

# Universal PHA Application with CES

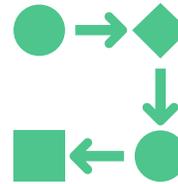


# Purpose:



## Universal Application – For all PHA's

Anaheim Housing Authority  
Garden Grove Housing Authority  
Santa Ana Housing Authority  
Orange County Housing Authority



## Provide a streamlined process for all community service providers

General understanding of the application and documents needed



## Minimize the “versions” of applications available for service providers

Reducing the timeline for eligibility - PHA

# Application

The PHA Universal Application will be completed by applicants if they are matched to a tenant-based or project-based housing opportunity through CES. Voluntary services will be available from service providers. The completed application will be submitted directly to the appropriate housing authority.



# Project-Based Voucher Section 8 Voucher Application Checklist

- Checklist should be reviewed before meeting with the client.
- Allows the Service Provider to download documents already submitted to HMIS, for example:
  - Identification
  - Birth Certificate
  - Social Security
  - SSI Benefit Award Letters
  - HMIS Consent Forms
  - Any other required Consent
- Helps minimize the requests to the client and meets the client where they are at
- Please note: This checklist is an aid and not required to be returned to the PHA.

## Project-Based Section 8 Voucher Application Checklist

Universal Packet Form	Complete	N/A
Tenant Information Form - (PHA Application 6 pages)		
Housing Authority Consent to Release Information		
HUD Form 9886 – Authorization for the Release of Information / Privacy Act Notice (2 pages)		
HUD Form 52675 – Debts Owed to Public Housing Agencies and Terminations (1 form per adult) (2 pages)		
HUD Form 92006 – Supplement to Application for Federally Assisted Housing		
Declaration of Section 214 Status/Declaration of Citizenship or Immigration Status		
Applicant and PHA Certification (2 pages)		
What You Should Know About EIV (one form per adult) (2 pages)		
Orange County CoC HMIS Client Consent Form (2 pages)		
Orange County HMIS: Project Intake Form (6 pages)		
CalOptima Consent Form		
Addendum: Housing Authority Specific Documents		

Verification Documents	Complete	N/A
<b>Identification</b>		
Social Security Card		
Current State-issued Driver License or other government issued Picture ID		
Birth Certificate/Legal Residency Verification (Resident Alien Card (green card) / I-94 Amnesty Card / Passport)		
<b>Earned Income</b>		
Employment Verification (3 months of consecutive paystubs)		
Cash Employment (Cash payment history & most current tax return or IRS non-filing verification (if applicable))		
Self-employment verification (2 years of most recent complete tax returns including schedule C)		
Other:		
<b>Other Income (Documents dated within 30 days)</b>		
Social Security / SSI - Most current benefit statement or award letter		
Pension - Most current benefit statement		
Alimony – Divorce documents specifying amount or letter from paying party certifying amount paid		
Child Support – Documentation specifying amount or letter from paying party certifying amount		
Food Stamps or Cash Aid (TANF/AFDC) – Most current benefit statement		
Unemployment (EDD) – most current benefit statement		
Disability – Most current benefit statement		
Veteran's benefit – Most current benefit statement		
Worker's compensation – Most current benefit statement		
Other:		
<b>Assets</b>		
Last 3 months' consecutive bank statement for checking and savings accounts – All pages		
Most recent statement for all other types of asset (IRA, 401(k), CD, stock, bond, investment, annuities, etc.)		
Life insurance: statement / letter showing cash value / surrender value		
Income Tax Return filed within the last 12 months, form 1040, including W2 or 1099		
If any member of the family has given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past 2 years: all documents of sale, transfer, bankruptcy, or foreclosures including documents showing any net monetary gain from the transaction.		
Mobile Home Owners must bring pink slip, current registration and outstanding loan balance documentation		
Other:		
<b>Other</b>		
Medical expenses: if you have significant medical expenses, please provide pharmacy printouts, receipts for medical services and/or supplies, medical/dental premium statements, etc. for the last 12 months.		
Students (if applicable) – current class schedule / financial aid award letter / unofficial transcript		

# Overview: Project-Based Section 8 Voucher Application Checklist

Part One:

