

# Emergency Housing Voucher (EHV) Program Overview & Update for Coordinated Entry

## Fall Development Day 2022



# EHV 101

## LEARNING OBJECTIVES

What is Emergency Housing Voucher (EHV)?

Key housing terms

What makes EHV different from other special programs?

Who is Eligible According to HUD?

What is the BoS CoC Coordinated Entry Prioritization for EHV?

Once a client is identified as eligible, what is the process?

The referral packet in detail

Q&A

# Introductions

Lizz Schunn, Emergency Housing Voucher & Landlord Engagement Analyst, IHCD

Jeff Zongolowicz, Director of Housing Choice Programs, IHCD

Edward Seal, Street Outreach Coordinator, Housing Opportunities Inc.

# WHAT IS EMERGENCY HOUSING VOUCHER (EHV)?

# EHV Program Summary

The Emergency Housing Voucher (EHV) program is available through the American Rescue Plan Act (ARPA). Through EHV, HUD is providing about 70,000 Housing Choice Vouchers (HCV formerly known as Section 8) to local Public Housing Authorities (PHAs) across the country.

The Indiana Balance of State (BoS) CoC has created referral policies that prioritize the most vulnerable households on Coordinated Entry. IHADA has been allocated 338 EHV's.

In addition to rental assistance EHV recipients are also eligible for assistance with some allowable expenses as well as services to increase their chances of finding housing and staying stably housed.

# WHAT COORDINATED ENTRY NEEDS TO KNOW ABOUT HOUSING PROGRAMS?

**Public Housing Authority (PHA)** local agencies that administer HUD housing programs. The Housing Choice Opportunities team fills this role at IHCD for the portions of the state not covered by another PHA.

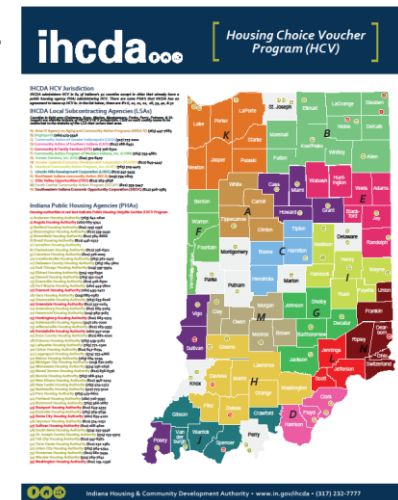
**PHAs with EHV:** Gary, Fort Wayne, Lafayette, Indianapolis, Muncie, Bloomington, Evansville, IHCD

**Local Subcontracting Agency (LSA)** IHCD partners with 14 agencies throughout the state to administer vouchers and special programs.

**Housing Choice Voucher (HCV) program** is what is commonly known as Section 8. It is an income-based program providing rental assistance where the client/tenant determines where they want to live. So long as they report changes and remain in good standing if they choose to move, the rental assistance follows them.

**Project Base Voucher (PBV) program** has similar rules and requirements to HCV but the assistance is on the unit and not connected to the participant. A property may be all PBV units or may be a mix of market rate, tax credit, or other housing assistance types.

**\*All IHCD PBV units are PSH and take referrals through CE.**



# WHAT MAKES EHV DIFFERENT FROM HCV?

The EHV program is **Low-Barrier** meaning that things like criminal history and missing identifying documents won't keep a person from applying for and being made eligible for the program. HUD allows for self certification and gives more time for collecting identifying documents.

Due to the high vulnerability of the households being served by EHV **only the following HUD mandated denial reasons will make an income eligible household ineligible:**

1. A household member is subject to the lifetime sex offender registry
2. A household member has been convicted of manufacturing methamphetamine in federally assisted housing

An EHV recipient may still have difficulty finding housing that is affordable or will accept them due to rental history, criminal history, or other factors that cause them to be at risk of remaining or returning to homelessness.

# WHAT'S THE BIG DEAL ABOUT EHV?

## Allowable EHV Expenses

- Application fees
  - Not limited, should be the same as for a non-EHV applicant
- Security deposits
  - Not to exceed 2 months' rent and should be the same for any renter, they cannot ask for a larger deposit for EHV/HCV clients than other prospective tenants.
- Utility deposit assistance
  - This includes arrears so that the client is able to get utilities connected in their name.
    - If they have utility arrears, they need to be requesting updated billing information so that a claim can be filed once they are issued a voucher and begin their housing search.
- Moving expenses (ex. moving truck)
- Essential household items (excluding furniture) such as kitchen and bathroom accessories and cleaning products.

## What makes EHV different for the Owner/Property Manager?

- IHCD will provide an owner incentive payment of \$1000 for their first EHV participant. The payment will be made in two equal installments, \$500 installment following the execution of the HAP contract between IHCD and the owner and a second \$500 installment at the end of the initial lease term.
- IHCD will provide a \$500 incentive payment for each additional EHV participant they accept, two equal installments of \$250



# Eligibility - HUD

Emergency Housing Vouchers (EHV) can only be accessed through Coordinated Entry (CE) and must be assessed and referred in HMIS and to IHCDA at [EHV@ihcda.IN.gov](mailto:EHV@ihcda.IN.gov) (or your local PHA if they have EHV's allotted to them).

