

EIV DISCREPANCY RESOLUTION FORM

DATE: _____

RESIDENT/APPLICANT: _____

UNIT: _____

HOUSEHOLD MEMBER NAME: _____

TYPE OF REPORT IN DISCREPANCY

DATE OF REPORT: _____

____ EXISTING TENANT SEARCH (ETS) ____ IDENTITY VERIFICATION (IV) ____ MULTI-SUBSIDY (MS)

____ DECEASED TENANT (DT) ____ NEW HIRE (NH) ____ EMPLOYMENT AND INCOME DATA (EID)

DISCREPANCY DETERMINATION & ACTIONS TAKEN

ALL FALSE/POSITIVES MUST HAVE VERIFICATION DOCUMENTATION ATTACHED TO THIS SHEET PROVING THAT EIV INFORMATION IS INCORRECT

• **ETS**

____ REJECTED APPLICATION DUE TO PROVIDING FALSE INFORMATION

____ FALSE/POSITIVE-GAINED VERIFICATION THAT NO LONGER A RESIDENT

• **IV**

____ CORRECTED SOCIAL SECURITY # ____ FALSE/POSITIVE-REFERRED TO SSA/WFA

• **MS**

____ TERMINATE ASSISTANCE ____ TERMINATE RESIDENT ____ FALSE/POSITIVE-VERIF. REC'D

• **DT**

____ CERTIFICATION CORRECTION ____ FALSE/POSITIVE-REFERRED TO SSA/WFA

• **NH**

____ CERTIFICATION CORRECTION ____ FALSE/POSITIVE-VERIF. REC'D

• **EID**

____ CERTIFICATION CORRECTION ____ FALSE/POSITIVE-VERIF. REC'D

REPAYMENT AGREEMENT REQUIRED? ____ YES ____ NO

RESIDENT SIGNATURE REQUIREMENT

FALSE/POSITIVES REFERRED TO SSA/WORKFORCE AGENCY (WFA)

MY SIGNATURE BELOW PROVIDES THE FOLLOWING ACKNOWLEDGEMENTS:

1. I HAVE BEEN ADVISED TO CONTACT THE SOCIAL SECURITY ADMINISTRATION AND/OR THE STATE WORKFORCE AGENCY TO RESOLVE MISREPORTING BY THE AGENCY.
2. I HAVE BEEN ADVISED THAT I AM RESPONSIBLE FOR SUBMITTING THE NOTICES OF CORRECTION TO THE SITE OFFICE WHEN RECEIVED FROM THE AGENCY CONTACTED.

RESIDENT SIGNATURE _____



REVIEWER SIGNATURE: _____ DATE: _____

Date of Initial Discrepancy: _____	Mgmt. Initials: _____
Date of Follow Up Resolution Notice: _____	Mgmt. Initials: _____

- INITIAL NOTICE MUST BE SENT WITHIN 10 DAYS OF REPORT
- FOLLOW UP RESOLUTION MUST BE SENT WITHIN 20 DAYS OF THE REPORT

