

Summary Report

Print

#15

Head of Household Identifiers

Name: [REDACTED]
 Social Security Number: ***-**-2997
 Date of Birth (mm/dd/yyyy): XX/XX/1980
 Contract Number: [REDACTED]
 Project Number: [REDACTED]
 Project: [REDACTED]
 Unit Address: [REDACTED]
 Next Re-certification Date: 08/01/2010
 Tenant Data from Form 50059 as of: 02/08/2010
 Most Recent Type of Action: IR-Interim Recertification
 Effective Date: 11/01/2009

Household Members

Member SSN	Member First Name	Member Last Name	Date of Birth	Age	Relationship	Identity Verification Status
***-**-2997	[REDACTED]	[REDACTED]	XX/XX/1980	29	Head of Household	Verified
***-**-4914	[REDACTED]	[REDACTED]	XX/XX/1996	13	Child	Verified
***-**-6475	[REDACTED]	[REDACTED]	XX/XX/2006	3	Child	Verified

The month and day values in the Date of Birth field have been masked for security reasons.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
Report Generated By - MV2XXX REGINA R BELL

Income Report

Wage and Benefit Report for Household of [REDACTED]

Contract Number: [REDACTED] Subsidy Type: Section 8
 Project: [REDACTED] Project Number:
 Next Re-certification Date: 08/01/2010 Form 50059 as of: 02/08/2010
 Address: [REDACTED]
 Most Recent Type of Action: IR-Interim Recertification Effective Date: 11/01/2009

Head of Household: [REDACTED]
 Social Security Number: ***-**-2997 Date of Birth: XX/XX/1980

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

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Household Member: [REDACTED] SSN: ***-**-2997
 Date of Birth: XX/XX/1980 Relationship: Head of Household

Employment Information

Hire Date	Hire State	FEIN	Employer Name and Address	Date Received by EIV
08/19/2009	ID	26-2573612	TD AND C LLC A CARING HAND H 4205 W EMERALD ST, BOISE ID 83706-2036	10/22/2009
01/10/2009	ID	93-1276678	FASTAX INC PMB 373 4676 COMMERCIAL ST SE, SALEM OR 97302-1902	10/22/2009
10/23/2008	ID	23-2511871	SMG SUPERIOR MANAGE PO BOX 66744, SAINT LOUIS MO 63166-6744	10/22/2009

Wages

Pay Period	Amount	FEIN	Employer Name and Address	Date Received by EIV
Q4 of 2009	\$27.00	87-0674587	STAKER AND PARSON COMPANIES PO BOX 3429, OGDEN UT 84409-1429	03/23/2010
Q4 of 2009	\$284.00	26-2573612	✓ TD AND C LLC 4205 W EMERALD ST, BOISE ID 83706-2036	03/23/2010
Q4 of 2009	\$114.00	23-2511871	SMG SUPERIOR MANAGEMENT GROUP, 300 CONSHOHOCK ST RD 450, W CONSHOHOCKEN PA 19428	03/23/2010
Q3 of 2009	\$776.00	26-2573612	✓ TD AND C LLC 4205 W EMERALD ST, BOISE ID 83706-2036	03/23/2010
Q3 of 2009	\$285.00	23-2511871	SMG SUPERIOR MANAGEMENT GROUP, 300 CONSHOHOCK ST RD 450, W CONSHOHOCKEN PA 19428	03/23/2010
Q2 of 2009	\$10,417.00	87-0674587	STAKER AND PARSON COMPANIES PO BOX 3429, OGDEN UT 84409-1429	10/22/2009
Q2 of 2009	\$410.00	23-2511871	SMG SUPERIOR MANAGEMENT GROUP, 300 CONSHOHOCK ST RD 450, W CONSHOHOCKEN PA 19428	10/22/2009
Q2 of 2009	\$229.00	93-1276678	FASTAX INC 4676 COMMERCIAL ST SE # 37 PMB 373, SALEM OR 97302-1902	10/22/2009
Q1 of 2009	\$1,362.00	93-1276678	FASTAX INC 4676 COMMERCIAL ST SE # 37 PMB 373, SALEM OR 97302-1902	10/22/2009
Q1 of 2009	\$4,233.00	87-0674587	STAKER AND PARSON COMPANIES PO BOX 3429, OGDEN UT 84409-1429	10/22/2009
Q1 of 2009	\$251.00	23-2511871	SMG SUPERIOR MANAGEMENT GROUP, 300 CONSHOHOCK ST RD 450, W CONSHOHOCKEN PA 19428	10/22/2009
Q4 of 2008	\$7,510.00	87-0674587	STAKER AND PARSON COMPANIES PO BOX 3429, OGDEN UT 84409-1429	10/22/2009
Q4 of 2008	\$97.00	23-2511871	SMG SUPERIOR MANAGEMENT GROUP, 300 CONSHOHOCK ST RD 450, W CONSHOHOCKEN PA 19428	10/22/2009
Q3 of 2008	\$7,744.00	87-0674587	STAKER AND PARSON COMPANIES PO BOX 3429, OGDEN UT 84409-1429	10/22/2009
Q2 of 2008	\$7,537.00	87-0674587	STAKER AND PARSON COMPANIES PO BOX 3429, OGDEN UT 84409-1429	10/22/2009
Q1 of 2008	\$7,104.00	87-0674587	STAKER AND PARSON COMPANIES PO BOX 3429, OGDEN UT 84409-1429	10/22/2009