HUD has set the priorities below.

- Homeless
- At-risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability, including clients in rapid rehousing and permanent supportive housing programs

# Balance of State Continuum of Care (BoS CoC) Prioritization and EHV



# BALANCE OF STATE CONTINUUM OF CARE – PRIORITIZATION FOR COORDINATED ENTRY

HOUSING INTERVENTION	TARGET POPULATION	PRIORITIZATION
Diversion	All Homeless Persons Seeking Housing Assistance	
Permanent Supportive Housing**	Literally homeless	<ol style="list-style-type: none"> <li>1. VI-SPDAT Score (8+)</li> <li>2. Greatest Needs/Most Vulnerable</li> <li>3. Longest History of Homelessness</li> <li>4. Case Conference with Regional Planning Council</li> </ol>
Rapid Re-Housing	Persons Literally Homeless	<ol style="list-style-type: none"> <li>1. VI-SPDAT Score (4+)</li> <li>2. Greatest Needs/Most Vulnerable</li> <li>3. Longest History of Homelessness</li> <li>4. Case Conference with Regional Planning Council</li> </ol>
SSVF	Veterans Experiencing Homelessness	<ol style="list-style-type: none"> <li>1. VI-SPDAT Score (4+)</li> <li>2. Greatest Needs/Most Vulnerable</li> <li>3. Longest History of Homelessness</li> <li>4. Case Conference with Regional Planning Council</li> <li>5. *Regional Prioritization Veterans, Youth, Families, Single Adults, Domestic Violence Survivors</li> </ol>
Emergency Shelter	Persons Literally Homeless and Not Diverted	<ol style="list-style-type: none"> <li>1. First Come, First Served</li> </ol>
Referrals to Mainstream Resources/Prevention	At Risk of Homelessness	<ol style="list-style-type: none"> <li>1. VI-SPDAT (0-3)</li> </ol>

\*\*If a person is prioritized for PSH and no PSH is available, person should be considered for RRH as a bridge to PSH. In this situation the person does not lose Chronic Homeless status and can be moved to PSH when a unit becomes available. **Please see following page for excerpt from CPD-16-11, Issued July 25, 2016: Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive**

Permanent Supportive Housing	<p>Shortened assessment should be used to move individuals more quickly off the prioritization list. Prioritization should still be for those who are chronically homeless with a disability.</p> <p>Individuals listed as most vulnerable based on CDC guidance on COVID-19 should be a higher priority in the assessment process.</p> <p>Regions should ensure an isolation option is available to any individual who is chronically homeless and affected by COVID-19 if housing cannot be accessed quickly.</p>
Rapid Re-Housing	<p>Shortened assessment may be used to ensure individuals stay or can be rapidly housed to avoid exposure to COVID-19.</p> <p>Individuals listed as the most vulnerable by the CDC should be prioritized to move from congregate shelters.</p> <p>First come first serve basis can be used to provide this assistance, regions should continue to prioritize those fleeing domestic violence and people who fit the current PSH prioritization categories.</p>

Table from CE Disaster Policy Update 6/24/20, p2&3

# IDENTIFYING ELIGIBLE EMERGENCY HOUSING VOUCHER PARTICIPANTS FOR REFERRAL...

- You can review your current CE waitlist for clients who meet the criteria and assist them in completing the referral packet and gathering documents.
- You can refer those in need through your own agency homeless outreach once they have been assessed and added to your region's CE prioritization list.
- You can refer prospective clients who are referred to your agency by members of the community, or who present to your agency in need.
- You can ask Liz Greene & Karol Canada and/or Mizz Schunn to attend your regional case conference meetings.



Photo description: Zoey, black & white pit bull in monkey and banana pajamas.

## Once IHCDa receives the referral...

- The CE lead staff sends the packet by secure email to [EHV@ihcda.IN.gov](mailto:EHV@ihcda.IN.gov) and is logged on the tracking sheet and an EHV ID# is assigned. An electronic file is created, and the referral packet saved in the file.
- The client is looked up in HMIS and the CE Assessment Score (currently VI-SPDAT) is checked and logged on the tracking sheet. If not eligible, the referring agency is notified and is responsible for telling the applicant.
- The referral packet is reviewed, and missing documents are noted on the tracking sheet.
- The client's application is entered in Housing Pro and it is determined if they are income eligible for the program. If over income the referring agency is notified and is responsible for telling the applicant.
- If income eligibility is not able to be verified, it will be assigned to an LSA and if found to be over income the LSA will notify myself and the client.
- If eligible and assigned to an LSA the referring agency is copied on the email so that the LSA can contact you if they are having trouble reaching the client.

# WHAT COMES NEXT?

**For your clients**, they will attend a briefing, receive a voucher, and will begin their housing search. If there are missing documents, they will need to continue working on getting those.

If the client has utility arrears that must be paid in order to get new service in their name, they need to communicate that with their assigned Housing Specialist and get the bill so file a claim right away and it doesn't delay move-in.

