



KING COUNTY HOUSING AUTHORITY

PROVIDER BASED ASSISTANCE PROGRAM

15455 65TH AVENUE SOUTH * TUKWILA, WASHINGTON 98188-2583

PHONE (206)214-1300 FAX (206) 243-5927

Please complete the enclosed KCHA packet with black or blue pen only and provide verification as applicable.

INCOME

- * **PUBLIC ASSISTANCE:** Please sign the enclosed KCHA 404. **SECTION 8 OFFICE WILL REQUEST VERIFICATION DIRECTLY FROM DSHS.**
- * **EMPLOYMENT VERIFICATION:** If employed, please provide name, address, and phone number of employer of all members age 18 and over.
- * **SELF-EMPLOYMENT:** Yearly or quarterly tax records, a copy of business license and copy of profit/loss statement plus receipts.
- * **UNEMPLOYMENT:** **SECTION 8 OFFICE WILL REQUEST VERIFICATION DIRECTLY FROM EMPLOYMENT SECURITY OFFICE.**
- * **CHILD SUPPORT:** Notarized letter from paying parent indicating direct payment amount, or copy of divorce decree indicating child support. You will also need to sign KCHA 404. **SECTION 8 OFFICE WILL REQUEST VERIFICATIONS FROM OFFICE OF SUPPORT ENFORCEMENT.**
- * **PENSION, ANNUITY, VETERANS BENEFITS, L & I, ALIMONY:** Copy of current Award Letter.
- * **OTHER INCOME:** Gifts of Support or income not mentioned above, verification must be provided.
- * **SSI/SOCIAL SECURITY BENEFITS:** **PLEASE PROVIDE A COPY OF YOUR AWARD LETTER OR CALL 1-800-772-1213 OR GO TO <http://secure.ssa.gov/apps6z/iss/main.html>**
- * **BANK ACCOUNTS/ASSETS:** If all assets combined total \$50,000 or more, verification must be supplied. This includes savings, checking, stocks, bonds, property, IRA's, mutual funds, annuities, trusts, inheritances, settlements.

ALLOWANCES

- * **FULL OR PART TIME STUDENT STATUS:** (FOR STUDENTS 18 YEARS OR OLDER)
Current enrollment and financial aid information from registrar or admissions officer.
- * **MEDICAL DEDUCTIONS (ONLY FOR HOUSEHOLDS IN WHICH HEAD OR SPOUSE IS AT LEAST 62 OR A PERSON WITH DISABILITIES):** EZ rent households must have over \$2,500 to be eligible for deduction. Printout from pharmacy, or receipts for medications or medical expenses paid in the last 12 months. We cannot use unpaid medical bills. Verification of attendant care and/or auxiliary apparatus cost which allows family members to be employed.
- * **CHILD CARE:** Families with children under the age of 13, with parents who are employed or full-time students, and co-pay exceeds \$50 per month, you must complete KCHA 406 and verification of payment.

REQUIRED DOCUMENTS FOR INITIAL APPLICATION OR AS APPLICABLE

- * Submit copies of Social Security Cards for all family members, Photo I.D. for adult household members and INS verification when required. *See KCHA 432.*



KING COUNTY HOUSING AUTHORITY

FULL RECERTIFICATION FORM

RETURN COMPLETED FORM TO:

SECTION 8 OFFICE

15455 65TH AVENUE SOUTH * TUKWILA, WASHINGTON 98188-2583
PHONE (206) 214-1300 FAX (206) 243-5927

FOR OFFICE USE ONLY INITIAL RECERTIFICATION MOVER

PART I. TENANT INFORMATION

A. NAME: _____ HOME PHONE: _____
 ADDRESS: _____ WORK PHONE: _____
 CITY, STATE, ZIP: _____ MESSAGE NO.: _____
 EMAIL ADDRESS: _____
 MARITAL STATUS: SINGLE MARRIED OTHER _____

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:

PRIMARY LANGUAGE: _____ TRANSLATION NEEDED: YES NO
 RACE: CAUCASIAN AFRICAN AMERICAN NATIVE AMERICAN ASIAN PACIFIC ISLANDER HISPANIC

EMERGENCY CONTACTS: Please list two (2) people we may contact if you are not available

| | |
|---------------------|---------------------|
| NAME: _____ | NAME: _____ |
| PHONE NO.: _____ | PHONE NO.: _____ |
| EMAIL: _____ | EMAIL: _____ |
| RELATIONSHIP: _____ | RELATIONSHIP: _____ |

Do you intend to move to a different unit? YES NO

If yes, please contact the Section 8 Office regarding moving procedures.

