



# KING COUNTY HOUSING AUTHORITY

## PRESERVATION PROGRAM

1424 148TH AVENUE SE • BELLEVUE, WASHINGTON 98007-5725  
PHONE (206) 315-4380 FAX (206) 315-4381

### **IMPORTANT!!**

#### **Please read the following information carefully!**

Thank you for applying for the Preservation Program Project Based Section 8 with King County Housing Authority. Please note that you will only need to complete ONE application for the Preservation Program. Completed original application packets must be completed in ink and may be returned to this office between the hours of 9:00 A.M. and 3:00 P.M., Monday through Friday or sent by mail to the above address. Applications will NOT be accepted after 3:00 P.M. unless there are extenuating circumstances. Please arrive at the office by 2:30 P.M. so that your application may be reviewed before 3:00 P.M. Incomplete applications will be returned, so please submit only completed applications.

#### **Please keep in mind:**

- ✓ **All** family members must have their social security numbers included on the application, effective 1/31/10. If no number is assigned, the member must complete a certification that no SSN has been assigned.
- ✓ By law, only U.S. Citizens and eligible noncitizens may benefit from federal rental assistance. However, if there are other household members living in the home that have eligibility status, we will prorate the housing subsidy assistance payment.
- ✓ **All family members, regardless of age, must declare their citizenship or immigration status.**

#### **Occupancy Guidelines are as follows:**

No. of Bedrooms	Number of persons	
	Minimum	Maximum
1	1	2
2	2	4
3	3	6
4	4	8

#### **Things to Know:**

- The Housing Authority will be screening your application based on the following:  
**Rental History, Credit Report, and Criminal Activity**
- Security Deposits (due at the time of initial housing):  
**Subsidized Housing:** the security deposit is based on 30% of the adjusted gross monthly income (gross income minus Family Deductions (see application))
- We have a pet policy. Please ask the office for more information.
- **This application is for Project Based Housing at the Preservation Program only.** If you wish to apply for Public Housing you must return a Public Housing application by mail to King County Housing Authority's Central Applications office at 20126 Ballinger Way NE, PMB 151, Shoreline, WA 98155-1290. Please call (206) 574-1248 to request an application or go to <http://www.kcha.org>.

**It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.**





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### Low Income Housing Program

To be eligible for the **priority** list in the Low Income Housing Program, **you must currently meet a Federal Preference**; your family must either be involuntarily displaced, living in substandard housing, or paying 50% or more of your gross income for rent and utilities.

There are no application fees, and the security deposits are based on 30% of your adjusted gross income, (adjusted gross income = gross income less the following deductions which may apply: dependant, childcare, elderly/disabled for head of household or spouse and medical).

The Preservation Program is Section 8 Project Based housing. **Our properties have their own waiting lists and are completely separate from the Public Housing Program and the Section 8 Housing Choice Voucher Program.**

We encourage you to apply for all properties as our waiting list are usually long. Applying for all properties gives you the best opportunity to be housed as soon as possible.

If in making the offer to the family, the Housing Authority did not skip over other families on the waiting list to reach you, and you reject an offered unit without good cause, you will be dropped (cancelled) from all waiting lists to which you have applied within the Preservation program.

Please check which properties you want to apply for:

\_\_\_\_\_ Spiritwood Manor  
1424 148<sup>th</sup> Ave. SE  
Bellevue, WA 98007

\_\_\_\_\_ Newport Apartments  
12646 SE 42<sup>nd</sup> St.  
Bellevue, WA 98006

\_\_\_\_\_ Hidden Village  
14508 SE 24<sup>th</sup> St.  
Bellevue, WA 98007

\_\_\_\_\_ Parkway Apartments  
3970 W. Lk. Samm. Pkwy. NE  
Redmond, WA 98052

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date





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This space for office use only: Application #: \_\_\_\_\_ Properties: \_\_\_\_\_.

Client #: \_\_\_\_\_ Program Type: Subsidized  Non Assisted  RC

Application Date: \_\_\_\_\_ Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Non Pref.

Preference Date: \_\_\_\_\_ Pref Type: 50%  Displaced  Substandard

**Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

### PRESERVATION PROGRAM APPLICANT INFORMATION

Please list **ALL** members of the family and their social security numbers below; if you have additional family members please place the information on a separate sheet of paper.

