



Housing and Community Development  
Assisted Housing Program  
350 W. 6<sup>th</sup> Street, Suite 312  
Dubuque, IA 52001  
Office (563) 589-4230  
Fax (563) 589-4244

I certify that the information provided to the City of Dubuque Housing Services is true and correct. I further understand that the Housing Agency may conduct computer matching programs with other governmental agencies including federal, state, or local agencies. The match will be used to verify information supplied by my family.

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**

Do you receive food stamps?  No  Yes

If yes, \$  /month and from what state

Do you receive FIP/TANF benefits?  No  Yes

If yes, \$  /month and from what state

Are you currently on a Limited Benefit Plan (LBP)?  No  Yes

If yes, specify the reason:

What would your full monthly benefit be if not in LBP? \$  /month

**Failure to disclose true and complete information may result in termination from the program and repayment all benefits paid on your behalf.**

Signature

Date

Telephone Number



**Student Eligibility Checklist**  
**City of Dubuque Housing & Community Development Dept.**

Effective January 30, 2006 Congress enacted law affecting the eligibility of students for Assisted Housing under Section 8 of the U.S. Housing Act of 1937. In brief, the law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student. The eligibility requirements apply to both full and part-time

1. Are you or any adult member of the household a full-time or part-time student enrolled in an institution of higher education? (Does not include GED)  
 Yes: Go to question 2  
 No: **Stop**- Sign & Date form at end of questionnaire
2. Is the student at least 24 years of age with at least 1 dependent child?  
 Yes: **Stop**- See **Result B**  
 No: Go to question 3
3. Does the student meet any of the following criteria?
  - At least 24 years old
  - Veteran
  - Married
  - At least 1 dependent child  
 Yes: **STOP**. See **Result C**  
 No: Go to question 4

**Independent student qualification standards:**

Is the individual of legal contract age under state law?  Yes  No

Has the individual established a household separate from parents or legal guardians for at least one year prior to application? (Must be accompanied by evidence such as lease agreement)  Yes  No

Was the individual claimed as a dependent by parents or legal guardians pursuant to IRS regulations? (Must be accompanied by evidence such as tax forms either by individual or parents/guardians)  Yes  
 No

Has the individual obtained certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support? This certification is required even if no assistance will be provided. May also submit financial aid verification if the documents clearly state the parents/guardians will not contribute to the financial assistance.

Yes  No

4. Does the student qualify as an "independent student" as listed above? If the answer is no to any of the above questions and is not supported by evidence, you must answer no to this question. .

Yes: **Stop**. See **Result D**  
 No: Go to question 5

5. Do the student's parents/guardians meet income eligibility requirements for the area in which they reside? Must submit verification of all gross income.

Yes: **Stop**. See **Result E**  
 No: Ineligible for assistance

**Result A**

Do not count student financial assistance for determination of family eligibility at admission or reexamination

**Result B**

Do not count student financial assistance for determination of eligibility at admission or reexamination

Do not examine parental income at admission or reexamination

**Result C**

Count student financial assistance in excess of tuition for determination of eligibility at admission

Do not include student loans

Ineligible for admission or participation if income exceeds applicable limit

Do not examine parental income at admission or reexamination

Do not test for individual income eligibility at reexamination

**Result D**

Count student financial assistance in excess of tuition for determination of eligibility at admission

Do not include student loans

Ineligible for admission if income exceeds applicable limit

Do not examine parental income at admission or reexamination

Test for individual income eligibility at reexamination

Terminate assistance if income exceeds applicable limit

**Result E**

Count student financial assistance in excess of tuition for determination of eligibility at admission

Do not include student loans

Deny admission if income exceeds applicable limit

Test for individual income eligibility at reexamination

Terminate assistance if income exceeds applicable limit

Test for parental income at reexamination

Terminate assistance if parental income exceeds applicable limit

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Signature

Date

## DECLARATION OF SECTION 214 STATUS

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive housing assistance, each applicant or recipient of housing assistance must be lawfully within the United States. Please read the declaration statement carefully, sign it and return it to the Housing Authority office. You are free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_ (print first name, middle initial(s) and last name), certify, under penalty of perjury that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box below):

I am a citizen by birth, a naturalized citizen, or a national of the United States; or

I have eligible immigration status and I am 62 years of age or older (you must attach proof of age); or

I have eligible immigration status as checked below. Please attach INS document(s), such as a copy of the front and back of your permanent residency card (commonly known as a “green card”) evidencing eligible immigration status.

