

WHEDA Housing Choice Voucher (HCV) Program New HCV Household Packet

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Housing Choice Voucher (HCV) Program

Household Briefing Self Certification

Directions: Read carefully and mark the box next to each statement if you agree. Once complete, please sign, date, and return this certification to your PHA so that your Housing Choice Voucher can be issued. Please ask your PHA if you have any questions!

-I certify that I have completed the HCV program Briefing Presentation.

-I understand that I should contact my PHA if I have any questions about the content covered in my HCV program Briefing Presentation

-I certify that I have received the HCV program Briefing Material which includes HUD VAWA documentation (forms 5380, 5381, 5382, and 5383), WHEDA's "Resident Advisory Board Letter", and additional documents such as HUD's Is Fraud Worth It, A Good Place To Live Packet, copies of HUD form 52641 and 52641-A, the RFTA, and HUD's Protect Your Family From Lead in Your Home Packet are all available online, in person at your PHA's office, or mailed by request.

-I understand that my voucher is valid for sixty (60) days from the date it is issued, and that my voucher will expire unless I submit a Request for Tenancy Approval (RFTA) form for a potential rental unit, or request an extension in writing, prior to my voucher expiration date. Please note that written extension requests must be approved by the PHA.

-I understand it is my responsibility to make sure the Request for Tenancy Approval (RFTA) form gets submitted to my PHA to ensure that my proposed rental unit can get reviewed and approved for the HCV program.

-I understand that if I am having difficulty finding a suitable rental unit for the HCV program, I must request an extension of my voucher term, in writing, to my PHA. The written request for an extension must be submitted prior to my voucher expiration date in order to be considered. My PHA will review all voucher extension requests and will notify my my household of their decision.

-I understand that if my voucher expires before I request an extension and before I submit an approved RFTA for a rental unit, then I will have to reapply to an open waiting list and start this process over again.

-I understand that I MUST report all changes in my household, including contact changes, to my PHA within ten (10) business days of the change.

-I understand that failure to report changes on time may affect my household's portion of rent, and may lead to owing back overpaid federal rental assistance, and can also lead to the termination of my federal rental assistance through the HCV program.

-I understand that once I lease up in a rental unit for the HCV program, my household MUST comply with all the terms of the lease for my rental unit. Violating the terms of my lease can result in the termination of my federal rental assistance through the HCV program.

-I understand that once on the HCV program, my household is responsible for complying with all reasonable requests from my PHA to schedule an inspection of my unit or to complete paperwork by specific due dates. Failure to comply with these requests may result in the termination of my federal rental assistance through the HCV program.

Head of Household Briefing Certification Section

(Please print, sign, and date to indicate your household has participated in our HCV Program briefing, understand your voucher responsibilities, and received our briefing material)

Head of Household Printed Name

Head of Household Signature

Date Signed

HCV Program Household Responsibilities Certification

Directions- Head of Household must review all statements, mark each box, and certify that the household understands and will comply with all responsibilities.

-Households MUST provide true and accurate information to your PHA. This includes keeping your contact information up to date. If you change phone numbers or email addresses, you MUST notify your PHA immediately so that we know how to contact you! *Fraud, or knowingly providing false or incomplete information can be grounds for termination from the HCV program and is punishable by state and federal law.*

-Households MUST pay their portion of rent, and any utility bills, on time every month as per their lease requirements.

-Households MUST comply with the terms of their lease. A lease is a legally binding document between the household and the landlord. Failure to do so may result in the landlord pursuing an eviction. If your household is evicted from a federally assisted unit, then your household will also be terminated from the HCV program.

-Households MUST report to their PHA, in writing, within 10 business days (2 weeks) of any changes in their household composition or income. This requirement includes if you want to move someone in or out of your household, if someone is in the hospital or rehab, if you lost a job, started a new job, if your hours increased or decreased, or if you got a raise, etc.

-Households MUST provide all requested documentation and verifications to your PHA upon request. Your PHA will communicate with you by email and/or mail. Do not ignore your PHA!

-Households MUST use their federally assisted unit as their primary residence. Your household cannot receive duplicate federal rental assistance on a unit, and your household cannot be living in two places at the same time.

-Households cannot be absent from the assisted unit for more than 120 consecutive days, unless the PHA grants an extension, and no household can be absent from the assisted unit for more than 180 days even with extensions. Incarceration is not an approvable reason for an extension for the 120 consecutive days absent from unit policy.