Mbr #	Last Name	First Name	Middle Initial	Sex	Age	Birth Date	Relation to HOH	Birth Place	Social Security #
1 HOH									
2									
3									
4									
5									
6									

Please check one of the following:

Head of Household or spouse is age 62 or over  HOH or spouse is Disabled  None of the above

If you or any member of your household is disabled, will a structurally modified unit be necessary? Yes  No

Does any family member require a reasonable accommodation? (Ex. Live-in aide, ground floor unit) Yes  No   
If YES, please complete a reasonable accommodation form, available from any KCHA office.

Does anyone in your household attend an institute of higher education? Yes  No   
If yes, please list who attends: \_\_\_\_\_

Does anyone live with you who is not listed above, or are you expecting a baby? \_\_\_\_\_ If yes, please list the name and explain the circumstances: \_\_\_\_\_

How did you hear about our Program? \_\_\_\_\_

The following information is being requested to comply with Equal Opportunity requirements and will not affect your selection position: Race: \_\_\_\_\_ Hispanic: (Y/N) \_\_\_\_\_ Primary language: \_\_\_\_\_

Do you prefer smoke free housing? Yes  No  No Opinion

**It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.**







# KING COUNTY HOUSING AUTHORITY

## DECLARATION OF ELIGIBILITY STATUS

By signing below, you are certifying that you understand by law, only U.S Citizens and eligible noncitizens may benefit from federal rental assistance.

All family members, regardless of age, must declare their citizenship or immigration status.

		I CERTIFY THAT I AM (CHECK ONE)	
<b>Head of Household:</b>	_____	<input type="checkbox"/> U.S Citizen or Naturalized	
	<b>PRINT NAME</b>	<input type="checkbox"/> Eligible Noncitizen	
	<b>BIRTH DATE</b>	<input type="checkbox"/> Cannot claim Eligible Immigration status	
<b>Co-Tenant/Spouse:</b>	_____	<input type="checkbox"/> U.S Citizen or Naturalized	
	<b>PRINT NAME</b>	<input type="checkbox"/> Eligible Noncitizen	
	<b>BIRTH DATE</b>	<input type="checkbox"/> Cannot claim Eligible Immigration status	
<b>Adult/Dependent:</b>	_____	<input type="checkbox"/> U.S Citizen or Naturalized	
	<b>PRINT NAME</b>	<input type="checkbox"/> Eligible Noncitizen	
	<b>BIRTH DATE</b>	<input type="checkbox"/> Cannot claim Eligible Immigration status	
<b>Adult/Dependent:</b>	_____	<input type="checkbox"/> U.S Citizen or Naturalized	
	<b>PRINT NAME</b>	<input type="checkbox"/> Eligible Noncitizen	
	<b>BIRTH DATE</b>	<input type="checkbox"/> Cannot claim Eligible Immigration status	
<b>Adult/Dependent:</b>	_____	<input type="checkbox"/> U.S Citizen or Naturalized	
	<b>PRINT NAME</b>	<input type="checkbox"/> Eligible Noncitizen	
	<b>BIRTH DATE</b>	<input type="checkbox"/> Cannot claim Eligible Immigration status	
<b>Adult/Dependent:</b>	_____	<input type="checkbox"/> U.S Citizen or Naturalized	
	<b>PRINT NAME</b>	<input type="checkbox"/> Eligible Noncitizen	
	<b>BIRTH DATE</b>	<input type="checkbox"/> Cannot claim Eligible Immigration status	
<b>Adult/Dependent:</b>	_____	<input type="checkbox"/> U.S Citizen or Naturalized	
	<b>PRINT NAME</b>	<input type="checkbox"/> Eligible Noncitizen	
	<b>BIRTH DATE</b>	<input type="checkbox"/> Cannot claim 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. Citizen ship

### 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 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.



# KING COUNTY HOUSING AUTHORITY

## EXPLANATION/NOTIFICATION OF THE NONCITIZEN RULE

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. The following is further explanation of the requirements:

### WHO QUALIFIES FOR ASSISTANCE:

1. **U.S. Citizens;** or
2. **Noncitizens** who have eligible immigration status in one of the following categories:
  - a) A noncitizen lawfully admitted for permanent residence, as defined by Section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1101 (a) (20) and 1101 (a) (15), respectively) (immigrants). (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status);
  - b) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);
  - c) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) (asylum status); or as a result of being granted conditional entry under Section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
  - d) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5) (parole status);
  - e) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h) (threat to life or freedom); or
  - f) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) (amnesty granted under INA 245A).

