do you own a home or other property? Yes  No

Do you have problems with insect/rodent infestation? Yes  No  **IF YES**, please answer the following:

*Did you assist in the prep prior to extermination?* Yes  No

*Was the extermination successful?* Yes  No

Are you or any member of your household currently using an illegal substance? Yes  No

Are you or any member of your household currently abusing alcohol? Yes  No

Have you or any member of your household been convicted of drug use, manufacture or distribution? Yes  No

Have you or any member of your household been convicted of any crime in the past seven years (including misdemeanors, summary offenses and/or felonies)? Yes  No

**IF YES**, what type of conviction? \_\_\_\_\_

Have you or any member of your household ever been evicted from any housing? Yes  No

Are you or any member of your household registered in any state as a Sexual Offender? Yes  No

**IF YES**, which state(s)? \_\_\_\_\_

Please list **ALL** states in which **ALL** members of the household listed on page one (1) have resided:

\_\_\_\_\_

Are you presently displaced due to a presidentially declared disaster? Yes  No

Are you currently serving in or are a veteran of the United States Military? Yes  No

Are there any special housing needs or reasonable accommodations your household will require? Yes  No

**IF YES**, please list: \_\_\_\_\_

Do you own pets? Yes  No

**IF YES**, please list what kind(s): \_\_\_\_\_

**STUDENT INFORMATION**

Are ALL household members full-time students? Yes  / No

Is the head of household or co-head/spouse a student part-time or full-time? Yes  / No

**If Yes:**

Name & address of Institute of Higher Education (college, trade school, etc) that head of household or co-head/spouse attend full or part-time:

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Is the head of household under 24 years of age? Yes  / No

Is the head of household a veteran of the United States Military? Yes  / No

Is the head of household married with a dependent child? Yes  / No

Is the head of household an independent student as defined by the U.S. Department of Education? Yes  / No

Is the head of household a person with disabilities as defined in section 3 (b)(3)(E) of the United States Housing Act of 1937 and has received assistance under section 8 as of November 30, 2005? Yes  / No

**COMMENTS/ADDITIONAL INFORMATION**

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In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

**GENDER:**  Male

Female

**ETHNICITY:**  Hispanic or Latino

Not Hispanic or Latino

**RACE:**  White

American Indian/Alaska Native & White

Black or African American

Asian & White

Asian

Black/African American & White

American Indian or Alaska Native

American Indian/Alaska Native & Black/African American

Native Hawaiian or Other Pacific Islander

Other Multi-racial





# RENTAL APPLICATION

HUD  
Rental Application  
Revised: 10/2018

How did you hear about Sylvan Retreat Apartments ? Please mark all that apply.

- HDCweb.com
- SocialServe.Com
- Drive-by
- Craigslist
- Referral- HDC Employee
- Apartment Transfer
- Apartments.com
- Referral-Family Member
- Other \_\_\_\_\_
- Zillow/Trulia/Hotpads
- Referral-HDC Resident
- Facebook
- Referral-Local Agency
- Newspaper: Please indicate which newspaper: \_\_\_\_\_
- Other Website: Please indicate which website: \_\_\_\_\_

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer(s) and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a credit check, landlord reference check, criminal background check, and income qualification. I/we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application, my/our application shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation MidAtlantic permission to verify all the information included within the application and other information requested during the processing of the application. **I/we understand that this application is not an approval for housing.**

**\*\*\*ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW\*\*\***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



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# RENTAL APPLICATION

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**CONSENT:** I authorize and direct any business; individual; or federal, state, or local agency, department, or organization to release to Housing Development Corporation MidAtlantic as Management Agent for **Sylvan Retreat Apartments** any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

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

- |                                |                                  |                              |                        |
|--------------------------------|----------------------------------|------------------------------|------------------------|
| Identity and Marital Status    | Employment, Income and Assets    | Credit and Criminal Activity | Criminal History       |
| Residences and Rental Activity | Medical or Child Care Allowances | Social Security Numbers      | Sexual Offender Status |

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- |   |                                  |                               |
|---|----------------------------------|-------------------------------|
| Previous Landlords (including Public Housing Agencies)  | Past and Present Employers       | Veterans' Administration      |
| Banks and other Financial Institutions  | Welfare Agencies                 | Retirement Systems            |
| Post Offices  | Social Security Administration   | State Unemployment Agencies   |
| Schools and Colleges  | Utility Companies                | Support and Alimony Providers |
| Credit Providers and Credit Bureaus   | Medical and Child Care Providers |                               |
| Police Departments and Other Agencies which Retain Criminal Background Histories and Sexual Offender Registries |                                  |                               |

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

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

**SIGNATURES:**

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Co-Applicant	(Print Name)	Date
_____	_____	_____
Other Adult Member	(Print Name)	Date

I hereby certify that the following are minor children living with me: \_\_\_\_\_

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



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# RENTAL APPLICATION

HUD  
Rental Application  
Revised: 10/2018

## THIS IS NOT A CONTRACT

I, \_\_\_\_\_, (Licensee) hereby state that with respect to this  
HDC MidAtlantic managed property, **Sylvan Retreat Apartments**, I am acting in the following  
capacity:

**As Agent of the Owner/Landlord Pursuant to a Property Management Agreement.**

### Signatures:

I acknowledge that I have received this notice:

\_\_\_\_\_

(Head of Household)

\_\_\_\_\_

Date

\_\_\_\_\_

(Co-Applicant)

\_\_\_\_\_

Date

\_\_\_\_\_

(Co-Applicant)

\_\_\_\_\_

Date

I certify that I have provided this notice:

\_\_\_\_\_

(Licensee to be signed by HDC MidAtlantic)

\_\_\_\_\_

Date



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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.



## RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

### ENTERPRISE INCOME VERIFICATION



**What YOU Should Know**  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)

## What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

## Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

## Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined", which includes a listing of what is included or excluded from income.



### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in;



and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rnip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rnip/eiv/eivhome.cfm).



JULY 2009



# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



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