



APPLICATION FOR LEASE OF APARTMENT

6/2021

EQUAL HOUSING OPPORTUNITY

Property Applying To (circle):

Clayton Court

Village Gardens

TEHC-Cary

TEHC-Kenly

TEHC-Smithfield

TEHC-Princeton

LEAVE NO SECTION BLANK. IF NOT APPLICABLE, PUT N/A.
APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE!

For Office Use Only

Date/Time Application Rcvd

_____/_____/____ AM PM

App Rcvd By: _____

APPLICANT INFORMATION

LAST NAME	FIRST	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME		ID CARD or DRIVERS LICENSE # / STATE ISSUED		ARE YOU A STUDENT? <input type="checkbox"/> Yes, Full-Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No	
PHONE NUMBER	ALTERNATE PHONE NUMBER		EMAIL ADDRESS		

CO-APPLICANT INFORMATION

LAST NAME	FIRST	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME		DRIVERS LICENSE # / STATE		ARE YOU A STUDENT? <input type="checkbox"/> Yes, Full-Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No	

CURRENT ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
HOW LONG AT THIS ADDRESS?	OWN OR RENT?	MONTHLY RENT/MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORDS NAME		LANDLORDS ADDRESS		LANDLORDS PHONE NUMBER	

PREVIOUS ADDRESS (Minimum 5-year rental history required, if current and previous total less than 5 years, you must provide additional references.)

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
HOW LONG AT THIS ADDRESS?	OWN OR RENT?	MONTHLY RENT/MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORDS NAME		LANDLORDS ADDRESS		LANDLORDS PHONE NUMBER	

AUTOMOBILES. This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking. Only 1 vehicle allowed per household.

MAKE	MODEL	YEAR	LICENSE NO. & STATE	FOR OFFICE USE ONLY CSS PARKING STICKER # ASSIGNED:
------	-------	------	---------------------	--



PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION



- **PLEASE ATTACH TO THIS APPLICATION COPIES OF:**
 - 1. BIRTH CERTIFICATE FOR ALL PERSONS IN HOUSEHOLD (recommended)**
 - 2. DRIVERS LICENSE OR PHOTO ID FOR ALL ADULTS IN HOUSEHOLD**
 - 3. PROOF OF SOCIAL SECURITY NUMBER FOR ALL HOUSEHOLD MEMBERS (if SS card not available, contact management for acceptable forms of verification)**
 - 4. INS LETTER FOR PERSONS APPLYING FOR TEMPORARY RESIDENT STATUS (if applicable).**
- **NO APPLICATIONS CAN BE ACCEPTED WITHOUT THE ABOVE DOCUMENTS or PROOF OF AGE.**

EQUAL HOUSING OPPORTUNITY

FOR STATISTICAL PURPOSES ONLY: THIS INFORMATION IS VOLUNTARY AND WILL NOT AFFECT TENANT SELECTION

	GENDER		RACE					ETHNICITY	
	Male	Female	American Indian/ Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	Not Hispanic or Latino
Applicant									
Co-Applicant									

HUD EQUAL HOUSING OPPORTUNITY: *The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and/or United States Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.*

USDA RD: The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that the apartment complex you are applying to may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet the Tenant Selection Criteria established for the property. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.

RURAL DEVELOPMENT PROPERTIES ONLY

"This institution is an equal opportunity provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Please return completed application to: TEHC / THDC / COASH

Attn: Housing Department

1363 W. Market Street

Smithfield, NC 27577

(919) 934-6066 phone * (919) 989-1838 fax * cassie@cssjohnston.org

TDD Phone number: (800) 735-2962

BACKGROUND INFORMATION. Circle Yes or No. You must explain any questions answered YES below.

Have you or any members of your household ever had your lease terminated or ever been evicted?	Yes	No
Are you or any members of your household currently receiving rental assistance?	Yes	No
Has rental assistance for you or any members of your household ever been terminated in a subsidized housing program?	Yes	No
Are you or any members of your household subject to a State Lifetime Sex Offender Registration?	Yes	No

HOUSEHOLD HISTORY. Please circle ALL STATES where you or any members of your household have lived.