If you have been in your unit for 12-months or more, it is possible to move after providing proper written notice to your present landlord. Portability allows you to move to a different housing jurisdiction anywhere in the country where a Section 8 program exists. More information regarding portability can be accessed at the KCHA website (www.kcha.org) or you can contact the Section 8 office.

PART II. HOUSEHOLD INFORMATION

A. Please list **YOURSELF** and ALL PERSONS living in the assisted unit (list additional members on a separate page):

| MBR # | LAST NAME | FIRST NAME | MI | AGE | SEX | RELATION TO HEAD | BIRTH DATE | BIRTH PLACE | SOCIAL SECURITY # |
|-------|-----------|------------|----|-----|-----|------------------|------------|-------------|-------------------|
| 1 | | | | | | HEAD | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |

List all persons who moved out during the past 12 months (include deaths, marriages, permanent placement in nursing homes, etc.)

| FULL NAME | RELATIONSHIP | DATE OF MOVE | REASON |
|-----------|--------------|--------------|--------|
| | | | |
| | | | |

I understand that an additional family member may not be added to the lease until the request has been reviewed and formally approved by the Housing Authority and the Landlord.

Does anyone live with you who is not listed above? YES NO

If yes, please list their name(s) and explain: _____

B. Please answer the following questions by placing a Check in the Correct Box:

YES **NO**

- (1) Head of Household or Spouse is Disabled YES NO
- (2) Other Family Member is Disabled. If YES, please list their name(s): YES NO

- (3) Is a reasonable accommodation based on disability necessary? If so, please indicate below. YES NO
 Live-In Aide Additional Bedroom Rent Exception Hearing Impaired Smoke Detector Other
- (4) Have you or any other family member listed on your application now or ever lived in Public Housing, Section 8 Assisted or any other form of government subsidized housing program. If YES, was your rental assistance ever terminated for program violations? Please explain: YES NO

- (5) Does anyone living in your household have a Criminal Record? A Criminal History background check will be run on you and your adult family members. If YES, please list any criminal history which will appear on your records and where it occurred: (NEW HOUSING ONLY) YES NO

- (6) Are there any children living in the Household age six or under with an Elevated Lead Blood Level? If YES, please list their name(s): YES NO

A Lead Based Paint Brochure titled "Protect Your Family From Lead in Your Home" is available on request. Additional information regarding lead paint can be accessed from the KCHA website (www.kcha.org) (The Housing Authority provides this form to you at your initial housing.)

- (7) Do any household members 18 or older attend school? If YES, please list below. Use additional sheets if necessary. For each student please supply: all Financial Aid letters, proof of registration and proof of the amount of tuition from the school. YES NO

| Student's Name | Student is: | | Name of School | Student a Veteran of the US Military? | |
|----------------|-------------|-----------|----------------|---------------------------------------|-----------------------------|
| | Part-Time | Full-Time | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PART III. FAMILY INCOME

A. Please check ANY of the following types of income ALL members of your household Now Receive or Expects to Receive:

- | | | |
|-----------------------------|------------------------------|------------------------------|
| _____ UNEMPLOYMENT BENEFITS | _____ CHILD SUPPORT | _____ S.S.I. |
| _____ STATE INDUSTRIAL | _____ EDUCATIONAL GRANTS | _____ SOCIAL SECURITY |
| _____ ANNUITY PAYMENTS | _____ VETERAN'S BENEFITS | _____ ALIMONY |
| _____ RETIREMENT PENSION | _____ PUBLIC ASSISTANCE | _____ WORKMEN'S COMPENSATION |
| _____ EMPLOYMENT/WAGES | _____ SELF-EMPLOYMENT INCOME | _____ OTHER |

B. On the chart below please list ALL Sources and Gross Amounts of Money received by all members of your household. Please list any additional information on a separate page.

| NAME OF FAMILY MEMBER | SOURCE OF INCOME | GROSS AMT OF INCOME | HOUR | WEEK | MONTH | YEAR |
|-----------------------|------------------|---------------------|------|------|-------|------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Child support includes regular contributions received from any source for a dependent.

