**EIV SIGNATURE PAGE**

\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to review my EIV information to assist me in completing the recertification required for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (property).

\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received a copy of my EIV report from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (property) and assume complete responsibility for the information contained in the report.

\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that the information contained in the EIV report from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (property) report is correct and State that third party verification is not necessary.

\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my EIV data to be viewed and/or discussed with the other adult members of my household during the Annual/Interim Recertification Interview process for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (property).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature Apt # Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature Date

Disclaimer:

\_\_\_\_\_ I acknowledge that EIV contains personal information concerning tenants that is covered by the Privacy Act such as SSN’s, Names, and DOB’s as well as SS/SI benefits, wage, unemployment compensation benefit new hire (W-4) information requires my written consent.

\_\_\_\_\_ I acknowledge that the data contained therein needs to be protected from unanticipated or unintentional us and disclosure and that I assume full responsibility for safeguarding all information stolen, lost, or misused while in my care, custody, or control.

***If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at*** [***http://www.ascr.usda.gov/complaint\_filing\_cust.html***](http://www.ascr.usda.gov/complaint_filing_cust.html)***, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at*** ***program.intake@usda.gov*****.** RD/LIHTC

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