

## **SOUTH COVE PLAZA MA06-0003-033**

### ***TENANT SELECTION PLAN***

#### **Introduction**

The objective of this Tenant Selection Plan is to consolidate relevant policies and procedures affecting tenant selection pursuant to applicable federal and state laws and the Tenant Selection Regulations for South Cove Plaza. The Plan sets out a procedure for processing and selecting applicants, including the establishment of preferences and priorities, occupancy standards, rejection standards, reviews and appeals of rejection decisions, and notice requirements. In the event a specific subsidy program contains rules or regulations that conflict with the provisions herein, the program's rules and regulations shall govern.

The Plan is designed to promote fairness and uniformity in tenant selection. It is also designed to promote efficiency in the process by which applications are processed.

#### **Elements of the Tenant Selection Plan**

##### **A. Right to Apply**

No person may be refused the right to apply for housing unless the development's waiting list is closed for a particular unit size or type, and notice of the closed waiting list, with Virginia Housing Development Authority's phone number, fax number and email address, has been posted in a prominent, accessible location. *For further information on closing of waiting list, see Waiting List section herein.*

##### **B. Statement of Non-discrimination**

It is the policy of Weston Associates Management Co., Inc., hereinafter referred to as the Agent, to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislative enactments addressing discrimination in housing including, The Fair Housing Amendments Act of 1988, 42 U.S.C.A. §§ 3601-3620, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794 et seq., The Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101-12213, Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. § 2000d, the Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107, Executive Order 11,063. In furtherance of this policy:

- In carrying out this Tenant Section Plan, the Agent will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age, marital status, or other basis prohibited by local, state or federal law in any aspect of tenant



selection or matters related to continued occupancy.

In compliance with HUD's Final Rule – *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity* it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.”

The Affirmative Fair Housing Marketing Plan and Contract establish the minimum minority occupancy goal for the development based on the percentage of minorities in the area. The agent will also affirmatively market to persons with disabilities, as specified in its Affirmative Fair Housing Marketing Plan and contract.

- **Applicants with Disabilities and Reasonable Accommodations** - The Agent will make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities (as defined in the above listed Acts or any subsequent legislation) who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. The Agent will, for example, arrange for sign language interpreters or other communications aides for interviews during the application process.

***Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:***

<b>SITE</b>	<b>South Cove Plaza</b>
<b>ADDRESS</b>	<b>230 Stuart Street Boston, MA 02116</b>
<b>PHONE</b>	<b>617-423-9797</b>
<b>FAX</b>	<b>617-423-7810</b>
<b>TTY:</b>	<b>1-800-720-3480 (TTY/ASCII) 1-866-930-9252 (Spanish TTY/ASCII)</b>
<b>Email:</b>	<b><a href="mailto:southcoveplaza1@waboston.com">southcoveplaza1@waboston.com</a></b>

### **C. Selection Criteria**

To be considered for selection, applicants must submit a completed application and relevant consent forms. To determine threshold eligibility, the application may be accepted as a self-certifying statement. No third party verification will be required until final screening for occupancy. Information needed to determine an applicant's eligibility shall be verified within 120 days of formal acceptance for occupancy.



**Note:** *Eligibility does not constitute acceptance and further screening is required to determine an applicant's ability to maintain a successful tenancy.*

## **Student Eligibility Requirements**

Student eligibility is determined at move in/initial certification and at each annual certification. Student eligibility may also be reviewed at interim certification if student status has changed since the last certification. All students are required to report any change in their student status.

A student who is enrolled as either a part time or full time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential will be eligible for assistance if the student meets all other eligibility requirements, meets screening criteria requirements and:

- Is living with his or her parents/guardian or
- Is at least 24 years old or
- Is married or
- Is a veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes or
- Has legal dependents other than a spouse or
- Is a person with disabilities who was receiving Section 8 assistance as of November 20, 2005 or
- Is a graduate or professional student or
- Is an independent student, defined as:
  - a) The individual is 24 years of age or older by December 31 of the award year;
  - b) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care or a ward of the court at any time when the individual was 13 years of age or older;
  - c) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence
- Or, is classified as a Vulnerable Youth. A student meets HUD's definition of vulnerable youth when:
  - i) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in Section 725 of the McKinney-Vento Homeless Assistance Act), or as unaccompanied, at risk of homelessness and self-supporting, by
  - ii) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;



- iii) The director of a program funded under the Runaway and Homeless Youth Act or designee of the director;
  - iv) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director or
  - v) A financial aid administrator.
- Or, the individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances or
  - Has parents who are income eligible for the Section 8 program
- Any financial assistance a student receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education that is in excess of amounts received for tuition and other fees is included in annual income, except:
1. If the student is over the age of 23 with dependent children or
  2. If the student is living with his or her parents who are receiving Section 8 assistance

Financial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

Owner/agents providing Section 8 assistance will verify a student's independence from his or her parents to determine that the student's parents' income is not relevant for determining the student's eligibility for assistance by doing all of the following:

1. Reviewing and verifying previous address information to determine evidence of a separate household or verifying that the student meets the U.S. Department of Education's definition of "independent student";
2. Reviewing the **student's** prior year income tax returns to verify that the student is independent or verifying the student meets the U.S. Department of Education's definition of "independent student"; and
3. Verifying income provided by a parent by requiring a written certification from the individual providing the support. Certification is also required if the parent is providing no support to the student.

If an ineligible student is a member of an applicant household or an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated.

### **Restriction on Assistance to Noncitizens**

By law, only U.S. citizens and eligible noncitizens may benefit from federal rental assistance. Compliance with these rules ensures that only eligible families receive subsidy. These



requirements apply to families making application to the property, families on the waiting list, and tenants.

Assistance is restricted to the following:

- a. US citizens or nationals; and
- b. Noncitizens that have eligible immigration status.

All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application.

All family members, regardless of age, must declare their citizenship or immigration status. Noncitizens (except those age 62 and older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Noncitizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship for those declaring to be U.S. citizens or nationals.

A mixed family – a family with one or more ineligible family members and one or more eligible family members – may receive prorated assistance, continued assistance, or temporary deferral or termination of assistance.

Applicants who hold a noncitizen student visa are ineligible for assistance, as are any noncitizen family members living with the student.

South Cove Plaza is responsible for administering the restriction on assistance to noncitizens in accordance with regulations. When administering the restriction, the owner must treat all applicants equally, applying the same noncitizen rule procedures without regard to age, race, color, national origin, sex, religion, disability, sexual orientation, familial status, or marital status.

### **Disclosure of Social Security Numbers Requirement**

Applicants must disclose and provide documented proof of social security numbers (SSNs) of all household members in order for the Agent to make an eligibility determination. The following information outlines the requirements and responsibilities of applicants or residents to supply this information to the Agent:

1. Disclosure and Certification - The head of household/spouse/co-head must disclose SSN's for all applicant household members.
2. Required Documentation - Applicants must provide documentation of SSN's. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN, which may include the following: (i) Driver's license with SSN; (ii) Identification card issued by a federal, State, or local agency; a medical insurance provider,



or an employer or trade union; (iii) Earnings statements on payroll stubs; (iv) Bank statement; (v) Form 1099; (vi) Benefit award letter; (vii) Retirement benefit letter; (viii) Life insurance policy; or (ix) Court records. Unless an original Social Security card is provided, the Applicant must certify that the document provided to evidence the SSN is complete and accurate.

**NOTE:** Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose the SSNs, but are unable to supply the cards for documentation. SSNs are assigned to these persons when they apply for amnesty. The cards go to the Department of Homeland Security (DHS) until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating SSNs have been assigned.

3. Timeframe for Providing Social Security Numbers - Applicants currently on or applying to the waiting list are not required to disclose or provide verification of a SSN for household members. However, applicants must disclose and provide verification of a SSN for all household members before they can be housed.

The Social Security Number requirements do not apply to:

A child under the age of 6 years old added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90 days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the household's tenancy be terminated.

Household members who do not contend eligible immigration status or who were 62 or older on January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

### **Income Targeting Requirements**

Section 8: The Agent may only lease assisted units to families whose income does not exceed fifty percent (50%) of area median income ("very low income") at the time of admission. In addition to the 50% area median income threshold, HUD mandates that if the Development is receiving project-based Section 9 housing payments as noted below, the Agent shall make at least forty percent (40%) of the assisted units (i.e. those units in the Development for which the owner receives project-based Section 8 housing assistance payments) that become available in each of the Development's fiscal year available for leasing to families whose income does not exceed thirty-percent (30%) of the area median income ("extremely low income") at the time of admission.

In order to satisfy the requirement of leasing not less than 40% of the dwelling units (assisted under the Section 8 contract) that become available for occupancy during any fiscal year to families whose income does not exceed 30% of the area median income (extremely low



income), South Cove Plaza will use the following method:

- An average turnover count will be determined using the prior three fiscal years turnover totals.
- South Cove Plaza will admit only extremely low income families until such time as the 40% target (as described above) is met.
- Once the 40% goal has been obtained, applicants will then be selected on an alternating basis between the first extremely low income applicant on the waiting list and the applicant at the top of the waiting list.
- In the event that there are no extremely low income applicants on the waiting list, South Cove Plaza will market and advertise accordingly:
  - Contact State and local Housing Agencies
  - Advertise through local media outlets
  - Contact Community outreach organizations

Low Income Housing Tax Credit: South Cove Plaza must 100% of the dwelling units to families that are at or below 60% of the current fiscal year's HUD Fair Market Rent Area's Median Income Limits.

**Eligibility will be determined on the following basis:**

1. Maximum Income – Household annual income must not exceed current income limits for the program to which application is made. (See Eligibility Criteria, Attachment 1)
2. Other Eligibility Criteria Pursuant to Program Characteristics – Household characteristics, such as the number of family members or their age, must be appropriate to the size of the unit and pursuant to the subsidy program guidelines.
3. Student Status will need to be determined and applicants must fall into the program guidelines as implemented by HUD under the "Student Rule".
4. The head of household/spouse/co-head is required to provide acceptable documentation as proof of the Social Security numbers for all household members.
5. Selection Criteria Based on the General Requirements of Tenancy - This Tenant Selection Plan sets forth the essential requirements of tenancy and the grounds on which tenants will be rejected for failing to meet such requirements. Rejection of an applicant is appropriate where the Agent has a reasonable basis to believe that the tenant cannot meet these essential requirements, which may be summarized as follows:

a.) to pay rent and other charges under the lease in a timely manner;

b.) to care for and avoid damaging the unit and common areas, to use facilities and equipment in a reasonable way, and to create no health or safety hazards;

not to interfere with the rights and enjoyment of others and not to damage the property of others;





- c.) not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, and not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons; and any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises, and
- d.) to comply with necessary and reasonable rules and program requirements of the housing provider.

Exhibit 2 to the Tenant Selection plan lists circumstances that create the presumption that an applicant is not eligible for tenancy. Exhibit 2 is Attachment 2 to this plan. Under the circumstances identified therein, there is a reasonable risk that the applicant will not be able to meet the essential requirements of tenancy.

This plan provides for the consideration of mitigating factors that rebut the presumption that an applicant will be unable to meet the requirements of tenancy. Mitigating factors may include a showing of rehabilitation or rehabilitating efforts. Mitigating factors must be balanced against the potentially disqualifying behavior or circumstances. In considering both the disqualifying behavior and mitigating factors, the Agent will determine if there is a reasonable risk that the applicant will be unable to meet the essential requirements of tenancy. Among the factors that should be considered are:

- the severity of the potentially disqualifying conduct;
- the amount of time that has elapsed since the occurrence of such conduct;
- the degree of danger, if any, to the health, safety and security of others or to the security of the property of others or to the physical conditions of the housing development and its common areas if the conduct recurred;
- the disruption, inconvenience, or financial impact that recurrence would cause the housing provider; and
- the likelihood that the applicant's behavior in the future will be substantially improved.

In general, the greater degree of danger, if any, to the health, safety and security of others or to the security of property of others or the physical condition of the housing, the greater must be the strength of showing that a recurrence of behavior (which led to an initial determination that the applicant would not be able to meet the essential requirements of tenancy) will not occur in the future.

Pursuant to the Violence Against Women Act (42 U.S.C. 1437f and 42 U.S.C. 1437d) and regulations promulgated in accordance therewith at 24 CFR Part 5, Subpart L, admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence, sexual assault and stalking, as defined in the aforementioned regulations, if the applicant or household member otherwise qualifies for admission. Protections are available equally to all individuals regardless of sex,





gender identity or sexual orientation. In addition, protections are provided to affiliated persons which includes: 1. A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in place of a parent or guardian; or 2. Any individual, resident/applicant, or lawful occupant living in the household of that individual. (See Certification of Domestic Violence, Dating Violence or Stalking (Form HUD-5382) and Lease Addendum/Violence Against Women and Justice Department Reauthorization Act of 2005 (Form HUD-91067), Attachment 9)

4. Screening Procedures - To obtain information about an applicant(s) ability to meet the essential requirements of tenancy, the Agent will secure background information from the following sources:

- (a) References from landlords in the last five years or from the last two successive tenancies, whichever is more inclusive;
- (b) Credit references furnished by a credit bureau. Information to be considered should not be more than five years old;
- (c) Personal references provided by the applicant;
- (e) Record of prior criminal history. The Owner/Agent shall perform the necessary history background checks in all states in which the applicant household members have resided by using a database that checks against all state registries (e.g. the Dru Sjodin National Sex Offender Database).
  - i. Drug-Related Criminal Activity: Inquiries shall be made of each applicant to determine whether the applicant or member of the household is currently an illegal drug user of a controlled substance; has been convicted of the illegal manufacturing or distributing of a controlled substance, convicted of the illegal use of a controlled substance, engaged in other drug-related criminal activity, or had been evicted from Federally-assisted housing for drug-related criminal activity.

A criminal background information report shall be conducted by the Owner/Agent. In addition to currently engaging in illegal drug use, if it is determined that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents, an applicant shall be rejected.

Any household member that has been evicted from housing, whether Federally-assisted or non Federally-assisted, for drug-related criminal activity within three (3) years from the date of the admission decision



shall be rejected. If the household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program and circumstances leading to the eviction no longer exists, the applicant may be considered for admission.

Any drug-related criminal activity that occurred within the five (5) years immediate to the date of the admission decision shall constitute grounds for rejection. If the household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program and circumstances leading to the criminal activity no longer exist, the applicant may be considered for admission. However, if there is a long-term pattern of drug-related criminal activity that exceeds five (5) years and is strongly indicative of continuing threats to the health, safety and peaceful enjoyment of the premises, an applicant shall be rejected.

- ii. Sexual Offender: Any member of a household applying for a unit who is subject to a lifetime registration requirement under a State sex offender registration program shall be rejected. If the owner/agent determines that a sex offender is part of the household, the owner/agent will allow the household to remove the sex offender from the application. Removal must be documented using a signed, notarized copy of the owner's form. The household will have ten (10) business days to provide verification that the household member has alternative housing or that the household member has applied for alternative housing. Failure to provide such documentation will result in rejection of the application for all household members. In this case, the owner/agent reserves the right to monitor household composition after move-in. If the owner/agent discovers that a sex offender has moved in to the unit, assistance will be terminated and the household will be evicted in accordance with the HUD requirements. Any assistance paid-in-error must be returned to HUD.
- iii. Alcohol Abuse: If it is determined in the resident selection process that there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol would interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents, the applicant may be rejected. Alcohol abuse cannot be the sole reason for denial of tenancy.
- iv. Violent and Other Criminal Activity: Any applicant or household member who is currently engaging or has engaged in any violent criminal or other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other



residents or that would threaten the health or safety of the Owner, its Agent or any employee, contractor or subcontractor involved in the housing operations, shall be rejected. Ordinarily, any criminal activity that occurred within five (5) years immediate to the date of admission decision shall be considered. However, if there is a long-term pattern of criminal behaviors that exceeds five (5) years and is strongly indicative of continuing threats, an applicant shall be rejected.

- (f) Verification of income either from a present employer, appropriate agency, Student Status, financial institution or other appropriate party.
- (g) Verification of a disability from an applicable professional to determine eligibility for the development or when the applicant requests a modification to a unit, eligibility for a preference based on disability status or a reasonable accommodation. Inquiries concerning a person(s) disability or disabilities in this regard should be limited to verification of the disability and the need for an accommodation or the qualification for a program. The Agent will ask questions about the nature or severity of a disability is only as they relate to the specifics of an accommodation request. The Agent will not make inquiries regarding an applicant(s) ability to comply with the terms of the lease, including caring for the unit, unless past tenancy history or other evidence suggests that applicant is unable to satisfy some term of the lease.
- (h) Verification of Citizenship/Immigration Status
- (i) Enterprise Income Verification (EIV) Existing Tenant Search

As required by HUD Notices H 09-20 and H 10-08, issued pursuant to 24 CFR 5.233, the Agent shall conduct an Existing Tenant Search in EIV, and use the information contained in the Existing Tenant Search Report, to determine if the applicant or any applicant household members are currently receiving HUD housing assistance (i.e. residing at another HUD Multifamily Housing or Public and Indian Housing (PIH) location).

The Agent's policies for obtaining and using the EIV Existing Tenant Search Report as part of this Plan are set forth in Attachment 10 (Enterprise Income Verification System (EIV) Policies and Procedures)

If an applicant claims that past tenancy-related problems were the result of a disability and that some condition has changed making such behavior unlikely to recur, the Agent will consider evidence supporting such claims. All applicants are responsible for providing verification for such claims. In



instances where the applicant claims that some services or treatment will be available to enable the applicant to correct the problem behavior, the development will require verification that such services are available and that the applicant is likely to continue to use such services or treatment.

Mitigating circumstances will be verified and the individual performing the verification must corroborate the reason given by the applicant for unacceptable tenancy-related behavior and indicate that the prospect for lease compliance in the future is good because the reason for the unacceptable behavior is either no longer in effect or otherwise controlled.

Where an applicant claims that prior unacceptable tenancy-related behavior resulted from alcohol abuse or use of illegal drugs, acceptable verification of mitigating circumstances would have to establish that:

- (As applicable) There is no current illegal use, within the last year, of controlled substances. If such use is documented, applicant must present evidence that such use has stopped and is unlikely to recur.
- (As applicable) There is no current abuse of alcohol and abuse is unlikely to recur.
- During the period for which the applicant has claimed no current use, the applicant's behavior in the previously unacceptable tenancy-related area must have been acceptable.
- In any case of confirmed, continued, unacceptable tenancy-related behavior, despite the cessation of drugs or alcohol use an applicant may be rejected.

An Agent may consider an applicant's credit history, but such may be used in lieu of rental history to determine an applicant's ability to pay rent only when rental history is not available. Where bad credit is the basis for rejection, mitigating circumstances may include: (i) a representative payer or other reliable third party who would take written responsibility for payment, or (ii) evidence that such poor credit was the result of a disability that is now under control, or (iii) evidence that credit problems were the result of other circumstances that no longer exist and there is reason to believe that applicant will now pay the rent promptly and in full. An applicant(s) ability and willingness to pay rent must be demonstrated through an identifiable source of sufficient income to pay rent and prior rental history. The lack of credit history, as opposed to poor credit history, is not sufficient justification to reject an applicant. An Agent must also take into account rent burden if an applicant can demonstrate a history of satisfying a higher rent burden than the Agent normally employs. (See Rejection Standards, Attachment 2)

The management agent shall have the right to request information reasonably needed to verify the mitigating circumstances, even if such information is of a confidential nature (e.g. doctors' reports). If the applicant refuses to provide or give access to such further information the management agent may choose not to give further consideration to the mitigating circumstance.



5. Prohibited Screening Criteria - The Agent may not screen applicants for eligibility on the basis of the following:

- (a) Physical Examinations. The Agent will not require physical examinations or medical testing as a condition of admission. No medical verification will be required for applicant(s) who declare pregnant status.
- (b) Meals and Other Services. The Agent will not require tenants to participate in a meals program that has not been approved by HUD.
- (c) Donations or Contributions. The Agent will not require a donation, contribution or membership fee as a condition of admission, except that cooperative housing projects may charge a membership fee. Owners may not require any payments not provided in the lease.
- (d) Disability Status. Except as provided in section 4 (g) above, it is unlawful to make an inquiry to determine if an applicant for a dwelling unit, a person intending to reside in that dwelling unit after it is rented or made available, or any persons associated with the applicant, has a disability or handicap, or to make inquiry as to the nature or severity of an identified disability or handicap.

**D. Application to Housing**

1. Application forms - Application forms (See sample, Attachment 3) will be distributed and accepted in the manner(s) indicated below:

- ☒ In Person
- ☒ By Mail
- ☒ Electronically

The application form:

- solicits all the necessary information to determine program eligibility,
- provides the opportunity to state the need or desire for an accessible unit,
- provides notice of the right to a reasonable accommodation of a disability,
- includes the Equal Opportunity logo and slogan, as well as the Accessibility logo, if required,
- includes the non-discrimination statement,
- provides the opportunity to indicate eligibility for a preference,
- and includes a notice that the Agent will communicate with the applicant in the manner or format requested by the applicant if necessary because of a disability.

Failure to respond within 14 days to the Agent's requests for documentation or information to



process the application may result in withdrawal of an application from further processing. The Agent may make exceptions to the procedures described herein to take into account circumstances beyond the applicant's control, including medical problems or extreme weather conditions.

The Agent will offer aid to the applicant in completing the application, explain the tenant selection process, define preferences, and explain the verification process with respect to preferences.

Every application must be completed and signed by the head of the household and all household members 18 years and older (excluding Personal Care Attendants (PCA)). Household members 18 years or older, including any personal care attendant (PCA), must sign a release to conduct criminal, credit, and landlord history references, provided that credit information for personal care attendant is not necessary because their income is not included in the household income calculation. In the case of applications for Federally Assisted Housing units, all adult members (18 years of age and older) must sign (i) Notice of Consent for the Release of Information (Form HUD-9887) and Applicant's/Tenant's Consent to the Release of Information (Form HUD-9887-A). Personal care attendants are defined as a person who resides with a household member with a disability and who (a) provides necessary assistance in activities of daily living to such household member insofar as he or she requires such assistance on account of his or her disability; (b) is not obligated for support of the household member; (c) is paid for the fair value of such assistance; and (d) would not be residing in the unit except to provide such necessary assistance to the household member. All members of the household must be listed on the application form.

It is the policy of the Agent to guard the privacy of individuals in accordance with the Federal Privacy Act of 1974 and, and to ensure the protection of records maintained by the property concerning the applicants or tenants.

The Agent shall not disclose any personal information contained in its records to any persons or agencies other than the US Department of Housing and Urban Development (HUD), or other authorized government agency unless the individual about whom information is requested has given written consent to such disclosure, or unless disclosure is otherwise in accordance with provisions in the state or federal privacy acts.

This privacy policy in no way limits the property's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy or to gather information to process reasonable accommodations requests under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Fair Housing Act.

The above policies in no way limit the right or duty of the Agent to make abuse, neglect or other protective service or emergency reports. Additionally, such policies do not forbid management from sharing information in the public domain with relevant service or



government agencies.