C. Please Complete Employer Information. Use additional sheets if necessary:

- | | |
|------------------------|------------------------|
| PERSON EMPLOYED _____ | PERSON EMPLOYED _____ |
| EMPLOYER'S NAME _____ | EMPLOYER'S NAME _____ |
| ADDRESS _____ | ADDRESS _____ |
| CITY, STATE, ZIP _____ | CITY, STATE, ZIP _____ |
| TELEPHONE # _____ | TELEPHONE # _____ |

- D.** Please answer the following questions by placing a Check in the Correct Box:
- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| (1) Is any member of your household on a leave of absence from work due to a layoff, medical leave, maternity leave or military leave? If YES, please list their name(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Are any member(s) in your household a United States veteran? (If YES, please list their name(s): _____) | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Does anyone else help you pay your bills or give you money? If YES, how much and list their name(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PART IV. ASSETS

Please answer the following questions only if you have \$50,000 or more in Assets by placing a Check in the Correct Box:

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| (1) Do you have any Checking Accounts, Saving Accounts, Money Market Funds, Trusts, Irrevocable Trusts, IRA/Keogh Accounts, Other Retirement Accounts, Stocks/Bonds, Certificates of Deposits, Equity in Rental Property or Capital Investments, Other Accounts, or Cash held separately or jointly?: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Have you disposed of any assets for less than Fair Market Value in the past two years?: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Please list all assets (including checking/savings account, IRA's, Keough accounts, CD's stocks/bonds, dividends, homes, mobile homes, or any form of real estate):

| MBR # | TYPE OF ASSET | BANK NAME | ACCOUNT # | CURRENT BALANCE | INTEREST RATE |
|-------|---------------|-----------|-----------|-----------------|---------------|
| | | | | | |
| | | | | | |

- (3) Do you presently own one or more automobiles? (If YES, please list): YES NO
- Year / Make / Model: _____ License #: _____ Monthly Payment: \$ _____
- Year / Make / Model: _____ License #: _____ Monthly Payment: \$ _____

PART V. FAMILY DEDUCTIONS

- A.** Please answer the following questions by placing a Check in the Correct Box:
- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| (1) CHILD CARE EXPENSES (WIN RENT PROGRAM ONLY) Do you pay \$2,500 or more per year in child care in for a family member under the age of thirteen (13)? If so: How much do you pay per month? _____ or per Week? _____ or per day? _____ days per week? _____ or per hour? _____ hours per week? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) MEDICAL EXPENSES (EASY RENT PROGRAM ONLY) Is the Head of Household or Spouse over the age of 62 and/or disabled, and incurring out-of-pocket medical expenses of \$2,500 or more per year? (If YES, please complete the Medical Expense form (KCHA 410). | <input type="checkbox"/> | <input type="checkbox"/> |

I/we hereby certify that the information provided in the update packet is **TRUE** and **ACCURATE**. I/we understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated. I/we also understand I/we must report any changes in the above information to the housing office in writing. I/we certify I/we have read and understand this information in accordance with federal housing regulations at the time I/we am offered assistance.

Please complete all questions fully and sign where indicated. Failure to do so will result in paperwork being returned to you for further information and will delay processing of any necessary changes.

| | | |
|---------------------------------|------------|------|
| Signature of Head of Household | Print Name | Date |
| Signature of Spouse / Co-Tenant | Print Name | Date |



KING COUNTY HOUSING AUTHORITY

Under the Section 8 Program

STATEMENT OF FAMILY RESPONSIBILITIES

When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the Section 8 Rental Housing Voucher program.

A. The family **MUST**:

1. **Supply** any information that the Housing Authority (HA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. **Disclose** and **verify** social security numbers and sign and submit consent forms for obtaining information.
3. **Supply** any information requested by the HA to verify that the family is living in the unit or information related to family absence.
4. Promptly **notify** the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.
5. **Allow** the HA to inspect the unit at reasonable times and after reasonable notice.
6. **Notify both** the HA and the Owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for the residence by the family. The unit must be the family's **only** residence.
8. Promptly **notify** the HA in writing of the birth, adoption, or court-awarded custody of a child.
9. **Request** HA approval **in writing** to add any family member as an occupant of the unit. **Any person staying at the premises more than fourteen (14) days in a two (2) month period shall not be considered a guest and MUST be reported to the Housing Authority by the tenant.**
10. Promptly **notify** the HA in writing if any family member no longer lives in the unit.
11. **Give** the HA a copy of any owner issued eviction notice.
12. **Pay** utility bills and **supply** appliances that the owner is not required to supply under the lease.