-Households should contact your PHA if there is any situation regarding VAWA (domestic violence, dating violence, sexual assault, and stalking) on the premise of your unit, or any situation where someone may know your rental unit location. There are protections in place for you.

-Households should contact your landlord first with any concerns about unit issues that may need repairs. If the landlord is not cooperative, then households should contact your PHA and we can schedule a tenant requested inspection to inspect your items of concern. If those items fail the PHA inspection, then your landlord would be notified of the items and given a specific time frame to make those repairs.

-Households must allow the PHA entry for an annual, or bi-annual, physical inspection; an adult 18 or older must be present.

-Households MUST NOT commit any violent or drug related criminal activity while on the program, and households MUST make sure that they are not interfering with the health, safety, or right to the peaceful enjoyment of the rental property premise for other tenants. Household also MUST NOT be abusive or threatening to PHA staff.

Head of Household HCV Program Responsibilities Certification Section

(Please print, sign, and date to certify your household understands your responsibilities for the HCV Program.)

Head of Household Printed Name




Head of Household Signature

Date Signed



WHEDA HCV Program

Income, Assets, and Expenses Acceptable Forms of Verification Table

INCOME TYPES 		Acceptable Forms of Verification
END OF EMPLOYMENT		<ul style="list-style-type: none"> Letter from Employer stating last day of employment along with your household's last paystub (if applicable)
EMPLOYMENT (Hourly wages)		<ul style="list-style-type: none"> 2 Consecutive Paystubs (within last 90 days) Employment Verification form stating employer name, hourly pay rate, and pay period (weekly, biweekly, etc.)
Self-Employment (Owned business, contractor)		<ul style="list-style-type: none"> Copy of most recent tax return showing your gross earned income
Federal and State Social Security Benefits (Social Security, Supplemental Security Income (SSI), State SSI, SSI-E, Caretake Supplement)		<ul style="list-style-type: none"> Copies of most recent award letters YOU CAN GET A COPY OF YOUR CURRENT SSA BENEFIT LETTER BY CALLING 1-800-772-1213 OR REQUEST A COPY ONLINE: www.ssa.gov
Unemployment Compensation Payments		<ul style="list-style-type: none"> 1099-G Tax form for most recent year Verification Letter showing weekly benefit amount, maximum benefits payable, benefit begin and end dates
Student Financial Aid		<ul style="list-style-type: none"> Copy of Award Letter stating household member receiving award and the award amount received.
Asset and Expense Types 		Acceptable Forms of Verification
Checking Accounts, Saving Accounts, Retirement Accounts, Whole Life Insurance, or other		<ul style="list-style-type: none"> Copy of most recent monthly statements showing value of accounts, or cash surrender value of policy
*Medical Expenses <i>*ONLY eligible for households with members who are 62 years or older, OR qualify as disabled</i> (Out of Pocket Medical Expenses include over the counter medication receipts, Clinic/hospital bills, supplemental insurance payments etc.)		<ul style="list-style-type: none"> Copies of previous 12 months of bills detailing what the charges were for, and how much your household paid out of pocket. <p>Please contact your PHA if you have any questions about what expenses may qualify!</p>
Child Care Expenses (Out of Pocket payments for childcare for eligible household members.)		<ul style="list-style-type: none"> Copy of letter or bill from childcare provider detailing the household members being cared for, the amount paid out of pocket by your household per child, and the number of visits per year (for example- once per week, only during summer months, only during school year etc.)
Utilities 		Acceptable Forms of Verification
Utility Bills (Water, Electric, Sewer, and other utility bills that your household is responsible for paying each month)		<ul style="list-style-type: none"> Monthly Statement for Utility Bills

WHEDA HCV Program Household Composition Page

Head of Household Name:_____

Current Phone Number: _____

Current Email Address: _____

Household Composition

*Include Head of Household

Relationship abbreviations:

HOH- Head of Household

COH- Co-Head of Household

SP- Spouse

OA- Other Adult
(18 or older)

Y- Youth/child under 18

Race Abbreviations:

*this category is solely for statistical purposes

AI/AN- American
Indian/Alaska Native

A-Asian

B/AA- Black/African American

NH/PI- Native
Hawaiian/Pacific Islander

W-White

Ethnicity Abbreviations:

*This category is solely for statistical purposes

H or I- Hispanic or Latino

Not H or I- Not Hispanic
or Latino

Sex Abbreviations:

(Used to help determine your household's voucher size)

M- Male

F-Female

[illegible]

WHEDA HCV Program Household Income Section

1. Does your household currently receive ANY source of Income ? (See Income Table below for examples of income sources)

YES

NO

If you answered YES, please list all income sources in the table below.

