

# Assisting Clients to Successfully Apply for a Housing Choice Voucher

**Elizabeth Fink**

**Housing Choice Voucher**

**Housing Support Coordinator**

**SOS Community Services**

**(734) 323-8249**

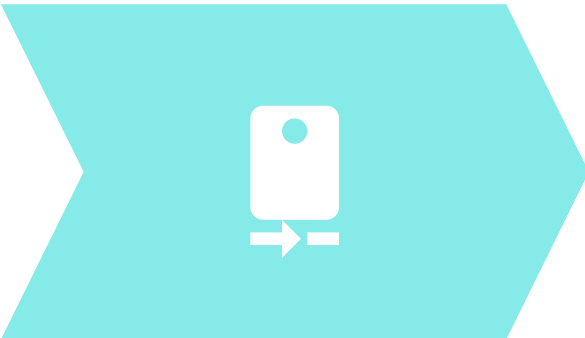
**[elizabethf@soscs.org](mailto:elizabethf@soscs.org)**



# OVERVIEW OF THE HCV PROCESS

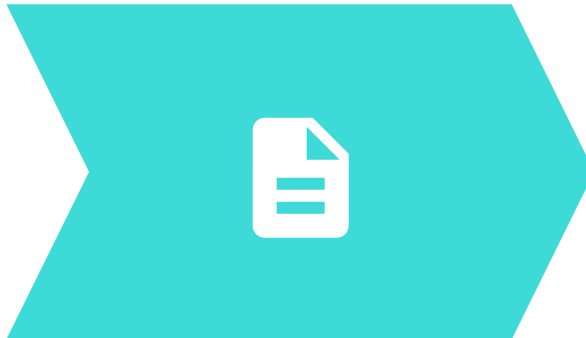
From Waiting List to Lease Up

## 1 - Waiting List



Client added to waiting list by SAWC or HAWC

## 2 - Pull/Verification Packet



Client with help from the caseworker completes Packet

## 3 - Approval/Briefing



RPI Reviews and Invites to Briefing

## 4 - Housing Search/Landlord Packet



Client starts looking for housing, completes Landlord Packet with property owner/manager

## 5 - Inspection/Move-In



RPI Inspects unit and Client signs lease and gets keys

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request in writing to your Housing Agent.

Date: 4/7/2023  
Return documents by: 4/20/2023  
Waiting list: Washtenaw Homeless

[Redacted]  
312 W Huron St  
Ann Arbor, MI 48103

The Michigan State Housing Development Authority notified you that your name has been drawn from the waiting list for rental assistance. This office will serve as your Housing Agent. Return forms or documents checked below to our office by the required date or you may jeopardize your opportunity to participate in the program.

- 1. Authorization for the Release of Information/Privacy Act Notice (HUD 9886)**  
This form must be completed and signed by every household member who is 18 years of age or older.
- 2. Household, Income, Asset, and Expense Declaration (MSHDA 1890)**  
This form must be completed by the head of the household. All income, assets, and expenses will be verified through a third-party source by your Housing Agent.
- 3. Debts Owed to PHAs and Terminations (HUD 52675)**  
A separate form must be completed and signed by every adult household member aged 18 and over.
- 4. Supplement to Application for Federally Assisted Housing (HUD 92006)**  
This form may be completed and signed if you wish to provide contact information 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 special care or service that you may require. The contact information on this form may be changed at any time.
- 5. Declaration of Section 214 Status (Citizenship) (MSHDA 214)**  
The MSHDA 214 must be completed and returned for EVERY household member. If there is a household member who does not meet the citizenship requirements listed on the MSHDA 214, please contact your Housing Agent.
- 6. Birth Certificates**  
Send copies of proof of birth (birth certificate or other official record of birth) for every household member who will reside in the assisted unit.
- 7. Social Security Cards**  
Send copies of social security cards for every household member who will reside in the assisted unit.
- 8. Proof of Residency**  
Head of Household, Co-Head, or Spouse must provide proof of residency in: Washtenaw
- 9. Proof of Disability**  
Head of Household, Co-Head, or Spouse must provide proof that they are disabled.  
**For more information on disability requirements, including a list of acceptable documentation, see page 2.**

