MSHDA
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM
Notice of Decision

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request in writing to your Housing Agent.

The Mandatory Poster Agency
6323 W Saginaw Hwy STE E
Lansing, MI 48917

Date: 1/6/2020

Requested Change:

☐ Add A Family Member
☐ Remove A Family Member
☐ Move to Another Unit with HCV Assistance
☐ Extend Your Voucher
☐ Suspend Your Voucher
☐ Increase Contract Rent
☐ Minimum Rent Exemption Due to Financial Hardship
☒ Other: Please complete the enclosed MSHDA 49 Verification of Earnings form for Jasmine Casarez, indicating the start date, wage, hours, and/or termination date. Can you also attach a payroll print out from start date to termination.

Determination:

☐ Your request has been approved.

☐ Your request has been approved. In order to complete the action you have requested, the following is necessary:

☐ Your request has been denied. The reason(s) for the denial is:

☒ Your request is pending. In order to make a determination, the following is necessary: Please complete the enclosed MSHDA 49 Verification of Earnings form for Jasmine Casarez, indicating the start date, wage, hours, and/or termination date. Can you also attach a payroll print out from start date to termination.

If you have any questions, please contact:
BECKA Management Group Inc.
5085 W Grand River Ave. STE 200
Lansing, MI 48906
Phone: 517-669-9706 Ext: 2421
Fax: 517-669-2336
samantha@becka.us

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HOUSING CHOICE VOUCHER PROGRAM

Verification of Earnings

Head of Household's Name: Jasmine Casarez	HOH Last 4 SSN:8072

Section A - Employee Information

Employee's Name: Jasmine Casarez			
Date of Birth: 5/22/87	Last 4 SSN: 8072		
Address: 825 N Chestnut St	City:Lansing	State:MI	Zip Code:48906

Employer: Please complete this form and return by: (See attached consent form for authorization to release information.)	1/24/2020

Section B - To be completed by Employer - Please also attach a copy of the employee's payroll history.

Employee job title: Outbound Telemarketer	
Original date of employment:	9/15/14
Termination date:	1/29/16
Date of Re-Hire: (if applicable)	10/16/17
Average regular hours worked per week:	30-40
Average overtime hours worked per week:	N/A
Regular rate of pay per hour:	$ 11.00
Overtime rate of pay per hour:	$ N/A
Average tips, incentive pay, bonus, or commission earned per week:	$ Varies per week
Year to date earnings:	$ 359.81
Are earnings from a Title IV program, Title IV Work-Study Program, Title V Program, or from an economic or self-sufficiency job training program?	☐ Yes ☒ No
If seasonal or occasional employment, give lay-off periods: Possibly late Spring or early Summer	
Firm or employer name: LLPS, Inc.	

Address: 5859 W. Saginaw Hwy. #343	City: Lansing	State: MI	Zip Code: 48917
Phone: (517) 321-4144	Fax: (517) 321-9441	Email: CS@LLPSinc.com	

By signing this document, I certify under penalty of perjury that the information and statements I have provided are to the best of my knowledge true and accurate.

Printed Name of Employer or Authorized Representative: Michael Bishop	
Signature: Michael Bishop	Date: 1/13/19

Please return completed form to:

BECKA Management Group Inc.
5085 W Grand River Ave. STE 200
Lansing, MI 48906
Phone: 517-669-9706 ext. 2421
Fax: 517-669-2336

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

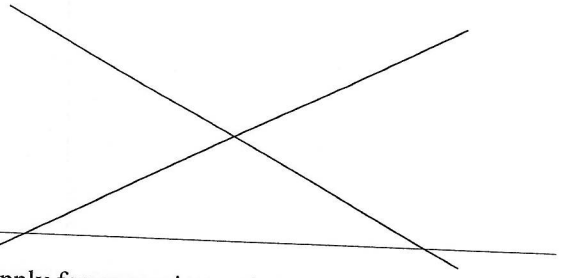
OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2017

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

BECKA Management Group

5085 W. Grand River Ave., Suite #200
Lansing, Michigan 48906
517-669-9706

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



8/01/2018

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.

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 12/15/18		
[redacted] 8072 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, agains the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.