## Project-Based Section 8 Voucher Application Checklist

Universal Packet Form	Complete	N/A
Tenant Information Form - (PHA Application 6 pages)		
Housing Authority Consent to Release Information		
HUD Form 9886 – Authorization for the Release of Information / Privacy Act Notice (2 pages)		
HUD Form 52675 – Debts Owed to Public Housing Agencies and Terminations (1 form per adult) (2 pages)		
HUD Form 92006 – Supplement to Application for Federally Assisted Housing		
Declaration of Section 214 Status/Declaration of Citizenship or Immigration Status		
Applicant and PHA Certification (2 pages)		
What You Should Know About EIV (one form per adult) (2 pages)		
Orange County CoC HMIS Client Consent Form (2 pages)		
Orange County HMIS: Project Intake Form (6 pages)		
CalOptima Consent Form		
Addendum: Housing Authority Specific Documents		

# Overview: Project-Based Section 8 Voucher Application Checklist

## Part Two:

Verification Documents	Complete	N/A
<b>Identification</b>		
Social Security Card		
Current State-issued Driver License or other government issued Picture ID		
Birth Certificate/Legal Residency Verification (Resident Alien Card (green card) / I-94 Amnesty Card / Passport)		
<b>Earned Income</b>		
Employment Verification (3 months of consecutive paystubs)		
Cash Employment (Cash payment history & most current tax return or IRS non-filing verification (if applicable))		
Self-employment verification (2 years of most recent complete tax returns including schedule C)		
Other:		
<b>Other Income (Documents dated within 30 days)</b>		
Social Security / SSI - Most current benefit statement or award letter		
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Worker's compensation – Most current benefit statement		
Other:		
<b>Assets</b>		
Last 3 months' consecutive bank statement for checking and savings accounts – All pages		
Most recent statement for all other types of asset (IRA, 401(k), CD, stock, bond, investment, annuities, etc.)		
Life insurance: statement / letter showing cash value / surrender value		
Income Tax Return filed within the last 12 months, form 1040, including W2 or 1099		
If any member of the family has given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past 2 years: all documents of sale, transfer, bankruptcy, or foreclosures including documents showing any net monetary gain from the transaction.		
Mobile Home Owners must bring pink slip, current registration and outstanding loan balance documentation		
Other:		
<b>Other</b>		
Medical expenses: if you have significant medical expenses, please provide pharmacy printouts, receipts for medical services and/or supplies, medical/dental premium statements, etc. for the last 12 months.		
Students (if applicable) – current class schedule / financial aid award letter / unofficial transcript		

# Tenant Information Form (TIF)

Filled out by the applicant:

- Part 1: Household Information
  - Household Size
  - Household Demographics
- Part 2: Household Asset Information
  - Stocks
  - Bonds
  - Pensions
  - Mutual Funds
  - Savings Account
  - Checking Account

- Part 3: Income Information

- SSI
- Periodic Gifts
- Wages / Salaries
- Food Stamps
- Income and Assets listed are not an exhaustive list. Other income and asset sources may be applicable.



- Key Notes to Avoid Errors

- TIF is the most critical document of the packet
- Make sure legal names are used matching exactly to their social security card
- List birthdays in MM/DD/YYYY format
- Place N/A in all applicable fields

Completed by Housing Authority Staff: *The applicant is applying for assistance at \_\_\_\_\_ Housing Authority*

## Tenant Information Form

<b>Head of Household Name</b>			
<b>Unit Address</b>			
<b>Unit City, State, ZIP</b>			
<b>Telephone Number</b>		<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other:
<b>Telephone Number</b>		<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other:
<b>Email Address</b>			

### Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full social security number for each. Enter each one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household    K = Co-Head (Not Married)    L = Live-in Aide    Y = Youth Under 18  
 S = Spouse (Married)    F = Foster Child / Adult    A = Other Adult    E = Full Time Student over 18

<b>1. Last Name</b>	<b>2. First Name</b>	<b>3. M.I.</b>	<b>4. Date of Birth</b>	<b>5. Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>6. Relation</b> H	<b>7. Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. Ethnicity (Check one box)</b> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino		
<b>9. Race (Check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>10. Social Security Number</b>	<b>11. Living in Household</b>	
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# Authorization for the Release of Information Privacy Act Notice

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

## 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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Leave Blank

**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(i)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions 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. 20006), 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, U.S. 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.

## The Authorization for the Release of Information Privacy Act Notice allows HUD and the PHA to request and obtain information to verify eligibility and level of benefits under HUD's assisted housing programs.

