



8350 Delcrest Drive  
St. Louis, Missouri 63124-2166

314.991.2055  
[www.crowncenterstl.org](http://www.crowncenterstl.org)

Dear Prospective Resident,

Thank you for your interest in Crown Center for Senior Living. Crown Center is a non-profit organization committed to providing high quality apartments for seniors in a central neighborhood. We are an equal housing opportunity community. We recommend that you complete and return your application promptly.

In this packet you will find:

- An application for tenancy at a Crown Center property.
- Information about eligibility requirements and rental plans.
- Documents as required by the US Department of Housing and Urban Development (HUD).

Please note: The *Crown Center Tenant Selection Plan* explains eligibility requirements and the tenant selection process in detail. It is available on the website [www.crowncenterstl.org](http://www.crowncenterstl.org) or by request.

Essential information about the application process:

- The application must be completed in its entirety before your name is added to a Waiting List.
- Applications must contain an original signature. They will not be accepted by fax or email. Return your completed application to Crown Center by mail or by delivering to the Crown Center Management Office. Call (314) 991-2055 for office hours.
- When we have received and reviewed your completed application, you will receive a confirmation letter that your name has been placed on the Waiting List(s).
- It is your responsibility to notify us if your address or phone number changes.  
*If we are unable to contact you, your name will be removed from the Waiting List.*
- Applying is the first step in a comprehensive screening process. The screening process for tenancy includes verification of all income, assets, an in-person interview, a home visit, credit, criminal and background checks.
- For additional information email [info@crowncenterstl.org](mailto:info@crowncenterstl.org) , visit [www.crowncenterstl.org](http://www.crowncenterstl.org) or call the Leasing Department at 314.991.2055.

If you are interested in living at Crown Center, we encourage you to submit your application. There is no fee to apply. We look forward to receiving your application and welcoming you!

Sincerely,

Randi Schenberg  
Community Relations Director

Dawn Eddins  
Leasing Manager







# Crown Center for Senior Living Application

8350 Delcrest Drive  
St. Louis, MO 63124-2166

(314) 991-2055  
crowncenterstl.org

To be placed on a waiting list, a completed, signed application must be submitted and applicant must meet the qualifications as outlined in the Tenant Selection Plan.

Please complete this form and the following pages and submit to: **Crown Center Leasing Dept.**  
**8350 Delcrest Drive**  
**St. Louis, MO 63124**

\_\_\_\_\_  
Name(s)

If I qualify, I wish to be placed on the following waiting lists:  
*(It is to your advantage to choose more than one list. Check all that apply.)*

☐ **Crown Center Phase I Building** *(Must be 62 years of age or older to qualify)*

☐ **Affordable Rental Plan**

Affordable Rental Plan apartments  
can be one or two bedroom.

**Maximum income:**

1 person: \$46,800

2 persons: \$53,520

☐ One Bedroom starting at **\$1,131**

☐ Two Bedroom starting at **\$1,357**

Current Rate as of 4/1/2025

Rent subject to change.

☐ **Market Rate Rental Plan**

Market Rate apartments  
can be one or two bedroom.

**Maximum income:**

1 person: \$70,400

2 persons: \$80,400

☐ One Bedroom starting at **\$1,450**

☐ Two Bedroom starting at **\$1,850**

Current Rate as of 7/1/2023

Rent subject to change.

\_\_\_\_\_

\_\_\_\_\_  
Signature(s) Date

OFFICE USE ONLY	Incomplete	2nd Submission
Received Date _____	Returned to Prospective Resident _____	Received Date _____
Time _____	On _____	Time _____
By _____	By _____	By _____



## INCOME LIMITS

The Department of Housing and Urban Development annually sets the Income-Eligibility Limits for our Subsidized and Affordable rental plans. Crown sets income eligibility limits for the Market Rate rental plan. The current Income Limits as of 4/1/2025 are as follows:

- The maximum income for our Affordable (LIHTC) Units: *1-Person \$46,800 | 2-Persons \$53,520*
- The maximum income for our Market Rate Units: *1-Person \$70,400 | 2-Persons \$80,400*

Based on the information you provide on these forms; a preliminary determination of your eligibility will be made. Please answer ALL questions. Use "N/A" when not applicable. This form will be returned if incomplete or missing signatures.