- Immigrant status under 101(a) or 1010(a)(20) of the INA<sub>3</sub>; or
- Permanent residence under 249 of INA<sub>4</sub>; or
- Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA<sub>5</sub>; or
- Parole status under 212(d)(f) of the INA<sub>6</sub>; or
- Threat to life or freedom under 243(h) of the INA<sub>7</sub>; or
- Amnesty under 245A of the INA<sub>8</sub>.

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Signature

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Date

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under 101(a)(15) or 101 (a) (20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under 210 or 210A of the INA (8U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since the, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
5. Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been “terminated” under 208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. Parole status under 212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
7. Threat to life or freedom under 243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General’s withholding deportation under 243(h) of the INA (8U.S.C. 1253(h)) [*threat to life or freedom*].
8. Amnesty under 245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by person(s) declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/SAVE Verification Number and date that it was obtained. A PHA signature is not required.



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.

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](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

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

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: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/ph/eiv](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv)

**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

## 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:**

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

**Signature**

**Date**

**Printed Name**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

City of Dubuque Housing and Community Development Department  
350 West 6<sup>th</sup> Street, Suite 312  
Dubuque, IA 52001  
(563) 589-4230

**Purpose:** The City of Dubuque Housing & Community Development Department may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization:** I, \_\_\_\_\_, hereby authorize the release of any information to the Dubuque Housing & Community Development Department to obtain information about me or my family that is pertinent to eligibility for or participation in all assisted housing programs. The information to be released may include, but is not limited to:

Criminal Activity of all family members including juvenile records	Colleges/Universities/Other Learning Institutions including Financial Aid
Identity	Income
Urine Analysis and/or blood test for controlled substances and/or alcohol	Payments and Participation in the FSS/Assisted Housing Programs
Child Care	Credit History
Family Composition	Employment
Income	Child Support
Pensions	Assets
Government Benefits	Family Composition
Disability Assistance Expenses	Marital Status
Medical Expenses	Social Security Numbers
Social Security/SSI/SSD Benefits	Residences and Rental History
Utility Obligations	Current and/or previous residences

**Individuals or Organizations that may release information include, but are not limited to:**

Federal, State, and Local Courts	Law Enforcement Agencies
Utility Companies (Black Hills Energy, Century Link, City of Dubuque, etc.)	Department of Correction Services/Juvenile Court Services
Department of Human Services	Department of Inspections and Appeals
Employers	Social Security Administration
Colleges/Universities/Educational Institutions	Housing Agencies
Landlords	County/District Attorney
Government Agencies	Banks/Credit Unions/Financial Institutes
Pharmacies	Pension Companies

**Liability:** I acknowledge and understand that I have no claim against any entity providing the above information as a result of the entity's disclosure of the information to the Dubuque Housing & Community Development Department.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated. I grant permission to provide a copy of my criminal background information, if any, to the head of household applicant/participant. This release shall remain in effect until revoked in writing or within fifteen (15) months from the date entered below.

Full Legal Name: \_\_\_\_\_

Last 4 of SSN: XXX-XX \_\_\_\_\_

Other legal names used: \_\_\_\_\_

List any other names used (such as maiden, married, adopted, etc.) If you have never used another legal name, please write N/A or None

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Assisted Housing Program  
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Dubuque, IA 52001  
Office (563) 589-4230  
Fax (563) 589-4244

I certify that all information provided to the City of Dubuque is true and correct. I further understand that the Housing Agency may make inquiries regarding criminal activity of all family members including juvenile records from Law Enforcement Agencies/Dept. of Correctional Services/juvenile court services/County/District attorney or any other means to verify this certification. Under Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I **certify that I have:**

No criminal record in the following state(s) I have lived for the last 7 years – please list the city if in a state other than Illinois, Iowa, or Wisconsin:

\_\_\_\_\_

Yes, I have the following criminal record in the city, county, state(s) of \_\_\_\_\_

\_\_\_\_\_

If yes, please explain when and where the criminal activity occurred and the nature of the crime.

Date of crime: \_\_\_\_\_

Crime: \_\_\_\_\_

**Failure to disclose true and complete information may result in termination from the program and repayment all benefits paid on your behalf. Use an additional sheet of paper if needed.**

Signature

Date