0/09
MI

Unemployment Benefits

Pay Period	Amount	Date Received by EIV
Q4 of 2009	\$3,797.00	03/23/2010
Q3 of 2009	\$4,026.00	10/22/2009
Q2 of 2009	\$936.00	10/22/2009
Q1 of 2009	\$1,225.00	10/22/2009

mi
9/10/09

Social Security Benefits

EIV received no benefit data.

Dual Entitlement

EIV received no benefit data.

Medicare Data

EIV received no benefit data.

Supplemental Security Income Benefits

EIV received no benefit data.

Disability

Disability: No On-set Date:

Report Date: 04/16/2010

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Report Generated By - MV2XXX REGINA R BELL


 Household Member: [REDACTED] SSN: ***-**-4914
 Date of Birth: XX/XX/1996 Relationship: Child

EIV received no income or benefits data.

Report Date: 04/16/2010

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Report Generated By - MV2XXX REGINA R BELL

Ⓟ Household Member: [REDACTED] SSN: ***-**-6475
Date of Birth: XX/XX/2006 Relationship: Child

EIV received no income or benefits data.

Report Date: 04/16/2010

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
Report Generated By - MV2XXX REGINA R BELL

Income Discrepancy Report

Head of Household Information

Name: [REDACTED]
Social Security Number: ***-**-2997
Contract Number: [REDACTED]
Project Number: [REDACTED]
Project: [REDACTED]
Effective Date of Action: 11/01/2009
Next Re-certification Date: 08/01/2010
Projected Annual Wages and Benefits from Form HUD-50059: \$17,524.00
Period Of Income for Discrepancy Analysis: 08/01/2008 - 07/31/2009

Resident M1 8/10/09

Discrepancy Analysis	Actuals	Annualized Last Quarter
Reported Annual Wages and Benefits from EIV Data:	\$33,518.71	\$39,010.76
Amount of Annual Income Discrepancy:	(\$15,994.71)	(\$21,486.76)
Amount of Monthly Income Discrepancy:	(\$1,332.89)	(\$1,790.56)
Percentage of Income Discrepancy:	(47.72%)	(55.08%)

Note: Negative numbers represent potential under reporting of income. Please discuss this income discrepancy with the tenant. Positive numbers represent potential decrease in tenant income.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
Report Generated By - MV2XXX REGINA R BELL

EIV Income Discrepancy Checklist

Resident Name: _____

Discrepancy Report Month: _____

Property Name: _____

Discrepancy determination: (choose one only)

Valid – Income discrepancy that is a result of resident misrepresentation of income or failure to report a change/increase in income as required.

Invalid – Income discrepancy that is a result of one of the following:

- O/A error
- Incorrect EIV data
- Administrative circumstances – (i.e. income was reported by resident, but the action has not been completed)

Results of Investigation narrative:

(For **Valid Discrepancies** - List actions taken by the O/A to correct 50058, including any compliance actions required of the resident) **NOTE: The O/A may not take any adverse action based solely on EIV data.**

(For **Invalid Discrepancies** - Note how invalid status was determined)

Income discrepancy report showing monthly discrepancy of \$1333/mo. Calculations are based off income prior to move-in that household no longer has.

Rogina Bell xx/xx/xx
Signature and Date

EIV Income Discrepancy Checklist

Resident Name: _____

Discrepancy Report Month: _____

Property Name: _____

Discrepancy determination: (choose one only)

Valid – Income discrepancy that is a result of resident misrepresentation of income or failure to report a change/increase in income as required.

Invalid – Income discrepancy that is a result of one of the following:

- O/A error
- Incorrect EIV data
- Administrative circumstances – (i.e. income was reported by resident, but the action has not been completed)

Results of Investigation narrative:

(For **Valid Discrepancies** - List actions taken by the O/A to correct 50058, including any compliance actions required of the resident) **NOTE: The O/A may not take any adverse action based solely on EIV data.**

(For **Invalid Discrepancies** - Note how invalid status was determined)

Income from Staker & Parson Co shown on EIV after date of MI.

3rd party verification shows employment terminated prior to MI.

Regin Bell xx/xx/xx
Signature and Date

EIV Income Discrepancy Checklist

Resident Name: _____

Discrepancy Report Month: _____

Property Name: _____

Discrepancy determination: (choose one only)

Valid – Income discrepancy that is a result of resident misrepresentation of income or failure to report a change/increase in income as required.