If you answered NO, please skip the rest of this page AND complete the Zero Income Self Certification form (Page 9) in your Annual Packet.

INCOME TABLE

*List each household member receiving income and select their income source from reference list below.

PLEASE provide income verification documents when you return this completed Annual Packet. Review our Acceptable Forms of Verification list (Page 2).

Household Member Receiving Income	Income Source (See list below for examples)	Income Earned Per Pay Period (Gross income before taxes)	Income Source Contact Information
			PH: _____ Email: _____
			PH: _____ Email: _____
			PH: _____ Email: _____
			PH: _____ Email: _____
			PH: _____ Email: _____
			PH: _____ Email: _____
			PH: _____ Email: _____
			PH: _____ Email: _____
			PH: _____ Email: _____

INCOME SOURCE REFERENCE LIST

- | | | |
|---|---|---|
| <p>1. Wages and Salaries
(Provide name and contact information of Employer and indicate if you receive tips or bonuses)</p> <p>2. Regular Income Contributions from people or agencies</p> <p>3. Wages from Government Programs
(Senior Aides, Older American Community Services, AmeriCorps etc.)</p> | <p>4. Business Income (Avon, Mary Kary, Shaklee etc.)</p> <p>5. Social Security and/or SSI</p> <p>6. Death Benefits</p> <p>7. Pensions/Retirement Funds</p> <p>8. Annuities or Non-Revocable Trust</p> <p>9. Unemployment or Disability</p> <p>10. Military Pay</p> <p>11. Workman's Compensation</p> | <p>12. Public Assistance/TANF</p> <p>13. Alimony and/or Child Support</p> <p>14. Income from Rent or Sale of Property</p> <p>15. Foster Care Payments</p> <p>16. Periodic Payments from Lottery Winnings</p> <p>17. Insurance Policies</p> <p>18. Severance Pay</p> <p>19. Other (specify income source in table above)</p> |
|---|---|---|

WHEDA HCV Program

Household Assets Self Certification Form

Households who report over \$50,000 in assets will need to provide verifications to your PHA.

1. Does your household currently have ANY assets (See Asset Table below for examples)

Yes

*No

*If NO, please skip to the end and complete the household signature section

2. My Household has at least one asset that is jointly held with another person

*Yes

No

*If YES, please indicate this when you list the asset on the Asset Table below

3. Within the past two (2) years, my household has sold or given away assets for less than fair market value

Yes

No

If you said YES to #3, list which assets here: _____

ASSET TABLE [enter cash value and interest/dividend rates for all household assets]

ASSET SOURCE	Cash Value (Last Monthly Statement) If you have more than one account, please list all cash values in this column	Interest/ Dividend Rate	**PHA USE ONLY Annual Income of Assets
Checking/Money Market Account	\$	%	\$
Savings/ Certificate of Deposit (CD)			
Stocks/Bonds			
IRA/401K/Keough			
Trust/Retirement/Pension Funds			
Other Retirement Accounts			
Equity in Real Estate or Land Contracts			
Life Insurance Policies (Excluding term)			
Capital Investments			
Personal Property			
Cash on Hand/ Safety Deposit Box			
Assets Disposed of for less than fair market value in past two (2) years			
PHA USE ONLY ASSET TOTALS	\$		\$

*Cash Value is defined as the market value minus the cost of converting the asset to cash (such as the broker's fees, settlement costs, early withdrawal penalties, etc.)

**Personal Property held as an investment may include gem or coin collections, art, or antiques. Items such as furniture, clothing, cars used for transportation should not be included since those are Necessary Personal Property items that aren't considered an asset

HOUSEHOLD SIGNATURE SECTION (Please print, sign, and date to certify your self reported assets are correct to the best of your knowledge.)

Head of Household Printed Name

Head of Household Signature

Date Signed

WHEDA HCV Program

Household Deductions (Page 1 of 2)

Full Time Students, Elderly or Disabled Household Members, and Medical Expenses

(Please provide documentation to support your claims when submitting paperwork)

1. Does your household have any adults (18 years or older) who are Full Time Students (FTS)

Yes

No

Complete this section if you selected YES to #1

Name of Full Time Student (FTS): _____

Name of School: _____

School Phone Number: _____

School Email address: _____

School Street Address: _____

City: _____

State: _____

Zip Code: _____

2. Is your Head of Household, Spouse, or Co-Head 62 years or older (elderly) OR a person with Disabilities

Yes

No

ONLY Answer the following questions if you said YES to #2 If you answered NO, please skip to next page.