**For us providers**, we communicate monthly by region in Teams and talk about progress in getting missing documents, barriers to housing, and to update one another. If a client is engaged but is having difficulty finding a unit, we can also grant 30 extensions as needed.

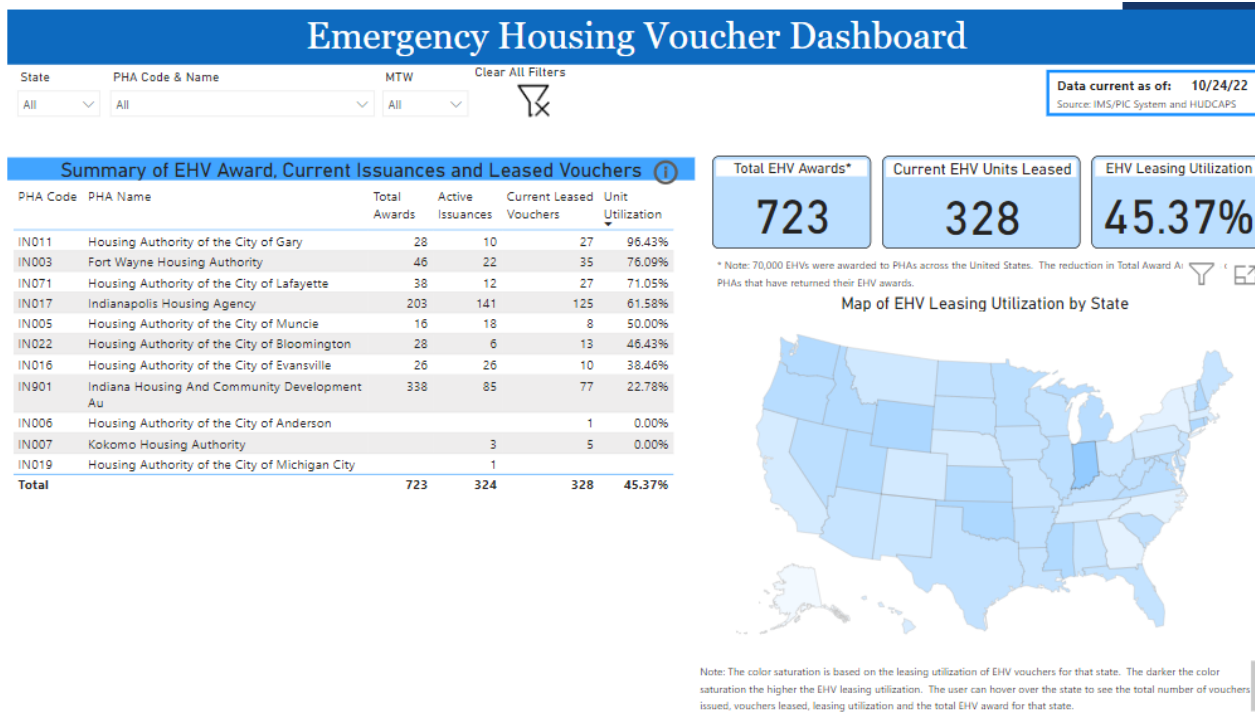
If an issue comes up for a client that is already housed, we can add them back to our Case Conference list to talk about and problem solve.

If a client disengages and is no longer communicating with any of us, the voucher may expire. If that happens they would need to be referred again through CE.

# EHV Update: Referrals & Utilization



# HOW WE ARE DOING ACCORDING TO THE DASHBOARD



As of September 30, 2022 we have received 298 referrals

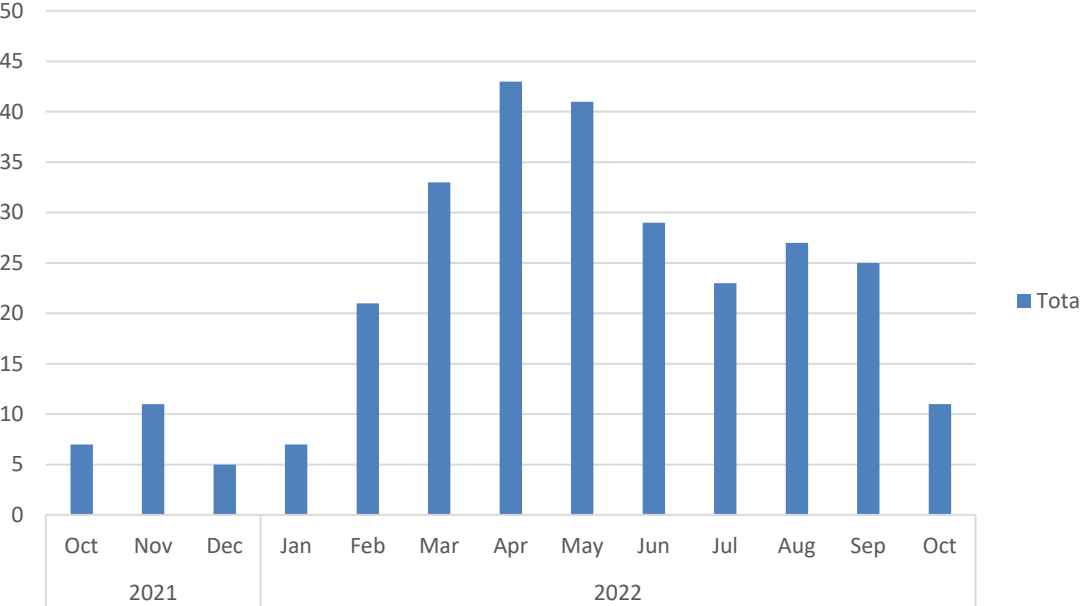
- 85 are actively searching
- 22 were ineligible
- 77 housed with EHV
- 6 housed with PBV
- 9 diverted/resolved their housing crisis
- 11 expired without being housed
- 2 deceased prior to being housed