### WHAT EVIDENCE IS NEEDED:

1. For **U.S. Citizens**, evidence consists of a signed declaration of U.S. Citizenship.
2. For **Noncitizens 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 Noncitizens**, 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
    - (iv) **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
    - (v) **Form I-688** Temporary Resident Card annotated with Section 245A or Section 210
    - (vi) **Form I-688B** Employment Authorization Card annotated with Provision of Law 274a.12 (11) or Provision of Law 274a.12
    - (vii) A receipt from the INS indicating the application for issuance of a replacement document for one of the above.

**WHEN IT MUST BE SUBMITTED:**

For Applicants, the evidence for a least one family member must be submitted at the time the family applies. All family members must submit evidence prior to being housed.

For current tenants wishing to add a new occupant, required evidence shall be submitted at the family's first annual or interim review following the addition of the new occupant.

**WHAT HAPPENS AFTER IT IS SUBMITTED:**

Once the evidence has been submitted, those declaring U.S. Citizenship and those tenants (housed as of June 19, 1995) 62 or older who declare eligible immigration status, will be placed on the waiting list if they are applicants or continue in assisted housing if they are current tenants.

For all other noncitizens who have claimed eligible immigration status, the submitted documents will be verified in cooperation with the INS (Immigration and Naturalization Service). If eligible immigration status is verified, the family will be placed on the waiting list if they are an applicant or continue in assisted housing if they are a current tenant. If eligible immigration status is not verified, the family will be notified of their ineligibility and given the right to appeal the decision to either INS or the Housing Authority. If neither appeal is chosen, the family's assistance will be prorated, terminated or denied. Should the family choose the appeals process and the decision is upheld, the assistance will be prorated, denied, or terminated depending on the circumstances. Tenants in occupancy as of June 19, 1995 may be eligible for and may request a temporary deferral of assistance under the "preservation of families" provision of the law.



# KING COUNTY HOUSING AUTHORITY

## VERIFICATION CONSENT FORM

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Housing Authority and HUD to ensure that financial assistance is made available only to persons who are U.S. Citizens or Noncitizens who have been lawfully admitted to the United States and hold what is considered to be "eligible immigration status". The law requires all applicants and tenants for assisted housing who claim to have "eligible immigration status" to sign a consent form authorizing the Housing and HUD to verify the information supplied with the U.S. Department of Immigration and Naturalization.

**Purpose:** In signing this consent form, you are authorizing the Housing Authority of the County of King and HUD to verify your status as an immigrant to the United States. This information is needed in order to determine your eligibility for the assisted housing benefits for which you have applied.

**Use of the Information to be Obtained:** The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, to (1) HUD, as required by HUD, and (2) the INS for purposes of verification of the immigration status of the individual. The information supplied will be released by the Housing Authority or HUD to the INS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither the Housing Authority, nor HUD are responsible for the further use or transmission of the evidence or other information by the INS.

**Who must sign the form:** Each Non-citizen who claims "eligible immigration status" must sign a verification consent form. Adults, age 18 or older, must sign the form themselves. In the case of children (under age 18), the form must be signed by the adult family member who is responsible for the minor child.

**Failure to sign the 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 Housing Authority's grievance procedures or Section 8 informal hearing process, whichever is applicable.

**Consent:** I consent to allow the Housing Authority of the County of King, or HUD to request and obtain verification from the INS of the information I have supplied regarding my immigration status. I understand that this information is necessary to determine my eligibility for housing assistance and certify the information I have supplied is true and accurate to the best of my knowledge.

_____	_____	_____	_____
<b>Head of Household</b>	<b>Date</b>	<b>Spouse</b>	<b>Date</b>
_____	_____	_____	_____
<b>Other Family Member over age 18</b>	<b>Date</b>	<b>Other Family Member over age 18</b>	<b>Date</b>
_____	_____	_____	_____
<b>Other Family Member over age 18</b>	<b>Date</b>	<b>Other Family over age 18</b>	<b>Date</b>

**Consent for Minor Children:** I certify that I am the adult family member responsible for the minor children listed below and I consent to allow the Housing Authority and HUD to request and obtain verification from the INS of the information supplied regarding their immigration status. I understand that this information is needed in order to determine eligibility for housing assistance and certify that the information I have supplied is true and correct to the best of my knowledge.

