

# Tenant Consent to Disclose EIV Income Information

\_\_\_\_\_  
Print name of tenant authorizing release

\_\_\_\_\_  
Print name of third party being authorized to view information

**A. Third party to view and/or discuss information for the sole purpose of recertification assistance is an:**

- Adult Household Member       Translator / Interpreter       Service Coordinator  
 Guardian       Temporarily Absent Family Member  
 Individual Assisting Elderly Individual or Person with a Disability  
 Other Individual (Include Relationship): \_\_\_\_\_

**B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:**

- EIV Income Report       EIV Income Discrepancy Report EIV No Income Report  
 EIV New Hires Report       Other EIV information: \_\_\_\_\_

**C. Penalties for Misuse of Information:**

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.” 18 U.S.C. 1001.

“Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i).

“The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (i) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph.” 42 U.S.C. 653(l).

Federal law also provides penalties for misusing Social Security numbers. 42 U.S.C. 408 (a) (6), (7) and (8).

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use.

**D. Certifications:**

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, re-disclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

\_\_\_\_\_  
Signature of Tenant Authorizing Release

\_\_\_\_\_  
Printed Name of Tenant Authorizing release

\_\_\_\_\_  
Date

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above named individual for the sole purpose of assisting the tenant in the recertification of his/her subsidy. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, re-disclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

\_\_\_\_\_  
Signature of Authorized Third-Party

\_\_\_\_\_  
Printed Name of Authorized Third-Party

\_\_\_\_\_  
Date



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**Signature of Tenant Authorizing Release**

\_\_\_\_\_  
**Printed Name of Tenant Authorizing release**

\_\_\_\_\_  
**Date**

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**Signature of Authorized Third-Party**

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**Printed Name of Authorized Third-Party**

\_\_\_\_\_  
**Date**

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**Signature of Tenant Authorizing Release**

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**Printed Name of Tenant Authorizing release**

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**Signature of Authorized Third-Party**

\_\_\_\_\_  
**Printed Name of Authorized Third-Party**

\_\_\_\_\_  
**Date**

