



Regional Housing Authority of Sutter and Nevada Counties

1455 Butte House Road, Yuba City, CA 95993

Phone (530) 671-0220, Toll Free: (888) 671-0220

TTY: (866) 735-2929 Fax (530) 673-0775

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS AND OLDER. Write N/A in any section that does not apply to you. Your eligibility for housing (or continued housing) is dependent on your family's honest and full completion of this form. The Regional Housing Authority (RHA) is required to use the information you provide in this document to obtain verification of your family's income, assets, and allowances/deductions and household composition.

Current Address: _____

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

HOUSEHOLD COMPOSITION: List all people who are living at the above address-attach an additional page if necessary

| Family Member | Legal Name (Last, First MI) | Relation to Head | Social Security Number | Sex (M/F) | Date of Birth (mm, dd, yyyy) | Student (Y/N) | Disabled (Y/N) | Race | Hispanic (Y/N) |
|---------------|--------------------------------|---------------------|------------------------------|--------------|---------------------------------------|------------------|-------------------|------|-------------------|
| 1 | | HEAD | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 8 | | | | | | | | | |

Live-In-Aide(s) must be listed, but will not be considered a remaining member of the household. Live-In-Aides do not have any rights to the unit, housing or assistance.

HOUSEHOLD INFORMATION

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 the 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 either felony or misdemeanor? ☐ YES ☐ NO

If yes, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____ County: _____

6. 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 _____

7. Do you or any member of your household have criminal charges pending now? ☐ YES ☐ NO

If yes, please explain _____

INCOME INFORMATION

All income for ALL household members must be reported (including minors). Include GROSS income (before taxes or deductions) 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?
(Include overtime, tips, bonuses, commission and payments received in cash.) ☐ YES ☐ NO

| Household Member | Name of Company (or note if self-employed) | Amount |
|------------------|--|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. Unemployment benefits, Disability Payments, or worker's compensation? ☐ YES ☐ NO

| Household Member | Name of Company | Amount |
|------------------|-----------------|--------|
| | | |
| | | |
| | | |

3. Public Assistance, General Relief, Food Stamps, or Temporary Aid to Need Families (TANF)? ☐ YES ☐ NO

| Household Member | Name of Agency | Amount |
|------------------|----------------|--------|
| | | |
| | | |
| | | |

4. Social Security, SSI or any other payment from the Social Security Administration? ☐ YES ☐ NO

| Household Member | Name of Agency | Amount |
|------------------|----------------|--------|
| | | |
| | | |
| | | |

5. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? ☐ YES ☐ NO

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| | | |
| | | |

6. (a) Child Support or Spousal Support (alimony)? ☐ YES ☐ NO

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| | | |
| | | |

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

- ☐ Child Support Enforcement Agency Name of Agency: _____
- ☐ Court of Law Name of Court: _____
- ☐ Directly from Individual Name of Person: _____
- ☐ Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? ☐ YES ☐ NO

Explanation: _____

7. Regular payments from a severance package? ☐ YES ☐ NO

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| | | |
| | | |

8. Regular payments from any type of settlement? (For example, insurance settlements) ☐ YES ☐ NO

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| | | |
| | | |

9. Disability, death benefits or life insurance dividends? ☐ YES ☐ NO

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| | | |
| | | |

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.)

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| | | |
| | | |

11. Educational grants, scholarships, or other student benefits? ☐ YES ☐ NO

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| | | |
| | | |

12. Regular payments from lottery winnings or inheritances? ☐ YES ☐ NO

| Household Member | Source of Income | Amount |
|------------------|------------------|--------|
| | | |
| | | |

13. Regular payments from rental property or other types of real estate transactions? ☐ YES ☐ NO

| Household Member | Source of Income | Amount |
|------------------|------------------|--------|
| | | |
| | | |

14. Any other income sources or types not listed above? ☐ YES ☐ NO

| Household Member | Source of Income | Amount |
|------------------|------------------|--------|
| | | |
| | | |

15. Do you or any household member expect any change in income in the next 12 months? ☐ YES ☐ NO

If yes, explain: _____

16. Are YOU or is ANY OTHER ADULT member of your household claiming ZERO income? ☐ YES ☐ NO

If yes, who? _____

ASSET INFORMATION

Include all assets and the corresponding annual interest rate, dividends, or any other income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account(s)? ☐ YES ☐ NO

| Household Member | Bank or Financial Institution | Balance | Annual Income from Asset |
|------------------|-------------------------------|---------|--------------------------|
| | | | |
| | | | |
| | | | |