## The consent form expires 15 months after signing

# U.S. Department of Housing and Urban Development Office of Public and Indian Housing Debts Owed to Public Housing Agencies and Terminations



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

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

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

#### How will this information be used?

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

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

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

#### What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Amounts owed to PHA's need to be disclosed and paid for prior to admission to the program.

# Supplement to Application for Federally Assisted Housing

Applicants can place their emergency contacts on this form and list the reasons for contact, such as:

- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from unit
- Late payment of rent
- Assist with Recertification Process
- Change in lease terms
- Change in house rules
- Other

\*Please note that this form needs to be filled out, signed, and dated by all applicants, but if the applicant chooses not to provide an alternate contact, they may check here.

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: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	
<b>Signature of Applicant</b>	<b>Date</b>

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

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

Form HUD-92006 (05/09)



# Applicant and PHA Certification and Certification of the Family

- The family certifies that the information they provide is true and correct.

## Applicant and PHA Certification

I/We certify that the information given to the \_\_\_\_\_ Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance.

I/We understand that I/we are required to submit all information needed to determine my/our eligibility, level of benefits, or verify my/our true circumstances. I/We must also attend all scheduled appointments, complete and provide all required documents. I/We understand failure or refusal to do so may result in denial of my/our application.

I/We certify that the assisted unit will be my/our only residence and that I/we will not obtain duplicate federal housing assistance while I/we are in this program. I/We will not move without providing a written notice to the Housing Authority. I/We understand that I/we cannot sublease my/our assisted unit

I/We agree to refund the amount received in housing assistance if any of the income information is subsequently found to be falsely declared or not reported.

I/We understand that I/we must pay my/our rent on time and adhere to the term of the lease. If I/we fail to do either of these things, the landlord can evict me/us. If I/we are evicted, I/we may jeopardize my/our housing assistance.

I/We also understand that I must follow the rules regarding guests / visitor as stated on the rental / lease agreement and I must get prior approval from the Housing Authority if the period exceeds the Housing Authority's visitor policy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800)424-8590

After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form, or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

## CERTIFICATION OF THE FAMILY

I/We have read and understand the above rules and regulations. I/We understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denying of housing assistance. I/We declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct and complete.

**Warning:** It is unlawful to "knowingly and willfully" make any "materially false, fictitious or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years [18 U.S.C. 1001]

\_\_\_\_\_  
Name of Head of Household

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse or Other Adult Member

\_\_\_\_\_  
Signature of Spouse or Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Other Adult Member

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

## PHA Certification of Eligibility

I certify that:

- The information given to the Housing Authority on household composition, income, net family assets, allowances and deductions has been verified as required by Federal Law;
- The family was eligible at admission;
- The family has certified that it has given the Housing Authority accurate and complete information.

\_\_\_\_\_  
Name of PHA Employee

\_\_\_\_\_  
Signature of PHA Employee

\_\_\_\_\_  
Date

# What is EIV?



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



**RHIP**  
RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

**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.

February 2010

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](http://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/hip/programs/hip/eiv/ukm>

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

The Enterprise Income Verification 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 are required to use HUD's EIV system.

# HMIS DOCUMENTS:

These forms are used to complete the housing program in HMIS once the household is approved for housing. Please complete the information as of the date the applicant was referred to the housing opportunity.

Revised 10/2024

## Orange County Continuum of Care Homeless Management Information System Client Consent form

Welcome to the Orange County Continuum of Care (CoC).

You are currently accessing services from a service provider/organization participating in the Orange County Homeless Management Information System (HMIS). HMIS is the secure database used to collect and store information about clients served through this service provider/organization. It also allows the sharing of information among HMIS participating service providers/organizations to streamline access to services and help them understand a client's history of homelessness or housing instability. HMIS is managed and operated by Orange County United Way's 2-1-1 Orange County (211OC).

In Orange County, all service providers/organizations that participate in HMIS share data with each other to coordinate care and improve program outcomes. If you agree to participate in HMIS, this means you allow information gathered by a participating service provider/organization to be entered into HMIS and allow all other participating service providers/organizations to view and use your data to provide services to you. Additionally, the service provider/organization will also be able to see what kind of services in Orange County you have received in the past.