B. Any information the family supplies **must be true and complete.**

C. The family (including each family member) **must NOT:**

1. **Engage** in or threaten abusive or violent behavior toward Housing Authority personnel.
2. **Own** or have any interest in the unit (other than in a cooperative, or owner of a manufactured home leasing a manufactured home space).
3. **Commit** any serious or repeated violation of the lease. *(This means if you are **EVICTED** from the unit, you will be denied further assistance).*
4. **Commit** fraud, bribery or any other corrupt or criminal act in connection with the program.
5. **Participate** in illegal drug or criminal activity.
6. **Sublease** or let the unit or assign the lease or transfer the unit.
7. **Receive** Section 8 tenant-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
8. **Damage** the unit or premises (other than damages from ordinary wear and tear) or permit any guest(s) to damage the unit or premises.
9. **Abuse** alcohol in a way that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

I understand that any changes in **family income** or **family composition** **must** be reported to the Housing Authority in writing **within thirty (30) days of the date of change.**

I understand that any violation of the above obligations could result in the termination of my Section 8 assistance or denial of another voucher.

Signature of Tenant / Head of Household

Print Name

Date

Signature of Spouse/Co-Tenant

Print Name

Date



KING COUNTY HOUSING AUTHORITY

PROJECT BASED ASSISTANCE

15455 65TH AVENUE SOUTH * TUKWILA, WASHINGTON 98188-2583
PHONE (206) 214-1300 FAX (206) 243-5927

DEAR EMPLOYER:

The below named individual is either an applicant for admission to, or continued occupancy in, one of our housing assistance programs. In order to obtain complete and accurate data regarding income, please supply the following information and return this form to us as promptly as possible. Thank you. Sincerely Yours,

Housing Authority Representative

I hereby authorize my Employer named above, to release any and all information pertaining to the above questions.

_____ **Employee / Applicant**

Name of Employee: (or Former Employee) _____

Social Security #: _____ **Date of Hire:** _____

Job Title: _____ **If Terminated,** give Termination Date: _____

| <u>BASIS OF PAY</u> | <u>GROSS RATE OF PAY</u> |
|-----------------------------------------------|---------------------------------------------|
| GROSS Salary or Wages \$ _____ | Per Hour \$ _____ |
| Commission \$ _____ | Per Week \$ _____ |
| Amount of Tips per week, if any \$ _____ | Per Month \$ _____ |
| | Other \$ _____ |

Estimated hours of Annual Overtime: _____ @ \$ _____ per: _____ (Rate of Overtime Pay)

Date employee started receiving Current Rate of Pay: _____

Normal Hours Worked per week: _____, or Estimated Average Weekly Hours per year: _____

Total Hours Worked in the last Twelve Months: _____ Previous Twelve-Month Employment Income: \$ _____

Is Current Employment: Temporary Permanent Seasonal Part Time

Likelihood of Continued Employment: Yes No

Hospital or Medical Insurance Deducted from Wages: \$ _____ Per Month.

**** This Form Completed By: (Employer Information)**

Company Name: _____ **Print Name & Title:** _____

Address: _____ **Phone Number:** _____

City, State, Zip: _____ **Date:** _____

****Signature:** _____


**KING COUNTY
HOUSING AUTHORITY**

PROJECT BASED ASSISTANCE

15455 65TH AVENUE SOUTH * TUKWILA, WASHINGTON 98188-2583
PHONE (206) 214-1300 FAX (206) 243-5927

CHILD CARE STATEMENT

Name of Daycare: _____

Address: _____ Phone: _____

Name of Parent / Family: _____

Address: _____ Phone: _____

I certify that I / we provide childcare for the minor children (children under 13) of the above listed family. The children's names are as follows:

We receive payment in the amount of \$ _____ per child per Hour Day Week Month .

The children are under my / our care an average of _____ hours per week.

Does the above family receive assistance from an outside source: Yes No If yes, please indicate amount of subsidy received and the source of the subsidy:

Source: _____ **Subsidy Amount** per child: \$ _____.

Family / Participant co-payment: \$ _____.

Please provide a copy of your co-pay verification letter.

Signature of Childcare Provider

Date

I certify that the cost of the Child Care listed above is not being reimbursed from any other source. I certify the information given is true and correct to the best of my knowledge and belief. I am aware that misrepresentation to the Housing Authority is considered fraud and is cause for termination of my housing:

Signature of Parent / Participant / Family Representative

Date

State of Washington,
County of _____

On this day personally appeared before me _____ to me known to be the individual(s) described in and who executed the within forgoing instrument and acknowledged to me that _____ signed the same as _____ free and voluntary act and deed for the purposes therein mentioned.