2. CD's money market accounts or treasury bills? ☐ YES ☐ NO

| Household Member | Bank or Financial Institution | Balance | Annual Income from Asset |
|------------------|-------------------------------|---------|--------------------------|
| | | | |
| | | | |
| | | | |

3. Stocks, bonds, or securities? ☐ YES ☐ NO

| Household Member | Source | Amount | Annual Income from Asset |
|------------------|--------|--------|--------------------------|
| | | | |
| | | | |

4. Trust funds? ☐ YES ☐ NO

| Household Member | Source | Amount | Annual Income from Asset |
|------------------|--------|--------|--------------------------|
| | | | |
| | | | |

Are any of the above listed trusts irrevocable? ☐ YES ☐ NO

5. Pensions, IRAs, 405Ks, 403Bs, KEOGH, or other retirement accounts? ☐ YES ☐ NO

| Household Member | Source | Amount | Annual Income from Asset |
|------------------|--------|--------|--------------------------|
| | | | |
| | | | |

6. Cash on hand? ☐ YES ☐ NO

| Household Member | Amount |
|------------------|--------|
| | |
| | |
| | |

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

| Household Member | Source | Amount |
|------------------|--------|--------|
| | | |
| | | |

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes a personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) ☐ YES ☐ NO

| Household Member | Source | Amount |
|------------------|--------|--------|
| | | |
| | | |

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

| Household Member | Source | Amount |
|------------------|--------|--------|
| | | |
| | | |

10. Do you have a safe deposit box containing contents with a monetary value? ☐ YES ☐ NO

If yes, explain: _____

11. Have you or any household member disposed, sold or given away any asset(s) within the past 2 years?

| Household Member | Description of Asset Disposed | Amount Received |
|------------------|-------------------------------|-----------------|
| | | |
| | | |

ADJUSTMENTS

1. Do you pay a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of your family may work or attend classes? ☐ YES ☐ NO

If yes, are you reimbursed for any part of the money you pay? ☐ YES ☐ NO

| Household Member who works or attends classes | Child under age 13 who is cared for | Amount | Name and Address of care provider |
|---|-------------------------------------|--------|-----------------------------------|
| | | | |
| | | | |

2. Are you or any other household member disabled? ☐ YES ☐ NO

3. Do you pay for care or equipment for a disabled family member so that either the disabled member or another member of your family may work? ☐ YES ☐ NO

If yes,
explain: _____

If yes, are you reimbursed for any part of the money you pay? ☐ YES ☐ NO

3. COMPLETE ONLY IF THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD IS AGE 62 OR OLDER OR DISABLED

Do you wish to claim an allowance for Medical Expenses (Family members need not be age 62 or older or disabled to claim expense) ☐ YES ☐ NO

If yes, are you reimbursed for any part of the money you pay? ☐ YES ☐ NO

| Household Member | Description of expense | Amount |
|------------------|------------------------|--------|
| | | |
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ETHICS STATEMENT

The Regional Housing Authority requires that all tenant, prospective tenants, and employees provide the following information.

Do you have a business or personal relationship with any employee (or past employee) or board member of the Regional Housing Authority?

☐ YES ☐ NO

If yes, please explain: _____

IMPORTANT NOTICE

All information provided on this document will be verified. It is your responsibility to provide all necessary information to properly process your paperwork and verify your eligibility. Failure to provide any required information may cause assistance to be delayed, denied or terminated.

Authorizations, Representations and Certifications

My signature, as noted and dated below, is confirmation that I do hereby authorize the Regional Housing Authority to obtain any information deemed necessary for the purposes of determining my eligibility for housing/assistance. I understand that the Regional Housing Authority may obtain third party verifications of those items related to my household income, assets, allowances/deductions, household composition, and criminal background.

I understand that the Regional Housing Authority is relying on information provided by me to prove my household's eligibility for housing/assistance under a program of the U.S. Government. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions. I consent to release the necessary information to determine my eligibility. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program. **WARNING:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the US.