A complete list of all service providers/organizations that participate in the HMIS is maintained at <http://ochmis.org/about-hmis/contributing-agencies/>. You can also ask the service provider/organization you are receiving services from for a list of HMIS participating service provider/organization. Please note that the list of service providers/organizations contributing data to HMIS can change frequently and without notice, and therefore the website should be consulted for the most recent list.

HMIS contains sensitive health and personal data. The Orange County CoC and HMIS participating service providers/organizations take your privacy very seriously and have implemented the following protections to safeguard your data:

- Individual client data is only viewable by trained staff at each participating service provider/organization.
- In order to participate in the HMIS, leaders at each agency must sign an Agency Agreement that includes a commitment to protecting client data and maintaining confidentiality.
- In order to use HMIS, service provider/organization staff must complete multiple trainings that examines privacy laws and the importance of client privacy.
- The HMIS is hosted on a secure server and data is encrypted.

### What information is shared in the HMIS database?

We share Protected Personal Information (PPI), Protected Health Information (PHI), and general information obtained during your intake, assessment, and enrollment in the program. This may include, without limitation, the following:

- Your name and your contact information
- Your social security number and date of birth
- Your basic demographic information such as gender, race and ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your medical history and disabling conditions, including mental and physical health concerns, substance abuse history, and HIV/AIDS status
- Your case notes and services
- Your income sources and amounts
- Your non-cash benefits
- Your veteran status, service history and discharge status
- Information about other members of your household
- Your self-reported history of domestic violence
- Verification of history of homelessness and/or disabling conditions (including third-party verifications and/or self-attestations)
- Your photo (optional)

If you feel any of your rights outlined in this document have been violated, please contact (714) 589-2360.

Revised 10/2024

By signing this form, you understand the following:

- **You have the right to receive services even if you do not sign this consent form.** Providers may not refuse to provide you with services based on your refusal to sign this form.
- You have the right to receive a copy of this consent form for your records.
- Your consent permits your data be entered in HMIS and allows any participating service providers/organizations to view your history of homelessness and service utilization, add to or update your information in HMIS without asking you to sign another consent form. This consent form expires seven (7) years after the signature or at any time you choose to revoke your consent. Please note, the Orange County CoC is required to retain all data stored in HMIS for seven (7) years after the data was created or last changed. However, stored data will not be further shared upon the expiration of your consent.
- You may revoke your consent to share your information with other HMIS participating service providers/organizations at any time. Your revocation must be provided either in writing or by completing the Revocation of Consent form. The service provider/organization you are receiving services from must make this form available to you if you ask, and it should be out and available for you to take from the office or facility you receive services from. Upon receipt of your revocation, 211OC will remove your PPI and PHI from the shared HMIS database and prevent further PPI and PHI from being added. However, the PPI and PHI that you previously authorized to be shared cannot be entirely removed from the HMIS database. This information, as described previously, will remain accessible to the service providers/organizations that provided you with direct services.
- Participating agencies are required to post a Privacy Notice at each location where intakes are completed. The Privacy Notice contains more detailed information about how your information may be used and disclosed and should be readily available to you and conspicuously posted at all participating service provider/organization locations. You have the right to receive a copy of this notice for your records.
- You have the right to request, in writing, the following pieces of information. This information is to be provided to you within five (5) business days of your request.
  - A correction of inaccurate or incomplete PPI and/or PHI
  - A copy of your consent form
  - A copy of your HMIS record (agency staff must review this information with you if you request such a review so that you can fully understand the information presented to you and how it is used)
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI or PHI
- You are not waiving any rights protected under Federal and/or California law.

### SIGNATURE AND ACKNOWLEDGEMENT

Your signature indicates that you have read (or been read) this consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if applicable and/or if you choose to include them), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

Client Name: \_\_\_\_\_ Date Of Birth (DOB): \_\_/\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_/\_\_/\_\_\_\_

### Minor Children (if applicable and/or if you choose to include them):

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

### Agency Staff Signature:

Agency Staff Name: \_\_\_\_\_ Agency Staff Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

If you feel any of your rights outlined in this document have been violated, please contact (714) 589-2360.

# HMIS DOCUMENTS CONTINUED:

- The HMIS Project Intake Form contains multiple pages. Please complete the information as accurately as possible.