List Minor Children: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Parent or Guardian Date



# KING COUNTY HOUSING AUTHORITY

## SUPPLEMENTAL APPLICATION

RETURN COMPLETED APPLICATION TO:

PRESERVATION PROGRAM

1424 148TH AVENUE SE \* BELLEVUE, WASHINGTON 98007-5725

PHONE (206) 315-4380 FAX (206) 315-4381

**LOCAL PREFERENCE:** The following information is requested to determine whether or not you may be eligible for a Local Selection Preference. Please note: You will be requested to provide verification of your local preference. See KCHA 422.

### TENANT INFORMATION

NAME:	_____	HOME PHONE:	_____
ADDRESS:	(Last) _____ (First) _____ (Middle Initial) _____	WORK NUMBER:	_____
CITY, STATE, ZIP:	_____ Apt #: _____	MESSAGE NO.:	_____

### RENT AND UTILITIES:

Please answer the following questions by placing a check in the correct box, fill in or circle as follows:

YES	NO
-----	----

(1) What type of unit are you living in? Please check one of the following:

HOUSE:  DUPLEX/TRIPLEX:  APT (4+UNITS):  MANUFACTURED HOME:

(2) How many bedrooms are in your unit? \_\_\_\_\_

(3) How many people live in your unit? \_\_\_\_\_

(4) How much do you pay for rent? \$ \_\_\_\_\_

Do you share rent/expenses? \_\_\_\_\_

If YES, how much is your portion of the monthly rent? \$ \_\_\_\_\_

(5) Please list your estimated monthly utility costs (not including telephone or cable TV) and Circle the service included in this bill as follows:

ELECTRIC BILL	\$ _____	HEAT	WATER HEATER	COOKING
GAS BILL	\$ _____	HEAT	WATER HEATER	COOKING
OIL BILL	\$ _____	HEAT	WATER HEATER	COOKING
WATER	\$ _____	SEWER	\$ _____	GARBAGE \$ _____

(6) Have you lived at your current address longer than 90 days?

If NO, how long were you at the previous address? \_\_\_\_\_

How much did you pay for rent? \$ \_\_\_\_\_

### CONDITION OF YOUR UNIT

Please answer the following questions by placing a check in the correct box and completing the questions as follows: Does your unit have or provide:

YES	NO
-----	----

(1) Operable indoor plumbing? If NO, explain: \_\_\_\_\_

(2) Usable toilet for the use of your family? If NO, explain: \_\_\_\_\_

(3) Usable bath or shower for the use of your family? If NO, explain: \_\_\_\_\_

(4) Safe, adequate electrical service? If NO, explain: \_\_\_\_\_

(5) Safe, adequate heat source? If NO, explain: \_\_\_\_\_

(6) Safe, adequate shelter in its present condition? If NO, explain: \_\_\_\_\_

**Does your unit have or provide:**

**YES**      **NO**

- (7) Has the unit been declared unfit for habitation by an agency or unit of government? \_\_\_\_\_
- (8) Are you living in a supervised publicly or privately operated shelter? If YES, please provide the name: \_\_\_\_\_
- (9) Are you living in an institution that provides temporary residence for individuals intended to be institutionalized? If YES, please provide the name: \_\_\_\_\_
- (10) Are you living in a public or private place not designated for, or ordinarily used, as a regular sleeping accommodation for human beings? If YES, describe where: \_\_\_\_\_

***Please answer the following questions by placing a check in the YES or NO Box and please explain the circumstances of any reason checked, on a separate sheet of paper.***

**YES**      **NO**

**Have you recently vacated your unit and are not currently residing in standard, permanent replacement housing, or will you be vacating in no more than six months, for any of the following reasons:**

- (1) ***Disaster*** (fire, floods, etc.,) \_\_\_\_\_
- (2) ***Government action*** (code enforcement, public improvement, etc.,) \_\_\_\_\_
- (3) ***Action by owner*** (beyond your control, other than a rent increase. Does not include evictions) i.e. Owner asked you to leave, etc. \_\_\_\_\_
- (4) ***To avoid reprisals*** (threats against family due to information provided to law enforcement on criminal activity) \_\_\_\_\_
- (5) ***Hate crimes*** (actual or threatened violence against a family based on race, color, religion, sex, national origin, handicap, or familial status) \_\_\_\_\_
- (6) ***Inaccessibility of unit*** (critical elements of the unit are not accessible due to a persons disability and the owner is not legally obligated to change the unit) \_\_\_\_\_
- (7) ***HUD Disposition of a Multifamily Project*** (under Section 203 of H&CD Amendments, 1978) \_\_\_\_\_
- (8) ***Domestic violence*** (actual or threatened physical violence directed against you or one or more members of your family by your spouse or other members of your household) \_\_\_\_\_