ALL ADULT FAMILY MEMBERS MUST SIGN BELOW

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

IF YOU OR ANYONE IN YOUR HOUSEHOLD IS A PERSON WITH DISABILITIES, AND YOU REQUIRE AN ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS, PLEASE CONTACT OUR OFFICE FOR ASSISTANCE.



CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand this form will be used to verify information for future recertification requirements. The original of this authorization is on file with the PHA and will stay in effect for one year and three months from the date signed. I understand I have a right to review and correct any information that I can prove is incorrect.

SIGNATURES

| | | |
|---------------------------------------|---------------------|-------------|
| Signature of Head of Household | (print name) | Date |
|---------------------------------------|---------------------|-------------|

Social Security Number

| | | |
|----------------------------|---------------------|-------------|
| Signature of Spouse | (print name) | Date |
|----------------------------|---------------------|-------------|

Social Security Number

| | | |
|---|---------------------|-------------|
| Signature of Other Family Member 18 years or older | (print name) | Date |
|---|---------------------|-------------|

Social Security Number

| | | |
|---|---------------------|-------------|
| Signature of Other Family Member 18 years or older | (print name) | Date |
|---|---------------------|-------------|

Social Security Number

| | | |
|---|---------------------|-------------|
| Signature of Other Family Member 18 years or older | (print name) | Date |
|---|---------------------|-------------|

Social Security Number

| | | |
|---|---------------------|-------------|
| Signature of Other Family Member 18 years or older | (print name) | Date |
|---|---------------------|-------------|

Social Security Number

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGN SEPARATELY.



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AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any and all listed below to release to REGIONAL HOUSING AUTHORITY OF SUTTER AND NEVADA COUNTIES any information or materials needed to complete and verify my application for participation, and/or continued eligibility for assistance under the Housing Choice Voucher, Low-Income Public Housing, USDA Rural Development, Affordable Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, welfare department, law enforcement officials, future landlords and other government, state and public agencies. This includes records of my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

| | | |
|----------------------------------|-------------------------------|-------------------|
| Identity and Marital Status | Employment, Income and Assets | Criminal Activity |
| Residences and Rental Activity | Household Composition | Credit Activity |
| Medical or Child Care Allowances | | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continues participation in housing assistance.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

| | | |
|--|--------------------------------|-------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration |
| Court Clerks | Welfare Agencies | Retirement Systems |
| Banks & other Financial Institutions | State Unemployment Agencies | Schools and Colleges |
| Medical & Child Care Providers | Social Security Administration | Law Enforcement Agencies |
| Support & Alimony Providers | Credit Providers | Credit Bureaus |
| Postal Office | Dept. of Motor Vehicles | Medical Facilities |
| Foster Care Providers | Utility Companies | Workman's Compensation Payers |
| | Support Service Providers | Family Support Division |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personal Management; U.S Postal Service; Social Security Administration; Department of Justice; State & County welfare and food stamp agencies.

The Housing Authority is an equal opportunity employer and housing provider

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Regional Housing Authority of Sutter & Nevada Counties
1455 Butte House Rd
Yuba City, CA 95993
(530) 671-0220
Linda Nichols, Director

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

XX
XX
XX

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 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.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.



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FAMILY OBLIGATIONS

A Family:

1. MUST supply any information, certifications and releases that HUD or the Housing Authority determines is necessary in the administration of the program. This includes submitting required evidences of citizenship or eligible immigration status and information for use in a regularly scheduled or interim reexamination of household income and composition. You MUST report any change in household size and income in writing to the Housing Authority within 10 days of the change. Information supplies by the household must be true and complete.
2. MUST disclose and verify Social Security numbers and sign and submit consent forms to obtain information.
3. MUST supply any information requested by the Housing Authority to verify that the family is living in the unit or information related to family absences from the unit.
4. MUST notify the Housing Authority in writing if they are going to be away from the unit for more than 30 days.
5. MUST allow the Housing Authority to inspect the dwelling unit at reasonable times after being noticed.
6. MUST notify the Housing Authority and the owner in writing before moving out of the unit or terminating the lease.
7. MUST use the assisted unit for residence by the family. The unit must be the family's only residence.
8. MUST notify the Housing Authority in writing within 10 days of the birth, adoption, or court-awarded custody of a child.
9. MUST request in writing and receive written approval from the Housing Authority to add any household member (other than birth, adoption, or court-awarded custody) BEFORE the new member moves in.
10. MUST notify the Housing Authority when a household member no longer lives in the unit.
11. MUST receive written approval to add any other household member as an occupant BEFORE the new member moves in.
12. MUST give the Housing Authority a copy of any owner eviction notice.
13. MUST give the Housing Authority a copy of any information they receive from HUD
14. MUST pay monthly rent on time.
15. MAY engage in legal profit making activities in the unit, if such activities are incidental to the primary use of the unit for residence by members of the household.