2. Notification of Decision on Application - The Agent will send a written response (See Attachment 4) to each applicant advising such applicant of the status of the application. The response will be mailed not more than thirty days from the date of receipt. Alternate formats for responding to an applicant with a disability will be provided upon applicant's request. If the Agent has not made a determination to reject the applicant, the written response will include the status of the application with respect to:

- result of the preliminary determination of eligibility,
  - position on the waiting list,
  - estimate of the time it may take before the applicant will be offered assistance,
  - notice that the applicant is responsible for reporting changes in address, phone number, and preference status,
  - where applicable, the applicant's qualification for a preference(s) for admission, and
  - A statement that the applicant has the right to meet with the Agent to discuss the determination made with respect to the application.
- \*\*\* In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.\*\*

3. Provisions Relating to Rejection of an Application - If the applicant is not accepted, or is not placed on the waiting list for admission, the Agent shall follow the procedures outlined in section 2 above, but shall include the following in its written response (See Attachment 6) to the applicant:

- the reason(s) for the rejection,
- notice that the applicant has 14 business days to respond in writing or to request a conference with the Agent to contest the rejection, and
- Notice that the applicant has the right to request a reasonable accommodation if the applicant believes that, with such an accommodation, the applicant would be eligible for admission and that the applicant was rejected for a reason arising from the applicant's disability.

The Agent has consulted with counsel and established a policy for maintaining records relating to rejection of applications for housing. That policy satisfies HUD requirements that the records shall be maintained for a period of not less than three years. "Records", as used herein, include:

- all original applications,
- the Agent's eligibility determination (acceptance and rejection notices), and





- any materials relating to such decisions
- or appeals by the applicants

In general, applications will be processed in accordance with the following steps:

- **Review for completeness** - Applications will first be reviewed for completeness. Incomplete applications will be rejected, returned to the applicant and will not be evaluated until all of the required information has been provided.
- **Preliminary determination of program ineligibility** - Completed applications will be reviewed for income eligibility and compliance with any categorical eligibility requirements such as age or disability, if applicable. Applications determined ineligible, pursuant to program guidelines, will be rejected in accordance with procedures outlined above.
- **Preliminary determination of program eligibility** - When there are more applicants on the waiting list than units currently available, the Agent will make a preliminary determination of eligibility, based on the applicant's self-certified statement as to his or her income, assets, age, disability status, and preference or priority status. Applicant will be notified of the status of his/her application in accordance with procedures outlined above.
- **Waiting list placement** - Once a fully completed application is determined to meet income eligibility requirements and the household composition is determined appropriate for a unit at the development, the applicant will be placed on the appropriate waiting list(s). Applicants eligible for handicapped accessible units may choose to be on lists for accessible and standard units. Assignment to a position on the waiting list will be based on this preliminary determination and will be formally verified as the applicant's name advances on the waiting list. (Note: If the anticipated duration on the waiting list is less than 90 days, formal verification will be required immediately.) The applicant will be placed on the waiting list, by date of receipt, within the correct preference category, where applicable.
- **Formal verification** - If, subsequent to the preliminary determination of eligibility, the Agent determines that the formal verification of income, assets, or claimed priority status differs from the applicant's self certification, the applicant may be:
  - reassigned to another waiting list, i.e., smaller or larger bedroom size;
  - reassigned to a different preference status; or
  - determined ineligible.

## F. Waiting Lists

The Agent will administer its Waiting List in accordance with the following policies.



- Waiting lists will be maintained in either a bound ledger or on a computer report. A printed copy of the waiting list will be prepared, prior to the annual update, and maintained for three years.
- Waiting lists will be organized by type of unit, (subsidy, physically adapted unit, etc). A separate list is required for every type of unit. "Type of unit" is defined in several ways, including:
  - 1.) The number of bedrooms, as well as the number of bathrooms, or ancillary rooms, such as a den or dining room.
  - 2.) The building structure, such as a town-house versus a garden-style unit.
  - 3.) The physical characteristics of the unit, such as accessible features.
  - 4.) The type of subsidy attached to the unit, such as project-based subsidy.
  - 5.) The distinction between subsidy types such as interest subsidy (basic rent units) and deep subsidy (low rent units).
  - 6.) Units which are intended for occupancy by a member who is 62 or older or households with persons with a disability of any age.
- Each applicant must be placed on the appropriate waiting list(s) chronologically according to the date of the completed application within the applicable preference categories or their application number based on a random lottery system, if applicable. Non-preference applicants shall be placed on the waiting list per the date of the completed application.
- If an applicant is eligible for tenancy, but no appropriately sized unit is available, the Agent will place the family on a waiting list for the project. Households that are eligible for more than one size of unit (by bedroom size) may choose to be placed on multiple waiting lists as appropriate and The Agent will respect the bedroom size option chosen by the applicant unless such choice violates the state sanitary code, other applicable laws, or the development Occupancy Policy. Persons using a wheelchair or requiring similar accommodations may apply for a standard unit, as well as an accessible unit, in their discretion.
- The Agent's records will indicate the date the applicant is placed on the waiting list. All records, including the application, must be retained for a period of three (3) years.
- Agent may require applicants to contact the project every twelve months to remain on the waiting list. Applicants will be contacted by the preferred method(s) of contact listed in their application. Management will make at least two efforts to contact an applicant at different times of the day, using each known form of contact, including via mail, email, and phone before removing an applicant's name from the waitlist for non-responsiveness. Upon failure to respond to the Agent's notice to contact the project, the applicant may be removed from the waiting list. Records of verbal and written attempts to contact applicants before removing an applicant from the waitlist will be maintained.
- The waiting list may be closed for a specific unit size or type if the projected turnover rate indicates that an applicant would be unable to obtain a unit within one year. Management will post a notice at the development that indicates: (a) the date the list will be closing and



(b) the HUD telephone number and fax number for verification. Notice must be in 14 point (or larger) print and in an accessible location(s). Notice of waiting list will also be placed in area publications.

- When an applicant pool is no longer adequate due to the closure of the waiting list, the list shall be re-opened. Public notice shall be placed in area publications, and as otherwise required by the development's Affirmative Fair Marketing Plan and Contract.
- Waiting lists will be updated every twelve months (See Attachment 7)  
Note: Prior to removing an Applicant's name from the waiting list, the Agent will send written notice of the action, or notice in requested alternate format, to the Applicant, at the Applicant's address of record. A copy of the standard notice of removal is attached to this plan. (See Attachment 8)

### **G. Transfer Procedure for Existing Residents**

In filling vacant units, the Agent shall first offer current residents the option to relocate to another unit in the development, provided such residents meet one of the following transfer conditions:

1. Size of Family or special condition—
  - Residents are housed in over-crowded conditions and have requested a larger unit appropriate for their household size;
  - Residents are housed in units providing a greater number of bedrooms than warranted for their household size (such transfers are not volitional, and refusal to relocate by the household will result in termination from the subsidy program upon thirty days notice);
  - Residents who require the features of an accessible unit, provided that documentation of the need has been supplied; and
  - Residents who occupy, but do not need the features of an accessible unit if another resident or applicant needs an accessible unit (such transfers are not volitional, and refusal to relocate by the household will result in termination from the subsidy program upon thirty days notice).
2. Economic Circumstances – Residents who are paying more than fifty percent of their monthly income for the cost of rent and utilities.
3. Owner Optional Preferences – (specific description is required if an optional reference is elected.)
4. VAWA protections as described in the Emergency Transfer Plan (Attachment 11).
5. Verified medical need

The Agent shall maintain a formal waiting list for current residents seeking to relocate to other units pursuant to these conditions. When a vacancy occurs, the Agent shall determine if a transfer is



warranted from such internal waiting before proceeding to the waiting list to select an applicant for the vacant unit.

#### **H. Additional Policies Regarding Special Use Units -**

Accessible Units – These are defined as units which have been constructed according to the ADAAG and AAB codes for accessible units. If an accessible unit must be offered to someone who does not need the accessibility features, the lease shall include a clause requiring the tenant to relocate to the first available comparable unit if a tenant or eligible applicant requires the unit's accessible features.

**I. Pregnancy Status** – An applicant and or household member who declares that they are pregnant will be treated as two distinct individuals for the purposes of income eligibility and occupancy standards.

**J. Modification of Tenant Selection Regulations** – The Agent acknowledges that HUD or South Cove Plaza may, from time to time, modify the requirements of their respective tenant selection regulation, or policies. The Agent agrees that, upon reasonable notice, they will amend this plan to satisfy such changes

### **CONCLUSION**

The Agent acknowledges that this plan may not address every activity relating to selection. Questions concerning this plan, and any of its applications, should be directed to the Management Agent, or to the HUD Housing Management Department.



**NOTE: The following attachments must be included in this plan:**

**Attachment 1 – Eligibility Criteria and Occupancy Standards**

**Attachment 1A: Verification of Citizenship or Eligible Immigration Status**

**Attachment 1B: List of Department of Homeland Security Approved Documents**

**Attachment 2 –Rejection Standards**

**Attachment 2A – Policy for Use of Marijuana in Federally Subsidized Housing**

**Attachment 3 – Pre-Rental Application**

**Attachment 3a –Rental Application**

**Attachment 4 – Applicant’s Consent for Release of Information**

**Attachment 5 – Notification of Decision on Application**

**Attachment 6 – Rejection Notice**

**Attachment 7 - Annual Waiting List Update**

**Attachment 8 – Notice of Removal from Waiting List**

**Attachment 9 - VAWA Certification (Form HUD-5382) (§5.2005 VAWA Protections)**

**Attachment 10 – VAWA Notice of Occupancy Rights (Form HUD-5380)**

**Attachment 11 – VAWA Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

**Attachment 12 - Policy for Accessing and Using HUD’s EIV Existing Tenant Search Report  
During Tenant Selection Screening**



## Attachment 1

### Eligibility Criteria and Occupancy Standards

The stated eligibility criteria shall apply to the following subsidy programs:

The stated eligibility criteria shall apply to the following subsidy programs:

- 1.) Section 8
- 2.) Management will consider housing applicants for residency who at the time of admission, meet all of the following conditions, as outlined in HUD 4350.3 REV 1, and any applicable federal/state guidelines, and who have submitted an application for occupancy. The following criteria shall be utilized to determine an applicant's eligibility:

- ◆ South Cove Plaza for **Contract # MA06-0003-033**: A household is a family or single person who is eligible under applicable federal/state requirements. South Cove Plaza restricts the eligibility to households whose head is 62 years or older and/or is designated as Disabled.

The following criteria shall be utilized to determine an applicant's eligibility:

- ◆ A household is a family or single person who is eligible under applicable federal/state requirements.

Household members must meet the final "Student Rule" (HUD) (FR-5036-F-01). The final rule requires that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for Section 8 Assistance, or under the student's parents are individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student; Is not a person with disabilities, as such term is defined in section 3(b)(3)(F) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving assistance under such section 8 as of November 30, 2005;" and is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive section 8 assistance.

If a person with disabilities, as such term is defined in Section 3(b) (3) (E) of the United States Housing Act of 1937 (42 U.S.C. 1437 a (b) (3) (E) and was not receiving assistance under such section 8 as of November 30, 2005, they would not be allowed to receive assistance under the Student Rule".

- ◆ The Agent must develop a written method for assigning units and have it available on-site.
- ◆ Household annual income does not exceed current program income limits.
- ◆ Households who have provided verified social security numbers (SSN) for all family



members. A six week extension will be granted for family members with no SSN to obtain one.

- ◆ Households who have not committed any fraud in connection with any Federal or State Housing Assistance Program, and owe no rent or other amounts in connection with housing assistance.

## OCCUPANCY STANDARDS

Occupancy is usually based on two people per bedroom unless the square footage allows or requires otherwise. Household size must comply with unit size based on the current State Sanitary Code Minimum Square Footage Requirements or any applicable Federal regulations or requirements, including those found in Section 3-23 (Occupancy Standards) and Exhibit 3-2 (Fair Housing Enforcement - Occupancy Standards Notice of Statement of Policy, 63 FR 70256) of the HUD 4350.3 REV-1.

### EXAMPLE

#### State Sanitary Code Minimum Square Footage Requirements

<i># Occupants</i>	<i>S.F. Per Bedroom*</i>	<i>Total Habitable Area*</i>
1	70 sq. ft.	150 sq. ft.
2	100 sq. ft.	250 sq. ft.
3	150 sq. ft.	350 sq. ft.

\*Square footage excludes bathrooms, connecting hallways, closets and laundry rooms.

Acceptance of a unit at maximum occupancy does not give the tenant the right to claim overcrowded conditions and request a transfer to a larger unit, unless the family size changes.

Based on the average square footage for each unit type, specify the maximum and minimum number of occupants permitted for each unit:

Unit type & size	Average Square Footage:	Maximum occupants:	Minimum occupants*:
1 Bedroom	695	2	1
2 Bedroom	855	4	2

\* subject to exception on the basis of reasonable accommodation, or as otherwise permitted by the subsidy program.

Other Occupancy Standards:

- (i) A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom, unless the consequence of sharing would be a severe adverse impact on his or her mental





or physical health and the Agent receives reliable medical documentation as to such impact or sharing.

Acceptance of a unit at maximum occupancy does not give the tenant the right to claim overcrowded conditions and request a transfer to a larger unit, unless the family size changes.



## Attachment 1A

### VERIFICATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

The following summary represents an overview of the federal regulations dealing with verification requirements for citizenship or eligible immigration status in Federally Assisted Housing developments **except** Section 202 with Project Assistance Contracts (PACs), Section 202 with Project Rental Assistance Contracts (PRACs) or Section 202 without Assistance. **The summary below is an incomplete overview of the key requirements of the federal regulations dealing with verification of citizenship or eligible immigration status. Please refer to the HUD Handbook 4350.3 REV-1, Section 3-12 prior to and during the administration of the verification process.**

#### Key Requirements:

1. Assistance in subsidized housing is restricted to (a) U.S. citizens or nationals and (b) noncitizens who have eligible immigration status as determined by HUD.
2. All applicants for assistance must be given notice of the requirements to submit evidence of citizenship or eligible immigration status. Owner should arrange to provide the notice in a language that is understood by the applicant if the applicant is not proficient in English. (see Exhibit 3-4 of the HUD Handbook). Applicants must be notified in writing if they are found to be ineligible. (see Exhibits 3-8 and 3-9 of the HUD Handbook for sample notifications of ineligibility)
3. All family members, regardless of age, must declare their citizenship or immigration status.
4. (a) U.S. citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals (i.e. U.S birth certificate or U.S. Passport).  
  
(b) Noncitizens under age 62 (must sign a Verification Consent Form (see Exhibit 3-6 of the HUD Handbook for an example) and submit documentation of their status or sign a declaration that they do not have eligible status. Noncitizens under the age of 62 claiming eligible status must submit a signed declaration of eligible immigration status, a signed consent form and one of the DHS-approved documents listed in Figure 3-4 of the HUD Handbook (attached hereto as Attachment 1B)  
  
(c) Noncitizens age 62 or older must sign a declaration of eligible immigration status and provide a proof of age document.



5. A mixed family – a family with one or more ineligible family members and one or more eligible family members may receive either prorated assistance, continued assistance, or a temporary deferral of termination of assistance.
6. Applicants who hold a noncitizen student visa are ineligible for assistance as are any noncitizen family members living with the student. For noncitizen students with a citizen spouse or citizen children, see the rules in the HUD Handbook Section 3-12 R.2.
7. Owners are required to verify with the Department of Homeland Security (DHS) the validity of documents provided by non-citizen applicants claiming eligible immigration status. To do this the Owner must:
  - a. obtain computer software to install on the owner's personal computer, an access code and user ID by calling the Office of Multifamily Housing at HUD headquarters and follow the instructions; or
  - b. if the owner does not have a personal computer or a CD drive and Windows on their personal computer, it shall be necessary to verify immigration status using the paper process. This process consists of completing the Document Verification Request (Form G-845S) and mailing copies of the immigration documentation to the local immigration office to receive verification of validity of the documents.

If using computer software, see Appendix 2 of the HUD Handbook in the instruction manual providing instructions on use of the Systematic Alien Verifications for Entitlements System (SAVE) and interpretation of results of DHS verification information.

8. Applicants must submit required documentation of citizenship/immigration status no later than the date the owner initiates verification of other eligibility factors. Because of the prohibition against delaying assistance to obtain verification of citizenship/immigration status, owners are advised to implement procedures to verify eligible immigration status in advance of other verification efforts. The Owner may grant the applicant an extension of not more than 30 days to submit documentation if the applicant certifies that the documentation is temporarily unavailable. Owners may not delay the family's assistance if the family submitted its immigration information in a timely manner but the DHS verification or appeals process has not been completed. If a unit is available, the family has come to the top of the waiting list, and at least one member of the family has submitted the required documentation in a timely manner, the owner must offer the family a unit and provide prorated assistance to those family members whose documents were received on time.
9. The Owner must notify the applicant as soon as possible if the verification process returns a negative result. (see the sample notice in Exhibits 3-10 and 3-11 of the HUD Handbook.) The notice must inform the applicant of the right to appeal the owner's



decision and provide the applicant with the options to (a) appeal the decision to DHS; (b) request an informal hearing with the Owner's representative; or (c) pursue eligibility for prorated assistance.

**Attachment 1B: Acceptable DHS Documents (Figure 3-4 from HUD Handbook 4350.3 REV-1) is reproduced on the following page.**



## Attachment 1B

4350.3 REV-1

Section 1:  
Program Eligibility

Figure 3-4 Acceptable DHS Documents

- Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)
- Form I-94, *Arrival-Departure Record* annotated with one of the following:
  - “Admitted as a Refugee Pursuant to Section 207”;
  - “Section 208” or “Asylum”;
  - “Section 243(h)” or “Deportation stayed by Attorney General”; or
  - “Paroled Pursuant to Section 212(d)(5) of the INA.”
- Form I-94 *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
  - A final court decision granting asylum (but only if no appeal is taken);
  - A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - A court decision granting withholding of deportation; or
  - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- Form I-688, *Temporary Resident Card* annotated “Section 245A” or “Section 210”.
- Form I-668B, *Employment Authorization Card* annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12”.
- A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
- Form I-151, *Alien Registration Receipt Card*.
- Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

6/07

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HUD Occupancy Handbook  
Chapter3: Eligibility for Assistance and Occupancy



Exhibit 2

## Rejection Standards

1. An applicant and the applicant household shall be disqualified for a unit in a Weston Associates Management Co., Inc. managed development for any of the following reasons:
  - a) The applicant, or household member, has disturbed a neighbor or neighbors in a prior residence by behavior, which if repeated by a tenant in Weston Associates Management Co., Inc. managed housing, would substantially interfere with the rights of other tenants to peaceful enjoyment of their units.
  - b) The applicant, or a household member, has caused damage or destruction of property at a prior residence, and such damage or destruction of property, if repeated by a tenant in Weston Associates Management Co., Inc. managed housing, would have a material adverse effect on the housing development or any unit in such development.
  - c) The applicant or a household member has displayed living habits or poor housekeeping at a prior residence, and such living habits or poor housekeeping, if repeated by a tenant in Weston Associates Management Co., Inc. managed housing, would pose a substantial threat to the health or safety of the tenant or other tenants or would adversely affect the decent, safe and sanitary condition of all or part of the housing.
  - d) The applicant or household member in the past has engaged in criminal activity, which if repeated by a tenant in Weston Associates Management Co., Inc. managed housing, would interfere with the right to peaceful enjoyment of the property by other residents or the health and safety of the owner, employees, contractors, subcontractors, or agents of the owner. **[\*, or would threaten the health and safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing development. Notwithstanding the foregoing, and pursuant the Violence Against Women Act (42 U.S.C. 1437f and 42 U.S.C. 1437d) and regulations promulgated in accordance therewith at 24 CFR Part 5, Subpart L, admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence or stalking, as defined in the aforementioned regulations, if the applicant or household member otherwise qualifies for admission - \*] .**
  - e) The applicant or any household member who will be assuming part of the rent obligation has a history of non-payment of rent and such non-payment, if repeated by a tenant in Weston Associates Management Co., Inc. managed housing, would cause monetary loss; provided, however, that if the applicant or household member paid at least 50% of his/her household's monthly income for rent each month during a tenancy but was unable to pay the full rent, an eviction for non-payment of the balance shall



not disqualify such individual from housing pursuant to this paragraph.

- f) The applicant or a household member has a history of failure to meet material lease terms or the equivalent at one or more prior residences, and such failure if repeated by a tenant of Weston Associates Management Co., Inc. managed housing, would be detrimental to the housing development or to the health, safety, security or peaceful enjoyment of other tenants.
- g) The applicant has failed to provide information reasonably necessary for the housing provider to process the applicant's application.
- h) The applicant has misrepresented or falsified any information required to be submitted as part of the applicant's application or a prior application submitted within the last three years, and the applicant fails to establish that the misrepresentation or falsification was unintentional.
- i) The applicant, or a household member, has directed abusive or threatening behavior which was unreasonable and unwarranted towards a management agent's employee during the application process or any prior application process within three (3) years.
- j) The applicant does not intend to occupy housing, if offered, as his/her primary residence.
- k) The applicant or household member has been evicted from federally assisted Housing for drug-related criminal activity, for three years from the date of eviction; provided, however, that if the evicted applicant or household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (for example, the criminal household member has died or is imprisoned), the owner may, but is not required to, admit the household.
- l) The applicant or household member is a current illegal user of one or more controlled substances as defined in M.G.L. c. 94C §1 [\* or by applicable federal law]. A person's illegal use or possession of a controlled substance within the preceding twelve months shall create a presumption that such person is a current illegal user of a controlled substance, but the presumption may be overcome by a convincing showing that the person has permanently ceased all illegal use of controlled substances. This disqualification of current illegal users of controlled substances shall not apply to applicants for housing provided through a treatment program for illegal users of controlled substances.
- m) There is reasonable cause to believe that the applicant or household member's illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises by B- 3 other residents. Examples of evidence of illegal activities may include





a conviction record, former landlord references, etc.)

- n) The applicant or household member is subject to registration with the Massachusetts Sex Offender Registry Board pursuant to M.G.L. c. 6 Section 178C et seq, or a lifetime registration requirement under any state sex offender registration program.
- o) There is reasonable cause to believe that the applicant or household member's abuse or pattern of abuse of alcohol may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
- p) The applicant or household member(s) who are or have been involved in violent criminal activity, and or convicted of certain types of felonies.
  - Types of felonies for which rejection will be considered
    - Manufacture or distribution of drugs—NOT FOR USE
    - Sexual assaults —*not sexual harassment*
    - Other violent crimes-homicide, assault and battery, domestic violence, robbery, and false imprisonment.
    - Arson, vandalism, and other crimes causing significant property damage.

An arrest is not sufficient evidence of criminal activity nor reasonable cause to believe that an applicant or household member is illegally using (or shows a pattern of using) a controlled substance or abusing (or showing a pattern of abusing) alcohol and cannot be the sole basis for denial from or termination of tenancy.

The look back period for convictions is 10 years from the date the sentence was served or released from prison. Exceptions to this look back period include:

- Lifetime sex offender will be rejected regardless of how long ago the crime occurred
- Convicted of manufacturing meth in a housing developments.

Applicants that are declined due to criminal records have the right to an individual assessment which includes:

- Circumstances surrounding the criminal conduct
- How old where they
- Evidence that the individual has maintained a good tenant history before or after the conviction or conduct
- Evidence of rehab efforts



Attachment 2a

**Exhibit 2a to the Tenant Selection Plan**

**Policy for Use of Marijuana**

The Controlled Substances Act (CSA) at 21 U.S.C. Section 801 et. Seq. categorizes marijuana as a Schedule I substance and therefore the manufacture, distribution, or possession of marijuana is a federal criminal offense. Because the CSA prohibits all forms of marijuana use, the use of “medical marijuana” is illegal under federal law even if it is permitted under state law. Therefore, Weston Associates Management Co., Inc. is required to deny admission to any household with a member who the owner determines is, at the time of application for admission, illegally using a controlled substance as defined by the CSA.

