Enterprise Income Verification (EIV) System

HUD/PHA Access Authorization Form

(Please Print or Type)

Date of Request: _____

HUD Office Name: _____ HUD Field Office Code: _____
(To be completed by HUD users) (e.g., 1HBOS)

PHA Name: _____ PHA Code: _____
(To be completed by PHA users) (e.g., MD999)

Type of Function Required (check one)

☐ Add Access ☐ Terminate User ☐ Modify Access _____
(Provide details of modification request)

Authorized User Details

Name: (Last, First, and Middle Initial) _____ WASS User ID: _____

Position Title: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Type of work which involves use of UIV data: _____

_____

Check all that apply

Access Level: ☐ HUD Headquarters ☐ HUB ☐ Field Office ☐ TARC ☐ PHA

PHA User Access Role: ☐ PHA Occupancy – Public Housing ☐ PHA Occupancy – Voucher ☐ PHA User Administrator ☐ PHA Security Administrator

HUD User Access Role: ☐ Occupancy Specialist ☐ User Administrator ☐ Security Administrator

Specify the Project Numbers and/or PHA Codes to which access will be limited. Continue the list on a separate sheet, if necessary, or put "All".

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

I authorize/request the above person access as indicated to the EIV System.

	Name (Print)	Signature	Date
HUD Headquarters UIV Coordinator:			
Public Housing Director: (Field Office users only)			
Executive Director or Designee: (PHA users only)			

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