

BRAZOS VALLEY COUNCIL OF GOVERNMENTS (BVCOG)
HOUSING CHOICE VOUCHER PROGRAM
BRIEFING CERTIFICATION

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HCVP Overview

I understand that the housing of my selection will be inspected by a Housing Choice Voucher Program staff person and must meet certain standards to be eligible for rental assistance payments. Such things as equal opportunity, landlord-tenant relationships, moving costs, and related items have also been discussed with me.

I further understand that I am required under the rules and regulations of the Housing Choice Voucher Program to immediately notify the Brazos Valley Council of Governments of any changes in the family income, family composition, childcare expenses or exceptional medical expenses in accordance with HUD established schedules and criteria. Failure to report these items may be considered FRAUD and could result in a federal investigation and prosecution of a Federal crime.

I further understand that a social security number must be provided for anyone receiving assistance (everyone in the household, including children under the age of six).

I further understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the Federal government as to any matter within its jurisdiction.

I further understand that citizenship must be verified and housing assistance may be prorated based on United States citizenship status.

I have been briefed on the Housing Choice Voucher Program Rental Assistance Program on the above items and understand that I have a choice of selecting both the unit and the neighborhood.

Signature _____ Date _____

BVCOG OFFICIAL'S CERTIFICATION FOR TENANT'S FILE I CERTIFY THAT:

- 1) The information given to the Brazos Valley Council of Governments by the household of _____ on household composition, income, net family assets, allowances and deductions has been verified as required by Federal Law.
- 2) The family was eligible at admission.
- 3) The family has certified that it has given our agency accurate and complete information.

Housing Management Specialist

Date

Applying for HUD Housing Assistance?

Think About This... Is Fraud Worth It?

Recertifications

You must provide updated information at least once a year. The Housing Choice Voucher Program requires that you report any changes in income or family/household composition by completing the Interim Change Form and completing the appropriate verification form within 10 days of the change. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your family/household members own or any asset that was sold in the last 2 years for less than its full value.

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.

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).
 - Your rent payment to your landlord must not be more than the amount in your lease that we calculated at the time of your review.
- If you are now paying (or if your landlord asks for) any money in addition to this payment, please report this at once. We will determine if these extra payments are legal. Most of these payments are illegal and appropriate action will be taken against the landlords. We will review your case and get back to you shortly.

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 or you can write the Hotline at:



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

I certify that I have read and thoroughly understand everything this form states:

X _____	_____	_____
Signature Head of Household	Print Name	Date
X _____	_____	_____
Signature Spouse or other Adult	Print Name	Date
X _____	_____	_____
Signature of other Adult	Print Name	Date
X _____	_____	_____
Signature of other Adult	Print Name	Date

**BRAZOS VALLEY COUNCIL OF GOVERNMENTS
HOUSING CHOICE VOUCHER PROGRAM
APPLICANT / TENANT CERTIFICATION**

Giving True and Complete Information

I certify that all the information provided regarding household composition, income, family assets and items for allowances and deductions, are accurate and complete to the best of my knowledge. I will review the Family Report, Income, Deduction, Assets, and Allowance Summaries, whichever applies to me, and again certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing within 10 days _____ (Initial Here) any changes in income. These changes can include, but are not limited to any lump sum payments from child support payments of \$500.00 or more, financial gifts from friends or relatives, or lawsuit settlement payments. I also understand that I must also report any changes in the household size. Except for newborn and adopted children, additional family members CANNOT move into the unit until approved by BVCOG.

I understand that failing to report any changes in income or changes in household size may result in having to enter into a repayment agreement with the housing authority to recoup any financial discrepancies as a result of these changes. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing Assistance, and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance, while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination of housing assistance or termination of tenancy.

Interim Changes

I know that I am required to report any changes within 10 business days by completing a Request for Interim Change with BVCOG.. I understand that Income and IVT Reports will be used in interim reexaminations to identify any discrepancies between report income and income shown in the EIV system and as necessary to verify earned income, and to verify and calculate unemployment benefits, Social Security or SSI benefits . EIV will also be used to verify that families claiming Zero income are not receiving income from any of these sources.