Properties managed by Weston Associates Management Co., Inc. maintain that drug-related criminal activity engaged in, on or near the premises by any tenant, household member, or guest, or such activity engaged in on the premises by any other person under the tenant's control, is grounds for the owner to terminate tenancy or assistance for any household with a member:

- Who the owner determines is illegally using a controlled substance; or
- Whose illegal use (or pattern of illegal use) of a controlled substance interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.





## **INSTRUCTIONS FOR COMPLETING RENTAL APPLICATION**

**Please read these instructions in full before completing your application.**

1. You must fill out the application and required attachments completely. Please Identify the Property Name. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this Application will be treated as confidential.
3. You intend to reside in the development as your primary and sole residence.
4. You may apply for more than one unit type; however, your household size and composition must be appropriate for the unit size.
5. Information for all adults 18 years of age and older planning to reside in the apartment must be provided.
6. All information provided will be verified. If you have intentionally falsified or omitted information, your application will be rejected.
7. Your total household income and assets must be within the required limits: Include as income: income of all household members 18 years of age and older, includes but is not limited to gross income from employment, including overtime; bonuses and commissions; self-employment; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc. Include as assets: the current value of all savings, checking; express debit cards and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property.)
8. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
9. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
10. Student Status will need to be determined and applicants must fall into the program guidelines as implemented by HUD under the "Student Rule".
11. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
12. Credit/Criminal background checks and rental references will be obtained for all adult household members 18 years of age and older. Eligibility requirements are as follows: history of paying rent and other charges under the lease in a timely manner; history of caring for and not damaging the unit and common areas; history of not interfering with the rights and enjoyment of others and not damaging the property of others; not engaging in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, and history of not engaging in activity on or near the premises that involves illegal use of controlled substances or weapons; and any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises, and history of complying with necessary and reasonable rules and program requirements of the housing provider.
13. Priority for the accessible units will be for families which require physical accommodations.
14. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
15. Applications may be obtained and submitted via mail: South Cove Plaza Management office, 230 Stuart Street, Boston MA 02116; email: SouthCovePlazaDL@waboston.com, in-person: drop off at the management office at 230 Stuart Street, Boston MA 02116, and online: <https://www.waboston.com/communities/ma/south-cove-plaza>, click Apply Online
16. Applicants may contest an adverse determination by requesting a conference with a representative of Weston Associates within fourteen (14) calendar days. Persons with disabilities have the right to request a reasonable accommodation to participate in the hearing process.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono a continuación o venga a nuestras oficinas y le brindaremos servicios de interpretación gratuitos.

這是重要的文件。如果您需要口譯服務，請撥打以下電話或致電我們的辦公室，我們將提供免費的口譯服務。

Isso é um documento importante. Se necessitar de interpretação, por favor ligue para o número de telefone abaixo ou venha aos nossos escritórios e iremos fornecer serviços de interpretação gratuitos.

Это важный документ. Если вам требуется устный перевод, позвоните по указанному ниже номеру телефона или приходите в наши офисы, и мы предоставим бесплатные услуги устного перевода.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu phiên dịch, vui lòng gọi số điện thoại bên dưới hoặc đến văn phòng của chúng tôi, chúng tôi sẽ cung cấp dịch vụ phiên dịch miễn phí.

ນີ້ ເປັນ ນອກສາສາດສຳຄັນ  
หากคุณต้องการคำแนะนำหรือไปทหหมายเลขโทรศัพท์  
านล่องหรือ มาทหี่ สำ น้กงานของเราและเราจะให้บริ  
ารลามฟรี

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a oswa vini nan biwo nou yo epi n ap bay sèvis entèpretasyon gratis.

Kani waa dukumenti muhiim ah. Haddii aad u baahan tahay tarjumaad, fadlan wac lambarka taleefanka ee hoos ku yaal ama kaalay xafiisyadayada waxaanan ku siin doonnaa adeegyo tarjumaad lacag la'aan ah.

الهاتف برقم الاتصال فيرجى ، فورية ترجمة إلى متجاك كنت إذا. هامة وثيقة هو هذا  
لأنناجمة الفورية الترجمة خدمات وسنوفر انبناكم إلى الحضور أو أدناه

Telephone:  
617-266-0044

MA - TTY 711 or 1.800.439.2370  
ME - TTY 711 or 1.800.457.1220  
NH - TTY 711 or 1.800.735.2964  
VA - TTY 711 or 1.866.894.4116

## RIGHT TO REASONABLE ACCOMMODATION

Weston Associates will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

## RIGHT TO ASL INTERPRETER

All tenants, applicants, and potential applicants who are deaf or hard of hearing have a right to an appropriate, certified interpreter paid for by Weston Associates.

## FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Weston Associates does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sex, sexual orientation, genetic information, veteran/military status, receipt of public assistance, source of income, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

## VAWA (2013) VIOLENCE AGAINST WOMENS ACT REAUTHORIZATION

Weston Associates and HUD provide protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat.

Weston Associates, Inc.

170 Newbury Street, Boston, MA 02116 | Tel: 617-266-0044 Fax: 617-266-0975 | [www.waboston.com](http://www.waboston.com)





# RENTAL APPLICATION

**APPLICATIONS ARE PLACED IN ORDER OF DATE AND TIME RECEIVED. AN APPLICANT MAY BE INTERVIEWED ONLY AFTER THE RECEIPT OF THIS TENANT APPLICATION.**

Please list the properties and number of bedrooms you are applying for in order of preference:

Property Name	# Bedrooms	Property Name	# Bedrooms
1. _____	_____	2. _____	_____

(Note if accessibility features are requested: ☐ Mobility ☐ Vision ☐ Hearing)

Applicant #1: \_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_ Social Security Number\* Phone (Home, Mobile, or Other) Email

\_\_\_\_\_ Address: Street and Apartment # Town/City State Resided Since \_\_\_\_\_ to Current

Applicant #2: \_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_ Social Security Number\* Phone (Home, Mobile, or Other) Email

\_\_\_\_\_ Address: Street and Apartment # Town/City State Resided Since \_\_\_\_\_ to Current

How did you hear about this development? \_\_\_\_\_

Preferred methods of contact: postal mail; PO Box; email; phone call; text message and preferred hours of contact \_\_\_\_\_

**\*Except those household members who do not contend eligible immigration status or were age 62 or older as of January 31, 2010.**

## PRESENT LANDLORD

Landlord Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip

Is apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Amount of rent per month \$ \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Occupants: \_\_\_\_\_ Do you own a home? YES ☐ NO ☐

Are you receiving rental assistance? YES ☐ NO ☐ If Yes, what housing authority? \_\_\_\_\_

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

Reason for applying at this development? \_\_\_\_\_



**PREVIOUS LANDLORD (Five (5) Year History Required)** Use a separate sheet of paper if necessary to include all 5-years.

Landlord Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip

Applicant's Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

# of people residing at premise: \_\_\_\_\_ Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month \$ \_\_\_\_\_

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_

**PREVIOUS LANDLORD (Five (5) Year History Required)** Use a separate sheet of paper if necessary to include all 5-years.

Landlord Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip

Applicant's Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

# of people residing at premise: \_\_\_\_\_ Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month \$ \_\_\_\_\_

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_

Please provide list of all states in which any household member has resided: \_\_\_\_\_

Please list all previous apartment address if above are less than five (5) years: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Why did you leave this apartment? \_\_\_\_\_

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐ If yes, please explain: \_\_\_\_\_

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY or TAX I.D. NUMBER

\*The information provided for gender is for demographic purposes and is optional (Male, Female, Non-Binary or Choose Not To Share).

**INCOME:** Please list ALL sources of income for each member of your family.

**EMPLOYMENT INCOME:** *If no "employment" please indicate none in the box below.*

FAMILY MEMEBER	EMPLOYER NAME AND MAILING ADDRESS	GROSS MONTHLY AMOUNT

**OTHER SOURCES OF INCOME** (for *all* Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Child Support: <i>Are you legally entitled to receive child support?</i> <i>If Yes, list the amount you are <b>entitled</b> to receive.</i>	\$	
Child Support: Do you receive Child Support? List amount you receive.	\$	
Alimony: <i>Are you legally entitled to receive alimony?</i> <i>If Yes, list the amount you are <b>entitled</b> to receive.</i>	\$	
Alimony: Do you receive Alimony? List amount you receive.	\$	
Full-Time Student Income (18 & Over Only)	\$	
Financial Aid (excluding loans)	\$	
Gift Contributions to Household (monetary or not)	\$	
Veteran's Benefits (list claim#)	\$	
Long Term Medical Care Insurance Payments in excess of \$180/day		
Scheduled Payments from Investments		
Other Income ( <i>please specify</i> )		

Total Gross Annual Income (Based on the monthly amounts listed above X 12) \$ \_\_\_\_\_

Total Gross Annual Income from Previous Year \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? YES ☐ NO ☐

Is any member of the household legally entitled to receive income assistance? YES ☐ NO ☐

Is any member of the household likely to receive income or assistance (**monetary or not**) from someone who is not a member of the household as listed above? YES ☐ NO ☐

If yes to any of the above, please explain:

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**ASSETS** Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (*Include* Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate, Stocks, Bonds, Certificates, Express Debit Card, and Cash on Hand After Savings.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
Checking Accounts		\$	
Savings Accounts		\$	
Trust Accounts		\$	
Direct Deposit Cards for SS, SSI, SSP, TANF, Child Support, Work		\$	
Certificates of Deposit		\$	
Money Market Accounts		\$	
Savings Bonds		\$	
Life Insurance Policy	Cash Value		
Mutual Funds: Name _____	# of Shares	Interest or Dividend:\$	Value: \$
Stocks: Name _____	# of Shares	Dividend Paid \$	Value \$
Bond: Name _____	# of Shares	Interest or Dividend \$	Value \$
Investment Property			

Do you own any Real Estate Property? YES ☐ NO ☐

If Yes, Type of Property \_\_\_\_\_  
 Location of Property \_\_\_\_\_  
 Appraised Market Value \_\_\_\_\_  
 Mortgage or outstanding loans balance due \_\_\_\_\_  
 Amount of annual insurance premium \_\_\_\_\_  
 Amount of most recent tax bill \_\_\_\_\_

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household? YES ☐ NO ☐

If yes please explain: \_\_\_\_\_  
 Do they have access to the asset(s)? \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years? YES ☐ NO ☐

If yes, Type of Property? \_\_\_\_\_  
 Market value when sold/dispensed \_\_\_\_\_  
 Amount sold/dispensed for \_\_\_\_\_  
 Date of transaction: \_\_\_\_\_

Have you disposed of any assets in the last 2 years? (Ex: Given away money to relatives, set up Irrevocable Trust Accounts) YES ☐ NO ☐

If yes, describe the asset: \_\_\_\_\_  
 Date of disposition \_\_\_\_\_  
 Amount disposed \_\_\_\_\_

## ADDITIONAL INFORMATION:

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES ☐ NO ☐

Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? \_\_\_\_\_

How many cars will be parked at the premises? \_\_\_\_\_ (Copies of registration must be provided.)

Year: \_\_\_\_\_ Registration # \_\_\_\_\_ Make/Model: \_\_\_\_\_  
 Year: \_\_\_\_\_ Registration # \_\_\_\_\_ Make/Model: \_\_\_\_\_

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?  
YES ☐ NO ☐; if YES, *please explain*:  
\_\_\_\_\_

Have you or any household members on Federal Assistance ever been terminated for fraud?  
YES ☐ NO ☐; if YES, *please explain*:  
\_\_\_\_\_

Will all listed minors be living in the unit at least 50% of the time? YES ☐ NO ☐  
Have there been any changes in household composition in the last twelve months? YES ☐ NO ☐  
If Yes, explain \_\_\_\_\_  
Do you anticipate any changes in household composition in the next twelve months? YES ☐ NO ☐  
If Yes, explain \_\_\_\_\_  
Is there someone not listed above who would normally be living with the household? YES ☐ NO ☐  
If Yes, explain \_\_\_\_\_

Have you or a member of your household ever been charged with a crime within the last 10 years?  
If Yes, explain \_\_\_\_\_

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES ☐ NO ☐

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return? YES ☐ NO ☐  
  
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? YES ☐ NO ☐  
  
Are any full-time student(s) a TANF or a title IV recipient? YES ☐ NO ☐  
  
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another’s tax return and whose children are not dependent of anyone other than a parent? YES ☐ NO ☐  
  
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? YES ☐ NO ☐

**PERSONS TO NOTIFY IN CASE OF EMERGENCY OR ASSISTANCE** (Who is assisting you in completing this application or who has permission to speak with us):

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

## **EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION**

Weston Associates does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

### **PREFERRED HOUSEHOLD LANGUAGE**

What is your preferred household language? \_\_\_\_\_

### **ETHNIC CATEGORIES**

☐ Hispanic or Latino ☐ Not-Hispanic or Latino

### **RACE CATEGORIES**

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other  
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement, misrepresentation or omission of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

### **RIGHT TO REASONABLE ACCOMMODATION**

Weston Associates. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

\_\_\_\_ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signatures and proof of identification will be required of all those who sign lease.

## Applicant Certifications

This application does not obligate me/us, the property owner or Weston Associates in any way. I understand that it's my responsibility to notify Weston Associates, in writing, of address changes. I understand that incomplete applications may not be processed, that completion of an application is not a guarantee of an apartment. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required to expedite the application process. I understand that my occupancy is contingent upon meeting Weston Associates' resident selection criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain a separate apartment in a different location.

**Important Information About Fraud or Misrepresentation:** By signing below I/we confirm that I/we understand that false statements or information are punishable under federal law. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy after occupancy.

**Authorization of Release of Information:** By signing below I/we hereby authorize Weston Associates to obtain any information relative to my/our application for housing and proposed tenancy, including but not limited to inquiries of my/our income, assets, medical expenses, child care costs, character and landlord references; obtain a credit report; obtain information from any Screening Agency, any Law Enforcement Agency or any Court about any criminal conviction data.

**Certification of Accuracy:** By signing below I/we hereby certify that the information I/we provided on this application is true, complete and accurate to the best of my/our knowledge.

All adult members (18 years of age or older) of the household must sign completed application for processing.

---

Signature

---

Date

---

Signature

---

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

# SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing.

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Name of Additional Contact Person or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

E-Mail Address (if applicable): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Reason for Contact: (Check all that apply)

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

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.

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.

## Attachment 4

### Consent for Release of Information

\_\_\_\_\_ Management Agent

#### GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, the above named individual, have authorized the \_\_\_\_\_ Management Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the \_\_\_\_\_ Management Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the \_\_\_\_\_ Management Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS INFORMATION IS VALID FOR A PERIOD OF  
ONE YEAR FROM THE DATE NOTED ABOVE.



All adult household members (18 years of age and older) in addition to signing the application must also sign the following:

- *Notice and Consent for the Release of Information, Form HUD 9887*
- *Applicant's/Tenant's Consent for the Release of Information, Form HUD 9887-A*
- *Declaration of citizenship or otherwise eligible alien*
- *All release forms required for third party verification*
- *Any other documents required as a condition of program participation*



Attachment 5

**Notification of Decision on Application**

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

RE: Application for Housing

Dear \_\_\_\_\_:

Please be advised that we are in receipt of your application dated \_\_\_\_\_. We have reviewed your information for placement on our waiting list, which is determined by date of original application within the priority categories established.

Based on the information you have provided us you appear to be eligible for assistance at this development. Your priority status is (\_\_\_\_\_) and you are #\_\_\_\_\_ on the \_\_\_\_\_ bedroom list. All information you provided will be verified at processing. Based on past tenant rental history, we anticipate that your waiting period will be \_\_\_\_\_ to \_\_\_\_\_ months. Note that this is only an approximation of your waiting period, not an exact acceptance date. Please be advised that it is your responsibility to report any changes of address, phone number or priority status to this office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

Sincerely,

Weston Associates Management Co., Inc.





Attachment 6

## Rejection Notice

(Date)

Dear \_\_\_\_\_:

Your application for an apartment at \_\_\_\_\_ has been rejected for the reason(s) listed below.

- ☐ history of poor rental payment
- ☐ history of behavior as a tenant which if repeated at the property would substantially interfere with the rights of other tenants
- ☐ providing false or inaccurate information in your application
- ☐ failure to provide information which we have requested in order to complete processing your application
- ☐ insufficient income to pay the cost of rent and utilities at the property
- ☐ history of criminal activity
- ☐ registration of household member with any Sex Offender Registry Board or subject to a lifetime registration requirement under any State Sex Offender Registration Program.
- ☐ no favorable prior landlord reference was available
- ☐ poor credit report received from:

Credit Agency: CoreLogic  
Address: 40 Pacifica, Suite 900  
Irvine, CA 92618  
Phone: (888) 333-2413

You have the right to obtain a copy of your file from the credit reporting agency. You may contact them at the address and phone number which we listed above.

If the unfavorable circumstance listed above is the result of your having a disability, you may request a reasonable accommodation. A reasonable accommodation is an adjustment to an apartment or a procedure by the agent which will prevent the problem from reoccurring.

If you believe that the circumstances indicated above did not occur or can be satisfactorily explained, you have the right to respond in writing or request a meeting with a representative of the Massachusetts Weston Associates Management Company **within 14 days. Also, persons with disabilities have the right to request a reasonable accommodation to participate in the informal hearing process.**

Please direct your meeting request to:  
Property Manager



230 Stuart Street, Boston, MA 02116  
(Tel: 617-423-9797) 1-800-720-3480 (TTY/ASCII) 1-866-930-9252 (Spanish TTY/ASCII),  
[southcoveplaza1@waboston.com](mailto:southcoveplaza1@waboston.com)

Also, The Violence Against Women Act (VAWA) protects housing assistance applicants and residents who have been victimized by domestic violence, dating violence, sexual assault and stalking. Protections are available equally to all individuals regardless of sex, gender identity or sexual orientation. In addition, protections are provided to affiliated persons which includes:

1. A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in place of a parent or guardian; or 2. Any individual, resident/applicant, or lawful occupant living in the household of that individual.

- a. Applicants cannot be denied rental assistance solely because they were previously evicted from an assisted site for being victims of domestic violence;
- b. Applicants cannot be denied assistance solely for criminal activity that was directly related to domestic violence;
- c. Residents cannot be evicted solely because they were victims of domestic violence; being a victim of domestic violence does not qualify as a “serious or repeated violation of the lease” or “other good cause” for eviction.
- d. Residents wishing to report an incident of domestic violence must submit specific documentation as requested by site management, and all such documentation will remain confidential, unless required by law.

Sincerely,

cc: Applicant file  
Attachment 6A: Requirements of Section 515b of the Fair Credit Reporting Act (used only if rejection is related to credit history)  
HUD 5380  
HUD 5382  
Reasonable Accommodation Request Policy



Attachment 7

**Annual Waiting List Update**

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

Dear Applicant:

You are currently on the waiting list for an apartment at \_\_\_\_\_. We are now in the process of updating the wait list. Enclosed you will find information regarding our current rents and income limits to help determine if you are still eligible for an apartment.

It is requested that you complete all relevant information requested on this form. Please return it to the address shown above.

If we do not receive your updated application within thirty (30) days from the date of this letter, your application will be placed in our inactive file and your name will be removed from the waiting list.

Change of address (complete only if your address is different from the one above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your approximate total yearly income (include gross income and any income from assets)

\_\_\_\_\_

Number of people in family: \_\_\_\_\_

Family Composition: Please complete this section only if there has been a change in family members:

_____	_____
_____	_____
_____	_____

Notice of your position on our waiting list will be sent to you within 60 days of this letter. Please note this is only an update of your current status. Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application.

I hereby certify that the information contained herein is true and correct:



***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.



Attachment 8

**Notice of Removal from Waiting List**

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

Dear Applicant:

On \_\_\_\_\_, this office sent a letter to your last known address to determine if you remain interested in the housing opportunities provided at this development. Thirty days have passed since that letter was sent and we have not received a response from you. As a result of your failure to reply, we must remove your name from our waiting list.

If there is a valid reason as to why you did not respond, we will take that into account in reconsidering the removal of your name from our waiting list. You must respond to this notice in writing within five (5) days. Otherwise, this determination is final.

You may file a new application at any time the waiting list is open, or you may apply at any other subsidized development you may choose. The removal of your name does not impair your ability to apply elsewhere.

Please call me at \_\_\_\_\_ if you have any questions.

Sincerely,

Weston Associates Management Co., Inc.



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



## Attachment 10

NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 06/30/2017  
Form HUD-5380  
(12/2016)

### **Weston Associates Management Co., Inc.** **Notice of Occupancy Rights under the Violence Against Women Act**

#### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>1</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Weston Associates Management Co., Inc. is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

#### **Protections for Applicants**

If you otherwise qualify for assistance under Section 8 Project-Based Rental Assistance you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### **Protections for Tenants**

If you are receiving assistance under Section 8 Project-Based Rental Assistance, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Section 8 Project-Based Rental Assistance solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you

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<sup>1</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.





stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

Weston Associates Management Co., Inc. may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Weston Associates Management Co., Inc. chooses to remove the abuser or perpetrator, Weston Associates Management Co., Inc. may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Weston Associates Management Co., Inc. must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, Weston Associates Management Co., Inc. must follow Federal, State, and local eviction procedures. In order to divide a lease, Weston Associates Management Co., Inc. may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, Weston Associates Management Co., Inc. may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, management may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.



**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Weston Associates Management Co., Inc. will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Weston Associates Management Co., Inc.'s emergency transfer plan provides further information on emergency transfers, and management must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Weston Associates Management Co., Inc. can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from Weston Associates Management Co., Inc. must be in writing, and management must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Weston Associates Management Co., Inc. may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to management as documentation. It is your choice which of the following to submit if management asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Weston Associates Management Co., Inc. with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.



- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Weston Associates Management Co., Inc. has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, Weston Associates Management Co., Inc. does not have to provide you with the protections contained in this notice.

If Weston Associates Management Co., Inc. receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Weston Associates Management Co., Inc. has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Weston Associates Management Co., Inc. does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Weston Associates Management Co., Inc. must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Weston Associates Management Co., Inc. must not allow any individual administering assistance or other services on behalf of Weston Associates Management Co., Inc. for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Weston Associates Management Co., Inc. must not enter your information into any shared database or disclose your information to any other entity or individual. Weston Associates Management Co., Inc., however, may disclose the information provided if:

- You give written permission to Weston Associates Management Co., Inc. to release the information on a time limited basis.
- Weston Associates Management Co., Inc. needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires Weston Associates Management Co., Inc. or your landlord to release the information.



VAWA does not limit Weston Associates Management Co., Inc.'s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Weston Associates Management Co., Inc. cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Weston Associates Management Co., Inc. can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If Weston Associates Management Co., Inc. can demonstrate the above, management should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the US Department of HUD.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2014/10/20/2014-24284/violence-against-women-act>. Additionally, Weston Associates Management Co., Inc. must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact US Department of HUD.



For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Jane Doe Inc. – The Massachusetts Coalition Against Sexual Assault and Domestic Violence (SafeLink 1-877-785-2020).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact Jane Doe Inc. – The Massachusetts Coalition Against Sexual Assault and Domestic Violence (SafeLink 1-877-785-2020).

Victims of stalking seeking help may contact the National Center for Victims of Crime at 1-800-FYI-CALL (1-800-394-2255).

**Attachment:** Certification form HUD-5382



## Attachment 11

### VAWA EMERGENCY TRANSFER PLAN

This VAWA Emergency Transfer Plan identifies:

- Residents who are eligible for an emergency transfer,
- Applicants who are eligible for an emergency transfer,
- The documentation needed to request or receive an emergency transfer,
- Confidentiality,
- How an emergency transfer may occur, and
- Guidance about safety and security.