Invalid – Income discrepancy that is a result of one of the following:

- O/A error
- Incorrect EIV data
- Administrative circumstances – (i.e. income was reported by resident, but the action has not been completed)

Results of Investigation narrative:

(For **Valid Discrepancies** - List actions taken by the O/A to correct 50058, including any compliance actions required of the resident) **NOTE: The O/A may not take any adverse action based solely on EIV data.**

(For **Invalid Discrepancies** - Note how invalid status was determined)

Income from SMG shown on EIV after date of MI.

3rd party verification shows resident is working as events occur. EIV shows \$1,060 earned in 2029. This is less than \$200/mo, no action needed at this time.

Will reverify with employer @ time of annual.

Reagan Bull 1x/xx/xx
Signature and Date

06-02.EI

To: Staker & Parson Co.
PO Box 3429
Eden UT 84409
Attn: Callie

Phone: (208) 466-5001
 Fax: (208) 466-5166

Return To:



Phone: (ofc: 208 454 8120
 Fax: 208 387 7984

The person named below has applied for housing assistance under a Federally regulated program. Federal regulations require the housing owner to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page to assure timely processing of the application for housing. The applicant/tenant has consented to the release of this information as shown below.

Applicant/Resident:
 You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by use of a separate consent attached to a copy of this consent.

Applicant/Resident Name (print): [Redacted] Social Security: [Redacted] Unit #: [Redacted]
 Signature: [Redacted] Date: 4/28/10 Date of Birth: 5/13/90

To be completed by Authorized Personnel (Please do not leave any blank spaces. If not applicable use n/a)

15896

Employee Name: [Redacted] Job Title: Payroll Clerk
 Presently Employed: Yes n/a Employed Since 04/06/05 No X Last Day of Employment 06/03/09
 Current Wages/Salary: \$ n/a per (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other other
 Frequency of Pay: (circle one) daily weekly bi-weekly semi-monthly monthly yearly other n/a
 Ave # of regular hours per wk: n/a Year to Date Earnings: \$ n/a From 1/1 through 1/1
 Overtime Rate: \$ n/a per hour Average # of overtime hours per week: n/a
 Shift Differential Rate: \$ n/a per hour Average # of shift differential hours per week: n/a
 Commissions, bonuses, tips, other: \$ n/a (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other other
 List any anticipated change in the employee's rate of pay within the next 12 months: \$ n/a; Effective Date: 1/1
 If the employee's work is seasonal or sporadic, please indicate the layoff period(s): n/a

Additional remarks: Callie Spall HR Clerk
 Employee's Name (print) & Title: Callie Spall Phone: (208) 465-4011 Fax: (208) 466-5166
 Employee's Signature: [Signature] Date: 04/28/10 Email: cspall@idaholand.com

PENALTIES FOR VIOLATING THIS CONSENT: Title 14, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or office of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under this provision concerning an applicant of participant may be subject to a maximum fine and shall not receive that \$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, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for violating the social security number are contained in the Social Security Act at 206 (a) (6), (7) and (8). Violation of those provisions can also be violations of 42 U.S.C. 406 (a) (6), (7) and (8).



To: SMS Superior Mgmt Group
PO Box 66744
St Louis MO 63166

Return To:

08-02-51

Phone: (208) 442-3329

Phone: OFC: [REDACTED]

Fax: [REDACTED]

Fax: FAX: [REDACTED]

The person named below has applied for housing assistance under a Federally regulated program. Federal regulations require the housing owner to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page to ensure timely processing of the application for housing. The applicant/tenant has consented to the release of this information as shown below.

Applicant/Resident:
 You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank.
 I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident Name (print): [REDACTED] Social Security #: [REDACTED] Unit #: [REDACTED]
 Signature: [REDACTED] Date: 7/28/10 Date of Birth: 5/13/80

To be completed by Authorized Personnel (Please do not leave any blank spaces. If not applicable use n/a)

Employee Name: [REDACTED] Job Title: GUEST SERVICES

Presently Employed: Yes Employed Since 10/23/08 No Last Day of Employment 1/1

Current Wage/Salary: \$ 7.50 per (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Frequency of Pay: (circle one) daily weekly bi-weekly semi-monthly monthly yearly other _____

Ave # of regular hours per wk: _____ Year to Date Earnings: \$ 4 From 1/1 through 1/1

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: NA

Shift Differential Rate: \$ NA per hour Average # of shift differential hours per week: NA

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ NA; Effective Date: 1/1

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): Lidia works only as Events occur.

Additional remarks: _____

TANZY HAGAN HR+Payroll MGR (208) 442-3364 (208) 442-3312
 Employee's Name (print) & Title Phone Fax
Tanzy Hagan 04/29/10 THAGAN@IDahoCenter.com
 Employee's Signature Date Email

PENALTIES FOR MISBRINGING THIS COMMENT: This 14, Section (20) of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes stated above. 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 who 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 employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalties provisions for violating the social security number are contained in the Social Security Act at 206 (a) (5), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (5), (7) and (8).