## APPLICANT(S) INFORMATION List Head of Household first.

*Applicant*

Last Name	First Name	Middle Initial
-----------	------------	----------------

*Co-Applicant*

Last Name	First Name	Middle Initial
-----------	------------	----------------

### Applicant Current Information

Street Address	City	State	Zip
----------------	------	-------	-----

Landline Phone Number	Mobile Phone Number	Work Phone Number	Email Address
-----------------------	---------------------	-------------------	---------------

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

Gender: ☐ Female ☐ Male ☐ Decline to report

Date of Birth (Month/Day/Year)	Social Security Number
--------------------------------	------------------------

Have you used a different name from the one given on this application? ☐ Yes ☐ No

If YES, please provide dates and details: \_\_\_\_\_

Are you currently living in subsidized housing? ☐ Yes ☐ No

## Co-Applicant Current Information

Street Address	City	State	Zip
----------------	------	-------	-----

Landline Phone Number	Mobile Phone Number	Work Phone Number	Email Address
-----------------------	---------------------	-------------------	---------------

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

Gender: ☐ Female ☐ Male ☐ Decline to report

Date of Birth (Month/Day/Year)	Social Security Number
--------------------------------	------------------------

Have you used a different name from the one given on this application? ☐ Yes ☐ No

If YES, please provide dates and details: \_\_\_\_\_

Are you currently living in subsidized housing? ☐ Yes ☐ No

## ASSISTANCE

Does any member of the household require assistance communicating with Crown Center management during the leasing process? This may include interpreter services and/or written materials translated into languages other than English. ☐ Yes ☐ No

If YES, please provide details and/or other language: \_\_\_\_\_

Will you require sign language assistance? ☐ Yes ☐ No

Does any member of the household have any special needs? ☐ Yes ☐ No

Does any member of the household require the features of an accessible apartment? ☐ Yes ☐ No

A. Are the applicant(s) listed above to be the sole occupant(s) of the unit for which you are applying? ☐ Yes ☐ No

B. Do you anticipate any additions to this household in the next 12 months or does someone currently live with you that is not listed above? ☐ Yes ☐ No

If YES, please explain \_\_\_\_\_

C. Is any member of the household a student? ☐ Yes ☐ No

If YES, please provide additional information \_\_\_\_\_

- D. Is any member of the household subject to lifetime registration requirements under a state sex offender program? ☐ Yes ☐ No  
If YES, please provide additional information \_\_\_\_\_
- E. Does any member of the household have a record of criminal activity? ☐ Yes ☐ No  
If YES, please provide additional information \_\_\_\_\_
- F. Does any member of the household currently or previously been engaged in any illegal use of drugs? ☐ Yes ☐ No  
If YES, please provide additional information \_\_\_\_\_
- G. Is any member of the household a victim of assault, domestic violence, dating violence or stalking? ☐ Yes ☐ No  
If YES, please provide additional information \_\_\_\_\_
- H. Is any member of the household being displaced due to a Presidentially Declared Disaster? ☐ Yes ☐ No
- I. Is any member of the household active military or a veteran of the United States military? ☐ Yes ☐ No
- J. Do you plan to house an animal in the apartment? ☐ Yes ☐ No  
If YES, please provide details:

Type of Animal	Breed	Height	Weight
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K. When do you anticipate being ready to move in? Month/Year \_\_\_\_\_

L. How did you learn about Crown Center? \_\_\_\_\_

Please list all states where you have lived:

Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

## HOUSING REFERENCES Applicants must provide at least 5 years of consecutive history. Use additional sheets as needed.

### Applicant Current Home Information

Street Address	City	State	Zip
----------------	------	-------	-----

Move-in date: \_\_\_\_\_ Choose one: ☐ Own ☐ Rent ☐ Other (explain)

Amount of monthly payment: \_\_\_\_\_

Landlord or Mortgage Company Name \_\_\_\_\_

Landlord or Mortgage Company Address	Landlord or Mortgage Company Phone Number
--------------------------------------	---