Signature Head of Household

PRINT NAME

Date

Spouse

PRINT NAME

Date

Adult Member

PRINT NAME

Date

Adult Member

PRINT NAME

Date

FAMILY OBLIGATIONS CERTIFICATION

CFR 982.552 (B) THE BRAZOS VALLEY COUNCIL OF GOVERNMENTS (BVCOG) MAY DENY ASSISTANCE TO A FAMILY FOR REASONS INCLUDING:

- If any member of the family violates any family obligation.
- If any member of the family has ever been evicted from public housing.
- If a Housing Authority (HA) has ever terminated assistance under the Certificate or Voucher Program (Section 8) for any member of the family.
- If any member of the family commits fraud, bribery, or another corrupt or criminal act regarding any federal housing program.
- If the family currently owes rent or other amounts to the BVCOG or to another HA in connection with Section 8 or public housing programs.
- The family must not commit any serious or repeated violation of the lease. BVCOG will consider the following: written notice from owner to BVCOG and family of the serious/repeated lease violation; Violation can include non-payment of rent; failure to allow owner to make necessary repairs; or disturbing the quiet and peaceful enjoyment of the premises by others.
- If the family has not reimbursed any HA for amounts paid to an owner under a HAP contract or has not paid an owner any past due amounts while under a HAP contract for:
 1. Rent
 2. Damage to unit
 3. Other amounts owed by family under the lease including:
 - If the family breaches an agreement with a HA to pay amounts owed to the HA, or amounts paid to an owner by a HA.
 - If the family has engaged in or threatened abusive or violent behavior towards BVCOG personnel.

Note: The BVCOG may offer a family the opportunity for a repayment agreement. The BVCOG sets the terms of the agreement.

Denial for Previous Eviction from Assisted Housing (Notices PIH 96-27 and 97-29)

- Persons evicted from public housing, Indian Housing, Section 23, or any Section 8 program because of drug related criminal activity are ineligible for admission to Section 8 programs for a period beginning on the date of such evictions.

The BVCOG may waive the requirements if:

- The person demonstrates successful completion of a rehabilitation program approved by the BVCOG, or
- The person(s) who violated family obligations is no longer in the household.

Denial for Drug-Related or Violent Criminal Activity

- The BVCOG must deny or terminate assistance if it is determined that any Family member engages in violent or drug related criminal activity. Opportunity for an informal review or hearing may be provided.
- Drug-related criminal activities are defined as:
 - The illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance.
- Violent Criminal Activity
- Any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

I/We understand that any violations of the above responsibilities could result in denial or termination of our participation in the Section 8 Housing Choice Voucher Program.

Head of Household Signature Date

Other Adult family member (18 or older) Date

Other Adult family member (18 or older) Date

Other Adult family member (18 or older) Date



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

Authorization for Release of Information to Present and Potential Landlords

I hereby authorize the Brazos Valley Council of Governments' (BVCOG) Housing Choice Voucher Program (HCVP) to release both verbal and written information concerning my tenancy on the program to present and potential landlords regarding:

- 1) To release information on amounts owed, including the status of payments, to the BVCOG.
- 2) To furnish present and potential landlords:
 - a. The family's current address (as shown in BVCOG records)
 - b. The name and address, if known to the BVCOG, of the landlord at the family's current and prior address.

Head of Household Signature

Date

Other Adult Family Member (18 or older)

Date

Other Adult Family Member (18 or older)

Date

Other Adult Family Member (18 or older)

Date

[] New Admit: Initial Appointment Date: _____ AM PM
[] Port-in
[] Add new Family Member

CM Initials_____

Tenant#_____

CRIMINAL AND EIV CHECK ACKNOWLEDGMENT

Head of Household

I, the undersigned, have been notified and do understand that the Brazos Valley Council of Governments, as part of the applicant screening process for assisted housing is authorized by the Housing Opportunity Extension Act of 1996 to order criminal history reports on all family members 18 years of age or older from the Texas Department of Public Safety. I, the undersigned, understand that under HUD Form 9886, BVCOG will participate in computer matching programs with Enterprise Income Verification (EIV) in order to verify your eligibility and level of benefits.