This plan is based on a Model Emergency Transfer Plan published by the U.S. Department of Housing and Urban Development (HUD).

#### DEFINITIONS

Please be aware of the following definitions:

**Internal emergency transfer** refers to an emergency relocation of a resident to another unit where the resident would not be categorized as a new applicant; that is, the resident may reside in the new unit without having to undergo an application process. If a unit is available, the resident must be eligible for the unit based on the requirements set forth by the governing agency. The resident should discuss unit transfer eligibility requirements with the owner/agent and/or property staff to fully understand the requirements.

**External emergency transfer** refers to an emergency relocation of a resident to another unit where the resident would be categorized as a new applicant; that is the resident must undergo an application process in order to reside in the new unit. The applicant may be required to meet the eligibility requirements and/or screening requirement set forth by the agencies that govern the housing program and by the property's owner/agent.

**Safe unit** refers to a unit that the victim of domestic violence, dating violence, sexual assault, or stalking believes is safe.

#### VAWA EMERGENCY TRANSFER (VET) PLAN

In accordance with the Violence Against Women Act (VAWA), Weston Associates allows residents who are victims of VAWA crimes or people who are affiliated with victims of VAWA crimes to request a VAWA Emergency Transfer from the resident's current unit to another unit that is part of this property (internal transfer) or part of another property (external transfer).

Regardless of whether the resident/applicant is applying for an internal emergency transfer or an external emergency transfer, residents/applicants requesting a VET must qualify for the new unit based on the requirements set forth by the governing agency. When requesting an external VAWA Emergency Transfer, the resident/applicant should understand that they may also be subject to other screening requirements set forth by the owner/agent responsible for the other property.



The resident or applicant is responsible for paying for any expenses associated with the move. The U.S. Department of Justice (DOJ) administers programs that provide funding for victims covered by VAWA, and the Victims Crime Fund could be used to pay for relocation expenses of these victims, or to provide other sources of support, which could free up funding to pay for moving costs. Information about the Crime Victims Fund is available at: <https://www.ovc.gov/about/victimsfund.html>

Information about Office of Violence Against Women grants is available at [www.justice.gov/ovw/grant-programs](http://www.justice.gov/ovw/grant-programs)

The ability of Weston Associates to honor such request for residents currently receiving assistance may depend upon a preliminary determination that the resident is or has been a victim of a VAWA crime or is a person affiliated with a victim of a VAWA crime, and on whether the property has another dwelling unit that is available and is safe to offer the resident for temporary or more permanent occupancy.

### **ELIGIBILITY FOR EMERGENCY TRANSFERS**

A resident/applicant is eligible for a VAWA Emergency Transfer (VET) when (even if the resident is not a resident in good standing):

1. The person making the request is a victim of a VAWA crime or are a person affiliated with a victim of a VAWA crime
2. There is a request for a VAWA Emergency Transfer; and
3. The resident reasonably believes that there is a threat of imminent harm if the resident remains within the same unit; or If the resident is a victim of sexual assault, the resident may be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar day period preceding a request for an emergency transfer.

### **EMERGENCY TRANSFER REQUEST DOCUMENTATION**

Victims of VAWA crimes or people who are affiliated with victims of VAWA crimes (or a representative) must submit a request for a VAWA Emergency Transfer (VET).

To request a VET, the victim of the VAWA crime or people who are affiliated with victims of VAWA crimes (or a representative) must notify Weston Associates or property staff and

1. Submit a written request for a transfer with their own written request or using a form provided by the owner/agent or
2. Request and participate in a meeting during which the victim of the VAWA crime (resident/applicant or someone representing the resident/applicant) may verbally request a VAWA Emergency Transfer which will be documented on a form signed by the person requesting the VAWA Emergency Transfer

An applicant's or resident's request must include either:

1. A statement that the person who needs the VET is a victim of a VAWA crime or a person who is affiliated with a victim of a VAWA crime (unless already provided)
2. A statement expressing that the resident reasonably believes that there is a threat of imminent harm from further violence if the resident were to remain in the same dwelling unit; OR



3. A statement that the resident was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the resident's request for an emergency transfer.

THE OWNER/AGENT will accept the VET request in an equally effective format as a reasonable accommodation when there is the presence of a disability.

Victims of VAWA crimes or people affiliated with victims, must certify their status in accordance with HUD regulations and the property VAWA policy. Please see the HUD VAWA Notice (HUD Form 5380), and the VAWA Certification (HUD Form 5382) or see the Property VAWA Policy for additional information regarding certification.

#### **CONFIDENTIALITY - VET**

Any information that the victim of the VAWA crime or person affiliated with the victim (resident/applicant or someone representing the resident/applicant) submits in requesting an emergency transfer, and information about the emergency transfer will remain confidential and will be maintained in a file separate from the applicant tenant file. This includes keeping the new location of the dwelling unit confidential if a new unit is provided.

The owner/agent will work with the resident to ensure that the new location is not disclosed except as specified in the VAWA policy. The property manager will also meet with the resident to discuss provision of information needed to establish eligibility or to screen household members.

#### **INTERNAL AND EXTERNAL VET**

**Internal Emergency Transfer:** If an existing resident qualifies for an internal VET, and when there are no other requests for unit transfers, the first available unit that the requestor deems safe will be offered to the resident.

If a "safe" unit is not immediately available or if there are other residents who have submitted a Unit Transfer Request, the resident will be added to the property waiting list. The owner/agent will offer the next available unit based on 1) accessibility features of the next available unit and a resident's need for those features and 2) eligibility for preferences. See "Selection Order" below.

When an appropriate unit is not available on this property, the owner/agent will work with the resident to identify alternative housing under this or other federally funded programs. The owner/agent will also provide information about national and local organizations that may assist with providing alternative housing until a safe unit becomes available.

The resident may have to qualify for the next available unit. The resident will be advised when this is the case. The owner/agent may only move the resident to the next available unit if the resident is qualified under the program rules established by the governing agency.

When a "safe" unit is offered and accepted, the resident will have thirty (30) calendar days to complete appropriate paperwork, take possession of the new unit and move out of the current unit.





The resident must provide the date of the move and must begin and end the move within 48 hours. The resident may only receive subsidy in one unit on any given day. If the resident takes possession of the new unit before moving out of the old unit, the resident will be responsible for market rent for the days the resident is in legal possession of the original unit.

### **External Emergency Transfer Out of This Property**

#### **VET – Transferring from This Property to another Property Owned or Managed by Weston Associates**

If an applicant qualifies for an external VET, and the resident wishes to move to another property owned or managed by Weston Associates, and when the property's waiting list is open the owner/agent will:

- Accept a completed application,
- Determine eligibility based on the requirements of the governing agency and the property tenant selection plan and,
- If appropriate, will add the resident to that property's waiting list

When there are no requests for unit transfers or when there are no applications, the first available unit that the requestor deems safe will be offered. If there are no "safe" units available, the resident will be placed on the new property's waiting list.

In a case where the resident requests and qualifies for an internal transfer or an external transfer when the new property is owned or managed by Weston Associates, the resident/applicant will be given an "imminent threat (IT)"/"imminent danger (ID)" preference.

See below for a more detailed description of preferences.

#### **VET – Transferring from This Property to Another Property That is Not Owned or Managed by OWNER/AGENT**

If a resident qualifies for an external VET, and the resident wishes to move to another property that is not owned or managed by Weston Associates the owner/agent will work closely with the applicant and will take all reasonable measures to assist with the victim's efforts to find alternative housing.

Weston Associates will assist the resident in identifying other housing providers who may have safe and available units. Weston Associates cannot guarantee that the resident will receive priority placement based on the resident's status as a victim of a VAWA crime or the resident's status as a person affiliated with a victim of a VAWA crime. The resident should contact the property staff at the new property and ask for information about applicant selection and placement preference.

The resident must notify the owner/agent when the resident plans to move. The resident cannot begin subsidy in a new unit until the resident stops receiving subsidy in this unit. The owner/agent cannot stop subsidy until the owner/agent can legally take possession of the unit. In the case where some household members remain in the original unit, the resident must be removed from the 50059 and the lease when the



resident moves out. HUD Form 50059 will be completed in accordance with requirements set forth by HUD.

### **VET – Transferring to This Property from Another Property That is Not Owned or Managed by OWNER/AGENT**

If an applicant qualifies for an external VET, and the applicant wishes to apply to this property, and when the property's waiting list is open the owner/agent will:

- Accept a completed application,
- Determine eligibility based on the requirements of the governing agency and the property tenant selection plan and,
- If appropriate, will add the applicant to that property's waiting list

When there are no other requests for unit transfers or when there are no applications, the first available unit that the requestor deems safe will be offered. If a "safe" unit is not immediately available, the resident will be added to the property waiting list. In a case where the resident requests and qualifies for an external transfer, the applicant will be given an "imminent threat (IT)" preference. See below for a more detailed description of preferences.

#### **For all external transfers:**

Weston Associates will assist the resident in identifying other housing providers who may have safe and available units. If the property is not owned or managed by Weston Associates, the owner/agent cannot guarantee that the resident will receive priority placement based on the resident's status as a victim of a VAWA crime or the resident's status as a person affiliated with a victim of a VAWA crime. The resident should contact the property staff at the new property and ask for information about applicant selection and placement preference.

Before the external transfer is granted, the resident/applicant must participate in an eligibility/screening review, must qualify based on the Tenant Selection Plan in place at the time of the eligibility determination and must agree to abide by the terms and conditions that govern occupancy in the new unit.

If a resident/applicant reasonably believes a proposed transfer would not be safe, the resident may request a different unit. When a "safe" unit is offered and accepted, the resident will have thirty (30) calendar days to complete appropriate paperwork, take possession of the new unit and move out of the current unit.

The resident must provide the date of the move and must begin and end the move within 48 hours. The resident may only receive subsidy in one unit on any given day. If the resident takes possession of the new unit before moving out of the old unit, the resident will be responsible for market rent for the days the resident is in legal possession of the original unit.

### **EMERGENCY TRANSFER TIMING AND AVAILABILITY**

Weston Associates cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Weston Associates will, however, act as quickly as possible to move a resident who is a victim of a VAWA crime to another unit, subject to availability and safety of a unit.



Weston Associates may be unable to transfer a resident to a particular unit if the resident has not or cannot establish eligibility for that unit.

When a person seeking VAWA protections requests a VAWA Emergency Transfer and when that resident qualifies for the emergency transfer and qualifies for a proposed unit owned or managed by the owner/agent, the unit will be offered based on the following.

Residents who are requesting new units and who qualify for the VAWA Emergency Transfer will be placed on the waiting list based on the date and time the completed Unit Transfer Request or VAWA Emergency Transfer Request is received. These existing residents will be placed based on the date and time the completed Unit Transfer request is received and based on the property's Selection Order.

Applicants who qualify for the Emergency Transfer will be placed based on the date and time the completed Unit Transfer request is received and based on the property's Selection Order.

Units will be offered in the following order:

1. Accessible unit is available and resident requesting a transfer, who does not live in an accessible unit, needs the features of the accessible unit
2. Accessible unit is available and applicant needs the features of the accessible unit
3. Residents in an accessible unit who no longer needs the accessible features
4. Resident whose unit is no longer habitable and unit needs substantial rehab or repair
5. Imminent Threat (including but not limited to VAWA Emergency Transfer)
6. Resident who is under housed
7. Resident who is over housed
8. All other unit transfer requests
9. Applicants based on the date and time completed application was received

## **OTHER HOUSING RESOURCES**

As part of the VAWA Emergency Transfer Plan, the owner/agent has also identified resources, including temporary housing alternatives that are available to residents and applicants.

At the resident's request, the owner/agent will also assist residents in contacting local organizations offering assistance to victims of VAWA Crimes.

A list of organizations is included as part of this VAWA Emergency Transfer Plan.

## **SAFETY AND SECURITY OF APPLICANTS AND RESIDENTS**

Victims of VAWA crimes and/or any person affiliated with a victim of a VAWA crime are urged to take all reasonable precautions to be safe.

Residents/applicants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in



creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Residents/applicants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>

Residents/applicants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/ourprograms/stalking-resource-center>



## **Attachment 12**

### **Policy for Accessing and Using HUD's EIV System Existing Tenant Report During Tenant Selection Screening**

Note: Pursuant to HUD Notice H 09-20, the Agent is responsible for including written policies for using the EIV Existing Tenant Search in its Tenant Selection Plan. The Agent's "Policy for Accessing and Using HUD's EIV System Existing Tenant Report during Tenant Selection Screening" should be attached hereto.

(Attach relevant EIV policies)



# EIV Policies and Procedures

**Weston Associates Management Co., Inc.**



**WAMCO** Rev. 11/2021



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## **USING EIV DATA**

### **1. Tenant Selection Plan**

Weston Associates Management Co., Inc. ("Management") will use the Existing Tenant Search in the EIV system as part of the screening criteria for new tenants and will include written policies on how to use the search in the Tenant Selection Plan (Existing Tenant Search).

### **2. Policies and Procedures**

These written policies and procedures include instruction to follow and direct staff to use the EIV Income Report as third party verification of employment and income and for using the other EIV reports, e.g., Income Discrepancy Report and the EIV Verification Reports. Following written policies and procedures will ensure that applicants and tenants are treated fairly and are not discriminated against.

## **CONSENT FOR THE RELEASE OF INFORMATION**

### **1. Applicants**

The form HUD-9887, Notice and Consent for the Release of Information, signed by the applicant and each applicant family member 18 years of age and older does not need to be on file in order to use the Existing Tenant Search in the EIV system at the time of application processing and tenant screening.

### **2. Tenants**

- a. Form HUD-9887 authorizes HUD, Weston Associates Management Co., Inc. and PHAs to:
  - i. Use data obtained through the computer matching with another agency for verifying the individual's income used for establishing the eligibility for and level of benefits under HUD's assisted housing programs.
  - ii. Request wage, new hire (W-4) and unemployment claim information from current or former employers to verify information obtained through computer matching.
- b. A current form HUD-9887 must be on file before accessing the employment or income data contained in the EIV system for a tenant. The form must be signed and dated by:
  - i. Each adult member of a household regardless of whether he or she has income.
  - ii. The head of household, spouse or co-head, regardless of age, and each family member who is 18 years of age or older must sign and date the form at move-in, at initial (when tenant begins receiving a subsidized rent) and annual recertification.
  - iii. A family member when he/she turns 18.

The form is valid for 15 months from the date of signature.

- c. In addition to the form HUD-9887, a signed and dated form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, must also be on file. This form authorizes the O/A to request information about the tenant from a third-party source.
- d. The form HUD-9887 is not required for accessing the Verification Reports
- e. Both forms HUD-9887 and HUD-9887-A limit Weston Associates Management Co., Inc. from requesting information about a tenant to "within the last 5 years when the tenant received assistance" .
- f. If a tenant turns 18 and has not signed the form HUD-9887, Weston Associates Management Co., Inc. will not use the EIV Income Reports for that tenant until the form is signed. A Mandatory Meeting notice will be sent to the resident household providing them 10-days to respond and/or giving them 30 days to comply. If the tenant fails to sign the consent form(s), the household will be considered in non-



compliance with their lease and assistance to, and the tenancy of, the household may be terminated in accordance with HUD regulations.

#### **CONSENT TO DISCLOSE AN INDIVIDUAL'S INFORMATION TO ANOTHER PERSON OR ENTITY**

The Federal Privacy Act (5 USC 552a, as amended) prohibits the disclosure of an individual's information to another person without the written consent of such individual. As such, the EIV data of an adult household member may not be shared (or a copy provided or displayed) with another adult household member or to a person assisting the tenant with the recertification process, unless the individual has provided written consent to disclose such information.

However, Weston Associates Management Co., Inc. is not prohibited from discussing with the head of household and showing the head of household how the household's income and rent were determined based on the total income reported and verified.

An attachment has been included (Sample Tenant Consent to Disclose EIV Income Information) to be used for by Weston Associates Management Co., Inc. in obtaining the tenant's consent to disclose information to another adult household member or to persons assisting the tenant with the recertification process.

#### **TENANT NOTIFICATION OF RECERTIFICATION**

Weston Associates Management Co., Inc. will provide reminder notices to tenants informing them of their responsibility to provide management with information about changes in family income or composition that are necessary to properly complete an annual recertification. The notification is in writing and includes a list of information that tenants are required to bring with them to their recertification interview. This list includes documentation needed to support the income they are receiving as well as documentation to support any deductions the household may be eligible to receive.

#### **PROVIDE REQUESTED INFORMATION OR INFORMATION NOT ACCEPTABLE**

1. Weston Associates Management Co., Inc. may obtain verification of the information from the third-party source under the following circumstances:
  - a. If the tenant does not provide requested information because they do not have the requested information or if,
  - b. The tenant refuses to provide the information.

Weston Associates Management Co., Inc. will remind the tenant that he/she is required to supply, if available, any information requested for use in a regularly scheduled recertification (annual or interim) of income and family composition.

Weston Associates Management Co., Inc. will determine that the tenant is not in compliance with program requirements and terminate assistance or tenancy, if the tenant fails to provide the requested information within 10-days of the date of written request for documentation.

2. Weston Associates Management Co., Inc. will reject any tenant-provided documentation, if it is deemed to be unacceptable. Reasons the documentation may be rejected:
  - a. The document is not an original document; or
  - b. The original document has been altered, or not legible; or
  - c. The document appears to be a forged document (i.e. does not appear to be authentic).

## INDEPENDENT THIRD-PARTY VERIFICATION

1. Weston Associates Management Co., Inc. will obtain independent third-party verification from the source which is used to complete EIV data when:
  - a. The tenant is unable to provide acceptable and current employment and/or income documentation to support the wage and unemployment income in the EIV system;
  - b. The tenant disputes the EIV income information;
  - c. There is an EIV income discrepancy reported at the time of recertification (annual or interim) or at other times as specified in the O/A's policies and procedures;
  - d. Incomplete EIV employment or income data is provided for a tenant and additional information is needed.

Examples of additional information include but are not limited to:

- i. Effective date of income (i.e. Employment, Unemployment Compensation, or Social Security benefits).
    - ii. For new employment: Pay Rate, Number of hours worked per week, Pay Frequency, Hire Date (not required to be reported to state so it may not be in the EIV system
    - iii. Confirmation of change in circumstances (i.e., Reduced Hours, Reduced Rate of Pay, Temporary Leave of Absence, etc.); and,
  - e. There is no EIV employment or income data for a tenant.
2. If Weston Associates Management Co., Inc. are unable to obtain third party verification, the third party does not respond, the tenant file must contain documentation as to why the third party verification was not obtained or available.
  3. Weston Associates Management Co., Inc. may accept self-certification from the tenant only if a third party verification cannot be attained.
  4. Weston Associates Management Co., Inc. will always have the discretion to obtain additional third party verification of income or verification of other EIV data based on circumstances encountered during the recertification process.

## EIV INCOME INCORRECT OR DOES NOT BELONG TO THE TENANT

There may be times when the source or originator of EIV information makes an error when submitting or reporting information about tenants. **HUD cannot correct data in the EIV system, only the originator of the data can correct the information.** When data is corrected by the source or the originator, HUD will obtain the updated information with its next computer matching process. Below are the procedures to follow regarding incorrect EIV information:

1. TRACS data reported in the EIV system originates from Weston Associates Management Co., Inc.. Once data is corrected in the software, the corrected data will be transmitted to TRACS.
2. Employment and wage information reported in the EIV system originates from the employer. The employer reports this information to the local State Workforce Agency (SWA), who in turn, reports the information to HHS' NDNH database. If the tenant disputes the accuracy of the information in the EIV system that was provided by the employer and after additional third-party verification is obtained by Weston Associates Management Co., Inc. and it is determined that the information is not accurate, the tenant should contact the employer directly in writing, to dispute the employment and/or wage information and request that the employer correct erroneous information. The tenant should provide management with a copy of this written correspondence to maintain in the tenant file.

3. Unemployment benefit information reported in the EIV system originates from the local SWA. If the tenant disputes the accuracy of the information in the EIV system that was provided by the SWA and after additional third-party verification is obtained by Weston Associates Management Co., Inc. determines that the information is not accurate, the tenant should contact the SWA directly, in writing, to dispute the unemployment benefit information, and request that the SWA correct erroneous information. The tenant should provide Weston Associates Management Co., Inc. with a copy of this written correspondence to maintain in the tenant file.
4. SS and SSI benefit information reported in the EIV system originates from the SSA. If the tenant disputes the accuracy of the information in the EIV system that was provided by the SSA and after additional third party verification is obtained by Weston Associates Management Co., Inc. it is determined that the information is not accurate, the tenant should contact the SSA at (800)772-1213, or visit the local SSA office and request that the erroneous information be corrected. SSA office information is available in the government pages of the local telephone directory or online at <http://www.socialsecurity.gov>.
5. Identity Theft. Incorrect information in the EIV system may be a sign of identity theft. Sometimes someone else may use an individual's SSN, either on purpose or by accident. SSA does not require an individual to report a lost or stolen SSN card and reporting a lost or stolen SSN card to SSA will not prevent the misuse of an individual's SSN. A person using an individual's SSN can get other personal information about that individual and apply for credit in that individual's name.

If the tenant suspects someone is using his/her SSN, he/she should:

- a. Check their Social Security records to ensure their records are correct (call SSA at 1-800-772-1213);
  - b. File an identity theft complaint with the Federal Trade Commission (call FTC at 1-877-438-4338, or visit their website at: <http://www.ftc.gov/bcp/edu/microsites/idtheft/>); and
  - c. Monitor his/her credit reports with the three national credit reporting agencies (Equifax, TransUnion, and Experian) .
6. Tenants may request their credit report and place a fraud alert on their credit report with the three national credit reporting agencies at: <http://www.annualcreditreport.com> or by contacting the credit reporting agency directly. Each agency's contact information is listed below:

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#### **National Credit Reporting Agencies**

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##### **Equifax Credit Information Services, Inc.**

P.O. Box 740241

Atlanta, GA 30374

Website : <http://www.equifax.com>

Telephone : (800) 685-1111

##### **Experian**

P.O. Box 2104 Allen, TX 75013

Website: <http://www.experian.com>

Telephone: (888) 397-3742

##### **TransUnion**

Box 6790 Fullerton, CA 92834

Website: <http://www.transunion.com>

Telephone: (800) 680-7289 or (800) 888-4213

## USING EIV REPORTS

Effective January 31, 2010, it is mandatory that Weston Associates Management Co., Inc. must use the EIV system in its entirety. Weston Associates Management Co., Inc. must use the:

**EIV Income Report** as a third-party source to verify a tenant's employment and income during mandatory recertifications (annual and interim) of family composition and income, and

**Other EIV income Reports** (Income Discrepancy Report, New Hires Report and No Income Report) to identify issues or discrepancies which may impact a family's assistance, and

**EIV Verification Reports** (Existing Tenant Search, Multiple Subsidy Report, Identity Verification Reports, and Deceased Tenants Report) that further assist in reducing subsidy payment errors.

Use of the EIV Existing Tenant Search is addressed in the Tenant Selection Plan. Use of all other EIV reports is addressed in these policies and procedures.

Management will refer to the EIV User Manual for Multifamily Housing Program Users for information on accessing the reports and for further descriptions of the reports. The manual is posted at:

<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm>

### **1. Income Reports**

When selecting the Income Report for an individual tenant, either from the list of tenants for a particular project and/or contract or by querying by the head of household's SSN, there are three reports that must be used at the time of recertification (annual and interim). The reports can be accessed by clicking on the tab for a particular report.

