

Mt. Vernon Housing Authority
1500 Jefferson Drive
Mt. Vernon, IN 47620
Phone: 812-838-6356 Fax: 812-838-6356
Hours: Monday-Thursday 7:30-4:30
Closed Fridays

Dear Applicants:

All forms must be fully completed, and all required documentation must be submitted with the application in order for it to be accepted. There are multiple sections on the application that **must be signed by all household members who are 18 years of age or older.**

It is your responsibility to notify the Housing Authority **in writing** of any changes to your **address, phone number, income, or family composition.**

Part of the selection method is based on preferences. We will need documentation of each preference in order to give you those points that will move you up on the waiting list. The Mount Vernon Housing Authority has established the following preferences to include:

- **Local Preference:** Residency preference for families who live in Posey County. In order to verify that applicant is a resident, the Section 8 Program will accept the following documents: drivers' license, photo ID cards, utility bills, or a reliable piece of mail.
- **Disabled/Employed/Elderly/Veteran Preference:** A Family whose head of household or spouse is claiming the employed preference must be employed at least 20 hours a week at Indiana minimum wage or the equivalent for a minimum period of three months prior to the date of eligibility for preference.
- **Violence against Women Act Preference:** Preference for families in domestic violent situations with adequate documentation which includes: police reports, neighbor statements, or advocate/therapist statements.
- **Homeless preference:** Preference for families that is currently homeless. The family must provide adequate documentation of a verifiable homeless and must be approved by Section 8 assistant, Section 8 Coordinator, and/or Director.

Please be advised the verification process takes time and you will not be places on the waiting list until the process is complete.

Thank you,

Section 8

MVHA

Program eligibility **WILL NOT** be made at the time of application. A final determination of eligibility will be made when the family is selected from the waiting list. Program admission requirements for the Mount Vernon Housing Authority Section 8 Housing Choice Voucher Program Wait List include, but are not limited to, the following:

1. Total **Gross Household Income** must be at, *or less than*, the Very Low Income (VLI) Limit (50% of Median Income):

Number of Persons in Household & Income Limit							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$31,750	\$36,250	\$40,750	\$45,300	\$48,950	\$52,550	\$56,200	\$59,800

2. Household members that have been evicted or terminated from any federal housing assistance program due to a violation of program rules/regulations/policies, or have a history of negative tenancy (damages) in a federally owned or subsidized public housing or project housing community may be denied.

3. Household members who are: (a) required to register as a sex offender, and/or (b) have been convicted of methamphetamine production on the premises of a federally assisted house are permanently banned from receiving federal housing assistance.

4. Household members 18 years of age or older must pass criminal background screening. Individual household members with a history of violent criminal activity and drug-related criminal activity may be denied admission to the program if the conviction and/or date of offense are/is less than three years at the time of eligibility determination. Household members who have been convicted of drug-related criminal activity, violent criminal activity, or other criminal activity (other than persons convicted of methamphetamine production and registered sex offenders) will be evaluated on a case-by-case basis to determine if the conviction and/or date of offense is within the criteria for admission to the program.

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Mount Vernon Housing Authority”

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):

MOUNT VERNON HOUSING AUTHORITY

1500 JEFFERSON DRIVE

MOUNT VERNON, IN 47620

(812)838-6356

07/17/2025

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, U.S. 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.

Housing Choice Voucher Application for Mount Vernon Indiana Housing Authority

FAMILY COMPOSITION AND CHARACTERISTICS

1. Legal Name of Head of Household _____
2. Social Security # or Alien Registration # _____
3. Current Address: Street _____
City/State/Zip _____
4. Mailing Address if different from above: Street _____
City/State/Zip _____
5. Phone: Home _____ Work _____
6. Email Address _____ May we contact you through Email? (Yes/No) _____
7. List all members who will be living in the unit (Put your name first, and then list other family members)
(If there are any additional family members check here _____ and attach a separate page with application.)