MANDATORY DENIAL

The Housing Authority MUST deny assistance to applicants and terminate assistance for participants:

1. If any member of the household fails to sign and submit HUD or Housing Authority required consent forms for obtaining information.
2. If no member of the household is a U.S. citizen or eligible immigrant.
3. If any member of the household has ever been evicted from Public Housing or terminated from the certificate or Voucher Program for serious violation of the lease.
4. If any member of the household has been convicted of manufacturing or producing methamphetamine.
5. If any member of the household is required to register as a sex offender.
6. If any member of the household is fugitive or felon.

A Family Must:

1. Not OWN OR HAVE ANY INTEREST IN THE UNIT (Exception: You may own manufactured homes and receive assistance with space rent)

2. NOT rent from a parent, child, grandparent, sister or brother of any member of the family. (As part of the reasonable accommodation the HA may approve the owner being a family member.).
3. NOT commit any serious or repeated violation of the lease, not commit fraud, bribery, or any other corrupt or criminal act in connection with program.
4. NOT participate in illegal drug or violent criminal activity, or any other criminal activity, that threatens the health, safety or right to peaceful enjoyment for other residents or persons residing in the immediate vicinity of the premises.
5. NOT sublease or let the unit or assign the lease or transfer the unit.
6. NOT receive Section 8 tenant based program assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
7. NOT damage the unit or premises (other than damages for ordinary wear and tear), disconnect the smoke detector, or permit any guest to damage the unit or premises. The family is responsible for Housing Quality standards breaches as it pertains to Tenant supplied utilities or appliances furnished by the tenant.
8. NOT allow non-household members to use the unit address for any purpose, including a mailing address.
9. NOT allow non-household members to be in the unit more than 14 consecutive days or a total of 30 days in a 12 month period.

A violation of any of your family obligations is considered cause for termination from your housing assistance program. Please be aware of these obligations so we can avoid any misunderstanding or potential problems.

GROUND S FOR DENIAL OR TEMRINATION OF ASSISTANCE

The Regional Housing Authority of Sutter & Nevada Counties (THE HOUSING AUTHORITY) MAY deny for an applicant or terminate program assistance for a participant for any of the following

1. The household violates any family obligation.
2. Any member of the household commits drug related criminal activity or violent criminal activity. Any member of the household commits fraud, bribery or any act of corruption in connection with any HUD program.
3. The household currently owes money to any Housing Authority.
4. The household violates an agreement with the Housing Authority to pay amounts owed.
5. A family participating in the family self sufficiency program fails to comply without good cause, with the FSS Contract.
6. A family has engaged in or threatened abusive or violent behavior towards Housing Authority personnel, contractors or vendors.
7. If any household member has been terminated under any Certificate or Voucher Program.
8. Any household member whose drug or alcohol abuse interferes with health, safety or peaceful enjoyment of other residents.
9. Non-payment of monthly rent.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

Signature of Participant

Date

Signature of Participant

Date

The Housing Authority is an equal opportunity employer and housing provider.



Regional Housing Authority of Sutter and Nevada Counties

1455 Butte House Road, Yuba City, CA 95993

Phone (530) 671-0220, Toll Free: (888) 671-0220

TTY: (866) 735-2929 Fax (530) 673-0775

WHAT IS FRAUD?

Fraud is a crime. A person found guilty of fraud may have to pay a fine and he/she may be put in jail. You may be guilty of fraud if you received Housing Assistance: because you told only part of the truth; because you lied; because you did not tell all of the facts right away.

In order to avoid fraud, the following must be reported in writing within 10 days of occurrence:

Any and all money received by any person staying in the home. This includes any and all money from any and all sources such as a job, earnings as a child care provider, income from In-Home Supportive Services (IHSS), unemployment insurance, disability income, Cal Works, inheritance, rental income, social security, worker's compensation, veteran's benefits, insurance settlements, death benefits, interest, income tax returns, or any other source.

