Housing Finance Agency | 811 Project Rental Assistance Program

EIV Access Certification

Project Name: _____

Owner/Agent Company Name: _____

Audit Name/ID (if applicable): _____

Purpose

This form is required to be completed for all 811 audits.

Only individuals with HUD-authorized EIV access permissions may review or handle EIV data. This includes individuals who:

- Have active, approved EIV access rights granted through HUD's Coordinator Access; *and*
- Authorization Form (CAAF) or User Access Authorization Form (UAAF); *and*
- Have completed HUD-required annual cyber security awareness training; *and*
- Have been properly certified or recertified according to HUD's EIV standards; *and*
- Are designated as EIV Coordinators or EIV Users according to HUD guidelines.

By signing below, I certify that all individuals for whom _____ has requested DevCo and Allita access for this specific audit for the purpose of participating in the current OHFA audit. Granting access will allow the authorized personnel to upload, review and respond to compliance documentation associated with this audit.

- Possess the appropriate HUD-authorized permissions to view, process, and safeguard Enterprise Income Verification (EIV) data, in accordance with 24 CFR 5.233;
- Are fully compliant with HUD's EIV security requirements and data protection standards;
- Will restrict EIV information access only to HUD-authorized personnel;
- Will not disclose, share, download, or transmit EIV information to any person who does not have HUD-approved access credentials;
- Understand their responsibility to secure EIV data per HUD guidance and all applicable federal privacy rules.

Individuals Requiring DevCo and Allita Access for This Audit*:

First & Last Name	Title/Position	Reason for Access	Email	Phone

**Use an additional sheet if necessary.*

Must be signed by the EIV Coordinator.

_____ _____

Signature Date

_____

Printed Name