- A) Does any qualifying elderly or disabled household members have OUT OF POCKET Medical Expenses

(Out of Pocket means NOT reimbursed by an outside source like insurance companies)

Yes

No

Household Member Name: _____

Medical Expense Details: _____

- B) Does any qualifying disabled household members have OUT OF POCKET disability expenses

(Out of Pocket means NOT reimbursed by an outside source like insurance companies)

Yes

No

Household Member Name: _____

Out of Pocket Disability Expense: _____

- C) Is the disability expense for a service that is necessary to enable ANY household member to be employed

Yes

No

Household Member Name: _____

Disability Service Expense Details: _____

- D) Does your household have Attendant Care Expenses for any disabled household members

Yes

No

Household Member Name: _____

Attendant Care Expenses: _____

- E) Is this service necessary to enable ANY household member to be employed?

Yes

No

Household Member: _____

Attendant Care Details: _____

WHEDA HCV Program

Household Deductions (Page 2 of 2)

Childcare Provider

(Please provide documentation to support your claims when submitting paperwork)

3. Does your household currently pay for Childcare Services for any household members under 13 years of age

Yes

No

**If you selected YES, please provide Childcare provider information and answer the questions below.
If you selected NO to #3, please skip to the next page of Annual Packet.**

Childcare Provider Contact Information

Childcare Provider Name: _____

Phone Number: _____

Email Address (If applicable): _____

Childcare Provider Street Address: _____

City: _____

State: _____

Zip Code: _____

4. Is the Childcare service necessary for ANY household member to be employed or attend school

Yes

No

5. Are any of your Childcare expenses reimbursed by an outside source

Yes

No

If you answered YES to #5, please provide information about the outside source reimbursing your childcare expenses

Childcare Reimbursement Source Name: _____

Amount of Childcare Reimbursed: _____

WHEDA HCV Program Household Certification Page

IMPORTANT NOTICE

The US Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your completed paperwork contains false or incomplete information, then you may be subject to the following:

- Termination from the Housing Choice Voucher Program
- Responsible for repaying all overpaid rental assistance payments made on your behalf.
- Prohibited from being eligible for federal rental assistance in the future.
- Fines of up to \$10,000

ANNUAL PAPERWORK SELF CERTIFICATION STATEMENT

My household certifies that the Annual Reexamination paperwork has been completed to the best of my ability, all information provided is accurate and true to the best of my knowledge, and I have not purposely provided false or incomplete information.

Head of Household Printed Name

Head of Household Signature

Date Signed

WHEDA HCV PROGRAM

SELF CERTIFICATION OF ZERO INCOME

(Certification is Required For Each Household Member 18 and Over)

IMPORTANT: THIS FORM IS OPTIONAL AND ONLY NEEDS TO BE COMPLETED IF YOU ARE CLAIMING NO INCOME

I hereby certify that I receive no income from any of the following sources:

- Regular recurring contributions from persons or agencies outside the household (*complete attachment*)
- Wages and salaries
- Cash employment
- Wages earned through a government program such as: Senior Aides, Older American Community Service Employment Program, AmeriCorps, etc.
- Tips, bonuses or commissions
- Overtime pay
- Income from operation of a business, including Avon, Mary Kay, Shaklee, etc.
- Social Security and/or SSI
- Death benefits
- Pensions/retirement funds
- Annuities or non-revocable trust
- Unemployment or disability
- Military pay
- Workman's Compensation
- Public Assistance/TANF
- Alimony and/or child support
- Income from rent or sale of property
- Periodic payments from lottery winnings
- Insurance policies
- Severance pay

Please Mark next to each statement if you agree, and then complete the signature section.

I certify that I currently have no income at the present time.

I certify that I will notify my PHA within ten (10) business days for any changes to my household's income.

I certify that all information provided is true and complete to the best of my knowledge.

I certify that I understand deliberately lying about my income, or failing to report my income, may result in the termination of my federal rental assistance, owing money to my PHA, and it may also disqualify my household from being eligible for federal rental assistance in the future.

Household Member Printed Name

Household Member Signature

SIGN HERE

Date Signed

WHEDA HCV PROGRAM

MINIMUM RENT EXEMPTION REQUEST

(ONLY COMPLETE THIS FORM IF YOUR HOUSEHOLD IS CLAIMING ZERO INCOME)

I. CONDITIONS FOR HARDSHIP EXEMPTION (Please read carefully and contact your PHA with any questions)

WHEDA's Administrative Plan requires that all households pay at minimum of fifty (\$50) dollars towards rent and utilities even if they are claiming zero income. However, households are able to apply for an exemption that will remove that \$50 requirement.