If you have questions, please contact the Housing Agent listed below for assistance:

RPI Management, Inc.  
3 Parklane Blvd Suite 600  
Dearborn, MI 48126

Phone: (313) 846-4401  
Email: mail@rpimanagement.org  
Fax: (313) 846-4402

# HCV Packet

## Initial Request Letter lists everything needed for the packet.

Key Point: Returning Complete  
Packets by the requested date  
speeds up the process

# ROI and Privacy Notice

Sign and Date

## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB CONTROL NUMBER 2501-0014  
Exp. 07/31/2021

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

RPI Management, Inc.  
3 Parklane Blvd., Ste. 600 West  
Dearborn, MI 48126  
Ph: 313-846-4401  
Fx: 313-846-4402  
Email: mail@rpimanagement.org

4/7/23

HA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

**State Wage Information Collection Agencies.** (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

**U.S. Social Security Administration (HUD only)** (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(i)(7)(A) of the Internal Revenue Code.)

**U.S. Internal Revenue Service (HUD only)** (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

	Tues, Apr 18, 2023		
Head of Household	Date	Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, as the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

NOTE: Use of correction fluids/tapes will void this document.

**Section A – MSHDA USE ONLY**

**New Admission**      Date Eligibility Determined: \_\_\_\_\_      Date Mailed by MSHDA: 4/7/23

**Annual Re-Examination**      Next Annual Re-Examination Date: \_\_\_\_\_

**Interim Re-Examination**      Return By: 4/20/23

**Section B – Head of Household**

Name of Head of Household: \_\_\_\_\_      Last 4 SSN: 4905

Phone: \_\_\_\_\_      Email Address: \_\_\_\_\_

Living Address: \_\_\_\_\_      Mailing Address (If different than Living Address):  
312 W. HURON ST  
Ann Arbor, MI 48103

**Section C – Household Members/Household Composition – All line items must be completed.**

**HOUSEHOLD COMPOSITION:** List yourself and all other persons who will live in the unit, including Live-In Aides. You must also list every dependent child that is in your physical custody and they must also be listed on your lease agreement.

All new household members must provide a copy of a Birth Certificate, Social Security Card, and complete either a MSHDA-214 or MSHDA-213 to declare Proof of Citizenship. If a MSHDA-214 or MSHDA-213 is needed or you need a list of other acceptable documentation for proof of birth or social security number, please contact your Housing Agent.

Name	Social Security Number (if no SSN use Alien Registration Number)	Relationship to Head	Birth Date	Age	Sex M/F	Veteran? Yes/No	Disabled? Yes/No	Hispanic or Latino? Yes/No	US Citizen? Yes/No	*Race Code # # 5
[Redacted]	[Redacted]	Head of Household	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

\*Race Code #'s (enter one or more above):  
1 – White    2 – Black/African American    3 – American Indian or Native Alaskan    4 – Asian    5 – Native Hawaiian/Other Pacific Islander

# Household, Income, Asset and Expense Declaration

- Fill all demographic information for all household members
- Check Every Box
- Sign and Date

Respond Yes or No to every question in Sections D, E, F, and G with information for all household members. You must provide ORIGINAL verification (not photocopies) as indicated for items checked YES. Provide address, phone number, fax number, and additional information for items checked YES as requested. Income must be reported for all household members regardless of age or source. All household members age 18 and older must sign this form on Page 8. Failure to comply could result in the denial/termination of assistance.

NOTE: HUD and MSHDA have entered into cooperative agreements with other agencies to obtain information on wages, unemployment compensation and other income information through a computer matching operation.

**Section D – Income**

D1  YES  NO Is any member of the household reporting a decrease in income? This includes a decrease in pay, hours worked, loss of employment, Social Security, Unemployment, VA Benefit, Welfare, Child Support, Disability, or any other source of income. If yes, attach documentation that supports the decrease in income or loss of employment and complete the information below.