For the most up to date data <https://www.hud.gov/EHV> and click on the state of Indiana to compare to the rest of the country.

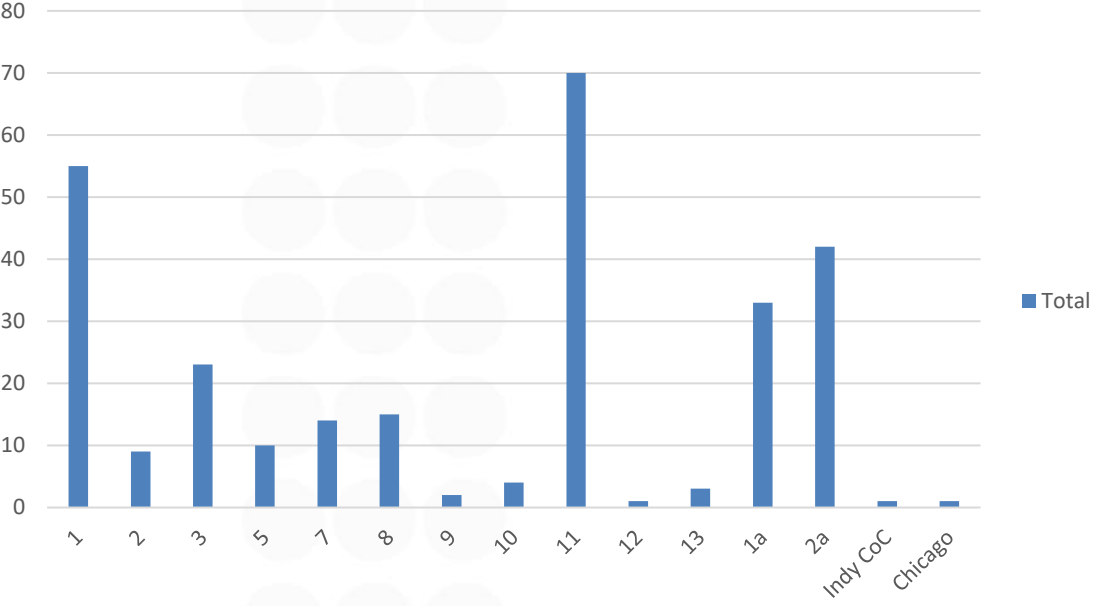


# DEEPER DIVE INTO OUR DATA (CONT.)

Monthly Referrals

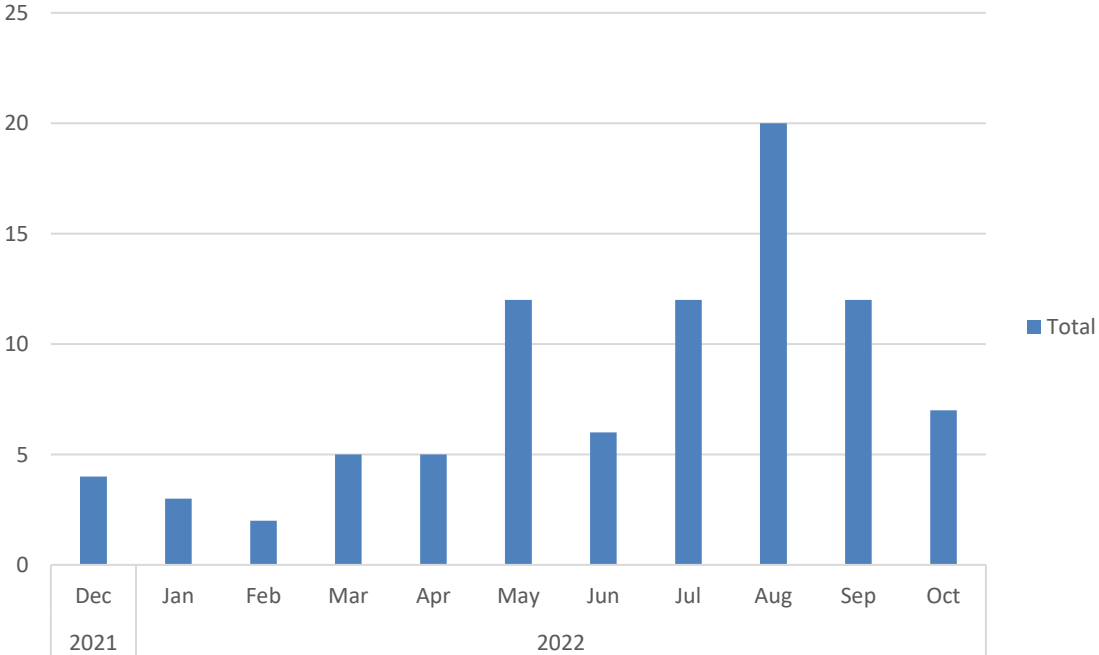


Total Referrals by CoC region

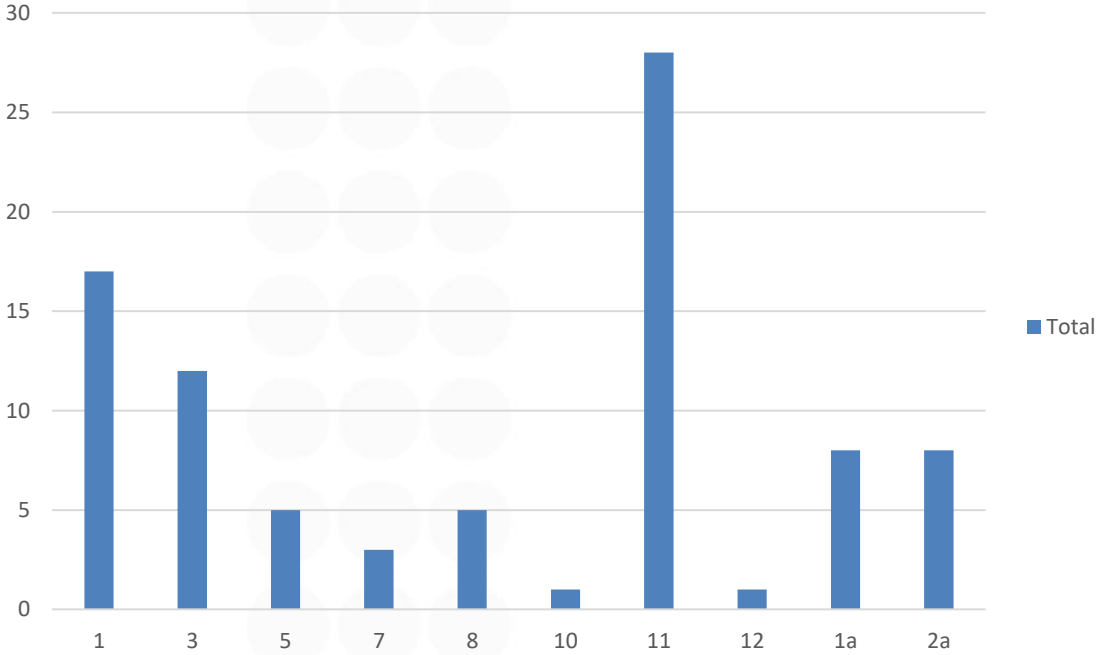


# DEEPER DIVE INTO OUR DATA

Total Lease Ups



Total Lease Ups by Region



# QUESTIONS FOR ED ABOUT REGION 1/1A AND THE EHV PROCESS?

# THE EHV REFERRAL PACKET – COVER LETTER

The cover letter/check list template for you to  
put on your letterhead

The 4-page Tenant Information Form (TIF)

The 2-page Declaration of Citizenship

The Authorization for the Release of  
Information

The 2-page Authorization for the Release of  
Information/Privacy Act Notice

The 2-page Criminal History Authorization and  
consent for the Release of Information

The 2-page Disability/Reasonable  
Accommodation Verification

The Supplemental and Optional Contact  
Information (HUD92006)

The 2-page What You Should Know About EIV

The Zero Income Self-Certification form

Date

Dear IHEDA Housing Choice Voucher staff,

I am referring **(enter full name)** to the IHEDA EHV program. I certify that the household meets the prioritization criteria set by the BoS CoC.

The household would like to live in **(insert City and/or County)**.

Attached to this letter you will find the following forms and documents:

\_\_\_\_ Tenant Information Form (completed and signed)

\_\_\_\_ Declaration of Citizenship (for each adult in household)

\_\_\_\_ Release of Authorization (for each adult in household)

\_\_\_\_ Criminal Background Search Authorization (for each adult in household)

\_\_\_\_ Verification of Disability/Request for Reasonable Accommodation (if applicable)

\_\_\_\_ EIV Brochure (Signed by head of household)

\_\_\_\_ Supplemental Contact Form

\_\_\_\_ Copy of Social Security Card or Letter from Social Security Administration (all household members)

\_\_\_\_ Copy of Birth Certificate or Other Proof of Citizenship (all household members)

\_\_\_\_ Copy of State-Issued Photo ID (for each adult in household)

\_\_\_\_ Proof of Income & Assets Such as Bank Accounts, Investments, Savings (if applicable)

\_\_\_\_ Zero Income Affidavit (if applicable)

If you have any questions, please contact me at **(insert email and phone number)**.