We have listed below the circumstances that can qualify for these exemptions. If you believe your household qualifies for an exemption, please check the qualifying circumstances that apply to you. Also please indicate whether you believe your need for an exemption will be short-term or long-term. Generally, circumstances that are expected to continue for 90 days or less are considered short-term, and those that are expected to continue for more than 90 days are considered long-term.

Only households that can verify that they need long-term exemptions will be allowed to have their minimum rent waived. If your need for an exemption is short-term, we will temporarily suspend your minimum rent obligation for up to 90 days. However, you must repay the total amount of suspended rent at the end of the short-term exemption period. We will work out a reasonable repayment schedule with you.

We will suspend your minimum rent obligation while we process your request and verify your need for an exemption. If we determine that you are not eligible for an exemption, you must pay any rent payments you missed. Here again, we can work with you on a reasonable repayment schedule.

Households applying for a Minimum Rent Exemption MUST complete the highlighted information and return the document to your PHA.

Head of Household Name: _____

Unit Address (include city, state, and zip): _____

II. CIRCUMSTANCES THAT QUALIFY HOUSEHOLDS FOR EXEMPTION

I am requesting an exemption from paying the minimum rent because (check all that apply):

- My household would be evicted if the minimum rent requirement was imposed.
- My household lost eligibility for a federal, state, or local assistance program in the past 60 days.
- My household is awaiting an eligibility determination for a federal, state, or local assistance program.
- My household's income decreased in the past 60 days because of changed circumstances, including the loss of employment.
- An income contributor to the household died in the past 60 days.
- Other circumstances (please specify) : _____

My household's need for an exemption is: short-term (1 to 3 months) long-term (longer than 3 months)

III. AGREEMENT TO REPAY

I agree that, if I do not qualify for a long-term exemption, I will repay all the suspended rent. I understand that I must work with you if necessary to come up with a reasonable written repayment agreement and schedule based on the amount due and my household's circumstances at that time. I agree to repay the suspended rent based on that schedule.

Head of Household Signature

Date Signed

.....
IV. PHA and WHEDA Approval Section

Household: Qualifies for a short-term exemption Qualified for long term exemption Does NOT qualify for exemption

Agent Signature: _____ **Date:** _____

WHEDA Staff Signature _____ **Date:** _____

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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant**Date**

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

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

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

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

Wisconsin Housing and Economic Development Authority (WHEDA) Attn: HCV, PO Box 1728 Madison WI 53701-17280

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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

Private owners may not request or receive information authorized by this form.

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

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Authorization for the Release of Information

HA requesting release of information:

WHEDA Attn: HCV, PO Box 1728 Madison WI 53701-17280

Authority: 42 U.S.C. 1437f 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 set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the 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 those determinations. This consent form expires 15 months after signed.

Signatures:

Head of Household	Date
Social Security Number (if any) of Head of Household	
Spouse	Date
Other Family Member over age 18	Date
Other Family Member over age 18	Date

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Social Service Agencies
State Unemployment Agencies
State Wage Information Collection Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies
Internal Revenue Service

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

Penalties for Misusing 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 uses 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.

DECLARATION OF CITIZENSHIP

Head of Household: _____

Please complete this form for each individual that you are listing in your household.

For All Family Members:

All families must have at least one member who is a citizen or national of the United States, or be a noncitizen with eligible immigration status in order to qualify for federal housing assistance. A mixed family comprised of eligible and ineligible citizens does qualify for assistance.

All members of the household must be listed and all adults must sign where indicated. Children who are not 18 years old must be signed by a responsible representative of the family that will reside in the unit. Signatures are also granting consent to verify eligible immigration status.

Check one box that applies for each household member listed; indicating citizen or national of the U.S., Non-citizen with eligible immigration, or Ineligible Non-citizen.

Printed Name (First, Last)	Age	I am a Citizen Or National of the U.S.	I am a noncitizen with eligible immigration status	I am a noncitizen with ineligible immigration status	Signature of Adult or Guardian for Minors

NOTE: Any household member claiming Noncitizen status must provide this office with an original document from the list below:
Form I-551: Alien Registration Receipt Card/ Form I-94: Arrival-Departure Record with appropriate annotations or documents/ Form I-688: Temporary Resident Card/ Form I-688B: Employment Authorization Card/ A Receipt issued by the INS indicating an application for issuance of a replacement document has been made for one of the above listed documents and the applicant's entitlement to the document has been verified.

