



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

QUESTIONNAIRE FOR APPLICANTS / RESIDENTS WHO CLAIM ZERO INCOME

Head of Household Name: _____

Address: _____

Phone Number: _____ Email: _____

Your file indicates that your household has no income. It is the Housing Authority's policy to ensure that you can pay your rent in accordance with your lease, that you can maintain the assisted housing unit in accordance with your lease, and that you are fully disclosing all income as required so that you are provided the correct amount of housing assistance. In order to receive assistance, you are required to supply the following information every month so that we can ensure that no income is overlooked. All information provided is subject to verification. Incomplete or non-submitted documentation could result in your Housing Choice Voucher and assistance being denied or terminated.

Do you expect to be employed at all in the next twelve (12) months? Yes No

If yes, please provide the following employer information:

Employer Name: _____

Employer Address: _____

Phone Number: _____ Email: _____

Income expected to be earned in the next twelve (12) months: \$ _____

Do you ever perform odd jobs such as construction work, field work, babysitting or child care, seamstress work, meal preparation, etc.? Yes No

Do you have any outstanding loans, medical bills, or credit card payments? Yes No

If yes, how do you make those payments? _____

Do you have recurring medical expenses such as prescriptions, expenses with routine medical care or equipment?

Yes No

If yes, how do you pay for these expenses? _____

Does anyone provide you with money on a regular basis to help you pay for rent, utilities, meals, child care, car payments, or other routine expenses? Yes No

If yes, what kind of help do you receive and from whom? _____

How often do you receive this help? _____

Do you use any tobacco products? Yes No If yes, how do you pay for those? _____

How do you purchase personal hygiene products such as shampoo, soap, toothpaste, etc.? _____

It is required that you maintain all required, tenant-paid utilities when occupying the assisted housing unit. In the past twelve (12) months when you report having had minimal, or no, income, how did you pay for the following:

Rent: _____

Utilities: _____

Telephone/Cell Phone: _____

How much was your electric bill last month? \$ _____ How much was your phone bill last month? \$ _____

Do you have a vehicle? Yes No If yes, how much is your monthly car payment? \$ _____

How do you make your car payment, pay for annual registration, auto insurance, maintenance, and gas?

How much did you spend on gas last month? \$ _____ How much is your auto insurance? \$ _____

If you do not have a vehicle, how do you get from place to place? _____

You are required to maintain your assisted housing unit in a decent, safe, and sanitary manner. How do you plan to purchase supplies necessary to maintain the unit (i.e., cleaning supplies, trash bags, batteries for smoke detectors, plunger, other supplies for routine maintenance)? _____

How do you purchase food? _____

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/service animal? Yes No

If yes, how do you pay for food, veterinary expenses, and related supplies? _____

Additional Comments: _____

In an effort to ensure that you receive the assistance for which you are eligible, the Department of Housing and Urban Development (HUD) has provided Eligibility Specialists with access to a verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is 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 the time of your move-in and 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.

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 numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7), and (8).

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 lose the subsidy HUD pays. Any assistance paid in error must be repaid.

Head of Household Signature

Date