## CLIENT PROFILE

<b>SOCIAL SECURITY NUMBER (SSN)</b>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
<b>QUALITY OF SSN - Only required to collect the last four digits of the SSN, though are not prohibited from collecting all nine digits for new client records.</b>																							
<input type="checkbox"/> Full SSN reported		<input type="checkbox"/> Approximate or partial SSN reported		<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected																
<b>CLIENT'S NAME</b>							<b>N/A</b>																
<b>Last</b>							<input type="checkbox"/>																
<b>First</b>							<input type="checkbox"/>																
<b>Middle</b>							<input type="checkbox"/>																
<b>Suffix</b>							<input type="checkbox"/>																
<b>QUALITY OF NAME</b>																							
<input type="checkbox"/> Full name reported		<input type="checkbox"/> Partial, street name, or code name reported		<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected																
<b>DATE OF BIRTH</b>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> <td colspan="2">Age:</td> </tr> </table>														Month		Day		Year		Age:	
Month		Day		Year		Age:																	
<b>QUALITY OF DOB</b>																							
<input type="checkbox"/> Full DOB reported		<input type="checkbox"/> Approximate or partial DOB reported		<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected																
<b>GENDER (Select all that apply)</b>																							
<input type="checkbox"/> Woman (Girl if child)		<input type="checkbox"/> Transgender		<input type="checkbox"/> Client doesn't know																			
<input type="checkbox"/> Man (Boy if child)		<input type="checkbox"/> Questioning		<input type="checkbox"/> Client prefers not to answer																			
<input type="checkbox"/> Non-Binary		<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)		<input type="checkbox"/> Data not collected																			
<input type="checkbox"/> Different Identity																							
<b>If 'Different Identity' Please Specify</b>		_____																					
<b>RACE AND ETHNICITY (Select all that apply)</b>																							
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous		<input type="checkbox"/> Hispanic/Latina/e/o		<input type="checkbox"/> Client doesn't know																			
<input type="checkbox"/> Asian or Asian American		<input type="checkbox"/> Middle Eastern or North African		<input type="checkbox"/> Client prefers not to answer																			
<input type="checkbox"/> Black, African American, or African		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Data not collected																			
		<input type="checkbox"/> White																					
<b>VETERAN STATUS</b>																							
<input type="checkbox"/> No				<input type="checkbox"/> Client doesn't know																			
<input type="checkbox"/> Yes				<input type="checkbox"/> Client prefers not to answer																			
				<input type="checkbox"/> Data not collected																			
<b>If 'YES' to Veteran Status</b>																							
<b>Year entered military service (year)</b>		_____																					

# New CalOptima Consent Form will be Forthcoming in the Future

Please lookout for future updates and  
training on this additional form.

# Anaheim Housing Authority Specific Documents

Anaheim Housing Authority Specific Documents			
Documentation Type	Form Identifier	Completed	N/A
Form	Criminal Background Check Form + Finger Printing Form		
Form	Primary Language Form		
Verification Doc	Contributions to you or your family: Notarized letter from paying party certifying monthly gross amount paid		
Verification Doc	Residency (Live/Work) Preference Certification		
Verification Doc	Homelessness Verification		

# Garden Grove Housing Authority Specific Documents

<b>Garden Grove Housing Authority Specific Documents</b>			
<b>Documentation Type</b>	<b>Form Identifier</b>	<b>Completed</b>	<b>N/A</b>
Form	Criminal Activity Certification Form		
Verification Doc	Contributions to you or your family: Notarized letter from paying party certifying monthly gross amount paid		