Member Number	Full Legal Name (First, MI, Last)	Relationship to You	Date of Birth	Social Security or Alien Registration #	Sex M/F	Race *	Ethnicity **	U.S Citizen (Y/N)	Handicap or disabled?
Head (1)		Self							
2									
3									
4									
5									
6									

- * 1. White 4. Asian
2. Black/African American 5. Native Hawaiian/Other Pacific Islander
3. American Indian/Alaska Native 6. Decline to report

** Ethnicity 1=Hispanic or Latino 2= Not Hispanic or Latino

8. Accessibility feature requested? Vision _____ Hearing _____ Wheelchair _____ Physical _____
9. Are any family members temporarily absent from the home? (Yes/No) _____
If so Who? _____

INCOME INFORMATION

This part applies to all family members, including minors

If your family has no income, initial here _____.

1. Wages	7. Military Allotment	13. Interest Payments
2. SSI	8. Unemployment	14. Educational Income
3. Social Security	9. Child Support	15. Cash from Friends, Relatives, etc...
4. Veteran's Benefits	10. Alimony Support	16. Worker's Compensation
5. Railroad Retirement	11. Sick Benefits	17. Other? Please Specify
6. Pension	12. Strike Benefits	

Name of Person Receiving Payments	What Type (from above)	Amount of Payments	Per (Hour, Week, Month, Year)
		\$	
		\$	
		\$	
		\$	

CHILDCARE EXPENSES

1. Does any family member have expenses for child care aged 12 or younger? (Yes/No) _____

If yes, provide:

Childs Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare
			\$
			\$
			\$
			\$

ELDERLY OR DISABLED EXPENSES FAMILIEIS ONLY

(Complete questions 1 and 2 only if the head of household or spouse is 62 years of age or older, or if the head of household or spouse is a person with a disability)

- Do you or your spouse have Medicare? (Yes/No) _____.
If yes, what is your monthly premium? \$ _____
- Do you or your spouse pay for any other kind of medical insurance? (Yes/No) _____.
If yes, what is the monthly premium? \$ _____
- Any other out of pocket medical expenses? (Yes/No) _____.
If yes, what is the estimated amount for the next 12 months? \$ _____.

THE CRIMINAL HISTORY FORM IS USED BY THE MT. VERNON HOUSING AUTHORITY, IN OBTAINING INFORMATION ON THE PERSONS NAMED BELOW.

CRIMINAL HISTORY CHECK

I REQUEST THAT THE MOUNT VERNON SECTION 8 OFFICE CHECK PUBLIC FILES FOR ANY CRIMINAL RECORD THAT MAY EXIST ON ME.

FULL NAME (First, MI, Last)	MAIDEN OR ALIAS NAMES	DOB	ALL STATES PREVIOUSLY RESIDED IN	SEX OFFENDER REGISTRY
				YES NO
				YES NO
				YES NO
				YES NO

I UNDERSTAND BY REQUESTING THIS INFORMATION, I AGREE TO RELEASE THE MOUNT VERNON SECTION 8 OFFICE, COUNTY, AND CITY JAIL, AND THEIR EMPLOYEES OF ANY LIABILITY RESULTING FROM THE RELEASE OF THIS INFORMATION

Signature Head of Household: _____ Date: _____

Signature Other Adult: _____ Date: _____

Signature Other Adult: _____ Date: _____

Signature Other Adult: _____ Date: _____

DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

1. Have you or any Family member ever been evicted from Public or Assisted Housing for a violent criminal or drug-related activity that has not been expunged by a court? (Yes/No) _____
2. Have you or any Family member ever been convicted of the manufacture or production or methamphetamine on the premises of Public or Assisted Housing that has been expunged by a court? (Yes/No) _____
3. Are you or any Family member subject to lifetime registration as a sex offender in any state? (Yes/No) _____

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

The following items must be submitted with your application. Please use the checklist below to ensure all required documents are included.