ALABAMA	FLORIDA	LOUISIANA	NEBRASKA	OKLAHOMA	VERMONT
ALASKA	GEORGIA	MAINE	NEVADA	OREGON	VIRGINIA
ARIZONA	HAWAII	MARYLAND	NEW HAMPSHIRE	PENNSYLVANIA	WASHINGTON
ARKANSAS	IDAHO	MASSACHUSETTS	NEW JERSEY	RHODE ISLAND	WEST VIRGINIA
CALIFORNIA	ILLINOIS	MICHIGAN	NEW MEXICO	SOUTH CAROLINA	WISCONSIN
COLORADO	INDIANA	MINNESOTA	NEW YORK	SOUTH DAKOTA	WYOMING
CONNECTICUT	IOWA	MISSISSIPPI	NORTH CAROLINA	TENNESSEE	
DELAWARE	KANSAS	MISSOURI	NORTH DAKOTA	TEXAS	OTHER COUNTRY
DISTRICT OF COLUMBIA	KENTUCKY	MONTANA	OHIO	UTAH	

CRIMINAL HISTORY

Using the numbers below, indicate whether you or any member of your household have been arrested for or convicted of any crimes listed below:

- | | | |
|-----------------------------|------------------------------------|---------------------------------------|
| 1. HOMICIDE/MURDER | 4. THREATS OR HARASSMENT | 9. PUBLIC INTOX./DRUNK AND DISORDERLY |
| 2. RAPE OR CHILD MOLESTING | 5. DESTRUCT. OF PROP./VANDALISM | 10. RECEIVING STOLEN GOODS |
| 3. BURGLARY/ROBBERY/LARCENY | 6. ASSAULT OR FIGHTING | 11. FRAUD |
| | 7. DRUG TRAFFICKING/USE/POSSESSION | 12. PROSTITUTION |
| | 8. CHILD ABUSE/DOMESTIC VIOLENCE | 13. DISORDERLY CONDUCT |

MEMBERS NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBERS NAME	CRIMES(S) #	STATUS/DISPOSITION

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Do you or any members of your household have a condition that requires:

- | | | |
|---|--|--|
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Physical Modifications to a Typical Apartment |
| <input type="checkbox"/> A Barrier-Free Apartment | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Unit for Physical-Impaired |
| <input type="checkbox"/> Any Other Accommodation | | |

If you checked any of the above listed categories of unites, please explain exactly what you need to accommodate your situation:

Who should be contacted to verify your need for the features you have identified above?

NAME	PHONE
ADDRESS	

FAMILY ASSISTANCE

What federal or local assistance do you receive now?	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Energy Assistance Payments	<input type="checkbox"/> Meals
	<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Other _____	<input type="checkbox"/> None

EMERGENCY CONTACT

NAME		ADDRESS	
RELATIONSHIP	PHONE #	ALTERNATE PHONE #	

INCOME LIST. Do you or any members of your household receive income from any of the following sources?

	APPLICANT YES / NO		CO-APPLICANT YES / NO		GROSS AMOUNT (before deductions)
Wages / Salaries					\$
Tips, fees, bonuses or commissions					\$
Overtime pay / Severance Pay					\$
Business / Self Employment					\$
Social Security / Disability / SSI					\$
Death Benefits					\$
Retirement Funds / Pensions					\$
Annuities or non-revocable trust					\$
Unemployment or Workers Compensation					\$
Military Pay					\$
Public Assistance / TANF					\$
Alimony and/or Child Support					\$
Income from Insurance Policies					\$
Income from rent or sale of property					\$
Periodic payments from lottery winnings					\$
Recurring monetary gifts or noncash contributions					\$
Student financial aid, educational grants/scholarships					\$
Other income:					\$