#### ***1. Summary Report***

This report will be printed at every Annual and Interim certification which provides a summary of information taken from the current, active certifications contained in the TRACS file at the time of the income match. It also provides the Identity Verification Status for each household member.

##### **a. Identity Verification Status:**

There are four verification statuses identified:

1.	<b>Verified</b>	Personal identifiers (last name, DOB, SSN) match the SSA database.
2.	<b>Failed</b>	Personal identifiers do not match the SSA database.
3.	<b>Not Verified</b>	Personal identifiers have not yet been sent by HUD to SSA for validation or the validation is in process by SSA.
4.	<b>Deceased</b>	SSA's records indicate the person is deceased.

##### **b. Weston Associates Management Co., Inc. use this report:**

- i. At the time of Annual and Interim recertification to review and resolve the status of any household member(s) with a "failed" or "deceased" status.

**NOTE:** Do not do anything at the time of recertification when the status is "Not Verified." However, you must check the Failed SSA Identity Test report monthly as changes in the Identity Verification Status for these tenants may occur.

- ii. As verification that a tenant's SSN has been "Verified" by SSA as being a valid SSN.

c. Weston Associates Management Co., Inc. will retain in the tenant file:

- i. The Summary Report(s) as verification of the SSN for all household members whose Identity Verification Status is "Verified". If the Summary Report in the tenant file shows an Identity Verification Status of "Verified" for all household members required to have a SSN, the owner does not have to continue to print out the Summary Report at recertification unless there is a change in household composition or in a household member's identity verification status.

**NOTE:** To minimize the risk of exposing a tenant's SSN, you must not include the full nine-digit SSN for a tenant in emails or other electronic communications.

- ii. Any correspondence or documentation received to resolve the "Failed" or "Deceased" status, tenants who fail the SSA identity test or are reported by SSA as being deceased.
- iii. Documentation for household members not required to disclose and provide verification of a SSN:

Exempt from SSN disclosure and verification requirements:

- 1. Tenants who were 62 years of age or older as of January 31, 2010, and whose initial determination of eligibility began before January 31, 2010; and
- 2. Individuals who do not contend eligible immigration status.

These individuals will continue to have a TRACS generated identification number in the SSN field. No employment or income information will be provided in the EIV system for these individuals; therefore, third party verification from the income source will have to be obtained.

## 2. *Income Report*

Weston Associates Management Co., Inc. must use the Income Report at the time of recertification (annual and interim) of family composition and income and may use it at other times as indicated in their policies and procedures.

The Income Report provides employment and income information reported in the NDNH and SSA databases for each household member who passes the SSA identity test and identifies household members who may be receiving multiple subsidies by displaying the following message "This member may be receiving multiple subsidies. See the Multiple Subsidy Tenant Report for details."

### a) Components of the Income Report

- 1. The Income Report provides a variety of information about each member of a household.

The components of the report are:

- i. TRACS certification information and tenant personal identifiers
- ii. Employment Information
- iii. Wages
- iv. Dual Entitlement

- v. Unemployment Benefits
- vi. Social Security Benefits (Supplemental Security Income Benefits & SSA Disability Status)
- vii. Medicare Data

2. The Income Report does not include other income the household may receive such as welfare benefits, most pensions, child support, etc. It should also be noted that a tenant may have wages that the employer did not report to the SWA and, therefore, these wages will not be contained in the NDNH database.

b) Required Documentation to Demonstrate EIV System Compliance

The following documentation is required to be in the tenant file to demonstrate compliance with mandated use of the EIV system as the third-party source to verify tenant employment and income information:

- 1. Non-disputed EIV Information: EIV Income Report, current acceptable tenant-provided documentation, and, if necessary (as determined by Weston Associates Management Co., Inc.), third party verification from the source.
- 2. Disputed EIV Information: EIV Income Report and third-party verification from the source for the disputed information.
- 3. Tenant-reported income not verified through the EIV System: EIV Income Report, current acceptable tenant-provided documents and/or third-party verification from the source.

c) NDNH (New Hires (W-4), Wage and Unemployment Compensation)

- 1. The Income Report identifying the NDNH employment, wage and unemployment income information in the EIV system must be used as third-party verification of the tenant's employment and is not to be used to calculate the tenant's income.
- 2. Weston Associates Management Co., Inc. will print the Income Report and use the report as third-party verification of the tenant's employment and/or unemployment.
- 3. Weston Associates Management Co., Inc. will confirm with the tenant that the employment and/or unemployment information in the EIV system is correct. If the tenant agrees that the employment and/or unemployment information in the EIV system is correct management will:
  - i. Request the tenant to provide documentation, six current, consecutive check stubs that will support current income being received.
  - ii. Use the tenant-provided documentation for determining the tenant's income unless additional information is needed or Weston Associates Management Co., Inc. has reason to reject the tenant provided documentation. In these instances, third party verification must be obtained from the income source.
  - iii. Annualize the tenant's income using the current income projected forward for the next 12 months.

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**Example**

EIV shows that the tenant is working at Costco and the tenant has reported he/she works at Costco. The tenant has brought in his/her six most current, consecutive check stubs. Weston Associates Management Co., Inc. will use the Income Report in EIV as third party verification that the tenant is employed (active/inactive) at

Costco and use the gross pay shown on the check stubs provided by the tenant for determining the tenant's income.

**Check stubs - gross pay 1) \$150; 2) \$185; 3) \$135; 4) \$120 5) \$155 6) \$180 Paid weekly**

$\$150 + \$185 + \$135 + \$120 + \$155 + \$180 = \$925$

$\$925/6 = \$154.17$  **average gross pay per week**

$\$154.17 \times 52 = \$8,016.84$  **gross annual income**

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- iv. Make copies of any tenant provided documents for the tenant file and return the originals to the tenant.
- v. Retain the printed report and supporting documentation in the tenant file along with the applicable form HUD-50059.
- vi. If the tenant disputes the employment, wage or unemployment information in the EIV system or when the tenant reports he/she is employed or receiving unemployment but there is no information in the EIV system, the O/A must obtain third party verification from the employer or SWA.

#### d) Social Security Benefits

1. The Income Report identifying the Social Security benefit information in the EIV system must be used as third-party verification of the tenant's income and will be used to calculate the tenant's income. A copy of the award or benefit letter or Proof of Income Letter is not required unless the tenant disputes the SSA information in the EIV system.
  2. Weston Associates Management Co., Inc. will print the Income Report and use the report as third party verification.
  3. Weston Associates Management Co., Inc. will confirm with the tenant that the current benefit amount in the EIV system is correct. If the tenant agrees that the Social Security benefit information reported in the EIV system is correct, management will:
    - i. Use the gross benefit amount reported in the EIV system for calculating the tenant's income by annualizing the gross benefit amount projected forward for the next 12 months.
    - ii. Include the Medicare premium in the medical expense deduction calculation if the premium is being paid by the tenant. If the Medicare premium is being paid by the tenant, the amount of the premium is listed under "Premium" and an "N" is in the "Buy-in" column of the Medicare Data section of the Income Report.
- 

#### Example

EIV shows the tenant is receiving a gross Social Security benefit of \$700 per month, net Social Security benefit of \$700, and the Medicare premium of \$110 is being paid by the state or another entity and the tenant agrees that this information is correct. Weston Associates Management Co., Inc. will use the EIV Income Report as the third-party verification that the tenant is receiving Social Security benefits and the gross benefit amount for calculating the tenant's income. A copy of the award or benefit letter or Proof of Income Letter is not required.

The data used for rent calculations is: Gross annual income \$8,400 (\$700 x 12) Medical expense - None

- iii. When the Medicare premium is being paid by the state or another entity, there is a "Y" in the buy-in column and the date when the third party started paying the tenant's Medicare premium is included in the "Buy-in Start" column of the Medicare Data section of the Income Report.
- iv. When the state or another entity stops paying the tenant's Medicare premium, there will be a date in the "Buy-in Stop" column of the Medicare Data section of the Income Report.

**NOTE:** The "Y" indicator in the buy-in column is information received from SSA and is not always accurate. If the tenant disputes the EIV data and Weston Associates Management Co., Inc. verifies that the tenant is paying the Medicare premium themselves, then the tenant file must be documented with this additional information and management must include the Medicare premium in the tenant's medical expense deduction.

- v. Make copies of any tenant provided documents for the tenant file and return the originals to the tenant.
- vi. Retain the printed report in the tenant file along with the applicable form HUD-50059.

4. If the tenant disputes the SSA information in the EIV system or when the tenant reports he/she receives SSA benefits but there is no SSA information in the EIV system, Weston Associates Management Co., Inc. must obtain third party verification by requesting the tenant provide a copy of their benefit or award letter or Proof of Income Letter, dated within the last 120 days from the date of receipt by the owner.

- i. The O/A may assist the tenant in requesting benefit information from SSA, if the tenant requests their assistance in accessing the SSA website or has questions on completing the request. To request a Proof of Income Letter from SSA's website go to <https://secure.ssa.gov/RIL/SiView.do>
- ii. From the left side bar:

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Tenants must have an account in order to obtain a statement online

Have tenant enter user and password "sign in"

Select "view your Social Security Statement online"

Select "If you get Social Security benefits..." or "If you get Supplemental Security Income (SSI) benefits..."

Select "Request a Proof of Income Letter"

Tenants should check the box "All Benefit Information Available" to make sure all benefits received are provided.

- iii. To request a Proof of Income Letter from SSA's toll-free number call 1-800-772-1213.
- iv. This information is free and the tenant should receive the letter in the mail within 10 days. The tenant will provide the Proof of Income Letter to Weston Associates



Management Co., Inc. for use in calculating the tenants' income. A copy of the letter will be retained in the tenant's file and the original returned to the tenant for their records.

- iv. While the SSA provides information on Medicare premiums it does not provide as part of the computer matching, information on additional deductions such as Medicare Part D (prescription drugs) premiums or garnishments. Therefore, Weston Associates Management Co., Inc. need to request that tenants disclose any deductions they may have from their SSA benefits. For example, if the tenant is paying his/her Medicare premium and the difference between the gross and net Social Security benefits exceeds the amount of the Medicare premium, the O/A must discuss this with the tenant to determine any deductions that may impact the tenant's income or allowable expenses, e.g., Medicare Part D (prescription drugs) premiums are an allowable medical expense.
- v. The SSA Disability Status is not always accurate; therefore, it must not be used for determining an applicant's or tenant's eligibility as disabled for a HUD program or for receiving the elderly/disabled household allowance.
- vi. If the O/A finds it necessary to use some other alternative form of verification, e.g., bank statements, it may be necessary to use more than one document as third party verification. Documents such as bank statements only disclose the net amount of Social Security received and not the gross amount used for determining the tenant's annual income. This information will not support allowing inclusion of the Medicare premium as a medical expense if the tenant claims he/she is paying the Medicare premium. When alternative forms of verification are used; Weston Associates Management Co., Inc. must document the tenant's file and identify the reason why third-party verification was not obtained.

e) **New Admissions**

For all new admissions, including Initial Certifications (IC), Weston Associates Management Co., Inc. must:

- 1. Review the Income Report within 90 days after transmission of the move-in certification to TRACS to confirm/validate the income reported by the household.
- 2. Resolve any income discrepancies with the household within 30 days of the Income Report date.
- 3. Print and retain the Income Report in the tenant file along with any documentation received to resolve income discrepancies, if applicable.

f) **Applicants**

The EIV system only contains employment and income information for tenants participating in Multifamily Housing's rental assistance programs. Therefore, Weston Associates Management Co., Inc. must request third party verification from the income source for determining the applicant's income for eligibility and rent calculation purposes.

**3. Income Discrepancy Report**

- a. The Income Discrepancy Report will be printed at Annual and Interim Certifications. This report identifies households where there is a difference of \$2,400 or more annually in the wages, unemployment compensation and/or Social Security benefit income reported by NDNH and SSA and the wages, unemployment compensation and/or Social Security benefit income reported in TRACS (from the form HUD-50059 in effect at the time of the computer match) for the period of income (POI) used for the discrepancy analysis.

The report identifies tenants whose income may have been under or over reported. Negative numbers on the report represent potential tenant under reporting of income while a positive number represents a potential decrease in a tenant's income. In either case, Weston Associates Management Co., Inc. must investigate all discrepancies identified to determine whether or not they are valid. Background, improper payments includes payments for the incorrect amount; both overpayments and underpayments.

Wage, unemployment and Social Security income in TRACS includes:

TRACS (Income Code)	Type of Income
B	Business
F	Federal Wage
M	Military Pay
W	Non Federal Wage
U	Unemployment
SS	Social Security
SSI	Supplemental Security Income

Other income the household receives, e.g., welfare benefits, most pensions, child support, etc., may be reported in annual income in TRACS but it is not used for the discrepancy analysis in the EIV system.

- b. The Income Discrepancy Report is a tool to alert O/As that there may be a discrepancy in the income reported by the tenant during the period of income shown on the report. The O/A must investigate all discrepancies identified on the report to determine whether or not the discrepancy is valid. The O/A is not expected to reconcile dollar amounts to the penny when resolving discrepancies.
- c. Weston Associates Management Co., Inc. must:
  - i. Print the Income Discrepancy Report at the same time they print the Income Report, at annual and interim recertification or at other times as indicated in their policies and procedures. ***It is important that the Income Discrepancy Report is printed at the same time as the Income Report. Each week a completely new report is generated based on the current information in the system for a tenant.*** The old report is overwritten with the current data.
  - ii. Review and resolve any discrepancies in income reported on the Income Discrepancy Report with the household at the time of recertification or within 30 days of the EIV Income Report date. Any non-reporting, underreporting or over-reporting of income by the tenant and reported on current or historical form HUD-50059s must be identified.
  - iii. Retain the Income Discrepancy Report along with detailed information on the resolution of the reported discrepancy in the tenant file. This includes information on resolution of the discrepancy regardless of whether the discrepancy was found to be valid or invalid.

- iv. Make sure that the information in TRACS agrees with the information on the form HUD-50059 in the tenant's file. If it is determined that the information in TRACS differs from the information found on the tenant's current HUD-50059, retransmit the current HUD-50059 to correct the TRACS database ***This is important since the income discrepancies reported in the EIV system are determined by comparing the wage, unemployment and Social Security benefits income reported by NDNH and/or SSA with the wage, unemployment and Social Security benefits income reported by the household and transmitted to TRACS.***
- v. Weston Associates Management Co., Inc. must follow the instructions on Investigating and Resolving Income Discrepancies.

**NOTE:** View the latest EIV webcast for further information on how to use the report for resolving discrepancies.

The webcast is posted at: <http://www.hud.gov/webcasts/archives/multifamily.cfm>.  
Weston Associates Management Co., Inc. can apply for access to TRACS at:  
<https://hudapps.hud.gov/public/wass/public/participant/partregpage.jsp>

## **2. Other EIV Reports**

The EIV system contains the following stand-alone reports that identify potential issues which may impact the family's assistance. Weston Associates Management Co., Inc. will use these reports as discussed below to reduce subsidy payment errors. Weston Associates Management Co., Inc. retain a "Master" file that contains a copy of the report and documentation and/or notations as indicated in the report discussions below.

**Caution:** Any detail reports retained in a tenant's file must contain information for members of that tenant's household only. Many of the reports do not have page breaks between households, therefore, Weston Associates Management Co., Inc. will need to separate the reports by household by cutting the reports apart until page breaks are inserted in the EIV system.

### **1. Income Reports**

**New Hires Report** - will be printed quarterly by project number and/or contract number. If the report name is underlined, this indicates it is an active link. Click on the report name to obtain data about households identified where no income was reported or where a household member is reported as having new employment.

- a. **No Income Report** - This report is printed quarterly by Weston Associates Management Co., Inc. in order to identify tenants who passed the identity match against SSA's records, but no employment or income information was received from the match against either the SSA or NDNH records.
  - i. Weston Associates Management Co., Inc. must run this report quarterly. When running the report, the management must select recertification month "All".
  - ii. If no income was reported as a result of the match against SSA and NDNH records does not mean that the tenant(s) does not have income. Weston Associates Management Co., Inc. will make sure that, at the time of recertification interviews, the right questions are asked so that the tenants are given the opportunity to disclose any income they receive.
  - iii. Weston Associates Management Co., Inc. is not required to retain copies of this report.

**NOTE:** Weston Associates Management Co., Inc. policy is to verify the status of tenants reporting zero income quarterly. As part of the procedures for implementing the policy, Management uses the EIV Income Report to determine if the tenant or any family members have income reported by HHS or SSA.

- b. *New Hires Report* - This report is printed quarterly and identifies tenants who have started new jobs within the last six months. The information in this report is updated monthly.
  - i. Weston Associates Management Co., Inc. use this report quarterly to determine if any of their tenants have started new employment whereby the tenant has not reported a change in income to management between re-certifications and/or the new employment was not reported at the time of recertification. When running the report, management must select recertification month "All".
  - ii. Tenants participating in one of Multifamily Housing's rental assistance programs are required to report changes in income when the household's income cumulatively increases by \$200 or more per month, Weston Associates Management Co., Inc. reach out to our tenants to report the income changes so that rent adjustments can be made in a timely manner, thus eliminating/reducing the amount of retroactive rent repayments.

Weston Associates Management Co., Inc. will:

- i. Contact the tenant regarding his/her new employment by sending a Mandatory Appointment letter and give the tenant 10-days to respond or go to Market Rent.
- ii. Confirm with the tenant that they have a new job and that the employment information in the EIV system is correct. If the tenant agrees that the employment information in the EIV system is correct, request the tenant provide documents, e.g., six current, consecutive pay stubs, employment confirmation letter specifying date of hire, rate of pay, number of hours worked each week, pay frequency, for use in determining the tenant's income or, if necessary, request third-party verification from the employer. If the tenant disputes the employment information in the EIV system, Weston Associates Management Co., Inc. will obtain third party verification from the employer.
- iii. Process a recertification in accordance with program requirements that includes the employment income.
- iv. Retain the New Hires Summary Report in a master "New Hires Report" file along with notations as to the outcome of the contact with the tenant (e.g., J. Jones - interim recertification processed to include income from new employment) . A copy of the New Hires Detail Report for the tenant along with any correspondence with the tenant, third party verifications, etc. must be retained in the tenant file.

## 2. Verification Reports

The Verification Reports can be accessed from the EIV Homepage, left sidebar.

### Verification Reports

Existing Tenant Search
Multiple Subsidy Report
Identity Verification Report
Deceased Tenant Report

- a. *Existing Tenant Search* - This report identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application processing at another location.

Weston Associates Management Co., Inc. must:

1. Use this report at the time they are processing an applicant for admission to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing (MF) location.

2. Discuss with the applicant if the report identifies that the applicant or a member of the applicant's household is residing at another location, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. This may be a case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child.
  3. Follow up with the respective PHA or O/A to confirm the individual's program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. The report gives management the ability to coordinate move-out and move-in dates with the PHA or O/A of the property at the other location.
  4. Retain the search results with the application along with any documentation obtained as a result of contacts with the applicant and the PHA and/or O/A at the other location.
- b. *Multiple Subsidy Report* -This report identifies individuals who may be receiving multiple rental subsidies and is printed quarterly.
- i. Weston Associates Management Co., Inc. must:
    - a. Use the Multiple Subsidy Report quarterly to identify any tenants who are being assisted at another location. Weston Associates Management Co., Inc. will follow up with tenants identified on the report where the discrepancy was not identified and resolved at the time of recertification.
    - b. Perform both of the search options shown below to determine if possible multiple subsidies exist: Search within MF & Search within PIH at Initial Application and prior to Move In for all family members.
    - c. Discuss with the tenant if the results of either of the searches shows that a tenant is being assisted at another location. The tenant must be given the opportunity to explain any circumstances relative to his/her being assisted at another location.
    - d. Follow up with the respective PHA or O/A, if necessary, to confirm that the tenant is being assisted at the other location. Depending on the results of this investigation, Weston Associates Management Co., Inc. may need to take action to terminate the tenant's assistance or tenancy.
  - e. Print out and retain a copy of the Multiple Subsidy Summary Report in a master "Multiple Subsidy Report" file along with notations as to the outcome of contacts with the tenant and/or PHA or owner (e.g., J. Jones - no multiple subsidies being paid. Section 236 tenant with Housing Choice Voucher (HCV)). A copy of the Multiple Subsidy Detail Report for the tenant plus any documentation supporting any contacts made or information obtained to determine if a household and/or household member is receiving multiple subsidies as well as documentation to support any action taken if a household and/or a household member is receiving multiple subsidies must be retained in the tenant file.

**NOTE:** If a tenant's multiple subsidies were discussed and resolved at the time of recertification, this must be noted on the printed Multiple Subsidy Summary Report and no further action is required.

HUD does not prohibit owners of partially subsidized projects from housing tenants who are receiving assistance through the Housing Choice Voucher program. While these tenants may appear on the Multiple Subsidy Report, HUD does not consider them as receiving double subsidy. (See Paragraph 3-21 of Handbook 4350.3 REV-1 for a discussion on Applicants with Housing Choice Vouchers.) In these instances, management must note on that report that the

tenant has a Housing Choice Voucher and is not receiving double subsidy, e.g., tenant is residing in a Section 236 unit and receiving rental assistance through the Housing Choice Voucher program.

- c. *Identity Verification Reports* - There are two reports that can be accessed from the Identity Verification Report link. Weston Associates Management Co., Inc. use both of these reports monthly to clear up any invalid, discrepant or missing information in the TRACS database that was not identified and corrected at the time of recertification. When running the report, management select recertification month "All". ***There will not be any employment or income information in the EIV system for tenants who fail either the EIV pre-screening or SSA identity test so it is essential that any discrepancies are corrected within 30 days from the date of the reports. Weston Associates Management Co., Inc. must conduct third party verifications to obtain employment and income data for these tenants.***

If the report name is underlined, this indicates it is an active link. Click on the report name to obtain data about household members who failed the EIV pre-screening or SSA identity test.

1. *Failed EIV Pre-Screening Report*

This report identifies tenants who fail the EIV pre-screening test because of invalid or missing personal identifiers (SSN, last name or DOB). The tenants on this list will not be sent to SSA from the EIV system for the SSA identity match until the personal identifier information is corrected in TRACS.

Weston Associates Management Co., Inc. will:

- I. Use this report monthly to identify tenants that did not pass the pre-screening test and the reason(s) they did not pass so that the errors can be corrected. Management will follow up with tenants identified on the report where discrepant personal identifiers were not corrected at the time of recertification.
- II. Before contacting the tenant, confirm the accuracy of data entry in TRACS, (e.g. has a number been transposed when entering the SSN?).
- III. Confirm with the affected tenant their SSN, DOB and/or last name.
- IV. Obtain documentation from the tenant to verify any discrepant personal identifiers.
- V. Correct any discrepant information in the TRACS system.
- VI. Print and retain a copy of the report in a master "Failed EIV Pre-screening Report" files. The report must be documented with action taken to resolve invalid or discrepant personal identifiers.

**NOTE:** This report will include those persons who are exempt from the SSN disclosure and verification requirements. In these instances management will note on the copy of the report retained in the "Failed EIV Pre-Screening Report" master file that the tenant(s) is exempt from SSN requirements.

Exempt from SSN disclosure and verification requirements:

Tenants who were 62 years of age or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010; and

Individuals who do not contend eligible immigration status:

These individuals will continue to have a TRACS generated identification number in the SSN field. No employment or income information will be provided in the EIV system for these individuals.