Incomplete applications or missing paperwork will not be accepted.

1. _____ Verification of all family members Social Security numbers (SSN card, or an original document issued by a federal, state, or local government agency may be accepted)
2. _____ Drivers license or a state issued ID for anyone over the age of 18
3. _____ Proof of your current physical address (Driver's license or piece of mail with your name and address on it)
4. _____ Proof of all income (This includes income from employment, unemployment, Social Security/SSI benefits, TANF, child support, etc.)
5. _____ If applying for any Preferences:
 - ☐ Local Preference (Must provide reliable proof)
 - ☐ Working Family Preference (Must have Income verification filled out or provide last 4 paystubs)
 - ☐ Elderly/Disabled/Veteran Preference (Provide Adequate Documentation)
 - ☐ Violence Against Women Act Preference (Must have Adequate Documentation)
 - ☐ Homeless Preference (Provide Documentation from Verifiable **Homeless Shelter**)

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Mount Vernon Housing Authority on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Mount Vernon Housing Authority within ten (10) days of change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Mount Vernon Housing Authority within ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Mount Vernon Housing Authority and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt crime under

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

Signature of Head of Household: _____ **Date:** _____

Signature of Spouse/other Adult: _____ **Date:** _____

Signature of other Adult: _____ **Date:** _____

Income Verification Letter

Employer: _____ Employee Name: _____

We are a Public Housing Authority that provides housing and related services to low income families in accordance with the laws of the United States and the rules of the U.S. Department of Housing and Urban Development (HUD). Rent for our units are determined by the amount of income the family receives and we must certify to HUD periodically that our rent calculation is consistent with Federal Law.

To complete our rent certification, we are required to obtain third-party verification of the income reported by all members of our families. You have been identified as a source of income for the recipient listed on the form below. The form contains a release signed by the recipient. Please complete the form and return this information to the address listed at the bottom of the form or fax this information to the office. Thank you for your assistance.

Yours truly,
Suzanna Robison, Section 8 Coordinator

Employee Signature: _____

Date Signed: _____

EMPLOYER: please fill out all information

Position: _____

Date of Employment: _____

Termination Date (If applicable): _____

Base Pay (Select one):

Per Hour: \$ _____ Per Day: \$ _____ Per Week: \$ _____ Per Month: \$ _____

Frequency of pay:

Hourly: _____ Per Week: _____ Per Month: _____

Average number of hours expected to work:

Per Day: _____ Per Week: _____ Per Month: _____

Expected average number of overtime hours to be worked during the next twelve months:

Per Week: _____ Per Month: _____ Overtime Pay Rate Per Hour: _____

Amount of annual income from compensations not included above:

Commissions: \$ _____ Bonus: \$ _____ Tips: \$ _____ Other: \$ _____

Total gross earnings for the past 12 month's: \$ _____ From ____/____/____ to ____/____/____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Supervisor's Signature: _____ Supervisor's E-mail Address: _____

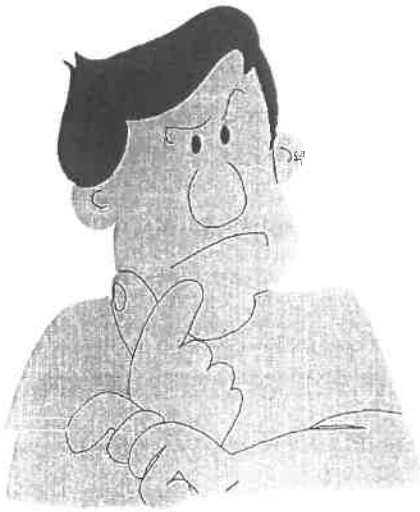
Date Signed: _____ Supervisor's Fax Number: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use.

Mt. Vernon Housing Authority
1500 Jefferson Street
Mt. Vernon, IN 47620

Phone: 812-838-6356
Fax: 812-838-6471



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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410