Reason you want to move to Crown Center \_\_\_\_\_

## Applicant Previous Home Information

Street Address	City	State	Zip
----------------	------	-------	-----

Move-in date: \_\_\_\_\_ Choose one: ☐ Own ☐ Rent ☐ Other *(explain)*

Amount of monthly payment: \_\_\_\_\_

Landlord or Mortgage Company Name

Landlord or Mortgage Company Address Landlord or Mortgage Company Phone Number

Have you had eviction proceedings started or completed against you? ☐ Yes ☐ No

If YES, please provide details \_\_\_\_\_

Reason for moving \_\_\_\_\_

## Co-Applicant Current Home Information

Street Address	City	State	Zip
----------------	------	-------	-----

Move-in date: \_\_\_\_\_ Choose one: ☐ Own ☐ Rent ☐ Other *(explain)*

Amount of monthly payment: \_\_\_\_\_

Landlord or Mortgage Company Name

Landlord or Mortgage Company Address Landlord or Mortgage Company Phone Number

Reason you want to move to Crown Center \_\_\_\_\_

## Co-Applicant Previous Home Information

Street Address	City	State	Zip
----------------	------	-------	-----

Move-in date: \_\_\_\_\_ Choose one: ☐ Own ☐ Rent ☐ Other *(explain)*

Amount of monthly payment: \_\_\_\_\_

Landlord or Mortgage Company Name

Landlord or Mortgage Company Address Landlord or Mortgage Company Phone Number

Have you had eviction proceedings started or completed against you? ☐ Yes ☐ No

If YES, please provide details \_\_\_\_\_

Reason for moving \_\_\_\_\_

## INCOME INFORMATION

Please fill in the amount and source of your GROSS Monthly income for each category below.

*Applicant Income:*

Income Source	Monthly Amount	Name of Provider	Address of Provider
Social Security			
SSI			
Pension			
Veteran Benefits			
Contributions from Others (cash, goods, etc.)			
Railroad Retirement			
Salary/Employment			
Unemployment			
Retirement Funds			
Worker's Comp			
Alimony			
Insurance Policies			
Inheritance			
Trust			
Interest			
Dividends			
Regular contributions for rent or other bills			
Other Income			

Additional Information Regarding Income\_\_\_\_\_

\_\_\_\_\_



*Co-Applicant Income:*

<b>Income Source</b>	<b>Monthly Amount</b>	<b>Name of Provider</b>	<b>Address of Provider</b>
Social Security			
SSI			
Pension			
Veteran Benefits			
Contributions from Others (cash, goods, etc.)			
Railroad Retirement			
Salary/Employment			
Unemployment			
Retirement Funds			
Worker's Comp			
Alimony			
Insurance Policies			
Inheritance			
Trust			
Interest			
Dividends			
Regular contributions for rent or other bills			
Other Income			

Additional Information Regarding Income\_\_\_\_\_

\_\_\_\_\_

## ASSET INFORMATION

Complete the form using the CURRENT BALANCE/VALUE for each item listed below. *All amounts will be verified for accuracy.*

*Applicant Assets:*

Asset Source	Benefit Claim or Account #	Current Cash Value	Name of Institution	Address of Institution
Checking Account				
Savings Account				
Other Bank Account				
Trusts				
Money Market Funds				
Certificates of Deposit				
IRA/401K				
Mutual Funds				
Stocks				
Bonds				
Life Insurance (whole term)				
House or Mobile Home				
Rental Property				
Other Property				
Cash not in an account				
Other Assets				

## EXPENSES

Applicant Health Insurance annual premium \$ \_\_\_\_\_

Applicant's Dr. Visit/medical treatments annual out-of-pocket expense \$ \_\_\_\_\_

Applicant's Prescription Drugs annual out-of-pocket expense \$ \_\_\_\_\_

Do you pay for all your medicines/dr. visits, etc.? ☐ Yes ☐ No

If no, who pays for your medical expenses? \_\_\_\_\_

*Co-Applicant Assets:*

<b>Asset Source</b>	<b>Benefit Claim or Account #</b>	<b>Current Cash Value</b>	<b>Name of Institution</b>	<b>Address of Institution</b>
Checking Account				
Savings Account				
Other Bank Account				
Trusts				
Money Market Funds				
Certificates of Deposit				
IRA/401K				
Mutual Funds				
Stocks				
Bonds				
Life Insurance (whole term)				
House or Mobile Home				
Rental Property				
Other Property				
Cash not in an account				
Other Assets				

## EXPENSES

Applicant Health Insurance annual premium \$ \_\_\_\_\_

Applicant's Dr. Visit/medical treatments annual out-of-pocket expense \$ \_\_\_\_\_

Applicant's Prescription Drugs annual out-of-pocket expense \$ \_\_\_\_\_

Do you pay for all your medicines/dr. visits, etc.? ☐ Yes ☐ No

If no, who pays for your medical expenses? \_\_\_\_\_

### *Applicant*

Have you given away, or disposed of assets within the last two years for less than market value?