Signed,

# REFERRAL PACKET - TIF

- Tenant Information Form
- Page 1 - Part 1 Household contact info & biographical data.
  - Please make sure it is printed clearly.
  - If this differs from persons in the household in HMIS, please note in email.
- Page 2 - Part 1 Continued Part 2 Asset Information
  - Make sure client knows they will need to provide a statement for each account, including children's savings accounts.
- Page 3 - Part 3 Income Information
  - Earned and unearned income (if in doubt report it and provide verification)
- Page 4 – Part 4 Household Expenses
  - Read each question carefully.

## TENANT INFORMATION

### Part 1: Household (Continued)

- Does your family lack a regular job?
- Do you currently live or have your program, or any other type of federal program, or any other type of federal program?
- Have you or any member of your household, or housing assisted by the years?
- Do you or any member of your household not been abated through rehabilitation?
- Have you or any member of your household or production of methamphetamine?
- Are you or any member of your household an offender registration program?
- If any child or foster child under age 18, list the first name of each child with age.

### Part 2: Asset Information

- Has any member of the family given less than fair market value during the past 12 months?

Review and update household assets. An asset is any one of the following types:

- 401(k) or 403(b)
- Bonds
- Certificate of Deposit
- Checking Account

DOCUMENTATION REQUIRED: Provide Documentation Attached box for each asset.

Account Holder: \_\_\_\_\_ Type: \_\_\_\_\_

Verification Source Name and Address: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type: \_\_\_\_\_

Verification Source Name and Address: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type: \_\_\_\_\_

Verification Source Name and Address: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type: \_\_\_\_\_

Verification Source Name and Address: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type: \_\_\_\_\_

Verification Source Name and Address: \_\_\_\_\_

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## TENANT INFORMATION FORM

Tenant ID \_\_\_\_\_

Please review and complete this form. This information will help us determine your assistance.

Head of Household: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Unit City, State, ZIP: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

E-mail Address: \_\_\_\_\_  I would like to receive correspondence via e-mail.

### 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 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)      Y = Youth Under 18      L = Live-In Aide  
 S = Spouse (Married)      F = Foster Child/Adult      E = Full Time Student Over 18      A = Other Adult

1. Last Name & Sr. Jr., etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American						
9. Race (Check All That Apply)						
10. Social Security Number						
11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No						

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Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address: \_\_\_\_\_

### Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X Head of Household \_\_\_\_\_ Date \_\_\_\_\_

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# REFERRAL PACKET - CITIZENSHIP

## Page One

- This must be completed for all household members who are a citizen or non-citizen with eligible immigration status
- HoH can sign for minor children
- All adult household members must sign

## Page Two

- Only needs to be completed for non-citizens
- If you or the applicant have questions about citizenship that cannot be answered on page two, please let us know prior to submitting the packet.

**Part 2: Applies to Noncitizen Family Members Only**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card

**DECLARATION OF CITIZENSHIP**

July 26, 2018 Tenant ID \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND RETURN TO: IHCD**

Indiana Housing and Community Development Authority  
30 South Meridian Street, Suite 900  
Indianapolis, IN 46204

**Part 1: Applies to All Family Members**

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

**One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.**

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			<input type="checkbox"/>	or	<input type="checkbox"/>	
			<input type="checkbox"/>	or	<input type="checkbox"/>	
			<input type="checkbox"/>	or	<input type="checkbox"/>	
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			<input type="checkbox"/>	or	<input type="checkbox"/>	

**Warning** - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.

**NOTE:** Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

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issuance of a replacement document in one of the above document has been verified.

or delivery and copying of original documents.

stance may be reduced, denied, or terminated as provided Urban Development, pending available appeals processes.

bers of my household are listed on Part 1 of this form on Part 1 of this form do not claim to be citizens or n status.

Date \_\_\_\_\_

must sign below granting consent to verify eligible form must be signed by an adult member of the family

Adult Listed to the left, Guardian for Minors.

	<b>Office Use Only INS VERIF. #</b>

g Agency, without responsibility for its further use or purposes of verification of the immigration status of the ment, as required. The U.S. Department of Housing and ion of the evidence or other information.

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# REFERRAL PACKET – AUTHORIZATION & PRIVACY

## Authorization for the Release of Information

HA requesting release of information:

**HCDA**  
Indiana Housing and Community Development Authority 30  
South Meridian Street, Suite 900  
Indianapolis, IN 46204

(317) 232-7777

Tenant ID

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

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are as 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.

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

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

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest these determinations. This consent form expires 15 months after signed.

Signatures:

Head of Household	Date	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

Document ID: 15163430306

### Penalties for Missing this Consent:

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

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July 28, 2018 Page 1

## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

(Full address, name of contact person, and date)

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# REFERRAL PACKET – CRIMINAL HISTORY



State Form: xxxxx (R/02/04/2004)  
Approved by State Board of Accounts 2004



INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

## CRIMINAL HISTORY AUTHORIZATION AND CONSENT FOR THE RELEASE OF INFORMATION

This authorization is to allow the Indiana Housing and Community Development Authority (IHCDA) and/or its agents to conduct criminal history background investigations as authorized by the Department of Housing and Urban Development under CFR Section 5, Part 902. This section requires you to sign a consent form authorizing the Indiana Public Housing Agency to request a criminal records check on all applicants applying for the Section 8 Housing Choice Voucher program. In signing this form you are authorizing IHCDA to request criminal records from any duly authorized law enforcement agency.

