



Housing Authority of the City of Covington

5160 ALCOVY ROAD
COVINGTON, GEORGIA 30014
PHONE (770) 786-7739
FAX (770) 784-6004



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Executive Director

Taking Applications March 12-28, 2019

Applications Information – Please Read Completely

Applications will be taken from the 12th through the 28th of March on Tuesday, Wednesday and Thursdays from 8:30am – 11:30am and from 2:30pm – 4:30pm
Tuesday, March 19th from 5:00pm – 8:00pm and
Saturday, March 23rd from 8:00am -12:00pm

Applications will not be taken on Mondays or Fridays.

Below is a list of documents and information verification resources required of all new applicants. Please bring all the items listed to your appointment. The same name must appear on all items.

- **Current photo identification** on all adult members (age 18 and older)
- **Original Birth Certificates** for all family members listed on application.
- **Original Social Security Cards** for all family members listed on application.
- **Family Composition:** Marriage license, adoption papers, foster childcare papers
- **All Adult Members:** All family members 18 years of age and older must accompany the head of household on the day of the scheduled appointment.
- **Income verification for all income** you receive. Examples include:
 - *Wage Statement from Employer:* Forms are available at the COVHA reception desk and/or 6 recent consecutive check stubs
 - *Social Security & SSI Benefits:* Obtain printout from the social security office
 - *Veteran Benefits:* Obtain printout from local VA office
 - *Pension fund:* From Retirement etc
 - *TANF Benefits:* Obtain printout from Department of Family & Children Services
 - *Child Support:* Print out from georgia.gov or Child Support Office
 - *Unemployment:* Print out from the Department of Labor
 - *Self-employment:* 1099, Verification Profit & Loss, Last 6 Bank Statement, other proof of income
 - *Contributions /Anticipated Income:* This form is available at the front desk.
 - *Alimony/Palimony (Common Law Spouse):* Must have verification
 - *Tax Return*
 - **ASSETS – Saving, Checking, Investments, Real Estate, 401K, Stocks/bonds, IRA/Keogh, Money market funds, Trusts, Certificates of deposits, etc...**
 - *Most Recent Bank Statement (up to 6 months) Checking and Saving*
 - Any other source of income for the head of household or any family member must also be reported. This includes weekly, monthly, or bi-monthly contributions made by an outside person.
- **All Attached Forms:** Must be filled out completely.

All required forms and attached forms must be completed in advance by the appropriate persons or head of household and presented at the interview. Otherwise, you will not be seen at that time.

THE HOUSING AUTHORITY MAY SUSPEND TAKING APPLICATIONS AT ANYTIME



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Date: _____

Application No: _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number
	Head of Household				

All of your mail will come to this address. Call in to update it as often as needed. Keep your phone #'s updated.

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Type of Unit According to Your Family Size
 1 BR 2 BR 3 BR 4 BR 5BR Add to Resident Lease

Would you or anyone in your household benefit from a special needs unit?
 (i.e. Handicap Unit etc.) Yes No

Emergency Contact: Provide the name of the person we should contact in case we can't reach you.

Name: _____ **Address** _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Relationship to you:** _____

Housing References:

List the past 3 years of housing references. (If additional space is required, use add a blank page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: () _____	_____ _____	Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No
If YES, explain _____
2. Do you expect the number of household members to change in the future? Yes No
If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No
If YES, explain _____
4. Are any or ALL members of the household full-time students? Yes No
If YES, explain _____
5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City _____
County: _____
Are any of the above convictions a felony? Yes No If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No If YES, Please explain _____

What State _____
Are there any criminal charges pending now? Yes No If YES, please explain _____

6. Do you or anyone on your application live in subsidized housing now or have in the past? Yes No
 If YES, where? _____ From _____ To _____
 Were you evicted? _____ If YES, why? _____

7. Have you or anyone on your application ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
 If YES, explain _____

8. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all **GROSS** income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
 (Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount Gross Pay)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- | | |
|---|-----------------------|
| <input type="checkbox"/> Child Support Enforcement Agency | Name of Agency: _____ |
| <input type="checkbox"/> Court of Law | Name of Court: _____ |
| <input type="checkbox"/> Directly from Individual | Name of Person: _____ |
| <input type="checkbox"/> Other | Explain: _____ |

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>Social Security or SSI</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? *(For example, insurance settlements)* Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household? Yes No

(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No

If YES, explain: _____

16. You must report All States you have resided in since the age of 18, and the last address in each state. All applicants 18 are required to report this information.

State: _____ from: _____ to: _____ Address _____

State: _____ from: _____ to: _____ Address _____

State: _____ from: _____ to: _____ Address _____

State: _____ from: _____ to: _____ Address _____

State: _____ from: _____ to: _____ Address _____

17. We are required by HUD to request the following information for the purpose of determining eligibility for admission and/or to give special considerations with regard to allowances in determining rent. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 or age or older Handicapped Disabled

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
2. CDs, money market accounts or treasury bills?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
3. Stocks, bonds or securities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
4. Trust funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
Are any of the above listed trusts irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
6. Cash on hand?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? Yes No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past two years. Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____
Explanation: _____		

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License #: _____	State Issued: _____	Make/Model/Year: _____
2.	License #: _____	State Issued: _____	Make/Model/Year: _____

BACKGROUND INFORMATION

This property's eligibility criteria exclude housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application will be rejected.

1. Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity? Yes No
From where _____ When _____
2. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? Yes No
To Whom _____ How Much _____
To Whom _____ How Much _____
3. Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?
 Yes No (if yes explain) _____

4. From what source did you hear about this property?
 Another Resident Housing Authority Sign at property
 other _____
5. Have you or any member of your household ever been convicted of drug-related criminal activity? _____
If yes, who _____ explain _____
6. Have you or any member of your household ever been convicted of violent criminal activity? _____
If yes, who _____ explain _____

7. Are you or any member of your household a current, illegal user of or addicted to a controlled substance?
 If yes, who _____ explain _____

8. Do you or any member of your household have a pattern of alcohol abuse? If yes,
who _____ explain _____

9. Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes, who _____ explain _____

10. Have you or any member of your household ever been on parole or are now on parole? If yes,
who _____ and explain _____

We recommend that you carry Renters Insurance. Your personal belongings are not covered by COVHA insurance.

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and *Housing Authority of the City of Covington, Georgia* the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree

(Initial) I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.

(Initial) I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application. OR, if move-in has occurred terminate my lease and evict me and my household.

(Initial) I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members must be reported to Management in writing immediately.

(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, State or local agencies.

(Initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development.

(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, color, national origin, sex, age, disability, religion or familial status.

If you feel you have been discriminated against by this company, please call (404) 331-5001.



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I have acknowledged that I received a copy of the EIV & You Brochure from the Covington Housing Authority and that I have read and understand this brochure.

Signature

Date

Check here if you do not understand the content of this brochure and you will consult with your local Legal Aid office for assistance.



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

- The Social Security Administration:
- Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in, and if it is not resolved

to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhlp/eiv/eivhome.cfm.



JULY 2009