Given under my hand and official seal this ____ day of _____, 20__

NOTARY PUBLIC in and for the State of Washington, residing at _____.



KING COUNTY HOUSING AUTHORITY

DECLARATION OF ELIGIBILITY STATUS

(CHECK ONE)

Head of Household / Adult Family Member
I, _____ Certify

PRINT NAME

THAT I AM (CHECK ONE)

- a U.S. Citizen
- a Non-Citizen with Eligible Immigration Status
- choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

(CHECK ONE)

Spouse/ Co-Tenant / Adult Family Member
I, _____ Certify

PRINT NAME

THAT I AM (CHECK ONE)

- a U.S. Citizen
- a Non-Citizen with Eligible Immigration Status
- choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

(Please complete the following only if there are minor children in the family and you are the responsible adult family member).

I certify that the following minor children listed in my household are (please check appropriate box(s) and list the name and birthdate):

NAME

BIRTHDATE

a U.S. Citizen:

a Non-Citizen with Eligible Immigration Status:

choosing not to state if they are a U.S. Citizen or have Eligible Immigration Status:

I declare under penalty of perjury under the laws of the state of Washington that the above is true and correct to the best of my knowledge.

Head of Household / Adult Signature

Date

Spouse / Co-Tenant / Adult Signature

Date

WHAT VERIFICATION IS NEEDED

On June 19, 1995, in accordance with Section 214 of the Housing and Community Development Act of 1980, as amended, the King County Housing Authority implemented a change in the federal regulations which limits eligibility for assistance based on citizenship and immigration status. Participants must complete the following information in order to be considered for housing assistance.

1. FOR U.S. CITIZENS THE EVIDENCE CONSISTS OF:

- A. A signed declaration of U.S. Citizenship.

2. FOR NON-CITIZENS WHO ARE 62 YEARS OF AGE OR OLDER AND ARE RECEIVING ASSISTANCE AS OF JUNE 19, 1995, THE EVIDENCE CONSISTS OF:

- A. A signed declaration of eligible immigration status; and
- B. Proof of age document.

3. FOR ALL OTHER NON-CITIZENS, THE EVIDENCE CONSISTS OF:

- A. A signed declaration of eligible immigration status;
- B. A signed verification consent form;
- C. One of the following INS documents;
 - (i) **Form I-551** Alien Registration Card
 - (ii) **Form I-94** Arrival Departure Record annotated with one of the following:
 - * Admitted as Refugee Pursuant to Section 207
 - * Section 208 or Asylum
 - * Section 243(h) or Deportation stayed by Attorney General
 - * Paroled Pursuant to Section 212(d) (5) of the INA
 - (iii) **Form I-94** Arrival Departure Record not annotated, must be accompanied by one of the following:
 - * A final court decision granting asylum
 - * A letter from the INS asylum officer, or from the INS district director granting asylum
 - * A court decision granting withholding or deportation
 - * A letter from an INS asylum officer granting withholding of deportation
 - (iv) **Form I-688** Temporary Resident Card annotated with Section 245A or Section 210
 - (v) **Form I-688B** Employment authorization Card annotated with Provision of Law 274a.12(11) or Provision of Law 274a.12
 - (vi) A receipt from the INS indicating the application for issuance of a replacement document for one of the above.

If you are not an eligible U.S. Citizen, proof of your eligibility status must be provided. A copy of your INS card (front and back) or other forms of eligibility will serve as proper documentation. If you choose not to declare a family members eligibility, that person may be included in your family and live in your unit, however, no assistance will be received on their behalf. Please have copies of all documents prior to returning your packet.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

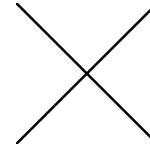
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

KING COUNTY HOUSING AUTHORITY
SECTION 8 OFFICE

15455 65TH AVENUE SOUTH * TUKWILA, WASHINGTON 98188-2583
PHONE (206) 214-1300 FAX (206) 243-5927

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S. C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained: State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

SIGNATURES:

| | | | |
|------------------------------------------------------|-------|---------------------------------|-------|
| _____ | _____ | | |
| Head of Household | Date | | |
| _____ | | _____ | _____ |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all social Security Numbers you, and all other household members age six years and older, have and use. Giving the social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410