Initials _____

Every person living (staying) in my home and if anyone moves in or out of my home, or if the status of anyone in my home changes such as a new child in the home, someone gets married, separated, or divorced.

Initials _____

If anyone in my home buys, sells, receives, trades or gives away property, real and personal, such as a house, land, checking, savings, any motor vehicle, life insurance policies, trust funds, or any other property. This includes real and personal property outside of the U.S.

Initials _____

In order to avoid fraud, you may not:

Allow an unauthorized person(s) to reside in the unit. Assistance may be terminated if anyone stays in the assisted unit in violation of the lease.

Initials _____

Violate the terms of the lease. Repeated or serious violations of the Lease (including damaging the unit beyond normal wear and tear), are cause for termination of assistance.

Initials _____

Make any payments to owner in excess of the tenant rent determined by the Housing Authority. Side payments violate the Section 8 program rules and may result in termination of assistance payments on your unit.

Initials _____

Allow anyone to use your bank account(s) to cash and write checks for any person(s) not part of my household or allow unauthorized persons to use my address as their mailing address or live in the assisted unit that it may result in the termination of my rental assistance.

Initials _____

The consequences of fraud are serious. In addition to termination of rental assistance, they may include criminal prosecution, payment of fines and or jail or prison.

I understand all items on this form regarding fraud, what my reporting responsibilities are and the need to report any charges of income, property, and persons in my home. Even if I/we already reported a change on a Change Reporting form, I/we must still report it in subsequent Eligibility Questionnaires. Initials _____

All household members 18 years of age and older must sign and date:

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Obstruction of Justice

You, your household members and your guests must refrain from preventing any emergency personnel such as law enforcement, fire department, animal control or an ambulance response team from performing their duties. Examples of prohibited activities are forming crowds, throwing items, etc. You, your household members and your guests must cooperate with any lawful order given by a peace officer.

HOUSEKEEPING

These guidelines are to help ensure that your home environment is safe, sanitary and pleasant.

Smoke Detectors

Do not remove the batteries or otherwise disable any smoke detector in your home. Immediately report any problems with the smoke detector to your landlord.

Vehicles

You should have current registration and proof of insurance for all of your vehicles. All vehicles should be operational and must be parked inside the garage, in the driveway, or on the street, if permitted. Do not park on the sidewalk or the grass, or anywhere on the front lawn.

Do not drive any vehicle in an unsafe or unlawful manner or in a manner that disturbs or annoys your neighbors. You should not use parking areas or lawns for the repair of vehicles.

Garbage

Find out the day your garbage is picked up each week and make sure all accumulated trash for the week is removed. Never allow trash to accumulate.

Inside Storage and Egress

For the safety of those who reside in your home, do not store items/furnishing near any wall heaters; you MUST have clearance of four (4) feet in front and two (2) feet on each side of wall heaters. NEVER use your hot water heater closet for storage. Do not place furniture, clothing, boxes, etc. in front of windows or doorways. All windows and doorways must have full clearance to open, close and lock. To prevent fire hazards, appliances should be clean and free of accumulated grease and food.

Outside Storage & Yard Areas

Do not store household items, flammable chemicals (i.e. gasoline, paint thinner, pesticides, solvents, etc.) or another personal items on your front porch or front lawn. These types of items should be kept in your garage or storage unit. Make sure toys are not let in the front yard overnight. All items (bicycles, outdoor toys, barbeque grills, ect.) should be secured inside your garage or storage unit at night, if possible.

Check your lease to see you are responsible for the maintenance of your front and back yard (water and mowing) on a regular basis. Make sure the grass stays green by keeping it watered and that it looks well manicured by keeping the grass mowed and trimmed. Look to your neighbors' yards for guidance as to how your lawn should look. Remember, your neighborhood only looks as good as the worst lawn.

Window Coverings

All windows should have window coverings like shades, mini blinds, shutters or curtains. These may or may not come with your home when you first rent it. If not, you'll want to make sure your windows are covered to protect your privacy. But do not cover windows with bed sheets, newspaper, boards, paint, flags, etc. These items look "Tacky" from the outside and detract from the overall attractiveness of your new neighborhood.