- Has any member of your household ever been convicted of a felony? Yes / No
- Do you have a social security number? Yes / No If no, answer 2a & 2b
 - Were you 62 or older on January 31, 2010? Yes / No
 - Was initial determination of eligibility for rental assistance started prior to 01/31/2010? Yes / No
- Did you or any household members file a tax return last year? Yes / No
- Are you and all members of your household a United States Citizen? Yes / No
- Do you have a pet? Yes / No If yes, name, age, breed, weight? _____
- I understand that pets are only allowed for qualified households and that approval must be given in writing prior to my obtaining a pet and that a \$300 pet deposit is required. Yes / No
- Have you ever rented from COA/CSS before? Yes / No If Yes, Where? _____
- Are you at least 62 years of age? Yes / No Date you desire possession of apartment? _____
- I understand that all apartments are 1 bedroom with a maximum occupancy of 2 people. No person other than the applicant and co-applicant listed on this application may live in this apartment. Yes / No
- I understand that all apartments are Tobacco Free and that tobacco use & Smoking is not allowed within 25 feet of any building. Yes / No
- Are you a student of Higher Education? Yes / No If yes, Full Time / Part Time
- Is applicant or co-applicant a US military veteran? Yes / No
- Are you seeking housing as the result of a Presidentially declared disaster? Yes / No
- How did you hear about this apartment? _____

ASSET LIST. Do you or any household members have any of the following assets?

	APPLICANT YES / NO		CO-APPLICANT YES / NO		CURRENT BALANCE OR CASH VALUE
SSA Direct Express Card					\$
Savings Accounts					\$
Checking Accounts					\$
Certificates of Deposit					\$
Money Market Funds					\$
IRA / Keogh Account					\$
Stocks/Bonds					\$
Treasury Bills					\$
Trusts					\$
If yes, is the trust irrevocable?					\$
Real Estate (Land, Homes, Property)					\$
Life Insurance Policies					\$
If yes, circle one - Whole, Universal or Term Life?					\$
Cash held in safety deposit boxes or home					\$
Assets held in another state or foreign country					\$
Personal Property Held as Investment					\$
Lump Sum Receipts such as					\$
Inheritance or Lottery Winnings					\$
Insurance Settlements					\$
Other:					\$
Other Assets:					\$

ASSET DETAILS. List all assets for all household members.

Bank Accounts				
FAMILY MEMBER NAME		NAME OF BANK		CURRENT BALANCE
Real Estate				
FAMILY MEMBER NAME		SOURCE/TYPE		VALUE
CURRENT MORTGAGE \$ BALANCE	MONTHLY MORTGAGE \$ PAYMENT	WHO HOLDS THE MORTGAGE	WHO PAYS THE MORTGAGE?	MONTHLY RENTAL INCOME?
Other Assets				
FAMILY MEMBER NAME		SOURCE/TYPE		VALUE
Have you or any household member disposed of any asset for less than fair market value within the last two years? YES NO If yes, Please list:				
TYPE OF ASSET	DATE OF DISPOSITION		AMOUNT RECEIVED	MARKET VALUE

CHILDCARE EXPENSES (For children under 13 years of age)

NAME OF CHILDCARE PROVIDER	ADDRESS OF CHILDCARE PROVIDER	CHILDCARE PROVIDER PHONE #
HOURS OF CARE	AMOUNT PAID \$ PER WEEK / MONTH	REIMBURSED BY AN OUTSIDE SOURCE? YES / NO

DISABLED HOUSEHOLDS

Persons who are disabled may qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please indicate: Yes / No

(Not applicable to properties with designated elderly status.)

If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Who should be contacted to certify your disability?

PHYSICIAN NAME

PHONE

ADDRESS

MEDICAL EXPENSE DEDUCTION

The following medical information applies **ONLY** to households whose applicant and/or co-applicant is elderly or disabled.

Do you have MediCARE? Yes / No	If yes, amount of monthly premium that you pay? \$
Do you have medical/hospital insurance? Yes / No	If yes, give name and address of company and amount of monthly premium that you pay:
Do you have outstanding medical bills on which you are paying? Yes / No	
Are you enrolled in a Medicare Part D drug plan? Yes / No Is premium deduction from your Social Security Benefit? Yes / No If yes, How much is premium? \$	Do you have MediCAID? Yes / No
If you are enrolled in a Medicare Part D prescription drug plan, give company's name and address and monthly premium amount that you pay:	

Please list below any medical expenses you anticipate paying during the next 12 months:

Family Member Name	Names of Doctors Dentist, Pharmacy, etc.	Estimated Expense	Month or Year

SIGNATURES

The application must be signed by all adult members in the household. Applicant(s) hereby certify that the information provided in this application is true, correct and complete and that all income and assets of the household are listed. Applicant(s) understand and agree that the owner is required to verify this information and agrees to sign all authorizations for release of information needed to verify the information provided.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE ATTACHED FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE.)