I hereby certify that the Brazos Valley Council of Governments has reviewed with me the policies regarding criminal activity and computer matching programs and that I understand them.

I also understand that I have the right to dispute the accuracy of any information contained in the report. I may dispute information maintained by the Texas Department of Public Safety by sending a written notice to: Texas Department of Public Safety, P.O. Box 4087, Austin TX 78773-0001 Phone: 512-424-2000.

First Name		Middle Name:	Last Name
Sex	[] Male [] Female	Maiden Name	
Birth Date		Social Security Number	
Current Address			
City		State	Zip Code
Signature:			Signature Date

OFFICE USE ONLY			
Criminal Check:	[] Approved	[] Denied due to criminal report.	
EIV Check	[] Approved	[] Denied due to EIV report. [] Denied Duplicate Housing	
Signature:			Signature Date

DOC:

EOP:

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name: Brazos Valley Council of Governments (BVCOG)

Authorized User: Harold Womble

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	☒ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☒ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☒ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)

Brazos Valley Council of Governments
Housing Choice Voucher Program
Family Self Sufficiency Program



“Bridging the Gap to Success”

WHAT IS FSS?

HIGH SCHOOL DIPLOMA/GED HIGHER EDUCATION
JOB TRAINING JOBS/BETTER JOBS
COUNSELING SUPPORT GROUPS

HOUSING ASSISTANCE WHILE ON THE PROGRAM
FINANCIAL COACHING AND CREDIT COUNSELING
ESCROW/SAVINGS ACCOUNT HOME OWNERSHIP

What is the Family Self-Sufficiency (FSS) Program?

The FSS Program helps families with Housing Choice Vouchers take the necessary steps to find and maintain stable employment and establish savings accounts that will lead to self-sufficiency. It is an opportunity to invest in your future—whether you want to finish school, find a better job, or secure the childcare and transportation you need to stay employed.

What are the requirements?

If you choose to participate, it is a voluntary program. You will sign a five-year contract and develop a personal plan for becoming self-sufficient. After signing the contract, it is up to you to work toward your goals, with the support of your FSS Specialist and FSS Coordinator.

Are you eligible for FSS?

If you currently have a Housing Choice Voucher from the BVCOG HCVP, are able to work, and want to become self-sufficient, you may be eligible.

What is an escrow account?

The BVCOG Housing Choice Voucher Program establishes an interest-bearing escrow (savings) account for each FSS participant. As you work toward your goals and your earned income increases, BVCOG HCVP make contributions to your account. Your family’s annual income, earned income, and rent when you begin the program will be used to determine the amount credited to your FSS escrow account because of increases in earned income. If you complete your FSS goals and contract, you will receive a check equal to the amount in your FSS account. FSS participants use their savings for many things, including buying cars, paying for school tuition, and home ownership.

Harold Womble HCVP Program Manager Ext. 2081

Barbara Burns FSS Supervisor Ext. 2088

Samanda Moreno FSS Coordinator Ext. 2245

RP Ramirez FSS Coordinator Ext. 2160

Tori Gayle FSS Coordinator Ext. 2073

Maricela Esquivel FSS Coordinator Ext. 2085



Family Self Sufficiency Program

"Bridging the Gap to Success"



WHAT IS FSS?

HIGH SCHOOL DIPLOMA/GED HIGHER EDUCATION
JOB TRAINING JOBS/BETTER JOBS
COUNSELING SUPPORT GROUPS

HOUSING ASSISTANCE WHILE ON THE PROGRAM
FINANCIAL COACHING AND CREDIT COUNSELING

FSS Self-Sufficiency is a program to promote development of local and private resources to enable low income families to achieve economic independence. One of the goals will be to become self sufficient and no longer be dependent on welfare assistance and rental assistance. The program will assist you in obtaining an education, employment, business and social skills which are necessary to achieve self-sufficiency.

As a result of participating in the FSS Program, many have obtained their first job or a higher paying job. They no longer need benefits from welfare programs and have obtained their higher school diploma/GED or a higher degree. The accomplishments of these goals and others have assisted families in obtaining their economic independence.