Please DO NOT mail, fax, or email original documents to this office. Contact our office to arrange for the delivery and copying of original documents.

If documents are not provided then your family's rental assistance may be reduced, denied, or terminated as per the regulations of the United States Department of Housing and Urban Development; pending any available appeal processes.

Head of Household Certification

As the Head of Household, I certify under penalty of perjury that all members of the household are listed above and that all members have indicated whether they are claiming to be Citizens of the United States, Nationals of the United States, Noncitizens with Eligible immigration status, or Noncitizens with Ineligible immigration status.

Signature _____

Date _____

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 of agency of the United States. If this form contains false or incomplete information you may be required to repay all overpaid rental assistance you have received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from future assistance.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

WHEDA Attn: HCV, PO Box 1728
Madison WI 53701-17280

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

Signature

Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

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

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/third/eiv.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



WHEDA Housing Choice Voucher Program HQS/NSPIRE Inspection Standards Update

Dear Housing Providers and Program Participants,

This is notice of upcoming changes to inspection standards and the implementation of NSPIRE (National Standards for the Physical Inspection of Real Estate), for all **WHEDA** Housing Choice Voucher (HCV) and Project Based Voucher (PBV) households.

Effective **October 1st, 2025**, WHEDA's HCV Program inspection process will begin assessing units based on the new National Standards for the Physical Inspection of Real Estate (NSPIRE). NSPIRE, which will be replacing HQS, establishes a new approach to assessing housing quality inspections and strengthens physical condition standards and will be replacing the current HQS standards. Implementation of NSPIRE will ensure that the overall condition of the dwelling unit and property, including components located both inside (i.e. common areas and building systems) and outside of the building (i.e. site exteriors and grounds), and within the units are functionally adequate, operable, and free of health and safety hazards.

It is important to comply with these new requirements to avoid delays in the leasing process, life threatening fail items, or the abatement of federal rental assistance payments.

The biggest changes are as follows:

1. All the smoke alarm changes, placement and 10-year sealed/hard wired
2. Inspections will include the unit/inside/outside for all units, this includes the path of travel to unit on apartment buildings
3. GFCI's within 6 feet of water source
4. Interior wall holes cannot be greater than 2 inches in diameter or an accumulation of holes that are cumulatively greater than 6 inches by 6 inches.
5. Heaters must be functional year round

Units subject to inspections prior to the implementation effective date will be held to the HQS administrative and enforcement policies in place at the time the inspection was conducted, but this will also include NSPIRE standards already required for carbon monoxide detectors and smoke alarms. To further assist our participating landlords and families, enclosed with this notification is guidance material on properly preparing for a NSPIRE inspection.

For further information, please visit <https://www.hudexchange.info/programs/nspire/>.

Please reach out to hcvprogram@wheda.com with questions.

Sincerely,

Housing Choice Voucher (HCV) Team

What To Expect During An NSPIRE Inspection

For Residents



1

Inspectors may enter all rooms and areas to complete the inspection.



3

Inspectors will lock/unlock doors, open cabinets, test plumbing, etc.



2

Loud noise may occur, such as when alarms are tested.



- 1** Provide inspectors access to all areas and let them know if they will encounter other people or pets.
- 2** Expect loud sounds, such as beeping from smoke or carbon monoxide alarms or the opening and closing of doors.
- 3** Allow inspectors to examine all inspectable items, including doors, cabinets, kitchen appliances, plumbing fixtures, heating systems, electrical service panels, lighting, windows, etc.



What To Expect During An NSPIRE Inspection

You may be asked to temporarily move some personal items, like clothes and plants.

Inspectors might trip electrical breakers, disrupt circuits, or turn on/off lights.

You may be asked to move personal belongings that could be safety risks.

During the Inspection

Inspectors may request certain tasks to be completed, such as turning on/off a cooking appliance, adjusting the thermostat, or pulling a stopper from a bathtub.

Light bulbs or batteries may be changed, installed, or replaced as needed.

Inspectors will not inspect resident-owned items, such as fire extinguishers, air conditioners, or freezers for functionality.

After the Inspection

- ▶ The public housing authority (PHA) or property representative may explain discovered deficiencies and required repair time.
- ▶ The inspector will provide the inspection results to the landlord, property manager, or PHA.
- ▶ Your PHA will follow up with a notice of reinspection dates, if applicable.