☐ Yes ☐ No

If YES, provide details \_\_\_\_\_

### *Co-Applicant*

Have you given away, or disposed of assets within the last two years for less than market value?

☐ Yes ☐ No

If YES, provide details \_\_\_\_\_

## **VEHICLE INFORMATION** *List any trucks, cars or other vehicles owned*

### *Applicant*

Type of Vehicle	Year/Make/Model	Color	License Plate #
-----------------	-----------------	-------	-----------------

### *Co-Applicant*

Type of Vehicle	Year/Make/Model	Color	License Plate #
-----------------	-----------------	-------	-----------------

## **PERSONAL REFERENCES** *Please list two people who are not related to you that have known you for at least two years.*

Reference #1 Name	Email Address	Telephone
-------------------	---------------	-----------

Street Address	City	State	Zip
----------------	------	-------	-----

Reference #2 Name	Email Address	Telephone
-------------------	---------------	-----------

Street Address	City	State	Zip
----------------	------	-------	-----

## **CREDIT REFERENCES** *Please list two companies you have established credit with:*

Credit Reference #1 Name	Account Number
--------------------------	----------------

Street Address	City	State	Zip
----------------	------	-------	-----

Credit Reference #2 Name	Account Number
--------------------------	----------------

Street Address	City	State	Zip
----------------	------	-------	-----

Read all terms below and sign.

## PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## APPLICANT CERTIFICATION

By signing this document, I/we certify that if approved to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/managing agent to verify all information provided on this application, to contact current or previous landlords, and collect other information deemed necessary in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and/or other sources of credit and verification information which may be released to appropriate Federal, State or local agencies; and release Crown Center, it's employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/We understand I/we waive any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for doing so.

I/We certify that the statements made in the application are true and complete. I/We understand that providing false statements or information is punishable under Federal Law.

I/We also understand, upon approval and acceptance, before possession is given I/we must sign a one-year lease agreement, pay the full security deposit and rent. It is further agreed that if any information herein is false, the lease made on the strength of this application may be terminated at any time.

This application shall be deemed a part of any lease executed in conjunction therewith.

I/We understand that this application is not binding upon me or upon Crown Center for Senior Living.

I/We understand that Crown Center does not offer assisted living, nursing care, or provide oversight for residents.

Crown Center does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. All information will be kept in strictest confidence.

I (We) understand that the information provided in this application will be kept in the strictest of confidence. I (We) understand that Crown Center does not provide nursing care, personal care or any supervision services for residents. Residents themselves must arrange and pay for any services required to meet their needs.

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Applicant Signature

Date

---

Co-Applicant 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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (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: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

**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.







## CROWN CENTER CITIZENSHIP DECLARATION

**INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet.**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO  
HEAD OF HOUSEHOLD: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN  
REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DNS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

- \_\_\_\_\_2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: if you check this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format

AND

b. One of the following documents:

- 1) Form I-551, *Permanent Resident Card*\*
- 2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to section 207";
  - b) "Section 208" or "Asylum";
  - c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- 3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from DHS asylum officer granting asylum (if application was filed on or after October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4) 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.
- 5) \*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*\*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents show in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_



## FAMILY SUMMARY SHEET

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex M or F	Date of Birth

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Keep the  
following  
pages  
for your  
records.