Eligibility

Be a participant in the Housing Choice Voucher Program

Requirements

Sign a 5 year contract with an individual Training and Service Plan (ITSP). The plan is created individually for each member, when you set your goals for the next 5 years to reach self-sufficiency. This plan establishes specific interim and final goals by which the HCVP and the family can measure the family's progress. For all FSS families there is a "Required" interim goal of receiving NO welfare assistance for the 12 month time period before the FSS contract is completed and the family complies with its lease with the owner. The PHA may grant an extension on contracts if there is a good cause but not for more than 2 years.

Please Check One:

☐ I am INTERESTED in the FSS Program
This program is voluntary

☐ I am NOT INTERESTED in the FSS Program

*Before you say NO remember that you have more to GAIN than to LOSE!

Please return this to your case manager, as soon as possible. IF you are interested and qualify, an appointment letter will be sent to you. For questions, ask your case manager at 979-595-2801

Signatures: _____

Date: _____

Telephone Number: _____

SS#: _____

**BRAZOS VALLEY COUNCIL OF GOVERNMENTS
HOUSING CHOICE VOUCHER PROGRAM**

HOMELESS QUESTIONNAIRE

**FOR REPORTING OF HOMELESS ON HUD FORM 50058 ONLY. PLEASE NOTE
THAT YOUR RESPONSES TO THIS QUESTIONNAIRE WILL NOT HAVE AN
IMPACT ON YOUR ELIGIBILITY TO OBTAIN A HOUSING CHOICE VOUCHER.**

<u>YES</u>	<u>NO</u>	CATEGORY	DESCRIPTION
		CATEGORY #1	Are you currently living in a car, on the street, or another place not meant for human habitation?
			Are you currently living in a an emergency shelter, transitional housing, Safe Haven, or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low-income individuals?
			Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution?
		CATEGORY #4	Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made the you afraid to return to your primary nighttime residence?
			If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing?

Print Name

Signature

Date

Page Intentionally Left Blank

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

Brazos Valley Council of Governments
3991 E. 29th Street
Bryan, TX 77802
(979) 595-2800

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

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

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Authorization for the Release of Information

HA requesting release of information:
Brazos Valley Council of Governments
P.O. Drawer 4128
Bryan, TX 77805

(979) 595-2801, Phone
(979) 595-2813, Fax

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U. S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

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

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

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Social Service Agencies
State Unemployment Agencies
State Wage Information Collection Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies
Internal Revenue Service

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I also authorize that Enterprise Income Verification Information from HUD may be shared with the Head of Household if I am Adult and not the head of household for reporting of income and subsidy payments. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations. This Consent form expires 15 months after signed.

Head of Household

Social Security Number

Date

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

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

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

HCV CASELOAD DISTRIBUTION

Effective 11-1-2025

Housing Management Specialist	Assigned Range	Partner
Courtney Woods (979) 595 – 2801 ext. 2089 courtney.woods@bvcog.org	AAA-GAN	Esther Medina
Esther Medina (979) 595 – 2801 ext. 2154 esther.medina@bvcog.org	GAC-LYN	Courtney Woods
Rubi Castro-Gallardo (979) 595 – 2801 ext. 2084 rubi.gallardo@bvcog.org	LYO-SAM	Lizi Lamm
Lizi Lamm (979) 595 – 2801 ext. 2071 elizabeth.lamm@bvcog.org	SAN-ZZZ	Rubi Castro-Gallardo
Audrey DeLa Rosa (979) 595 – 2801 ext. 2083 audrey.delarosa@bvcog.org	Port in	

FSS CASELOAD DISTRIBUTION

Effective October 7, 2025

FSS Coordinator	Assigned Range
Tori Gayle FSS Coordinator 979-595-2801 Ext. 2073 tiawonna.gayle@bvcog.org	A-Go
RP Ramirez FSS Coordinator 979-595-2801 Ext. 2160 roy.ramirez@bvcog.org	GP-O
Marisela Esquivel FSS Coordinator 979-595-2801 Ext. 2085 marisela.esquivel@bvcog.org	P-Z

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