Household Member	Source	Address, City, State, Zip	Phone	Fax	New Weekly Amount
1					\$
2					\$
3					\$

D2  YES  NO Is any member of the household employed? List all jobs below and gross amount earned weekly, before deductions, including tips. If yes, attach at least two (2) most recent and consecutive ORIGINAL pay stubs for each job and/or a signed statement declaring weekly tip amount.

Household Member	Employer	Address, City, State, Zip	Phone	Fax	Weekly Amount (Including tips)
1					\$
2					\$
3					\$
4					\$
5					\$

D3  YES  NO Is any of the income listed above earned from Title V or economic/self-sufficiency job training programs?

Household Member	Employer
1	
2	

D4  YES  NO Is any of the income listed above new income or a wage increase for a household member with a disability?

Household Member	Employer
1	
2	

D5  YES  NO Is any member of the household self-employed (hairstylist, barber, daycare, construction worker, independent sales, etc.)? If yes, attach the prior year income tax return and/or a statement of income and expenses.

If yes, describe: \_\_\_\_\_ How much per week? \$ \_\_\_\_\_

D6  YES  NO Does any member of the household receive unemployment benefits? If yes, attach the most recent ORIGINAL award letters or payment stubs.

If yes, household member: \_\_\_\_\_ How much per week? \$ \_\_\_\_\_  
 Last day worked: \_\_\_\_\_ Date benefits began: \_\_\_\_\_ Date benefits will end: \_\_\_\_\_

D7  YES  NO Does any member of the household receive payments from retirement funds or pensions? If yes, attach at least two (2) most recent and consecutive ORIGINAL check stubs and/or award letter. If it is not dated within the last 60 days or if you don't have one, you must call the office of the company that you receive your retirement funds or pension from and request a currently dated proof of benefits letter.

Household Member	Source	Address, City, State, Zip	Phone	Fax	Monthly Amount
1					\$
2					\$

D8  YES  NO Does any member of the household receive monthly federal Social Security (SS), Supplemental Security Income (SSI), or State Disability Allowance (SDA)? List state and federal separately. If yes, attach the most recent ORIGINAL award letter. If it is not dated within the last 60 days or if you don't have one, you must call Social Security Office (1-800-772-1213) or go on-line at www.socialsecurity.gov and request a currently dated proof of income letter.

Household Member	Type (SS, SSI, State SSI, SDA)	Monthly Amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$

D9  YES  NO Does any member of the household receive workman's compensation, disability or death benefits other than Social Security? If yes, attach at least two (2) most recent and consecutive ORIGINAL check stubs and/or award letter. If it is not dated within the last 60 days or if you don't have one, you must call the insurance company that you receive your benefits from and request a currently dated proof of benefits letter.

Household Member	Source	Address, City, State, Zip	Phone	Fax	Monthly Amount
1					\$
2					\$

D10  YES  NO Does the household receive any type of public assistance from DHHS such as: grants, cash payments, food assistance, or daycare? If yes, attach at least two (2) most recent and consecutive ORIGINAL check stubs and/or award letter. If it is not dated within the last 60 days or if you don't have one, you must call DHHS and request a currently dated proof of assistance letter.

Program/Type of Assistance	Monthly Amount
1	\$
2	\$
3	\$
4	\$

DHHS Caseworker Name: \_\_\_\_\_ DHHS Case Number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section H – Certification and Authorization to Release Information**

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organization, or employers for the purpose of obtaining information that is pertinent to eligibility, level of benefits, or continued participation in the Housing Choice Voucher (Section 8) Programs ("Requested Information") and authorize the release of the Requested Information to MSHDA. This authorization for Requested Information includes but is not limited to requests to the Social Security Administration (SSA), Immigration and Naturalization Service (INS), and the Office of Child Support (OCS). The undersigned will be given an opportunity to contest the immigration status determination with the INS or MSHDA. The undersigned acknowledge that MSHDA has cooperative agreements with agencies to obtain information on wages, unemployment compensation, child support, and other income information through a computer matching operation. MSHDA may use this authorization and the information obtained with it, to administer and enforce its program rules and policies. MSHDA is authorized to release any Requested Information it obtains to the Head of Household.