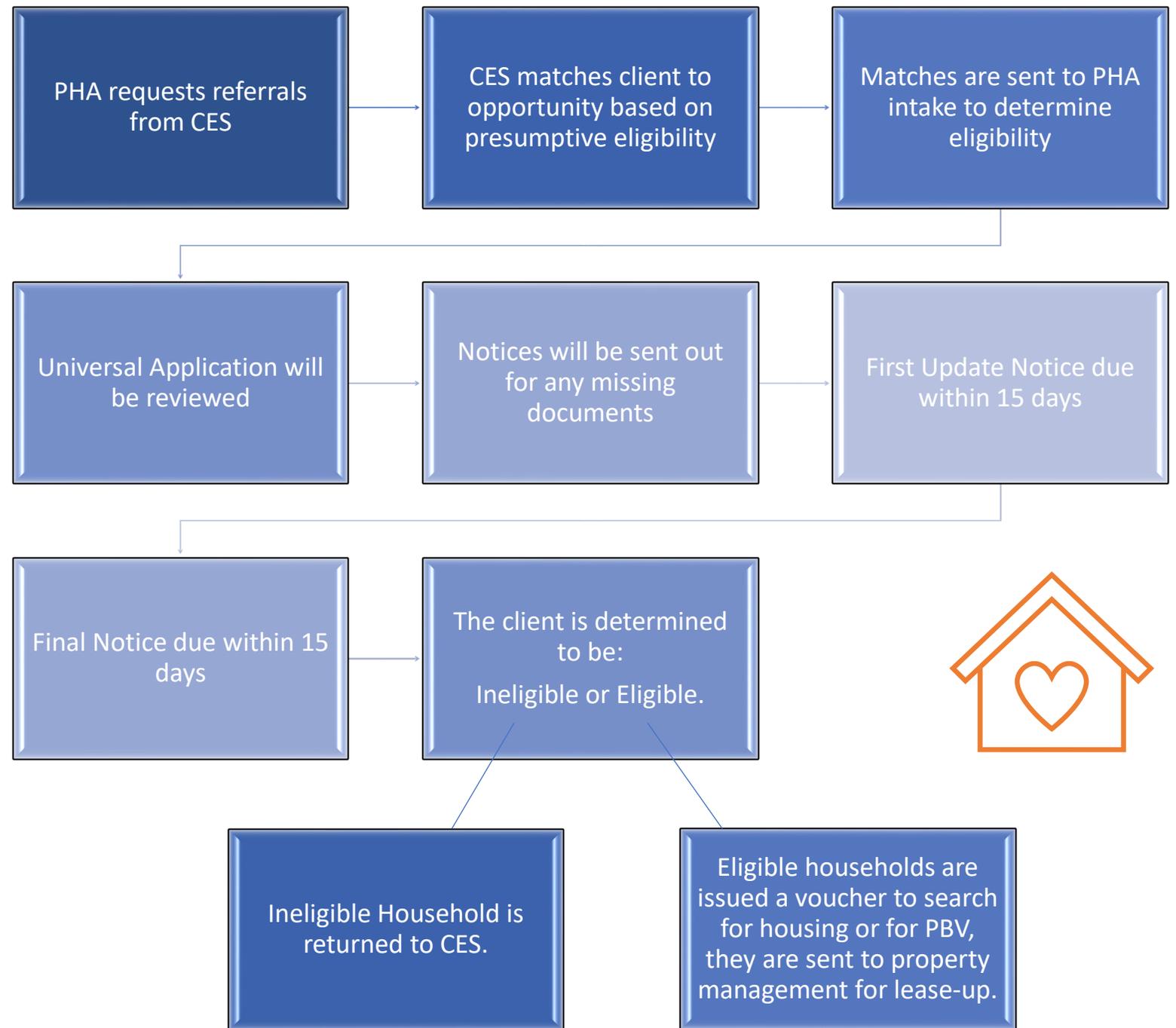
# Orange County Housing Authority Specific Documents

Orange County Housing Authority Specific Documents			
Documentation Type	Form Identifier	Completed	N/A
Verification Doc	Contributions to you or your family: Letter from paying party certifying monthly gross amount paid		

# Santa Ana Housing Authority Specific Documents

Santa Ana Housing Authority Specific Documents			
Documentation Type	Form Identifier	Completed	N/A
Form	Criminal history/sex offender certification		
Verification Doc	Written statement from any person providing cash and/or other contribution		
Verification Doc	Certification Of Homeless Residency In The City Of Santa Ana (with documentation)		

# General Workflow from the identified opportunity to being housed



(Please discuss any reasonable accommodation requests with the housing authority)

# Public Housing Authority Contacts

## Anaheim Housing Authority

- Alma Huerta, Housing Manager – [Ahuerta@Anaheim.net](mailto:Ahuerta@Anaheim.net)

## Garden Grove Housing Authority

- Thyana Phi, Housing Manager – [ThyanaP@ggcity.org](mailto:ThyanaP@ggcity.org)

## Orange County Housing Authority

- Vinson De Guzman, Housing Supervisor – [Vinson.DeGuzman@occr.ocgov.com](mailto:Vinson.DeGuzman@occr.ocgov.com)

## Santa Ana Housing Authority

- Maria Hodson, Housing Authority Coordinator - [MHodson@santa-ana.org](mailto:MHodson@santa-ana.org)

# Questions & Answers