- d. *Failed Verification Report (Failed the SSA Identity Test)* - This report identifies household members who failed the SSA identity test because their personal identifiers (SSN, last name or DOB) do not match SSA's records as well as identifies deceased household members. (See Attachment 2 for the Failed Verification Report (Failed the SSA Identity Test) Error Messages and corrective action, and d below for instructions on tenants reported as being deceased.).

Weston Associates Management Co., Inc. will:

1. Use this report monthly to identify those tenants that did not pass the SSA identity verification test and the reason(s) they did not pass so that the error can be corrected. Management will follow up with tenants identified on the report where discrepant personal identifiers were not corrected at the time of recertification.
2. Before contacting the tenant, confirm accuracy of data entry in TRACS, (e.g. has a number been transposed when entering the SSN).
3. Confirm with the affected tenant their SSN, DOB and/or last name.
4. Obtain documentation from the tenant to verify any discrepant personal identifiers.
5. Correct any discrepant information in the TRACS system so that the tenant will be included in the match against SSA and NDNH data.
6. Encourage the tenant to contact the SSA to correct any inaccurate data in their databases if the personal identifiers on the form HUD-50059 and in TRACS are accurate. The tenant can request SSA to correct his/her record by completing and submitting form SS-5, Application for a Social Security Card, to the local SSA office.
7. Print and retain a copy of the report in a master "Failed the SSA Identity Test" file. The report must be documented with action taken to resolve invalid or discrepant personal identifiers.

**NOTE:** If a tenant's information was corrected at the time of recertification but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.

- e. *Deceased Tenants Report* - This report identifies tenants who are participating in one of Multifamily Housing's rental assistance programs who are reported by SSA as being deceased will be run quarterly.

Weston Associates Management Co., Inc. will:

1. Use this report quarterly to identify those tenants reported by SSA as being deceased. When running the report, the O/A must select recertification month "All".
2. Confirm, in writing, with the head-of-household, next of kin or emergency contact person or entity provided by the tenant whether or not the person is deceased.
3. If the person is deceased:
  - a. Update the family composition, and income and allowances, if applicable, on the form HUD-50059. The effective date of the form HUD-50059 should be in accordance with Chapter 7, Paragraph 7-13.D of Handbook 4350.3 REV-1.
  - b. In the case of a deceased single member of a household, process a Move-out using form HUD-50059-A. The effective date of the form HUD-50059-A will be retroactive to the earlier of 14 days after the tenant's death or the date the unit was vacated (see Chapter 9, Paragraph 9-12.E of Handbook 4350.3 REV-1).

**NOTE:** Single member deceased households are denoted on the report with a red asterisk (\*) after the member's deceased date.

- c. Any overpayment of subsidy that was paid on behalf of the deceased tenant must be reimbursed to HUD.

- d. Discrepant information must be corrected in the TRACS system within 30 days from the date of the report.
- e. Encourage the tenant to contact the SSA to correct any inaccurate data in their databases if the person shown as being deceased in the SSA database is not deceased.
- f. Print and retain a copy of the report in a master "Deceased Tenants Report" file. The report must be documented with action taken to resolve any discrepancies. All correspondence or action taken for a particular tenant must be retained in the tenant file.

**NOTE:** If action was taken to remove the deceased tenant from the household or a move-out processed if a single member household but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.

The Deceased Tenants Report is updated every weekend. See examples below addressing when a deceased individual will be removed from the report.

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#### Example 1

Mr. Jones was listed on the Deceased Tenants Report dated December 14, 2009, with a deceased date of November 20, 2009. On December 1, 2009, the owner confirmed that Mr. Jones was actually alive and advised Mr. Jones to visit his local SSA office to have the error corrected. SSA corrected the error on December 20, 2009. When HUD realized a computer matching with SSA on January 6, 2010, HUD obtained new SSA data which indicated that Mr. Jones was not deceased. The Deceased Tenants Report was updated on the weekend of January 8, 2010. When the owner accessed the Deceased Tenants Report on January 11, 2010, Mr. Jones was no longer on the report.

#### Example 2

Mr. Williams was listed on the Deceased Tenants Report dated December 14, 2009, with a deceased date of June 10, 2009. On January 6, 2010, the owner confirmed that Mr. Williams was deceased. The owner then completed and processed the move-out on form HUD-50059-A on January 7, 2010. The Deceased Tenants Report was updated on the weekend of January 8, 2010. When the owner accessed the Deceased Tenants Report on January 11, 2010, Mr. Williams was no longer on the report.

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## SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) SYSTEM ACCESS

Individuals who have approved access to the Department of Homeland Security's (OHS') SAVE system for verifying the validity of citizenship documents provided by applicants or tenants who are noncitizens and who claim eligible immigration status may access the SAVE system through the EIV system. The SAVE system can be accessed from the EIV system Homepage, left sidebar under External Links.

## INVESTIGATING AND RESOLVING INCOME DISCREPANCIES

### **1. Investigating Discrepancies**

- a. Weston Associates Management Co., Inc. will investigate and confirm possible income discrepancies of \$2,400 or more as disclosed on the EIV Income Discrepancy Report. It is important that management determine whether the income appearing on the EIV Income Discrepancy Report



should be included as income and does not meet one of the income exclusions represented in Exhibit 5-1 of HUD Handbook 4350.3 REV-1. Weston Associates Management Co., Inc. must also investigate and confirm other possible errors that may result in over or underpayment of HUD subsidy, e.g., tenants reported by SSA as being deceased, tenants receiving multiple subsidies, etc.

- b. Weston Associates Management Co., Inc. must not suspend, terminate, reduce, make a final denial of rental assistance, or take any other adverse action against an individual based solely on the data in the EIV system.
- c. When the tenant disputes the employment and income information in the EIV system, Weston Associates Management Co., Inc. will independently verify the disputed information by obtaining third party verification directly from the third-party source.
- d. Weston Associates Management Co., Inc. will notify the tenant of the results of any third-party verification and request the tenant come into the office, within 10 days of notification, to discuss the results. The tenant may contest the findings in the same manner as applies to other information and findings relating to eligibility factors.
- e. If Weston Associates Management Co., Inc. determine that the tenant is in non-compliance with his/her lease because he/she knowingly provided incomplete or inaccurate information, management will follow the guidance in Chapter 8, Section 3 of Handbook 4350.3 REV-1, for terminating the tenant's tenancy and Chapter 8, Paragraph 8-18 for the requirements on filing a civil action against the tenant to recover improper subsidy payments.
- f. Where fraud is suspected, Weston Associates Management Co., Inc. should report this to the HUD OIG Office of Investigation in the District that has jurisdiction in the state the project is located.

## **2. Unreported or Underreported Income**

If Weston Associates Management Co., Inc. determine the tenant unreported or under reported his/her income, management will go back to the time the unreported or underreporting of income started, not to exceed the 5-year limitation that the tenant was receiving assistance described on forms HUD9887 and HUD-9887-A and calculate the difference between the amount of rent the tenant should have paid and the amount of rent the tenant was charged. Management will notify the tenant of any amount due and their obligation to reimburse Weston Associates Management Co., Inc. A record of this calculation must be provided to the tenant and also retained in the tenant's file. Tenants with unreported income that goes back further than 5 years can be reported to the OIG for fraud.

Weston Associates Management Co., Inc. will have the form HUD-50059(s) on file that was in effect during the period(s) that the tenant had unreported or underreported income, along with any supporting documentation, in order to calculate the amount, the tenant must reimburse to the owner. The form HUD-50059(s) is the document whereby the tenant(s) certifies to the accuracy of the income included on the form. If Weston Associates Management Co., Inc. does not have this historical information, management cannot go back to the tenant for unreported or underreported income.

## **3. Tenant Repayment of Unreported or Underreported Income**

- a. *Tenant's Obligation to Reimburse*  
Tenants are obligated to reimburse Weston Associates Management Co., Inc. if they are charged less rent than required by HUD's rent formula due to underreporting or failure to report income. The tenant is required to reimburse Weston Associates Management Co., Inc. for the difference between the rent that should have been paid and the rent that was charged.

**NOTE:** Tenants are not required to reimburse Weston Associates Management Co., Inc. for undercharges caused solely by management's failure to follow HUD's procedures for computing rent or assistance payments.

b. *Repayment Options*

1. Tenants can repay amounts due:
  - a. In a lump sum payment; or
  - b. By entering into a repayment agreement with Weston Associates Management Co., Inc.; or
  - c. A combination of (1) and (2), above.
2. Tenants who do not agree to repay amounts due in accordance with 2.a, above, will be in non-compliance with their lease agreement. Failure to sign the HUD-50059's and Repay Agreement will result in the tenant's Section 8 assistance being terminated and the tenant may be subject to termination of tenancy
3. Tenants may also be required to repay funds to Weston Associates Management Co., Inc. due to a:
  - a. Civil action taken by Weston Associates Management Co., Inc., or
  - b. Court action as a result of an OIG audit.

c. *Repayment Agreements*

Weston Associates Management Co., Inc. will first request the tenant to pay the entire balance in one lump sum. If the tenant cannot pay the entire amount, management and the tenant will meet to discuss payment arrangement and both Tenant and Management must agree on the terms of the repayment agreement.

- a. The tenant and Weston Associates Management Co., Inc. must both agree on the terms of the repayment agreement. The tenant may wish to consult with HUD's Housing Counseling Agency in their area to assist them in working with management to reach agreeable terms for the repayment agreement. See the Housing Counseling Agency website for a listing of agencies for each state at <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>
  1. Monthly Payment-The tenant's monthly payment must be what the tenant can afford to pay based on the family's income. The monthly payment plus the amount of the tenant's total tenant payment (TIP) at the time the repayment agreement is executed should not exceed 40 percent of the family's monthly adjusted income. The monthly payment may exceed 40 percent of the family's monthly adjusted income if the family agrees to the amount stated in the repayment agreement.
  2. Repayment Time Period-The time period for repayment by the tenant of the amount owed.

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**Example**

The tenant agrees to repay \$1,000, and agrees to monthly payments of \$25.  
 $\$1,000/\$25 = 40$  months (time period).

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- b. Effective with the issuance date of this Notice, new repayment agreements must:
  1. Include the total retroactive rent amount owed, the amount of lump sum paid at time of execution of the agreement, if applicable, and the monthly payment amount.
  2. Reference the paragraphs in the lease whereby the tenant is in non-compliance and may be subject to termination of their lease.
  3. Contain a clause whereby the terms of the agreement will be renegotiated if there is a decrease or increase in the family's income of \$200 or more per month.
  4. Include a statement that the monthly retroactive rent repayment amount is in addition to the family's monthly rent payment and is payable to Weston Associates Management Co., Inc.
  5. Late and missed payments constitute default of the repayment agreement and may result in termination of assistance and/or tenancy.
  6. Agreement must be signed and dated by the tenant and Weston Associates Management Co., Inc. HUD recommends that management have the head of household and, if applicable, the family member who had the unreported or under reported income sign the repayment agreement.
- c. Weston Associates Management Co., Inc. will not apply a tenant's monthly rent payment towards the repayment amount owed that would result in an accumulation of late rent payments. The monthly payment due on the repayment agreement is in addition to the tenant's monthly rent payment.

#### **4. Disposition of Funds Received by O/A**

- a. Weston Associates Management Co., Inc. is required to reimburse funds collected from the tenant to HUD in accordance with the requirements in Chapter 8, Paragraph 20 of Handbook 4350.3 REV-1. 43
  1. Management is familiar with their software's capability that allows for adding Miscellaneous Accounting Requests to the housing assistance payments (HAP) voucher (form HUD-52670) as the procedures vary from software to software. Management will consult their software provider if assistance is required.
  2. After verifying the tenant's income, Weston Associates Management Co., Inc. must complete corrections to a prior certification(s) affected by the income change. Management must not fail to correct the prior certification(s) in an attempt to avoid having large negative adjustments appear on the HAP voucher.
  3. Voucher adjustments:
    - a. If the tenant is able to pay the entire amount due in one lump sum payment, no Miscellaneous Accounting Request is needed.
    - b. If the tenant pays a lump sum payment and enters into a repayment agreement for the remaining amount due, the O/A must first reverse the adjustment created by correcting the prior certification(s) less the lump sum payment by adding a repayment agreement in our data base which will create its own voucher adjustment page.
    - c. Adjustments for payments received from the tenant per the repayment agreement are made as addressed in (e) below.

**NOTE:** The comment field allows for 78 characters to describe the transaction.

- d. If the tenant is subject to a repayment agreement, Weston Associates Management Co., Inc. will first reverse the full amount of the voucher adjustment created by correcting the prior certification(s).

- e. As the tenant makes payments per the repayment agreement, Weston Associates Management Co., Inc. will enter them as negative amounts on the payment agreement section of the data base. If management is deducting his/her costs from the payment received from the tenant, the deduction request will be for the amount collected from the tenant less Weston Associates Management Co., Inc.' costs.
  - f. Weston Associates Management Co., Inc. should consult the TRACS Monthly Activity Transmission (MAT) User's Guide to obtain updated instructions on All Accounting Requests.
- b. Weston Associates Management Co., Inc. may retain a portion of the repayments they actually collect from the tenants who have improperly reported their income at the time of certification or recertification to help defray the cost of pursuing these cases. ***This is no longer limited to cases where the O/A has determined fraud.***

Weston Associates Management Co., Inc. may only retain an amount to cover their actual costs, which is the lesser of:

- 1. Their actual costs, or
- 2. 20 percent of the amount received from the tenant.
  - a. Amounts retained by Weston Associates Management Co., Inc. must be deposited into the project's operating account to offset the expenses incurred for these cases.
  - b. As with all income and expenses of the project, Weston Associates Management Co., Inc. will keep records of the receipt and disbursement of all amounts collected from the tenant for audit purposes. At a minimum, the owner must record:
    - i. Date and amount(s) received from the tenant; ii.
    - Expenses incurred;
- 3. An example of types of expenses incurred include staff time for verifying the unreported income; meeting with tenant; drafting repayment agreements; generating and sending monthly invoices to tenant; generating manual voucher adjustments; collection agency fees, if applicable; and meeting state requirements.
- 4. Amount(s) retained; and
- 5. Voucher date(s) and amount(s) of reimbursement made to HUD.

## **5. Over-reported Income**

- 1. Tenants may report decreases in their income
- 2. If, at the time of recertification, there is an Income Discrepancy Report in the EIV system that reflects a decrease of \$2,400 or more in wage, unemployment and/or Social Security income reported in the EIV system and the wage, unemployment and/or Social Security income in TRACS for the period of income used for the discrepancy analysis, the O/A must investigate the discrepancy.
  - a. If, after investigating the discrepancy, Weston Associates Management Co., Inc. determines that an error was made in calculating the tenant's income (e.g., third party verification not obtained, third party verification received but an error was made in calculating the tenant's income) and the income was over-reported, management must complete corrections to the prior certification(s) affected by the income change. Once the corrections have been made, management will determine the difference between the amount of rent the tenant paid and the rent that the tenant should have paid.
  - b. Weston Associates Management Co., Inc. must reimburse the tenant the amount of overpayment of rent in accordance with Chapter 8, Paragraph 8-21 of Handbook 4350.3 REV-1.

## **6. Errors Discovered During a Monitoring Review**

If, during their review of the tenant files, the CA determines that an error was made in the income calculation based on the income verifications on file that results in an under or over payment of rent by the tenant, management will make the necessary adjustments to the tenant's rent for the period the error occurred. This will be a finding on the Management and Occupancy Review (MOR) and Weston Associates Management Co., Inc. will have 30 days to mitigate.

1. Management must complete corrections to the prior certification(s) affected by the income change. Once the corrections have been made, management will determine the difference between the amount of rent the tenant paid and the rent that the tenant should have paid.
2. Management must follow the instructions in Chapter 8, Paragraphs 8-20 and 21 of Handbook 4350.3 REV-1 for reimbursement to Weston Associates Management Co., Inc. by the tenant for underpayment of rent and for reimbursement to the tenant by Weston Associates Management Co., Inc. for overpayment of rent.

## **RETENTION OF EIV REPORTS**

1. Weston Associates Management Co., Inc. must retain:
  - a. The Income Report, the Summary Report(s) showing Identity Verification Status as "Verified" and the Income Discrepancy Report(s) and supporting documentation must be retained in the tenant file for the term of tenancy plus three years.
  - b. Any tenant provided documentation, or other third-party verification of income, received to supplement the SSA or NDNH data must be retained in the tenant file for the term of tenancy plus three years.
  - c. Results of the Existing Tenant Search must be retained with the application:
    - i. If applicant is not admitted, the application and search results must be retained for three years.
    - ii. If applicant is admitted, the application and search results must be retained in the tenant file for the term of tenancy plus three years.
  - d. The master files for the New Hires Report, Identity Verification Reports, Multiple Subsidy Report and Deceased Tenants Report must be retained for three years.
2. Once the retention period has expired, Weston Associates Management Co., Inc. will dispose of the data in a manner that will prevent any unauthorized access to personal information, e.g., burn, pulverize, shred, etc.

## **PENALTIES FOR FAILURE TO HAVE ACCESS TO AND/OR USE the EIV System**

1. Weston Associates Management Co., Inc. will incur penalties if we:
  - a. Did not obtain access to the EIV system by January 31, 2010, because we did not submit a Coordinator Access Authorization Form (CAAF) to the Multifamily Help Desk by December 15, 2009, and/or did not complete the property assignment process by January 15, 2010 as instructed in Listserv and iMAX messages posted beginning mid-November 2009;
  - b. Did not begin using the EIV system as of January 31, 2010; or 3. Are not using the EIV system at the time of a MOR.
2. Penalties  
Weston Associates Management Co., Inc.:
  - a. Will receive a finding on the MOR report. See Attachment: MOR Findings for EIV System Compliance.

- b. Will incur a penalty of a five percent decrease in the voucher payment for the month following the date the violation was found and each subsequent voucher payment until the MOR finding is cured. See Attachment: Assessing the Five Percent Decrease in Voucher Payment.
  - c. Must make an adjustment on the next scheduled voucher to adjust for the five percent decrease.
  - d. Will be monitored by the CA to ensure the adjustment is made.
- 3. Weston Associates Management Co., Inc. will have 30 days to cure the finding.
  - a. The finding will be cured by obtaining access to and/or using the EIV system and management will make an adjustment to the next scheduled voucher to collect the funds previously returned to HUD.
  - b. If the finding is not cured during the 30-day period, both the owner and the management agent, if applicable, will be flagged in HUD's Active Partners Performance System (APPS). Once the finding is cured, the flag(s) will be removed.
- 4. When there is a change in ownership or management at a property, the new owner or management agent must obtain access to and begin using the EIV system within 90 days from the date the owner takes possession of the property or the effective date of the management agreement with the owner. Owners and/or management agents who fail to obtain access and begin using the EIV system within this timeframe may be subject to the penalties described above.

## SECURITY OF EIV DATA

The data in the EIV system contains personal information on individual tenants that is covered by the Privacy Act. The information in the EIV system may only be used for limited official purposes:

### 1. *Official Purpose Includes*

- a. Weston Associates Management Co., Inc., in connection with the administration of Multifamily Housing programs, for verifying the employment and income at the time of recertification and for reducing administrative and subsidy payment errors.
- b. CAs (PBCAs and TCAs) and HUD staff for monitoring and oversight of the access and mandatory use of the EIV system. (See Attachment: MOR Findings for EIV Compliance, the Rent and Income Determination Quality Control Monitoring Guide for Multifamily Housing Programs, and the most recent EIV webcast for EIV monitoring requirements.)
- c. IPAs, when hired by an owner to perform the financial audit of the project, for use in determining the owner's compliance with verifying income and determining the accuracy of the rent and subsidy calculations.

Restrictions on disclosure requirements for IPAs:

- i. Can only access EIV income information within hard copy files and only within the offices of the owner or management agent;
- ii. Cannot transmit or transport EIV income information in any form;
- iii. Cannot enter EIV income information on any portable media;
- iv. Must sign non-disclosure oaths (Rules of Behavior for Non-system Users) that the EIV income information will be used only for the purpose of the audit; and
- v. Cannot duplicate EIV income information or disclose EIV income information to any user not authorized by Section 435(j)(7) of the Social Security Act to have access to the EIV income data.

**NOTE:** Independent public auditor means a Certified Public Accountant or a licensed or registered public accountant, having no business relationship with the private owner except for the performance of audit, systems work and tax preparation. If not certified, the Independent Public Accountant must have been licensed or registered by a regulatory authority of a State or other political subdivision of the United States on or before December

31, 1970. In States that do not regulate the use of the title "public accountant," only Certified Public Accountants may be used.

- d. OIG investigators for auditing purposes.
- e. See procedure for information on disclosure of EIV information to individuals who are assisting in the recertification process and who are present during the recertification interview and process.

## 2. *Official Purpose Does NOT Include*

- a. Sharing the information with governmental entities not involved in the recertification process used for HUD's assisted housing programs, e.g., the LIHTC program and RHS Section 515 program.

This policy does not apply to the LIHTC program for Weston Associates Management Co., Inc. completion of the LIHTC Tenant Income Certification (TIC) or for LIHTC compliance monitoring by state officials. It also does not apply to the RHS Section 515 program for certification of tenants who do not receive Section 8 assistance or for compliance monitoring by RHS staff for tenants receiving Section 8 assistance.

Disclosing the EIV information Weston Associates Management Co., Inc. for use under the LIHTC and RHS Section 515 programs is not allowed since neither the Internal Revenue Service (IRS) nor RHS are a party to the computer matching agreements with HHS and SSA. The fact that there is financing through other federal agencies involved in a particular property under one of the authorized HUD programs does not then permit that federal agency to use or view information in the EIV system that is covered by the computer matching agreements. The computer matching agreements are governed by the Privacy Act and the Social Security Act. For example, Sections 453(j)(7)(E)(ii) and (iv) of the Social Security Act limit disclosure of the data matched between HUD and HHS' NDNH to public housing agencies, the IG, the Attorney General, private owners, management agents and CAs. HHS subsequently approved disclosure of NDNH information to IPAs hired by an owner to conduct the financial audit of their property.

- b. Disclosure of EIV information to Service Coordinators even though the tenant signs a release of information consent form authorizing the Service Coordinator to have access to their file is not allowed unless the Service Coordinator is present during the interview and assisting the tenant with the recertification process. The statute authorizing the computer match identifies those parties to whom the information can be disclosed, and the statute does not include Service Coordinators.

## 3. *Disclosure to Persons Assisting Tenants with the Recertification Process*

With the written consent of the tenant, EIV data may be shared with persons assisting the tenant with the recertification process. A Sample Tenant Consent to Disclose EIV Income Information has been included as an attachment to these procedures. Tenants who require assistance during the recertification process may have a representative present to assist them in their ability to participate in the recertification process; this includes review and explanation of the written third-party income verifications. Disclosure of EIV information to these parties must be employment or income information pertaining only to the tenant who has provided his/her consent. These parties must not have access to EIV information for any other household members.

Parties to whom the tenant can provide written consent include:

- Service coordinators (only if they are present at and assisting the tenant with the recertification process)
- Translators/Interpreters

- Individuals assisting an elderly individual or a person with a disability
- Guardians
- Those with Legal Power of Attorney
- Other Family Members

#### 4. *Penalties for Willful Disclosure or Inspection of EIV Data*

- a. *Unauthorized Disclosure* - felony conviction and fine up to \$5,000 or imprisonment up to five (5) years, as well as civil damages.
- b. *Unauthorized Inspection* - misdemeanor penalty of up to \$1,000 and/or one (1) year imprisonment, as well as civil damages.