See the ***Requesting an Inspection Report*** job aid if a report is not provided.



HQS

Housing Quality Standards

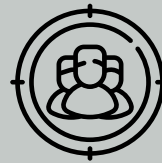
NSPIRE vs HQS



National Standards for the Physical Inspection of Real Estate

Location Focus

Defined basic quality housing standards based on 13 key aspects (General Regulations and HUD 52580-A)



FOCUS

Resident Focus

Designed to focus on resident health and safety while addressing the increase in multifamily properties and tenant and project-based vouchers

Inspection Locations

Living Room
Kitchen
Bathroom
Other Room
Used for Living
All Secondary
Heating and Plumbing



INSPECTION

3 Inspection Types/ 3 Inspection Areas

Inspection Types:
Annual Self-Inspection
Critical-to-Quality
Critical-to-Quality Plus

Inspectable Areas:
Outside
Inside
Unit

Deficiency Types

Health and Safety
Non-Health and Safety



DEFICIENCIES

3 Deficiency Categories

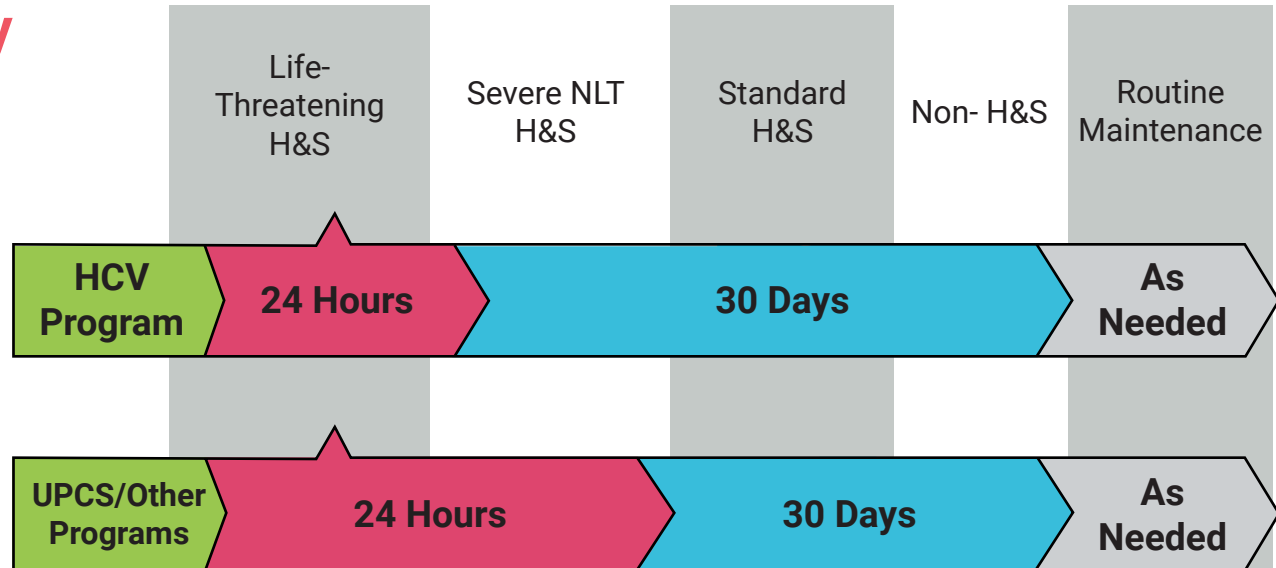
Condition and Appearance
Function and Operability
Health and Safety

Rationales:
Deficiencies based on rationales, or clear and concise explanations of the potential risk a defect presents

