



600 Brush Arbor Rd | Williamsburg, KY | 40769
O: 606.549.0282 | F: 606.549.4824 | TDD: 866.241.6567
www.williamsburghousing.org
Executive Director: Mary Thornton, MBA
Board Chair: Richard Foley

UPFRONT INCOME VERIFICATION (UIV) FORM

ALL ADULTS 18 & OVER ARE REQUIRED TO SIGN THIS AKNOWLEDGEMENT

BY SIGNING BELOW, I UNDERSTAND THAT:

1. I must report all changes in my income and changes of the income from persons living in my household within ten (10) days as specified in the *Housing Authority of Williamsburg Dwelling Lease* and related documents.
2. The Housing Authority of Williamsburg use electronic data matching, Upfront Income Verification (UIV), and other electronic and manual methods to verify reported income with independent sources. Types of electronic verification may include but are not limited to employment and other earnings, social security benefits, unemployment, etc. By signing this agreement, I hereby authorize the Housing Authority of Williamsburg to make inquiries regarding my income as necessary.
3. If the Housing Authority of Williamsburg becomes aware of income that I have not reported, or under-reported income, as specified in the *Housing Authority of Williamsburg Dwelling Lease* and related documents, I hereby acknowledge that I may be subject to certain penalties. These penalties may include, but not be limited to, repayment, current and future program ineligibility, and civil and/or criminal prosecution.
4. If I am determined to be ineligible for housing assistance because: I did not comply with the relevant portions of the *Dwelling Lease* and related documents in timely reporting of income and therefore must repay the Housing Authority of Williamsburg under a properly executed *Repayment Agreement*, I hereby acknowledge that I may not be eligible for assistance from any other Housing Authority until I satisfy the offense by remitting the full amount listed in the *Repayment Agreement* in a timely manner.
5. If I disagree with the findings, I hereby acknowledge that I have the right to request a review of the income and circumstances which caused the discrepancy with a member of management.

HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____

FAMILY MEMBER #1 OVER THE AGE OF 18 SIGNATURE: _____ DATE: _____

FAMILY MEMBER #2 OVER THE AGE OF 18 SIGNATURE: _____ DATE: _____