The undersigned consent to release of criminal conviction records including sexual offenses and alcohol abuse pursuant to 24 CFR 982.307 and allow MSHDA to receive records from law enforcement agencies and use them in accordance with the U.S. Department of Housing and Urban Development regulations and MSHDA policy. MSHDA will check all adult household member's criminal conviction records including sexual offenses, drug and alcohol abuse. Certain offenses will result in denial of assistance.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate. The undersigned understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

**Certification for Head of Household:**  
 In addition to the above certification and authorization of release of information, I certify that only the people listed in Section C, on page one of this form will occupy the unit. I hereby attest that I have reviewed this entire form and that all of my household information, income, assets and expenses have been accurately reported. I understand that providing false information will result in denial or termination of benefits.

As the Head of Household, I certify that only the people listed on my Lease Agreement will occupy the unit. I certify that the house or apartment will be my principal residence and that I will not obtain duplicate federal housing assistance while I am receiving assistance from MSHDA. I will not live anywhere else without notifying MSHDA immediately in writing. I will not sublease my assisted residence.

I understand I must report income, household size, and/or student status changes within 10 business days to my MSHDA assigned Housing Agent.

(Print name of head of household above) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 X \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of head of household above)

**Certification for Co-Head of Household if applicable:**  
 In addition to the above certification and authorization of release of information, I certify that only the people listed in Section C, on page one of this form will occupy the unit. I hereby attest that I have reviewed this entire form and that all of my household information, income, assets and expenses have been accurately reported. I understand that providing false information will result in denial or termination of benefits. I understand I must report income, household size, and/or student status changes within 10 business days to my MSHDA assigned Housing Agent.

(Print name of co-head of household above) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 X \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of co-head of household above)

MSHDA Use Only						
Date	OTIS	I-CHAT	SOR	DRU	Debt/Term.	
	P	P	P	P	P	P
Initials	F	F	F	F	F	F

MSHDA Use Only						
Date	OTIS	I-CHAT	SOR	DRU	Debt/Term.	
	P	P	P	P	P	P
Initials	F	F	F	F	F	F

**Certification for Adult Signatures below:**  
 In addition to the above certification and authorization of release of information, I hereby attest that I have reviewed this entire form and that all of my information, income, assets and expenses have been included and accurately reported. I understand that providing false information will result in denial or termination of benefits. I understand I must report income, household size, and/or student status changes within 10 business days to my MSHDA assigned Housing Agent.

(Print additional adult's name) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 X \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of adult printed above)

**Certification for Adult Signatures below:**  
 In addition to the above certification and authorization of release of information, I hereby attest that I have reviewed this entire form and that all of my information, income, assets and expenses have been included and accurately reported. I understand that providing false information will result in denial or termination of benefits. I understand I must report income, household size, and/or student status changes within 10 business days to my MSHDA assigned Housing Agent.

(Print additional adult's name) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 X \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of adult printed above)

MSHDA Use Only						
Date	OTIS	I-CHAT	SOR	DRU	Debt/Term.	
	P	P	P	P	P	P
Initials	F	F	F	F	F	F

MSHDA Use Only						
Date	OTIS	I-CHAT	SOR	DRU	Debt/Term.	
	P	P	P	P	P	P
Initials	F	F	F	F	F	F

Please return to:  
 RPI Management Inc.  
 3 Parklane Blvd. Suite 600 West  
 Dearborn, MI 48126  
 Phone - 313 846 4401  
 Fax - 313 846 4402  
 Email - mail@rpimanagement.org

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request in writing to your Housing Agent.