#### 5. *Rules of Behavior (ROB)*

- a. With EIV System Access-All EIV users who have access to the EIV system must adhere to the EIV ROB signed at the time of requesting access to the EIV system.
  - i. Instructions for requesting access to the EIV system for both internal HUD users and external users are posted on the Multifamily EIV website at:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivapps.cfm>
  - ii. External users. The signed initial and current online (unsigned) access authorization forms containing the ROB must be kept on file along with the owner approval letters. Upon request, the forms must be made available to the entity monitoring EIV system compliance.
  - iii. Internal users. A copy of the signed ROB will be kept on file by the TRACS/EIV Security Officer and a signed copy should also be retained by the EIV user.
  - iv. Each HUD Program Center and Contract Administrator must have at least two staff members with access to the EIV system who can provide other staff members with EIV reports used for monitoring purposes.
- b. Without EIV System Access
  - i. O/A staff, service bureau staff, HUD staff and CA staff who do not have access to the EIV system but who view or use EIV data/reports provided by authorized EIV Coordinators or EIV Users in order to perform their job functions, must adhere to the EIV ROB posted on the Multifamily EIV website at:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/rulesofbehavior.pdf>
  - ii. The ROB must be signed and kept on file. Upon request, the signed ROB must be made available to the entity monitoring EIV compliance.

**NOTE:** HUD staff will check the "CA" box at the bottom of the form.

- iii. IPAs hired by the owner to perform a financial audit must adhere to the ROB posted on the Multifamily EIV website at:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/rulesofbehavior.pdf>

The ROB must be signed by the IPA and kept on file. Upon request, the signed ROB must be made available to the entity monitoring EIV compliance.

- iv. Staff that do not have access to the EIV system but who view or use EIV data/reports must complete the Security Awareness Training.

#### 6. *Security Training*



- a. EIV users are required to complete online security training annually. To meet this requirement, EIV users must complete the online Federal ISS Awareness training program. At the end of the training, EIV users must print and maintain the Certificate of Completion provided.

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**To complete online Security Awareness Training:**

1. Open your web browser.
2. Type <http://iase.disa.mil/eta/index.html#onlinetraining>
3. Press Enter.
4. Click on Federal ISS Awareness icon on the IA Education, Training and Awareness Screen.
5. Click on Launch New Information Systems Security Awareness on the Information Systems Security Awareness screen.
6. Proceed with the training.
7. When the training is complete, print and maintain the Certificate of Completion.

**NOTE:** The Security Awareness Training described above is the same training required for those individuals who transmit TRACS files. If the training has been completed to satisfy TRACS security training requirements, this will also satisfy EIV security training requirements as well provided the completion date represented on the Certificate of Completion is not older than one year.

- b. EIV users authorized by owners to have access to the EIV system on their behalf must also complete the applicable online Security Awareness Training Questionnaire for Multifamily Housing Programs upon initial access to the system and annually thereafter.
- c. EIV users should:
  - i. Review Section 4 on Security contained in the Multifamily EIV User Manual for Multifamily Housing Program Users posted at:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/usermanual.pdf>
  - ii. Review the EIV Security Administration Manual posted at:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/securityadminmanual.pdf>
  - iii. View the Security training provided during the most recent EIV webcast, posted at:  
<http://www.hud.gov/webcasts/archives/multifamily.cfm>, and
- d. Weston Associates Management Co., Inc. employees who do not have access to the EIV system but who use EIV reports to perform their job function must have security training annually as described in this section.

## 7. Safeguarding EIV Data

- a. *Technical Safeguarding of Data*
  - i. All individuals who have access to the EIV system must have a valid WASS User ID and password and must use this ID and password for accessing the EIV system. Upon receipt of the assigned WASS User ID, an individual must then apply to be approved for access to the EIV system.
  - ii. To assist in ensuring that only those individuals who have a need to use the EIV system to perform their job function have access to the EIV system, users must be certified to use the system:
    1. EIV Coordinators are certified at initial access and annually thereafter.
    2. EIV Users are certified at initial access and bi-annually thereafter.

If this certification is not made, the user's EIV access is terminated.

- iii. A Security Awareness Training Questionnaire, which supplements required annual security training, must be completed at the time of initial access to the system and annually thereafter. The EIV system is designed to block the entry of those individuals who have not successfully completed the questionnaire (i.e., answered 90 percent of the questions correctly).

*b. Administrative Safeguards*

1. Policies and procedures must be established to govern the use of the EIV system. These procedures should address:
  - a. Authorized use of the EIV system;
  - b. How to handle security breaches; and
  - c. Destruction of EIV data.
2. EIV manuals and the instructions in this Notice should be reviewed when implementing these administrative safeguards.
3. Posting of bulletins and flyers can assist in communicating how sensitive EIV data is and how this data should be handled.

*c. Physical Safeguards*

Physical safeguarding of EIV data refers to steps that must be taken to help ensure the data is safe when stored electronically or in hardcopy and when transmitting data electronically.

- i. Storing and Transmitting of Electronic EIV Data
  - a. EIV data stored electronically must be in a restricted access directory or, if placed on portable media, labeled appropriately and encrypted using a NIST compliant vendor. Similarly, all emails containing EIV data must be encrypted using a NIST compliant vendor. A list of compliant vendors can be found at: <http://csrc.nist.gov/groups/STM/cmvp/documents/140-1/1401vend.htm>
  - b. The full nine-digit SSN for a tenant must NOT be included in emails or other electronic communications.

**NOTE:** The downloading of EIV data to mobile devices is not allowed for IPAs.

- ii. Hardcopy EIV Data

EIV data that is printed out must NOT be left unattended. The documents should be retrieved as soon as they are printed and, if possible, use a restricted printer, copier, or facsimile machine. When faxing EIV data, ensure there is someone waiting and ready to retrieve the fax as soon as it is received (printed). When mailing EIV data, the data must be sent to an office of Weston Associates Management Co., Inc. EIV data must not be mailed to Independent Public Auditor offices.
- iii. Computer Security

The EIV system is set up to time out after 30 minutes of inactivity. This automatic safeguard should not be the only security measure taken. Individuals who use the EIV system should use a password protected screensaver and lock their computer when leaving their workspace. A user should not leave a computer unattended with EIV data displayed on the screen. It is also recommended that the EIV system be exited using the "X" at the top right of the screen which will remove the user from the entire WASS system.
- iv. Destroying EIV data

EIV data must be destroyed as soon as it has served its purpose as prescribed by HUD's policies and procedures and in accordance with HUD's prescribed retention period. Shredding, burning or pulverizing are all examples of acceptable ways to destroy EIV data.

v. Password responsibilities

Authorized EIV systems users are responsible for the protection of passwords, information, equipment, systems, networks, and communication pathways to which they have access.

- a. The Web Access Security Systems (WASS) user identification (User ID) and password issued to you are to be used solely in connection with the performance of your responsibilities and may not be used for personal or private gain.
- b. Authorized EIV users are responsible for the confidentiality of the assigned information and accountable for all activity with your User ID. No employee shall use and/or share someone else's ID's and/or passwords. Doing so may result in employment disciplinary action. Users should contact their supervisor and/or the Vice President immediately regarding any suspected violation or breach of system security.
- c. Users are required to change passwords every 30 days. Users are encouraged to avoid creating passwords that can be easily associated with.
- d. Authorized users will not provide their confidential User ID/password to another user during employment and upon leaving the employment of Weston Associates, Inc.
- e. Users are encouraged to refer any non-standard requests for EIV information to HUD management and to report any unauthorized access to the EIV System or disclosure of EIV data to the HUD Privacy Act Officer or to the Office of Inspector General. If it appears that the system may have been hacked (suspected breach), this should be reported to the HUD Help Desk at 1-888-297-8689. The HUD Help Desk call line is open to receive calls from HUD users 24 hours a day, 365 days a year.

**NOTE:** Upon discovery of a possible improper disclosure of EIV information or other security violations, Weston Associates Management Co., Inc. will document in writing providing details including who was involved, what was disclosed, how the disclosure occurred, and where and when it occurred. PPMG Apartment Communities will continue to annotate all improper disclosure of EIV information. All improper disclosure will be reported to the Properties Regional Manager.

## EIV COORDINATOR/USERS

Coordinators must obtain an owner authorization letter.

The following documents must be on-site and available for review for each Coordinator and User:

1. EIV owner approval letter (s)
2. EIV Coordinator Access Authorization (CAAF) forms
3. EIV User Access Authorization (UAAF) forms
4. Rules of Behavior for individuals without access to EIV
5. ISS Security Awareness Training Certificate (Annual)



## TOOLS AND RESOURCES

Mf\_eiv\_comments@ hud.gov mailbox

EIV Multifamily Help Desk Telephone: 1-800-767-7588 Email:

Mf Eiv@hud.gov

- Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs: Implementation of the Enterprise Income Verification System - Amendments; Final Rule  
<http://edocket.access.gpo.gov/2009/pdf/E9-30720.pdf>
- Multifamily Housing EIV Website: <http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm>
- Enterprise Income Verification System User Manual for Multifamily Housing Program Users:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/usermanual.pdf>
- EIV Multifamily Housing Programs Security Administration Manual:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/securityadminmanual.pdf>
- Rental Housing Integrity Improvement Project (RHIIP) website:  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/rhiip/mfhrhiip](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/rhiip/mfhrhiip)
- "Resolving Income Discrepancies Between Enterprise Income Verification (EIV) System Data and Tenant Provided Income Information"  
<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/resincdisc.pdf>
- Handbook 4350.3 REV-1, Occupancy Requirements of Subsidized Multifamily Housing Programs  
<http://www.hud.gov/offices/adm/hudclips/handbooks/hsg/4350.3/index.cfm>
- EIV Instructional Webcasts :  
<http://portal.hud.gov/portal/page/portal/HUD/webcasts/archives/multifamily>
- EIV Training conducted on December 16 and December 17, 2008, and December 2009; PowerPoint presentation A Guide to Interviewing for Owners of HUD Subsidized Multifamily Housing Programs:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/casestudy/app4.pdf>
- HUD Notice H 2010-02 EIV & You Brochure - Requirements for Distribution and Use  
<http://portal.hud.gov/portal/page/portal/HUD/programoffices/administration/hudclips/notices/hsg/files/10-02hsgn.doc>
- EIV & You Brochure: <http://www.hud.gov/offices/hsg/mfh/rhiip/eivbrochure.pdf>
- Rent and Income Determination Quality Control Monitoring Guide for Multifamily Housing Programs:  
<http://www.hud.gov/offices/hsg/mfh/rhiip/qcguide.pdf>

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#### Attachments

1. Failed EIV Pre-screening Report Error Messages
  2. Failed Verification Report (Failed the SSA Identity Test) Error Messages
  3. NDNH Data Elements
  4. Income Discrepancy Report
  5. Using EIV Data Flow Chart
  6. EIV Reports Chart
  7. EIV Income Report Component Information
  8. MOR Findings for EIV Compliance
  9. Assessing the Five Percent Decrease in Voucher Payment
  10. Sample Tenant Consent to Disclose EIV Income Information
  11. Tenant Selection Plan
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## FAILED EIV PRE-SCREENING REPORT ERROR MESSAGES

	Error Message Description	Explanation	Corrective Action
1	Failed DOB check.	The date of birth is blank or null in line 42 of form HUD-50059.	Enter DOB on line 42 of form HUD-50059. Ensure only numbers are recorded.
2	Failed last name check.	The last name is blank or null in line 35 of form HUD50059.	Enter last name on line 35 of form HUD50059. Ensure only alpha characters are recorded.
3	Failed SSN check.	The SSN is not numeric or all 9s or LIKE (000%) or LIKE (_00%) or LIKE (%0000).	<p>Enter valid SSN on line 45 of form HUD50059. Do not use repetitive numbers if tenant has not disclosed a SSN. An alternate ID will be generated by TRACS for household members without a SSN.</p> <p>01A must follow up with those households with members with a TRACS generated ID to obtain documentation of the member's SSN, if applicable.</p> <p>Tenants exempt from the SSN requirements will continue to have a TRACS generated ID in the SSN field on form HUD-50059.</p> <p><b>Exempt from SSN requirement:</b> Individuals who do not contend eligible immigration status, and Tenants who were 62 years of age or older on January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.</p>
4	Failed effective date check	The effective date of action is more than 15 months old.	Transmit a current recertification to TRACS

## FAILED VERIFICATION REPORT (FAILED THE SSA IDENTITY TEST) ERROR MESSAGES

Error Message Description	Explanation	Corrective Action
<b>1</b> Verification failed - SSN not found in SSA's records  OR SSN is not in file  OR The input SSN was not verified	The tenant's SSN recorded on line 45 of form HUD-50059 is not a valid number issued by SSA or listed in SSA records.	Request original SSN card from tenant or other acceptable form of documentation for verification of SSN. Confirm SSN displayed on the card/verification document matches the SSN reported on line 45 of form HUD50059. For continued SSN failures, notify HUD OIG or other law enforcement agency.
<p><b>NOTE:</b> Encourage the tenant to contact the SSA to correct any inaccurate data in their databases if the personal identifiers on the form HUD-50059 and in TRACS are accurate. If SSA records are wrong, only the tenant can request SSA to correct his/her record by completing and submitting form SS-5, Application for a Social Security Card</p>		
<b>2</b> Verification failed - SSN not found in SSA records XXXXXXXXXX	Tenant SSN recorded on line 45 of form HUI)-50059 is not a valid number issued by SSA. However, the SSN reflected in SSA records is listed at the end of the error message.	Update line 45 of form HUD- 50059 with the SSA provided SSN.
<b>3</b> Verification failed - Surname matched, but DOB did not match	The DOB recorded on line 42 of form HUD-50059 is not the same DOB reflected in SSA's records.	Ask tenant to provide documentation (i.e. birth certificate or state issued identification card) to verify DOB.  Update line 42 of form HUD-50059 with the SSA provided DOB.
<b>4</b> Verification failed - DOB matched but surname did not match with SSA records  OR Surname does not match; DOB was checked	The surname recorded on line 35 of form HUD-50059 is not the same surname reflected in SSA's records.	Ask tenant to provide documentation (i.e. SSN card, birth certificate, state issued identification card, marriage license or court documents) of the other name he/she is using. Update line 35 of form HUD- 50059 with the correct surname.



<b>5</b>	Verification failed - SS/SSI benefits cannot be disclosed due to discrepancy in DOB MM/DD/YYYY	Tenant is receiving SS/SSI benefits; however, SSA cannot disclose the benefit amount because the DOB recorded on line 42 of form HUD-50059 is incorrect. The DOB reflected in SSA's records is listed at the end of the error message.	Request the tenant provide a current SS/SSI benefit letter.  Request tenant provide documentation (i.e. bi11h certificate or state issued identification card) to verify DOB. Update line 42 of form HUD- 50059 with the SSA provided DOB, if applicable.
<b>6</b>	Verification failed - SS/SSI benefits cannot be disclosed due to discrepancy in name.	Tenant is receiving SS/SSI benefits; however, SSA cannot disclose the benefit amount because the surname recorded on line 35 of form HUD-50059 is not the same surname reflected in SSA records.	Request tenant provide a current SS/SSI benefit letter. Ask tenant to provide documentation (i.e. SSN card, birth certificate, state issued identification card, marriage license or court documents) of the other name he/she is using. Update line 35 of form HUD- 50059 with the correct surname.
<b>7</b>	Verification failed - surname matched but DOB did not match with SSA records MM/DD/YYYY	The DOB recorded on line 42 of form HUD-50059 is incorrect. However, the DOB reflected in SSA records is listed at the end of the error message.	Update line 42 of form HUD- 50059 with the SSA provided DOB.
<b>8</b>	SSN is verified; individual is deceased  OR SSN is verified; individual is deceased MM/DD/YYYY	The tenant's SSN has been verified by SSA and the individual is deceased. If a date follows the error message, this is the date of death as reflected in SSA records.	Contact tenant's adult family member, next of kin or contact person/entity provided by tenant on form HUD-92006. Upon confirmation of death, update family composition on form HUD-50059, or a single member household, take appropriate action to terminate tenancy in accordance with program instructions and transmit the move-out form HUD-50059-A to TRACS. If applicable, return any overpayment of assistance.

## NATIONAL DIRECTORY OF NEW HIRES (NDNH) DATA ELEMENTS

The following data elements are requested by HUD from the NDNH database. The following provides information on those data elements that are optional for employers to provide to the various states. All of these data elements may not be elements normally displayed in the EIV system. For those data elements that are displayed in the EIV system, information may not be made available because the employer is not required to report the data to the state, therefore, no information is available in the NDNH database.

### Quarterly Wage File

Employee SSN
Employee Name
Employer Name Employer Address
Quarterly employee wage amount
Date quarterly wage record processed by NDNH
Federal Employee Identification Number (EIN) (optional for an employer to report)
State EIN (optional for an employer to report)
Department of Defense indicator, if any

### New Hire File

Employee SSN
Employee Last Name
Employee First Name
Employee Address (optional for an employer to report)
Employer Name
Employer Address
Employee Date of Hire (optional for an employer to report)
Employee State of Hire (optional for an employer to report)
Employer Federal EIN (optional for an employer to report)
Employer State EIN (optional for an employer to report)
Employer's Second Address, if any (optional for an employer to report)
Department of Defense indicator, if any
Date New Hire Record processed by NDNH

### Unemployment Insurance File

Claimant SSN
Claimant Last Name
Claimant First Name
Claimant's Address (optional for an employer to report)
Benefit Amount
Unemployment reporting period

## INCOME DISCREPANCY REPORT

The Income Discrepancy Report compares the tenant's projected next year's income as reported in TRACS to the actual income data compiled by the EIV system. The O/A is not expected to reconcile dollar amounts to the penny when resolving discrepancies.

### **1. Identifying the Period of Income (POI) for Discrepancy Analysis**

The period of income provides the timeline reference governing the collection of the data used to determine whether or not a discrepancy exists between projected household income (as reported in TRACS) and actual income (EIV income data that was available at the time the projection was made). This period of income is determined in order to gather the actual income data needed to make a comparison to the projected income and determine whether a discrepancy exists.

The period of income uses the following timeline of events to assist in determining the specific time span that is taken into consideration when collecting and calculating income data.

- a) *Effective Date of Action* - This value represents the effective date appearing on the form HUD- 50059 reported in TRACS for the identified tenant. It is used to calculate the Period of Income Start and End Date values selected for the Period of Income for Discrepancy Analysis.
- b) *Period of Income Start Date* - This date represents the starting point for the income period. It is calculated by the EIV system based on the effective date associated with the form HUD-50059 reported in TRACS for the tenant. It is assumed that the Period of Income Start date is 15 months prior to the effective date on the form HUD-50059 reported in TRACS.
- c) *Period of Income End Date* -This date represents the end of the period of income and is assumed to be 3 months prior to the effective date on the form HUD-50059 reported in TRACS. (This is the approximate time frame for the tenant interview.) The Period of Income End Date is 12 months from the Period of Income Start Date.

### **2. Identifying Projected Income**

Projected income information is used as the baseline for discrepancy calculations. It is derived from the form HUD-50059 records stored in the TRACS database. The income projected information is used to determine whether or not a given household should have an Income Discrepancy Report. The determination is made using the following evaluation criteria.

- a) Selected form HUD-50059 records will come directly from the current TRACS database. There is no need to access the TRACS database to obtain projected household income information.
- b) The EIV system will review the current TRACS database to locate the most current form HUD-50059 record for a household that falls in the timeline of 3 to 15 months prior to the Effective Date of Action. The most recent record falling within that timeline is used as the source for projected income information.
- c) Form HUD-50059 records in TRACS with an effective date that falls within the specified 3 to 15 months timeline, and includes an action type of MI, AR, IR or IC is included in the Income Discrepancy Report calculations.

Action Types Included in the Income Discrepancy Report Calculations		Definition
<b>MI</b>		Move In
<b>AR</b>		Annual Recertification
<b>IR</b>		Interim Recertification
<b>IC</b>		Initial Recertification

- d) Data from households that lack SSA verification or that fails the SSA verification will not be included in the calculations.
- e) If a form HUD-50059 record in TRACS does not meet the qualification criteria, the household is excluded from the Income Discrepancy Report.

### **3. Identifying the Actual Income Reported during the Period of Income**

Actual income information is used to evaluate the accuracy of an income projection. It is compared to the projected income value stored on the form HUD-50059 in TRACS associated with the household. These values are:

Income Code	Type of Income
<b>B</b>	Business
<b>F</b>	Federal Wage
<b>M</b>	Military Pay
<b>W</b>	Nonfederal Wage
<b>U</b>	Unemployment
<b>SS</b>	Social Security
<b>SSI</b>	Supplemental Security Income

**NOTE:** Other income the household receives, welfare benefits, most pensions, child support, etc., may be reported in annual income in TRACS but it is not used for the discrepancy analysis in the EIV system.

EIV income information is not considered to be conclusive proof if a tenant challenges that it is not current or complete. One factor is time lag in the collection of SSA and NDNH data. In such cases, the employment information, including the "new hires" information will help the O/A research the tenant's income.

### **4. Prorating Actual Income**

When the period of income includes a Period of Income Start Date that coincides with income reporting quarters, the income is simply added for those quarters. In those cases where an income record overlaps the start or end of the period of consideration the income is prorated based on the following calculation.

First Quarter income = (quarter income value/period of time) x length of time in period. For example, if the income is within the period of consideration for 2 or 3 months, the calculation would be (quarter income value/3 months) x 2 months.

Sum the quarter income that occurs within the period of consideration. This should equal 3 quarters of data. Add the final quarter of income data. Quarter income = (quarter income value/period of time) x (length of time considered).

## **5. Calculating Income Discrepancies**

Once projected and actual income data has been captured, the discrepancy evaluation process begins. The EIV system conducts two separate evaluations during the Income Discrepancy Report generation process. The outcome determines whether or not the results should be included in the Income Discrepancy Report.

Income discrepancies are calculated in the following manner:

*Discrepancy 1* - Entire period of consideration versus income projected is calculated as follows:

(Projected Annual Wages and Benefits from form HUD-50059 data in TRACS) - (Reported Annual Wages and Benefits as derived from EN data.)

*Discrepancy 2* - Last quarter of period of consideration annualized against projection is calculated as follows:

- Actual EN Income = final quarter income data (prorated as first and final quarter income in calculating total income for period of income against projection) x 4 quarters.
- Projected Annual Wages and Benefits from form HUD-50059 data in TRACS - Actual EN Income

## **6. Discrepancy Analysis**

Once the income discrepancy calculations are completed, the EN system analyzes the results to determine whether an Income Discrepancy Report should be generated. The analysis compares the results to a predefined EIV system value - Discrepancy Cutoff.

The Discrepancy Cutoff variable establishes the monetary value that the calculated discrepancy must exceed in order for the household to be included on the Income Discrepancy Report. By default, this value is set to \$2,400. This means that the discrepancy between the actual annual income value and the projected income must be at least \$2,400 or greater in order for a discrepancy report to be generated. (The \$2,400 is based on the requirement that tenants must report to the O/A when the family's income cumulatively increases by \$200 or more per month - see Paragraph 7-10.A and the HUD Model Leases in Appendix 4 of Handbook 4350.3 REV-1.)

For example, if the projected income for a household was \$10,000 but the actual income was \$14,000, the difference of \$4,000 is greater than the established cutoff value of \$2,400, qualifying it to appear on the report. Conversely, if the projected income for a household was \$10,000 but the actual income was \$12,000, the difference of \$2,000 is less than that of the established cutoff value of \$2,400, disqualifying it from appearing on the report.

The Discrepancy Analysis section of the Income Discrepancy Report provides results of the income analysis process. It provides actual and annualized last quarter data. There is a column for each type of data - Actual and Annualized Last Quarter Data.

