**NORTH CENTRAL FLORIDA REGIONAL HOUSING AUTHORITY**

**P.O. BOX 38**

**BRONSON FL 32621**

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| --- | --- |
| **Applicant/Resident Name** |  |
| **Head-of-Household Name (if different)** |  |
| **Current Address** |  |
| **Address Line 2** |  |
| **City, State, Zip** |  |
| **Home Phone** |  |
| **Cell Phone** |  |
| **Email address** |  |
| **Work Phone** |  |
| May we contact you at work? |  Yes |  No |

You have indicated that your household has no income or very sporadic income. It is NCFRHA policy to ensure that you can pay your rent in accordance with the lease, that you can maintain the unit in accordance with the lease and that you are fully disclosing all income as required so that you are provided the correct housing assistance amount. In order to receive assistance, you are required to supply the following information every 30 days so that we can ensure that no income is overlooked. All responses are subject to verification. **Incomplete forms will not be processed** which means that assistance and/or tenancy may be denied or terminated as appropriate.

|  |  |
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| Have you been employed in the last 12 months? | [ ]  Yes [ ]  NoIf yes, Please provide the following employer informationName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Income earned in the last 3 months:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you expect to be employed at all in the next 12 months? | [ ]  Yes [ ]  NoIf yes, Please provide the following employer informationName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Income expected to be earned in the next 3 months: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How do you plan to pay rent for the next 12 months? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Do you ever perform odd jobs such as construction jobs, field work, babysitting, seamstress work, preparation of meals, hair etc.? | [ ]  Yes [ ]  NoIncome expected to be earned in the next 12 months: $\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have money deposited in any bank? | [ ]  Yes [ ]  No |
| Do you have any outstanding loans?  | [ ]  Yes [ ]  NoIf so, how do you pay the monthly balance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any outstanding medical expenses? | [ ]  Yes [ ]  NoIf so, how do you pay the monthly balance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have recurring monthly or quarterly medical expenses such as prescriptions, routine medical care, etc.? | [ ]  Yes [ ]  NoIf so, how do you pay the monthly balance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have credit cards?  | [ ]  Yes [ ]  NoIf so, how do you pay the monthly balance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does any person provide you with money, on a regular basis, to pay for rent, meals, child care, utilities, automobiles or any other regular expense? | [ ]  Yes [ ]  NoIf so, what kind of help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total financial assistance to be provided in next 3 months: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| It is required that you maintain all required utilities when occupying the unit. In the past months when you say you have had minimal, or no money, how did you, or do you, pay for the following. | Rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Electricity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your electricity bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gas? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your gas bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone/Cell Phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your telephone/Cell phone bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_Cable? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your cable bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you have a car, the registration and insurance must be maintained. Do you have a car? | [ ]  Yes [ ]  NoWhat is the monthly car payment? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How do you pay the car payment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your automobile registration last year? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How will you pay for annual registration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much is your annual automobile insurance?$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How will you pay for automobile insurance?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How do you pay for gas and maintenance?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you do not own/lease a car, how do you get from place to place? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bus pass? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| It is required that you maintain the unit in a decent, safe and sanitary manner. How do you plan to purchase supplies necessary to maintain the unit? (i.e. dishwashing liquid, cleaning supplies, etc.) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*attach notarized statement from who pays, if not you |
| How do you purchase food? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost? Per month $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a washer and dryer?  | [ ]  Yes [ ]  No If no, how do you pay for Laundromat expenses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a pet or an assistance animal? | [ ]  Yes [ ]  NoIf so, how do you pay for food, veterinary expenses and supplies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Expense Summary For Applicants/Residents Claiming**

**Zero Or Very Low Income**

*Please provide income information for the past 3 months starting with the current month and working backward. We have provided the IRS cost-of living standard to assist you.*

 **Allowable Living Expense National Standards - effective 04/01/2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Expense** | **One Person** | **Two Persons** | **Three Persons** | **Four Persons** |
| Food  | $307 | $583 | $668 | $815 |
| Housekeeping supplies | $30 | $60 | $60 | $71 |
| Apparel & services | $80 | $148 | $193 | $227 |
| Personal care products & services | $34 | $61 | $62 | $74 |
| Miscellaneous | $119 | $231 | $266 | $322 |
| **Total** | **$570** | **$1,083** | **$1,249** | **$1,509** |
| **More than four persons** | **Additional Persons Amount** |
| For each additional person, add to four-person total allowance: | **$341**  |

| Expense | **Your average monthly expenses for the last 3 months** |
| --- | --- |
| Apparel & Services |  |
| Food and Expenses |  |
| Housekeeping Supplies – the average monthly cost of household goods and cleaning supplies such as paper napkins, toilet paper, paper towels, trash bags, laundry detergent, etc.  |  |
| Miscellaneous – Average monthly cost of all other living expenses that do not fall within the categories of food, housekeeping, personal care, transportation and utilities. |  |
| Personal Care Products and Services – personal grooming products such as soap, deodorant, shampoo, toothbrushes, toothpaste, barber shop visits, etc. |  |
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**Additional Comments**

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

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**3 MONTH INCOME REPORT FOR APPLICANTS/RESIDENTS CLAIMING**

**ZERO OR VERY LOW INCOME**

*Please provide income information for the past 3 months starting with the current month and working backward.*

|  |  |  |  |
| --- | --- | --- | --- |
| Month | **Source of Income**Employer,SS,CS,AFDC | **Amount of Income**(Gross Amount)Self Emp., Family, Etc.) | **If Stopped, Why?** |
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I [ ]  Did [ ]  Did Not File A Federal Income Tax Report Last Year. If you did file a federal tax return last year, please provide the NCFRHA with a copy.

In an effort to ensure the right assistance is provided to the right people, The Department of Housing and Urban Development (HUD) has provided property managers with access to a new verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

At your move-in or at your annual certification, all adult household members give consent to the release of this information by signing HUD Forms 9887 and 9887A.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to ensure that you are receiving assistance for which you are eligible. If it is discovered that any member of the household failed to disclose income as required, it will be considered a material lease violation. The household will be required to return any assistance paid in error and additional penalties may apply including eviction and pursuit of fraud.

You should have already received a pamphlet entitled EIV and You. Please review the information provided in the pamphlet so that you understand how the EIV system works.

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| PENALTIES FOR MISUSING THIS VERIFICATION 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). |
|  |

\_\_\_\_\_\_attach copies of last 3 months utility bills

\_\_\_\_\_\_attach notarized statement from person who provides/pays for any items in your household

 (include name, address, phone number)

By my signature, I certify that the information I have provided above is true and complete. I understand that if I furnish false or incomplete information I can be fined up to $10,000 or imprisoned up to five years, and/or lose the subsidy HUD pays and/or have my rent increased. Any assistance paid in error must be returned to HUD.

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

Signature of Applicant/Resident Date

cc: Applicant/Resident File

**NORTH CENTRAL FLORIDA REGIONAL HOUSING AUTHORITY**

**P.O. BOX 38**

**BRONSON FL 32621**

**352-486-5420**

**FAX:352-486-3430 (SECTION 8)**

**FAX:352-486-5423 (PUBLIC HOUSING)**