Renter's Insurance

We recommend that you purchase a renter's insurance policy to protect you against damage or loss to your personal items in the event of fire, theft, or other catastrophe. Your landlord's insurance will only cover the structure in the event of property loss, and NOT its contents.

BY SIGNING, YOU CERTIFY THAT YOU HAVE READ, OR HAVE HAD THE GOOD NEIGHBOR GUIDLEINES EXPLAINED OR READ TO YOU, THAT YOU UNDERSTAND THE ELEMNTS OF THE GUIDLEINES AND THAT YOU AGREE TO OBSERVE AND PRATICE THES GUIDELINES.

Signature

Date

Good Neighbor Guidelines

The Good Neighbor Guidelines were developed to assist you in how to be a good neighbor in your chosen community. The responsible actions of all who reside in your community will assist in ensuring that you and your neighbors enjoy a quiet, pleasant and peaceful environment. The following guidelines may or may not be a part of your lease or maybe subject to your particular city's codes or ordinances. Repeated or serious violations of your lease or city codes and ordinances may result in termination of tenancy.

GUIDELINES FOR CHILDREN

These guidelines are to help ensure the safety, health and security of the children that reside in your home.

Children at play

Adults should not allow children to play in any place where there is a risk to their health and safety. Attention must be paid to the surrounding areas and any potential causes of injury of harm to the child. Examples of unsafe areas are streets and any areas where a child can fall from - like fences and roofs.

Children on Bicycles, Scooters and Skates

California's helmet law requires that persons under 18 years of age must wear a helmet while operating a bicycle, non-motorized scooter or skateboard, while wearing in-line or roller skates, or while riding upon a bicycle, non-motorized scooter or skateboard as a passenger upon the streets or another public bicycle path.

Unsupervised Children

Children under twelve (12) years of age should not be left alone in your home. To maximize the safety of younger children, you should personally supervise them at all times wherever they are in your household, outside of your home, even if it is just in the front or rear yard.

CONDUCT OF TENANTS AND GUESTS

These guidelines are to help ensure your behavior, and the behavior of your household members and guests, contribute to a pleasant living environment for you and your neighbors.

Quiet Hours and Curfew

A certain amount of noise is expected living in a neighborhood environment. Residents are encouraged to be considerate of their neighbors at all times.

Quiet hours are from 10:00pm to 7:00am. Loud noise of any kind are discouraged after 10pm. During quiet hours you, your household members, and your guests should not be making noise that can be heard outside of your home. Juveniles have a curfew of 10:00pm per Sutter County ordinance and therefore should not be outside of your home after 10:00pm.

Music and Loud Noises

Musical instruments, audio equipment, and television sets should be played at a reasonable volume that does not disturb or annoy your neighbors. The use of musical instruments, audio equipment, and televisions sets outside your home is discouraged except when played at a very low volume or with earphones. This applies to car stereos as well. You and your guests should not play car stereos at a volume that will disturb or annoy your neighbors at any time of the day or night.

Vehicles belonging to your or your guests must be equipped with an adequate muffler to prevent excessive or unusual noise. Also, any noise-producing work done on a vehicle, whether routine maintenance or major repairs, should take place during the hours of 8:00am to 9:00pm.

Dogs

For the safety of your neighbors and your dog, please keep your dog inside unless properly Leashed and under your personal control. Prolonged dog barking or aggressive behavior by your dog can alarm and disturb your neighbors.

Drug Free Environment

You, your household members, any of your guests or any other person under your control cannot engage in criminal activity, including drug-related criminal activity, in or near your home. Drug-related criminal activity means the manufacture, sale, distribution, or use of an illegal substance or the possession with intent to manufacture, sell, distribute, or use controlled substances. Such conduct is a violation of the program rules and can result in your termination from the program.

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.

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:

**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

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 recordkeeping 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 08/31/2016.

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.

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/cbr/programs/pihv/iv.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.

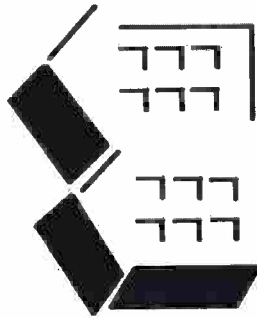
Signature

Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

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