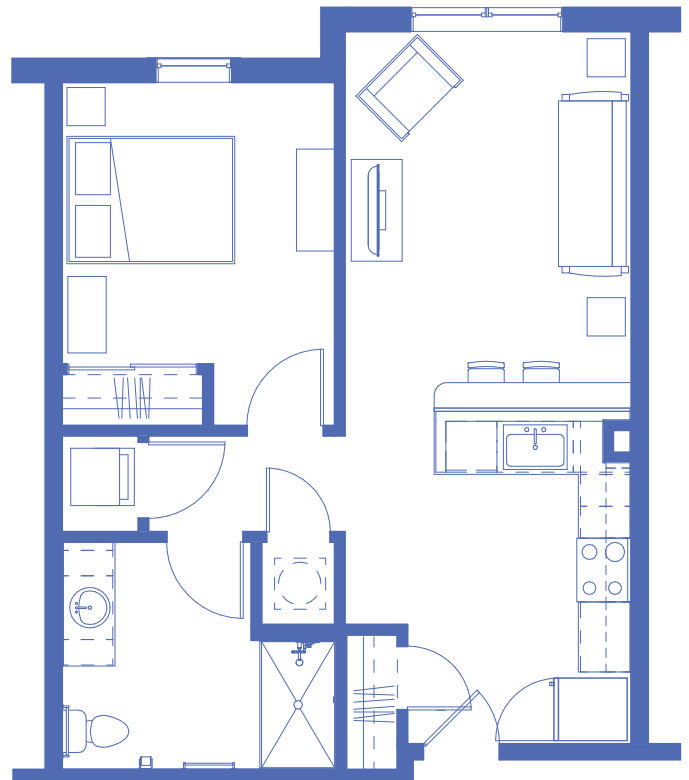
# Crown Center Phase 1

## Typical One-Bedroom Apartment

One-bedroom open concept apartment, brightly lit, full kitchen with Energy Star appliances, quartz counter tops with extra counter seating, solid surface flooring, washers and dryers.

### One-bedroom

Approx. 659-780 square feet



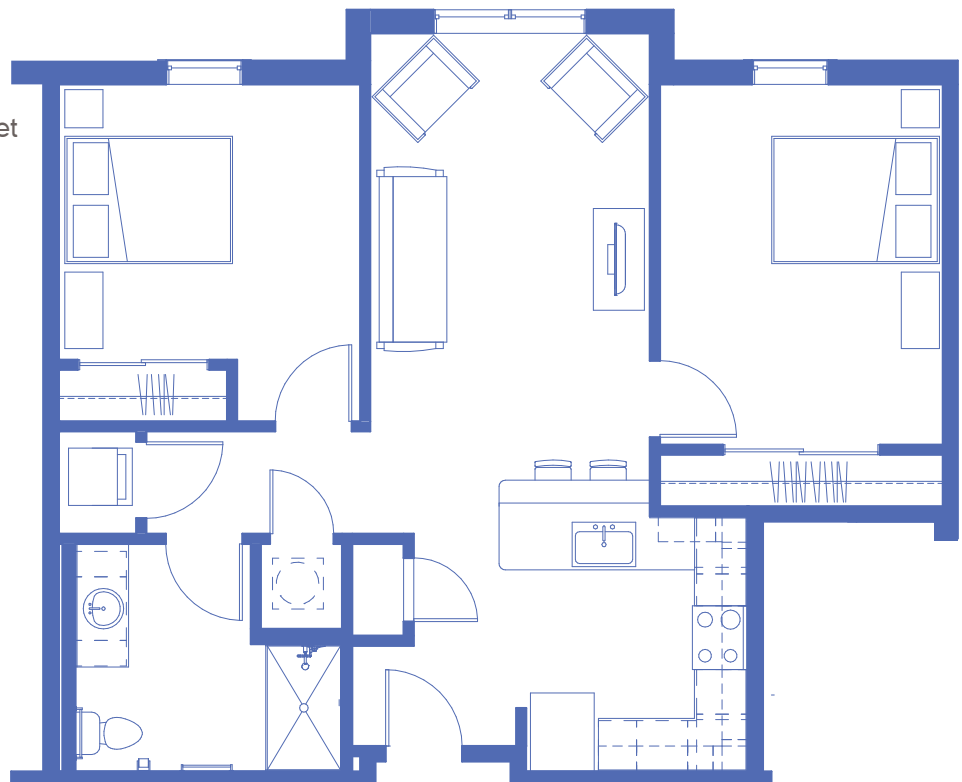
Gladys & Henry  
**crown  
center**  
for Senior Living

# Crown Center Phase 1

## Typical Two-Bedroom Apartment

Two-bedroom open concept apartment, brightly lit, full kitchen with Energy Star appliances, quartz counter tops with extra counter seating, solid surface flooring, washers and dryers.

**Two-bedroom**  
Approx. 929-970 square feet







# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Section 202/162 – Project Assistance Contract (PAC)

### Section 202/811 – Project Rental Assistance Contract (PRAC)

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

**\*\*June 2007\*\***

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

#### OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

#### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

#### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

**Note:** An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

## Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

### Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **\*\***(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)**\*\***
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay **\*\***(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**\*\***
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **\*\***For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965,

shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**\*\***

### Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

### Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
  - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
  - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- \*\*Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,\*\*The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)

- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund



established pursuant to the settlement in *In Re Agent-product liability litigation*

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

## **Deductions:**

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

## **Reference Materials**

### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices:**

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

### **For More Information:**

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



## 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](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009