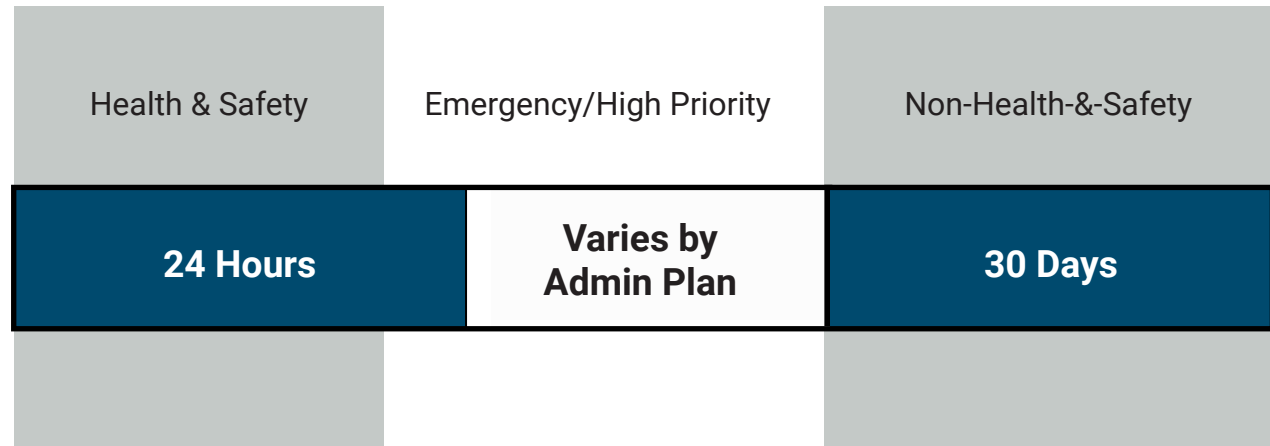


NSPIRE vs HQS

NSPIRE Deficiency Time of Repair



HQS Deficiency Time of Repair



To: WHEDA Housing Choice Voucher Heads of Household

Re: Housing Choice Voucher Program Public Hearing and Resident Advisory Board Annual Meeting

Your household receives the benefit of a Housing Choice Voucher under a program operated by the U.S. Department of Housing and Urban Development (“HUD”). HUD has contracted with Wisconsin Housing and Economic Development Authority (“WHEDA”) to administer your voucher and other vouchers in the State of Wisconsin. WHEDA has subcontracted with local agencies, including the agency with which you interact directly, to carry out a portion of its administrative responsibilities.

HUD requires that WHEDA have in place a Resident Advisory Board to give WHEDA comments on the Annual Plan that WHEDA must prepare for HUD. The Resident Advisory Board is also encouraged to comment on the administration of WHEDA’s Housing Choice Voucher program generally. As the head of your household, you are automatically a member of the Resident Advisory Board, along with approximately 2,500 other heads of households that receive the benefit of Housing Choice Vouchers.

Please note: Being a member of the Advisory Board carries with it no obligation for you to participate if you do not wish to. It simply gives you the opportunity to participate as described below if you would like. If you are not interested in being a member of the Advisory Board, you simply need not participate.

Every January, WHEDA posts the Proposed Annual Plan (or the Five Year Plan, prepared every five years) and other documents that are required to be submitted to HUD pursuant to Title 24 *Code of Federal Regulations* Part 903, (previous years’ Annual/Five Year Plans, all applicable supplemental materials, and WHEDA’s current Administrative Plan for the Housing Choice Voucher Program) on www.wheda.com/Voucher-Administration (together, the “Posted Documents”). The Posted Documents and the Proposed Plan are also available for public inspection at our Madison office during regular business hours, or you may request that the Posted Documents be sent to you via email or postal mail. As a member of the Advisory Board, you may inspect, read, and submit comments to WHEDA on the Posted Documents. Comments may be submitted in writing via U.S. Mail or by e-mail at rab@wheda.com, however, **you are not required to provide comments to the Posted Documents if you do not wish to.**

Every March, WHEDA hosts a virtual Public Hearing and a Resident Advisory Board Annual Meeting. Notice of the Public Hearing and Annual Meeting will be published in the Wisconsin State Journal and posted to WHEDA's website. Each person, other than WHEDA staff, may speak for up to two minutes at the Public Hearing. At the close of the Public Hearing WHEDA will host the Resident Advisory Board Annual Meeting. WHEDA staff members will be available during both the Public Hearing and the Annual Meeting to discuss the Posted Documents and receive comments from attendees.

All written comments regarding the Posted Documents must be received by 5:00 P.M. on the Friday prior to the Public Hearing and Annual Meeting. If you wish to attend the Public Hearing and Annual Meeting, you must contact WHEDA by 2:00 P.M. on the Friday prior and provide your telephone number or e-mail address so that we can contact you and provide you with call-in information. The phone line will be open during the posted Public Hearing and Annual Meeting scheduled times.

Following the public hearing, WHEDA will review all received comments to the Posted Documents and may modify our Proposed Annual/Five Year Plan as a result before our submission of these items to HUD. WHEDA will also submit to HUD any comments to the Posted Documents that we receive and a description of the manner in which the comments were addressed by WHEDA.

Sincerely,

WHEDA’s Housing Choice Voucher Team



Tony Evers, Governor

A public body corporate and politic created under Chapter 234, Wisconsin Statutes