SIGNATURE: _____ (APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) 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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

December 2005



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

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



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

The Social Security Administration:

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

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

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

What is the information in EIV used for?

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

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

- correctly reported your income

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

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

Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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

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



What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

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



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

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

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



JULY 2009



Community and Senior Services of Johnston County

HOUSING PROPERTIES

1363 West Market Street, Smithfield, NC 27577
(919) 934-6066 www.cssjohnston.org



TTY: Speech & Hearing Impaired: (800) 735-2962

Cary Central Elderly Housing

122 S. Harrison Ave
Cary, NC 27511

1



Clayton Court I Apartments

600 N. O'Neal Street
Clayton, NC 27520

2



Clayton Court 2 Apartments

600 N. O'Neal Street
Clayton, NC 27520

3



Village Gardens Elderly Housing

303 Dairy Road
Clayton, NC 27520

4



Princeton Elderly Housing

410 W. 3rd Street
Princeton, NC 27569

5



College Court Elderly Housing

203 N. College Ave
Kenly, NC 27542

6



Smithfield Elderly Housing

506, 516 & 604 Caswell Street
Smithfield, NC 27577

7





HOUSING

Information & Qualifications



Office: 1363 W. Market St.
Smithfield, NC 27577

(919) 934-6066

Speech / Hearing Impaired:
(800) 735-2962

This institution is an equal opportunity
provider and employer.

Clayton Court Phase II Apartments:

Triangle Elderly Housing – Cary:

Applicants must be 62 years of age with limited occupancy for disabled applicants under 62 that require the features of the accessible unit. Income limits apply and applicants must be at or below 50% of the Johnston County Median Income. Water, trash removal and septic included. Rent is 30% of Adjusted Gross Income (AGI) plus electricity.

Triangle Elderly Housing – Kenly:

Triangle Elderly Housing – Princeton:

Triangle Elderly Housing – Smithfield:

Applicants must be 62 years of age with limited occupancy for disabled applicants under 62 that require the features of the accessible unit. Income limits apply and applicants must be at or below 50% of the Johnston County Median Income. Water, trash removal and septic included. Rent is 30% of Adjusted Gross Income (AGI) plus electricity. Dining Center is on site.

Village Gardens:

Applicants must be 62 years of age. Income limits apply and Applicants must be at or below 50% of the Johnston County Median. Water, trash removal and septic included. Rent is 30% of Adjusted Gross Income (AGI) plus electricity. (Full time Center for Active Aging on site.)

Clayton Court Phase I Apartments:

Applicants must 62 OR Disabled. Income Limits apply and applicants must be at or below Moderate Adjusted Income Limits for Johnston County. Rent is 30% of Adjusted Gross Income (AGI) plus electricity. Water, trash removal and septic is included.



Rental application download at:
www.cssjohnston.org (select "Housing")

HOUSING

All Units:

- Maximum occupancy: two (2) people
- All units are non-smoking
- Onsite laundry facility
- Pets allowed with restrictions and additional deposit
- Maintenance-free environment
- Applicants must agree to a credit and criminal background check.

*There is no fee to apply. There may be a waiting list.
Call our Housing Department, 8:30 AM-2:00 PM,
Mon-Fri at 919-934-6066.*

Managing 7 Locations:

Triangle Elderly Housing - Cary
122 S. Harrison Ave
Cary, NC 27511

Clayton Court I Apartments
600 N. O'Neal Street
Clayton, NC 27520

Clayton Court II Apartments
600 N. O'Neal Street
Clayton, NC 27520

Village Gardens Elderly Housing
303 Dairy Road
Clayton, NC 27520

Triangle Elderly Housing - Princeton
410 W. 3rd Street
Princeton, NC 27569

Triangle Elderly Housing - Kenly
203 N. College Ave
Kenly, NC 27542

Triangle Elderly Housing - Smithfield
506, 516 & 604 Caswell Street
Smithfield, NC 27577

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