Key Point: Must Provide Back Up Documents for all forms of Income

# Debts Owed

## Sign and Date

Key Point: Any Debts owed to a HUD funded Projects need to be paid before the client will qualify.



**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing  
**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

Michigan State Housing Development Authority  
(MSHDA)

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

Signature \_\_\_\_\_ Date Tues, Apr 18, 2023

Printed Name \_\_\_\_\_

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: <del>XXXXXXXXXX</del>	
Mailing Address: 312 W. Huron St. Ann Arbor MI 48103	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization: SOS Community Services - Elizabeth Fink	
Address:	
Telephone No:	Cell Phone No: (734) 322-8249
E-Mail Address (if applicable): elizabethf@soscs.org	
Relationship to Applicant: Housing Support Case Worker	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input checked="" 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 checked="" type="checkbox"/> Other: HEV Housing
<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.

<del>XXXXXXXXXX</del> Signature of Applicant	Tues, Apr 18, 2023 Date
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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 to average 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.

# Supplemental and Optional Contact

- Allows the MSHDA Partner to Contact the Caseworker
- Fill out as much information as possible
- Select Reason for Contact
- Sign and Date



# Citizen Declaration

- Complete Information for All Household Members
- Sign and Date

Key Point: Adults sign for themselves, a parent/guardian signs for children



## HOUSING CHOICE VOUCHER PROGRAM Declaration of Section 214 Status

Head of Household Name:	Last 4 SSN:	Date:
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Notice to applicants and participants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. (See page 2 for footnotes and instructions)

I/we hereby certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

- 1)  I am a citizen by birth, a naturalized citizen or a national of the United States; or
- 2)  I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
- 3)  I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - a)  Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
  - b)  Permanent residence under §249 of INA, see instruction #3; or
  - c)  Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d)  Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e)  Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f)  Amnesty under §245A of the INA, see instruction #7.

**NOTE: List below all members of your family with the same citizenship status. For family members with different citizenship status, please complete and attach a separate form for each citizenship status.**

List all Family Members with the same status.  
A Parent or Guardian must sign their own name for family member(s) under 18 years of age.  
(DO NOT sign child's name)

First	Last	Middle Initial	Signature of Adult Family Member	Date
<b>Head of Household</b>				
[Redacted]	[Redacted]	[Redacted]	[Redacted Signature]	Tues, Apr 18, 2023
<b>All others</b>				

Return completed form to:  
RPI Management, Inc.  
3 Parklane Blvd., Ste. 600 West  
Dearborn, MI 48126  
Ph: 313-846-4401 Fx: 313-846-4402  
Email: mail@rpimanagement.org

FOR MSHDA USE ONLY
Enter INS/SAVE Primary Verification #:
Date:

# Zero Income Questionnaire

Answer all questions, sign and date

Key Point: Only for Households with Zero Income



HOUSING CHOICE VOUCHER PROGRAM  
Zero Income  
Household Living Expenses Questionnaire

Date: 4/18/23  
Last 4 SSN: [redacted]

You have certified on the Household, Income, Asset, and Expense Declaration Questionnaire (MSHDA-1890) that no one in your household receives income. HUD requires that all households that report no income disclose how they are meeting their living expenses. Contact your Housing Agent if you have any questions on how to complete this form. Please print clearly and answer all questions. Do not answer N/A or Not Applicable

Rent and Utility Expenses (Not Applicable at New Admission)	
How much do you pay for rent on a monthly basis (do not include the MSHDA assistance)?	\$ 0
How much do you pay for utilities on a monthly basis (do not include the MSHDA assistance)?	\$ 0
Does anyone contribute monthly to the cost of your rent and/or utilities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what is the average monthly contribution for these expenses?	\$
Name of contributor:	
Address:	City: State: Zip Code:
Phone:	Fax: Email address:

Transportation Expenses	
What method of transportation do you use? (check all that apply)	<input checked="" type="checkbox"/> Bus <input type="checkbox"/> Taxi Service <input type="checkbox"/> Own a Car <input type="checkbox"/> Motorcycle/Moped <input checked="" type="checkbox"/> Friends/Family <input checked="" type="checkbox"/> None
If your household owns a vehicle how much are your monthly payments for:	Car/Motorcycle/Moped: \$ Insurance: \$ Gas: \$
Does anyone contribute toward payments, expenses, or other transportation costs on a monthly basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what is the average monthly contribution for these expenses?	\$
Name of contributor:	
Address:	City: State: Zip Code:
Phone:	Fax: Email address:

HOH Name: [redacted]	Last 4 SSN: [redacted]	Date: 4/18/23
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Miscellaneous Income and Expenses	
Do you sell your plasma for money?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how much do you receive each month?	\$
Do you collect cans or bottles for money?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how much do you collect each month?	\$
Do you scrap metals for money?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how much do you collect each month?	\$
Do you buy any other miscellaneous items such as cigarettes, cigars, ecigarettes, beer, wine, liquor, movies, casino gambling, lottery tickets, or other entertainment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how much does it cost each month?	\$
Does anyone contribute monthly to the cost of these expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what is the average monthly contribution for these expenses?	\$
Name of contributor:	
Address:	City: State: Zip Code:
Phone:	Fax: Email address:

Certification	
I/we hereby certify, under penalty of perjury, that the information reported in this document is true and accurate to the best of my/our knowledge. I/we understand that any action to deceive, including any false statement or representation constitutes an act of fraud and the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by termination from the Section 8 Program and/or imprisonment for up to five years or by a fine up to \$5,000.	
Printed Name of Head of Household: [redacted]	
Signature of Head of Household: X [redacted]	Date: Tues, Apr 18, 2023
Printed Name of Spouse/Co-Head/Other Adult:	
Spouse/Co-Head/Other Adult Signature: X	Date:

Return completed form to:  
RPI Management, Inc.  
3 Parklane Blvd., Ste. 600 West  
Dearborn, MI 48126  
Ph: 313-846-4401  
Fx: 313-846-4402  
Email: mail@rpimanagement.org



HOUSING CHOICE VOUCHER PROGRAM  
Certification of Zero Household Income

Head of Household Name:	Last 4 SSN:	Date:
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Sign the Certification below if there is no additional income to report based on the answers provided in the MSHDA-488 Household Living Expenses Questionnaire.

**I/we hereby certify under penalty of perjury that:**

- 1) No member of the household receives income from any of the following sources:
  - a) Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b) Income from operation of a business;
  - c) Rental Income from real or personal property;
  - d) Interest or dividends from assets;
  - e) Social Security payments or Supplemental Security Income Payments;
  - f) Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
  - g) Unemployment or disability payments;
  - h) Public assistance payments (other than food stamps);
  - i) Periodic payments such as alimony or child support;
  - j) Regular Gifts received from persons not living in my household;
  - k) Sales from self-employed resources;
  - l) Financial assistance awarded or provided while attending college;
  - m) Miscellaneous income such as plasma donation income, bottle refunds from picking up bottles/cans, scrapping metals, etc.
  - n) Any other source not named above
- 2) I/we understand that failure to report income is a violation of the Housing Choice Voucher ("HCV") rules and regulations, and I/we will be subject to repayment of Housing Assistance Payments and/or termination from the HCV Program should I fail to report any household income.
- 3) I/we will immediately notify my Housing Agent in writing when any household income is received.
- 4) I/we will be using the following sources of funds to pay for rent, utilities, and other necessities:

I/we hereby certify, under penalty of perjury, that the information reported in this document is true and accurate to the best of my/our knowledge. I/we understand that any action to deceive, including any false statement or representation constitutes an act of fraud and the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by termination from the Housing Choice Voucher Program and/or imprisonment for up to five years or by a fine up to \$5,000.