- The applicant may request a copy of the criminal history report if the applicant challenges that the criminal history record is not theirs.
- If you do not agree with information contained in the criminal history report a fingerprint verification request will be made to the Federal Bureau of Investigation. You will be required to provide a complete set of fingerprints to IHCDA, at your expense.
- Applicants may request an Informal Review if you think your denial of assistance was based on erroneous information contained in the criminal history reports.
- The record will be destroyed once the purpose for the record request has been accomplished, including the period for filing a review and/or any disposition of related hearings.

We may disclose the criminal history information to Local Subcontracting Agencies (LSA) who administer the Section 8 Housing Choice Voucher Program and other authorized representatives of IHCDA who have job related needs to access the information.

Each member of your household who is over the age of eighteen must sign this consent form. Additional signatures must be obtained from new adult members or whenever a member reaches the age of eighteen.

IHCDA and its sub-contracting agency's employees are subject to penalties for unauthorized disclosures or improper use of the criminal history information that is obtained by this consent form.

HAPPY Software, Inc.

07/06/2017 Page 1

among other things that whoever knowingly and or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

HAPPY Software, Inc.

07/06/2017 Page 2

its 2004



UNITY DEVELOPMENT AUTHORITY

ir, to complete this form and provide truthful and complete denial of assistance under 24 CFR 982.551. Information by writing to: Records: Housing and Community Services Room W-381, PO Box 6116, Indianapolis, Indiana 46206


or the LSA to request and obtain a Criminal History History background investigation for the purposes ssisted housing programs.

_____	Date of Birth	Date
_____	Date of Birth	Date
_____	Date of Birth	Date
_____	Date of Birth	Date
_____	Date of Birth	Date

## It is important for applicants to understand

- If they port to a housing authority not administering EHV they may be subject to regular HCV standards
- They may have difficulty finding a landlord willing to work with them based on their criminal history.

# REFERRAL PACKET – DISABILITY & ACCOMMODATION

**ihcda**   
Indiana Housing & Community Development Authority  
**DISABILITY/REASONABLE ACCOMMODATION VERIFICATION**

To: \_\_\_\_\_ From: IHCDA  
\_\_\_\_\_  
\_\_\_\_\_  
Indianapolis, IN 46204

Fax: \_\_\_\_\_

**SUBJECT: Verification of Information Supplied by an Applicant/Participant**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Person Requiring a Reasonable Accommodation: \_\_\_\_\_

I hereby authorize release of my medical information to the above named source.  
\_\_\_\_\_  
Signature of Applicant/Tenant Date \_\_\_\_\_

The above named person has applied for housing assistance under a program of the US Department of Housing and Urban Development (HUD). HUD requires the Public Housing Authority to verify all information that is used in determining this person's eligibility or level of benefit.

If you have first hand knowledge that one or more of the following conditions exist, please complete this questionnaire and return directly to the agency/person listed above.

We ask your cooperation in providing the following information and returning it to the person listed on the top of this page. Your prompt return of this information will help assure timely processing of the application for assistance. The applicant/tenant has consented to a release of medical information as shown above.

This verification is required for the applicant/tenant to receive allowances and/or exemptions available only to households whose Head, Spouse, or sole member is disabled and/or to determine if accommodations requested by the disabled applicant/participant will eliminate barriers to housing that prevent full participation in the Housing Choice Voucher Program.

Does the above named person meet one of the following definitions of disability? Please indicate all that apply by checking yes or no.

Yes  No  1. A person having physical or mental impairment that:

- is expected to be of long-continued indefinite duration
- substantially impeded the person ability to live independently; and
- is such that the person's ability to live independently could be improved by more suitable housing conditions.

Yes  No  2. A person has a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act. (42US 6002(7)) generally provided as follows:

- is attributable to a mental and/or physical impairment or combination of mental and physical impairments;
- is likely to continue indefinitely;
- results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care; receptive and responsive language; learning mobility; self-direction; capacity for independent living; and economic self-sufficiency; and

Revised 7/21/2016

HAPPY Software, Inc. Page 1

person's need for a combination and sequence of special, interdisciplinary, or treatment, or other services that are of lifelong, or extended duration and are planned and coordinated.

chronic mental illness, i.e., if he/she has a severe and persistent mental or that seriously limit his/her ability to live independently (e.g. limiting active to primary aspects of daily living, such as personal relations, living creation, etc.) and whose impairment could be improved by more suitable

socialized, or at risk of institutionalization, is living in or at risk of being (ilry, long term rehabilitation center or hospital.

alization is defined as households with a disability whose functioning is so severe with their capacity to remain in the community without supportive ability is severe and persistent and may limit their capacities for engagement (as of daily living, interpersonal relationships, housekeeping, self-care, creation. The disability may limit their ability to seek or receive local, state, (or such as housing, medical, and dental care, rehabilitation services, income of stamps, or protective services.

quire the assistance of a live in aide to accomplish activities of daily living, (or, which the applicant/tenant cannot perform because of his/her disability?