Reported Annual Wages and Benefits from EIV Data - This field identifies the actual income reported to the EIV system for the designated period of Income for Discrepancy Analysis.

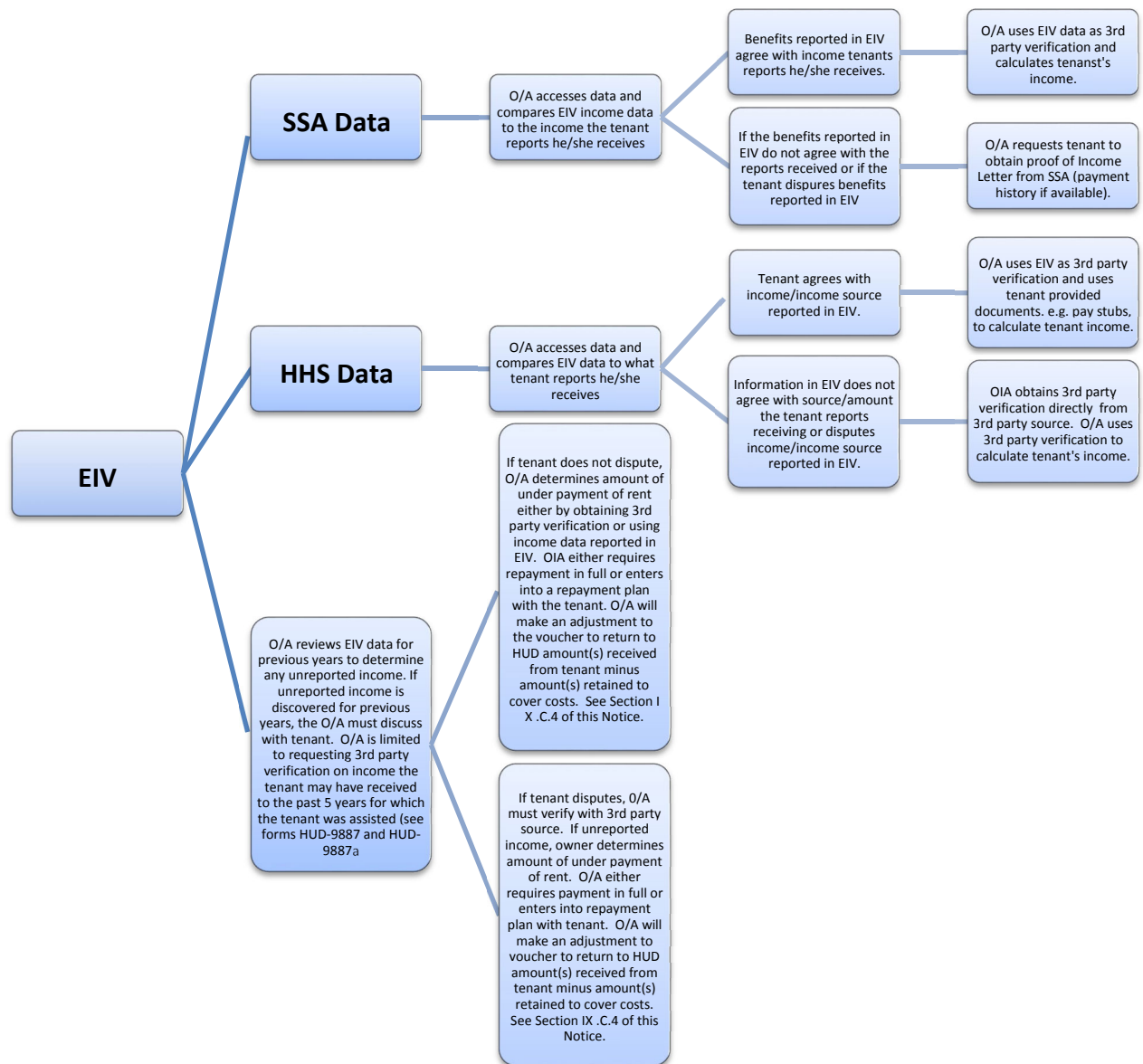
Amount of Annual Income Discrepancy - This field identifies the value of the discrepancy in the annual income that caused the household to be included in the report data. Negative currency values are represented in parentheses. For example, -\$800 is represented as (\$800). When this value caused the household to be included on the report, it appears in a bold typeface.

Amount of Monthly Income Discrepancy - This field identifies the value of the discrepancy in the monthly income that caused the household to be included in the report data. Negative currency values are represented in parentheses. For example, -\$800 is represented as (\$800). When this value causes the household to be included on the report, it appears in a bold typeface.

Percentage of Income Discrepancy - This field identifies the percentage by which the threshold cutoff value has been exceeded for this household. Negative percentage values are represented in parentheses. For example, -75% is represented as (75%).

## **7. Report Generation**

The Income Discrepancy Report data gathering and calculations are computed automatically on a weekly basis. The data is collected, analyzed, and stored in the EIV system database according to the previously specified criteria. The obsolete data set is overwritten with the current data. Users relying on data from a particular Income Discrepancy Report are advised to print that report before it is overwritten.



## EIV REPORTS CHART

REPORT	UPDATE*		REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP	P&P			
<b>SUMMARY REPORT</b>  Summary of household information from the current, active certification in the TRACS file at the time of the income match.  Provides Identity Verification Status by identifying tenants whose personal identifiers: <ul style="list-style-type: none"> <li>○ Match the SSA database "Verified "</li> <li>○ Does not match the SSA database "Failed"</li> <li>○ Have not been sent by HUD to SSA for validation or have not yet been matched by SSA for validation "Not Verified "</li> <li>○ SSA's records indicate the person is deceased "Deceased"</li> </ul>	✓		Must be used at recertification (annual and interim)  To validate a tenant's SSN <ul style="list-style-type: none"> <li>○ To review and resolved discrepant or invalid personal identifiers of tenants with a "failed" or "deceased " status</li> </ul> NOTE: Nothing has to be done at the time of recertification with those tenants with an Identity Verification Status of "Not Verified". However, the Failed SSA Identity Test report must be checked monthly as a change in the Identity Verification Status may occur.	Summary Report(s) as verification of the SSN for all household members whose Identity Verification Status is "Verified".  Correspondence or documentation received to resolve a tenants "Failed " or "Deceased "status.  Documentation for household members identified as exempt from disclosing and providing verification of a SSN: <ul style="list-style-type: none"> <li>○ Tenants who were 62 years of age or older as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010; and Individuals who do not contend eligible immigration status</li> </ul>	Tenant file Summary Report and supporting documentation must be retained in the tenant's file for term of tenancy plus 3 years.  NOTE: O/As may remove and destroy copies of verification documentation received from the tenant to verify their SSN once the Identity Verification Status shows "Verified".  O/As are encouraged to minimize the number of tenant records that contain documents that display the full nine-digit SSN.
<b>See Section VII.A.I</b>				If the Summary Report in the tenant file shows an Identity Verification Status of "Verified" for all household members required to have a SSN, the Owner does not have to continue to print out the Summary Report at recertification unless there is a change in household composition or in a household member's identity verification status	

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P&P- Policies and Procedures



## INCOME REPORTS

**NOTE:** A CURRENT SIGNED (BY ALL ADULT MEMBERS OF THE HOUSEHOLD) FORM HUD-9887 **MUST** BE ON FILE TO VIEW AND/OR USE THE INCOME REPORTS. A CURRENT SIGNED (BY ALL ADULT MEMBERS OF THE HOUSEHOLD) FORM HUD-9887A **MUST** BE ON FILE TO OBTAIN WRITTEN 3<sup>RD</sup> PARTY VERIFICATION OF INCOME.

REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP P&P			
<b>INCOME REPORT</b> Provides employment and income reported by HHS and SSA for each household member that passes the SSA identity test.  Identifies tenants who : <ul style="list-style-type: none"> <li>May not have reported complete and accurate income information</li> <li>May be receiving multiple subsidies</li> </ul> <b>See Section VII.A.2</b>		Mandatory use at Recertification- Annual and Interim  May be used at other times as indicated in O/A's policies and procedures <ul style="list-style-type: none"> <li>Serves as 3<sup>rd</sup> party verification of employment and income</li> </ul> Income Admissions: <ul style="list-style-type: none"> <li>Review new admissions within 90 days after move-in information is transmitted to TRACS to confirm/validate the income reported by the household.</li> </ul> Resolve income discrepancies in reported income with the family within 30 days of the EIV Income Report date.	No Dispute of EIV Information: <ul style="list-style-type: none"> <li>EIV Income Report Current, acceptable tenant provided documents 3<sup>rd</sup> party verification from the source, if necessary</li> </ul> Disputed EIV Information: <ul style="list-style-type: none"> <li>EIV Income Report 3<sup>rd</sup> party verification from the source for the disputed information</li> </ul> Tenant reported income not verified through the EIV system: <ul style="list-style-type: none"> <li>EIV Income Report Current, acceptable tenant provided documents, and/or 3<sup>rd</sup> party verification from the source</li> </ul> Any correspondence with/from tenant relating to disputes of the employment or income reported in the EIV system	Retain copy of Income Report and supporting documentation with applicable form HUD-50059 for term of tenancy plus 3 years  NOTE: The O/A must make copies of any tenant provided documents and return the originals to the tenant.

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REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP P&P			
<b>INCOME DISCREPANCY REPORT</b>  Identifies households where there is a difference of \$2,400 or more in the wage, unemployment and SSA benefit information reported in the EIV system and wage, unemployment and SSA benefit information reported in TRACS for the period of income used for discrepancy analysis.  The report serves as a tool to alert O/As that there may be a discrepancy in the income reported by the tenant during the period of income used for the discrepancy analysis.  <u><b>See Section VII.A.3</b></u>	✓	Mandatory use at Recertification - Annual and Interim  Report may be used at other times as indicated in O/A's policies and procedures.  Must print the report at the same time the Income Report is printed.  Discrepancies must be reviewed and resolved at the time of recertification or within 30 days of the EIV Income Report date.  Review data in TRACS to make sure agrees with the form HUD- 50059 data. Correct any discrepant data in the TRACS database.	All correspondence to or from the tenant regarding the income discrepancy.  Documentation received to resolve the discrepancy, including written 3rd party verification of income, if applicable.  The file must be documented regardless of whether the O/A determines the discrepancy to be valid or invalid.  Corrected form HUD-50059(s), if applicable.  Repayment Agreement, if applicable.	Tenant file  Retain copy of Income Discrepancy Report and any documentation related to the resolution of the discrepancy, including any repayment agreements for term of tenancy plus 3 years.

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REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP   P&P			
<b>No INCOME REPORT</b> Identifies tenants who passed the SSA identity test, but no income was reported by HHS or SSA. This does not mean that the tenant does not have any income. O/A must obtain written third-party verification of any income reported by the tenant. Recommend "zero" income tenants be required to disclose, and O/A re-verify income quarterly. These are tenants who report no income at all. <b>See Section VII.A.4</b>	<div>✓</div>	As identified in O/A's policies and procedures. Interview tenants, asking the right questions to provide the tenant the opportunity to disclose any income.	Third party verification from income sources of other income reported by tenant, if applicable. Correspondence or documents received for re-verification of zero income tenants.	<b>Tenant file</b> Any documentation or third-party verifications for other income reported by the tenant for term of tenancy plus 3 years.

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REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP P&P			
<b>NEW HIRES REPORT</b> Identifies tenants who have new employment within the last 6 months. Report is updated monthly.  <b>See Section VII.A.5</b>	✓	Quarterly Contact tenant regarding new employment  Confirm new employment with tenant. Request tenant provided documents to support current income and/or third-party verification from employer, as applicable.  Process Interim Recertification to include new income, if applicable.	New Hires Report with notation of action(s) taken.  No Dispute of EIV Information: <ul style="list-style-type: none"> <li>○ EIV Income Report Current, acceptable tenant provided documents 3rd party verification from the source, if necessary.</li> </ul> Disputed EIV Information: <ul style="list-style-type: none"> <li>○ EIV Income Report 3<sup>rd</sup> party verification from the source for disputed information</li> </ul> Any correspondence with/from tenant relating to new employment and/or disputes of the employment or income reported in the EIV system.	<b>Master file</b> Retain New Hires Summary Report in a master "New Hires Report" files for 3 years.  <b>Tenant file</b> Retain New Hires Detail Report for the tenant along with any correspondence with tenant, third party verifications, form HUD-50059(s), etc., for tenancy plus 3 years.

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## VERIFICATION REPORTS

**NOTE: HUD-9887 IS NOT REQUIRED TO VIEW AND/OR USE VERIFICATIONS REPORTS.**

REPORT	UPDATE*		REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP	P&P			
<b>EXISTING TENANT SEARCH</b>  Identifies applicants who may be receiving assistance at another Multifamily or PIH location.  <b>See Section VII.B.2a</b>	✓		<p>At the time of processing an applicant for admission</p> <p>Search each applicant and applicant household member to see if receiving assistance at another location.</p> <p>Discuss with tenant circumstances relative to being assisted at another Multifamily or PIH property.</p> <p>Follow up with respective PHA or O/A to confirm the individual's program participation status before admission.</p> <p>Coordinate move-in and Move-out dates with PHA or O/A.</p>	<p>Search results for each member of the household.</p> <p>Results of any contact with applicant must be recorded on and/or with the search results for affected household member.</p> <p>Results of any contact with PHA, owner, management agent where applicant is reported as receiving assistance must be recorded on and/or with the search results for affected household member.</p>	<p><b>Application file</b></p> <p>If not admitted - retain search results and any supporting documentation with the application for 3 years.</p> <p><b>Tenant file</b></p> <p>If admitted - retain search results and any supporting documentation with the application for term of tenancy plus 3 years.</p>

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## VERIFICATION REPORTS

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REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP	P&P		
<b>MULTIPLE SUBSIDY REPORT</b>  Identifies tenants who may be receiving rental assistance at more than one location.  <b>See Section VII.B.2b</b>	✓	Quarterly  Must search both queries: <ul style="list-style-type: none"> <li>○ Search within MF</li> <li>○ Search within PIH</li> </ul> Provide tenant opportunity to explain any circumstances relative to his/her being assisted at another location.  Follow up with respective PHA or O/A, if necessary, to confirm tenant is being assisted at the other location.  Depending on the results, may need to take action to terminate the assistance or tenancy and repay subsidy to HUD.	Search results  Documentation supporting any contacts made or information obtained to determine if household and/or household member is receiving multiple subsidies.  Documentation to support any action taken if household and/or household member is receiving multiple subsidies.  NOTE: If a tenant's multiple subsidies were discussed and resolved at the time of recertification, this must be noted on the printed report and no further action is required.	<b>Master file</b>  Retain Multiple Subsidy Summary Report and supporting documentation in a master "Multiple Subsidy Report" file for 3 years.  <b>Tenant file</b>  Retain a copy of the Multiple Subsidy Detail Report for the tenant along with any documentation of action taken for a household member for term of tenancy plus 3 years.

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## VERIFICATION REPORTS

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REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP	P&P		
<p><b>FAILED EIV PRE-SCREENING REPORT</b></p> <p>Identifies tenants who have missing or invalid personal identifiers (last name, date of birth, SSN) in TRACS. These tenants will not be sent to SSA from the EIV system for the SSA identity test.</p> <p>Identifies tenants who need to disclose a SSN, e.g., replace TRACS generated id number.</p> <p><b>See Section VII.B.2.c.(1)</b></p>	✓	<p>Monthly</p> <p>Must search both queries:</p> <ul style="list-style-type: none"> <li>○ Search within MF</li> <li>○ Search within PIH</li> </ul> <p>Provide tenant opportunity to explain any circumstances relative to his/her being assisted at another location.</p> <p>Follow up with respective PHA or O/A, if necessary, to confirm tenant is being assisted at the other location.</p> <p>Depending on the results, may need to take action to terminate the assistance or tenancy and repay subsidy to HUD. Monthly</p> <p>Follow up with tenants identified on the report where discrepant personal identifiers were not corrected at the time of recertification.</p> <p>Check accuracy of data entry, e.g., numbers not transposed in SSN.</p> <p>Contact tenant and confirm to verify discrepant personal identifiers</p> <p>Correct TRACS data within 30 days of the date of the report.</p>	<p>Failed EIV Pre-screening Report documented with action taken to resolve invalid or discrepant personal identifiers.</p> <p>NOTE: This report will include those persons who are exempt from the SSN disclosure and verification requirements. In these instances, the O/A will note on the copy of the report retained in the "Failed EIV Pre-Screening Report" master file that tenant(s) is exempt from SSN requirements.</p> <p>NOTE: If a tenant's information was corrected at the time of recertification but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.</p>	<p><b>Master file</b></p> <p>Retain copy of report in a master "Failed EIV Pre screening Report" file for 3 years.</p> <p><b>Tenant file</b></p> <p>Documentation to verify discrepant personal identifiers for term of tenancy plus 3 years.</p>

## VERIFICATION REPORTS

**NOTE: HUD-9887 IS NOT REQUIRED TO VIEW AND/OR USE VERIFICATIONS REPORTS.**

REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP P&P			
<b>FAILED VERIFICATION REPORT (FAILED SSA IDENTITY TEST)</b>  Identifies tenants whose personal identifiers (last name, date of birth, SSN) do not match the SSA database.  <b>See Section VII.B.2.c.(1)</b>	✓	Monthly  Follow up with tenants identified on the report where discrepant personal identifiers were not corrected at the time of recertification.  Check accuracy of data entry, e.g., numbers not transposed in SSN.  Contact tenant and confirm to verify discrepant personal identifiers.  Correct TRACS data within 30 days of the date of the report	Failed Verification Report (Failed SSA Identity Test) report documented with action taken to resolve invalid or discrepant personal identifiers  NOTE: If a tenant's information was corrected at the time of recertification but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.	<b>Master file</b>  Retain copy of report in a master "Failed EIV SSA Identity Test" file for 3 years.  <b>Tenant file</b>  Documentation to verify discrepant personal identifiers for term of tenancy plus 3 years.

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## VERIFICATION REPORTS

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REPORT	UPDATE*	REPORT USE	FILE DOCUMENTATION	RETENTION
	TSP P&P			
<b>DECEASED TENANTS REPORT</b>  Identifies tenants reported by SSA as being deceased.  <b>See Section VII.B.2.d</b>	✓	Quarterly  Confirm in writing with head of household, next of kin, contact person or entity provided by the tenant to determine whether or not the person is deceased.  If deceased within 30 days from date of report: <ul style="list-style-type: none"> <li>Update family composition, and, if applicable, income and allowance, on the form HUD-50059.</li> <li>See Paragraph 713D of Handbook 4350.3 REV-3 change 4 for effective date.</li> <li>Single member of a household, process move-out using Form HUD- 50059-A.</li> <li>Effective date retroactive to earlier of 14 days after date of death or date unit vacated.</li> </ul> NOTE: Overpayment of subsidy must be returned to HUD.  Any discrepant data in TRACS must be updated within 30 days from the date of the report.  Encourage tenant to contact SSA if SSA's data is incorrect	Deceased Tenants Report  Documentation obtained to resolve discrepancy.  Form HUD-50059 with change of family composition.  Form HUD-50059-A for move out.  NOTE: If action was taken to remove the deceased tenant from the household or to terminate tenancy of a deceased single member of a household at the time of recertification but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.	<b>Master file</b>  Retain copy of report in a master "Deceased Tenants Report" file for 3 years. <b>Tenant file</b>  Form HUD-50059 and/or Form HUD50059-A plus any other documentation received for a particular tenant must be retained for term of tenancy plus 3 years.

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## EIV INCOME COMPONENT INFORMATION

- 
- |  |
|--|
|  |
|--|
- 
- 1) TRACS certification information
  - 2) Personal Identifiers: name, date of birth and SSN
  - 3) Employment information
    - a) New Hire Information (W-4)
      - i) Date of hire ii) Employer name
    - b) Employer name, address and employer identification number (current and past employers) c) Quarterly earnings
  - 4) Quarterly unemployment compensation
  - 5) Social Security benefit information
  - 6) Social Security benefits (SS)
    - a) Payment status code
    - b) Date of current entitlement
    - c) Current net monthly benefit amount (if payable)
    - d) Gross monthly benefit history (last 8 changes in benefit amount)
    - e) Lump sum payment amount and date
    - f) Payee name and address
  - 7) Dual Entitlement (Social Security benefits under another person's SSN)
  - 8) Supplemental Security Income (SSI)
    - a) Payment status code
    - b) Alien indicator
    - c) Current net monthly benefit amount
    - d) Current monthly state supplement benefit amount
    - e) Gross monthly benefit history (last 8 changes in benefit amount)
    - f) Payee name and address
  - 9) Medicare data
    - a) Payee name and address
    - b) Monthly hospital insurance premium amount, buy-in status and buy-in start and end dates
    - c) Monthly supplemental medical insurance premium amount, buy-in status and buy-in start and end dates
  - 10) Disability status and onset date
- 

All EIV Income Reports contain the date the report was generated and by whom and the date the EIV system received each type of information.



## RESIDENT CONSENT TO DISCLOSE EIV INCOME INFORMATION

Property Name/Address: \_\_\_\_\_  
Name Address Unit #

Please list all members authorizing release as well as the authorized third parties involved.

Name of Tenant Authorizing Release	Name of Authorized Third Party to View Information
_____	1. _____
_____	2. _____
_____	3. _____
_____	4. _____
_____	5. _____
_____	6. _____
_____	7. _____

**A. Third party to view and/or discuss information for the sole purpose of recertification assistance is an:**

Authorized 3 <sup>rd</sup> . Party	Authorized 3 <sup>rd</sup> . Party
1. 2. 3. 4. 5. 6. 7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. 2. 3. 4. 5. 6. 7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adult Household Member	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Translator / Interpreter
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Guardian	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Temporarily Absent Family Member
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Individual Assisting Elderly Individual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Service Coordinator
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> or Person with a Disability	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Individual (Include Relationship):	

**B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:**

Authorized 3 <sup>rd</sup> . Party	Authorized 3 <sup>rd</sup> . Party
1. 2. 3. 4. 5. 6. 7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. 2. 3. 4. 5. 6. 7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EIV Income Report	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EIV Income Discrepancy Report
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EIV New Hires Report	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EIV No Income Report
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other EIV Information:	

### C. Penalties for Misuse of Information:

The following federal law prohibits the misuse of the information viewed or discussed to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

“(W)hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully – (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.” 18 U. S. C. 1001.

“Any officer or employee of an agency, who by virtue of his employment of official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fines not more than \$5,000.” 5 U. S. C. 552a (i).

“The Secretary (of Health and Human Services) shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (i) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph.”

Federal law also provides penalties for misusing Social Security numbers. 42 U. S. C. 408 (a) (6), (7) and (8).

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.

### D. Certifications:

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, re-disclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

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*Signature of Tenant Authorizing Release*

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*Printed Name of Tenant Authorizing Release*

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*Date*

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*Signature of Tenant Authorizing Release*

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*Printed Name of Tenant Authorizing Release*

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*Printed Name of Tenant Authorizing Release*

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*Date*

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*Signature of Tenant Authorizing Release*

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*Printed Name of Tenant Authorizing Release*

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*Date*

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above-named individual for the sole purpose of assisting the tenant on the recertification of his/her subsidy. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, re-disclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

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*Signature of Authorized Third Party*

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*Printed Name of Authorized Third Party*

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*Date*

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*Signature of Authorized Third Party*

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*Printed Name of Authorized Third Party*

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*Date*

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