Printed name of Head of Household:

Head of Household Signature: <input checked="" type="checkbox"/>	Date: <i>Tues, Apr 18, 2023</i>
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Printed Name of Spouse/Co-Head/Other Adult:

Spouse/Co-Head/Other Adult Signature:	Date:
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WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

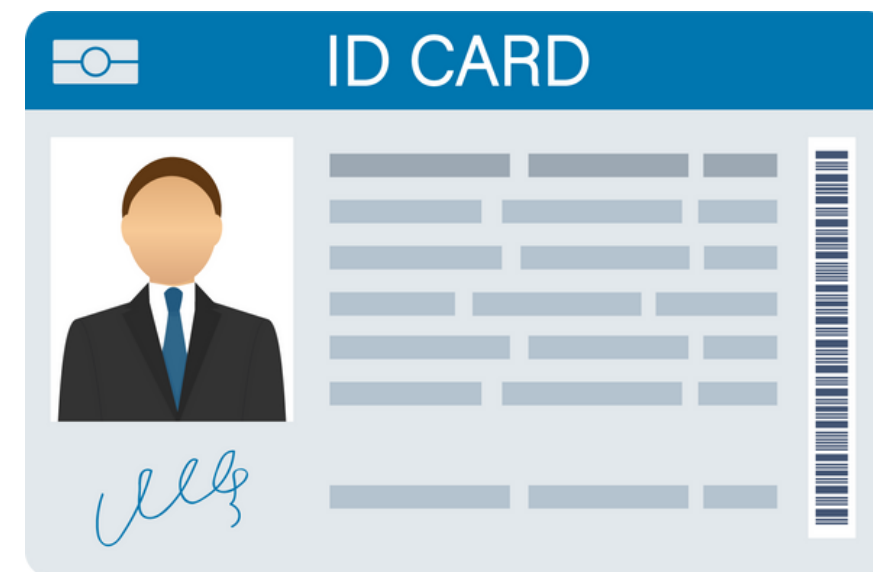
Return completed form to:  
RPI Management, Inc.  
3 Parklane Blvd., Ste. 600 West  
Dearborn, MI 48126  
Ph: 313-846-4401  
Fx: 313-846-4402  
Email: mail@rpimanagement.org

# Certification of Zero Income

- Answer Point 4
- Sign and Date

# Documentation to Send with the Packet

- Copies of: Social Security Card and Birth Certificates for all household members
- Copy of Income Paperwork: SSI/SSDI/SS Letter, 2 Most Recent Paystubs, Verification of Income from Contrubutions, Child Support Print Out, Cash Assistance Letter etc.
- Copy of Driver's License or State ID with a Letter from Agency Verifying Residnecy
- Proof of Disability (If applicable)





April 18, 2023

To Whom it May Concern,

This letter is to serve as verification of residency for [REDACTED] on April 6, 2023.

[REDACTED] is an unhoused individual who has been receiving services in Washtenaw County since the beginning of November 2022 and entered into the SOS Housing Choice Voucher Preventive Services Program on April 18, 2023. His mailing address is The Delonis Center, 312 W. Huron St. Ann Arbor MI 48103.

Should you have any further questions regarding [REDACTED] residency please contact me by phone or email ([elizabethf@soscs.org](mailto:elizabethf@soscs.org))

Respectfully,

*Elizabeth Fink*

Housing Support Coordinator  
101 S. Huron, Ypsilanti  
734-323-8249

# Example of Verification of Residency Letter

Key Point: Needs to include the client's full name and that they were in the county on the day they were pulled off the waiting list



# Next Steps

Send Completed Packet with all supporting documents to the MSHDA Provider (Either CMA or RPI) - Email is recommended

**RPI - [mail@rpimanagement.org](mailto:mail@rpimanagement.org)**

**CMA - [staff@cma-inc.org](mailto:staff@cma-inc.org)**

Once approved the Client will be invited to a Breifing and given their Housing Choice Voucher.

Once the Client has been approved for house they will complete the Landlord Packet with their new Landlord

# Contact Information

Have more questions or need help?  
Contact Elizabeth Fink at SOS Community Services  
[elizabethf@soscs.org](mailto:elizabethf@soscs.org)