Applicant: \_\_\_\_\_

modation requested above will benefit the applicant/participant: \_\_\_\_\_

information presented in this verification is true and accurate to the best of (understand(s)) that providing false representations herein constitutes an act of (ation may result in the termination of the Section 8 Housing Choice

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_

ative housing program in which there are no barriers to obtaining (national origin, handicap or marital status

Page 2

## Disability & Reasonable Accommodation Verification

If client indicated on the TIF that they are disabled and they do not complete this form or provide SSI or SSD Statement, you will get an email from me asking to verify if the client is requesting accommodations or not.

You can avoid a follow up email by stating in the referral that client has indicated they are disabled but is not receiving SSI or SSD and is not requesting an accommodation.

# REFERRAL PACKET – ALTERNATE CONTACT HUD-92006

- Even if the client does not have an alternate contact, they still need to complete the top of this form, sign and date it and check the box indicating they are choosing not to list an alternate contact.
- Please encourage them to list someone here.
- If they don't have a personal contact here, they can use the person who is assisting them with completing the form or another case worker.
- They must indicate under what conditions this person may be contacted.

Exp. (12/28/2019)

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
<p><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.</p> <p><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.</p> <p><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.</p>	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	
Signature of Applicant	Date

\* 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 time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information 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 this collection of information.

# REFERRAL PACKET – WHAT YOU SHOULD KNOW ABOUT EIV

This prints in landscape and when part of a complete packet, the signature often gets skipped. Please double check packet for this signature.

Please make sure applicants understand what EIV is used for and the penalties for fraud.

**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.

pages at: <http://www.hud.gov/office-spi/programs/spi/mduv.cfm>

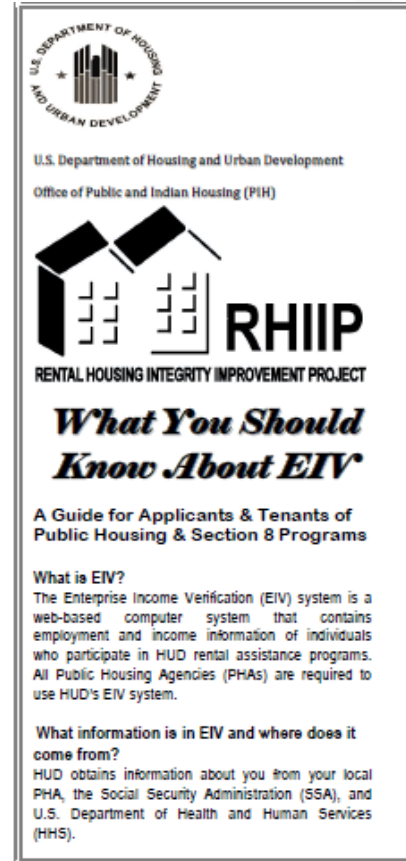
The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

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

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

Signature

Date



## 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.

## 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.

# REFERRAL PACKET – ZERO INCOME FORM

**Zero Income Self-Certification** \_\_\_\_\_ Applicant ID \_\_\_\_\_

Applicant Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

All applicants that claim zero income must complete this form every 90 calendar days. Failure to complete this form in a timely manner may result in the denial of housing assistance. Additionally, any and all changes in household income and/or composition must be reported within fifteen (15) calendar days of the change through the use of the Report of Change Form.

Income Source	Yes/No	Monthly	If "Yes", who receives it
Alimony Payments or Child Support		\$	
Disability Benefits, Supplemental Security Income (SSI), or Death Benefits		\$	
Financial assistance to attend school		\$	
Military Pay		\$	
Periodic Gifts		\$	
Retirement Payments		\$	
Self Employment		\$	
Social Security Benefits or Unemployment Benefits		\$	
Wages/Salaries or Worker's Compensation		\$	
TOTAL		\$	

	Monthly	Paid for by (Full Name, Mailing Address, & Telephone Number/E-mail Address)
Rent and Utilities	\$	
Toiletries (e.g. shampoo, soap, etc.)	\$	
Food/Beverages/Cigarettes	\$	
Telephone	\$	
Cable/Internet/Hotspot	\$	
Transport (e.g. bus, gasoline, taxi, etc.)	\$	
Baby Items (e.g. formula, diapers, etc.)	\$	
Laundry (e.g. detergent, cleaners, etc.)	\$	
Clothing	\$	
Other	\$	
TOTAL		\$

**Certification**

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	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

This form is required if the client does not have any income.

Please go over it with them to ensure you have talked about everything. They may not mention some income when you are going through the TIF because they don't think it counts.

When talking about expenses, they can put n/a only if it does not apply at all (ex. diapers if they don't have babies). Otherwise, they should have something in each blank, even if it is a donation/pantry/gift from friend or family.



# THANK YOU FOR JOINING US TODAY

Information provided came from the following sources

CE Policies & Procedures

<https://www.in.gov/ihcda/files/CE-Policy-and-Procedures-6.0-1.16.2020.pdf>

CE Disaster Policy Updates

Chapter 18 Addendum to IHCDA Administration Plan

Emergency Voucher Handbook

EHV Dashboard <https://www.hud.gov/EHV>



Photo Description: Ná Pali sitting pretty and waiting to go outside.