**I/we hereby certify that the information provided in this application is true and accurate. I/we understand that any misrepresentation on my/our part will result in the application being rejected, or if I/we are housed based on misrepresented information given on this form, I/we understand that the housing assistance will be terminated at a later date. 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 declaration and understand I/we will be required to provide verification of this information in accordance with federal housing regulations at the time I/we am offered assistance:**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

 **KING COUNTY  
HOUSING AUTHORITY**

**PRESERVATION PROGRAM**

1424 148TH AVENUE SE • BELLEVUE, WASHINGTON 98007-5725  
PHONE (206) 315-4380 FAX (206) 315-4381

**CRIMINAL HISTORY**

Have you or any member of your household ever been convicted of a Felony? \_\_\_\_\_  
If yes, please list all instances, dates, and locations of offences \_\_\_\_\_

Have you or any member of your household ever been arrested or convicted of a crime? \_\_\_\_\_  
If yes, please list all instances, dates, and locations of offences \_\_\_\_\_

Are there any current outstanding warrants on any household members? \_\_\_\_\_  
If yes, please list who and explain \_\_\_\_\_

Have you or any member of your household ever committed fraud? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Are you or any member of your household currently an illegal abuser or addict of a controlled substance? \_\_\_\_\_  
If yes, please list who and explain \_\_\_\_\_

Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? \_\_\_\_\_  
If yes, please list who and explain \_\_\_\_\_

I hereby authorize King County Housing Authority to verify the accuracy of the criminal history information supplied above. In performing the criminal history check I hereby authorize King County Housing Authority and its subagents to request and receive a complete listing of the criminal history for myself and/or any family members listed on my application.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

U.S. Department of Housing and Urban Development

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

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Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

# Notice and Consent for the Release of Information

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



# KING COUNTY HOUSING AUTHORITY

SPIRITWOOD MANOR • PARKWAY • HIDDEN VILLAGE • NEWPORT

1424 148TH AVE. SE • BELLEVUE, WASHINGTON 98007  
PHONE (206) 315-4380 FAX (206) 315-4381

## Application Denial Criteria

The following list is an example of possible reasons as to why you could be denied housing at the Preservation Program. Live-in Aides are considered household members for application purposes. If you feel that you have extenuating circumstances which should be considered for your application, we will gladly provide a meeting to discuss those circumstances for consideration to be added to our Application Waiting List.

### Negative Rental History

- Extremely negative history of meeting rental obligations, (e.g. 3 or more late rent payments in a 12-month period) or balance over \$500 owing without prior payments or arrangements made before housing appointment.
- Adverse rental history, history of disturbing neighbors, (e.g. 2 or more documented behavioral complaints in one 12-month period) and destruction of property resulting in damages over \$500.
- Eviction within the last five years.

### Criminal Activities/Charges

- A person may not be eligible if their criminal activity reflects a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well-being of other tenants or staff or cause damage to the property.

Such charges include criminal convictions in the past 3 years as follows:

<b>Murder (All Counts)</b>	<b>Assault (1<sup>st</sup>, 2<sup>nd</sup>, &amp; 3<sup>rd</sup> Degree)</b>	<b>Rape (All Counts)</b>
<b>Kidnapping (All Counts)</b>	<b>Child Molestation (All Counts)</b>	<b>Arson (All Counts)</b>
<b>Rape of a Child (All Counts)</b>	<b>Reckless Burning (All Counts)</b>	<b>Robbery (All Counts)</b>
<b>Terrorist Related Conviction (All Counts)</b>	<b>Any Drug Related Conviction (All Counts)</b>	

- No individuals will be admitted to our program if they are or should be registered as a sex offender.
- In addition, any crime considered harmful to people or to property may be evaluated on a case-by-case basis. Consideration will be given for such actions as: drug treatment, counseling of any sort that relates to nature of offenses either court-ordered or self-enrolled, or documentable verification of attempts to change illegal lifestyle.

### Falsification of Rental Application: Non-Disclosure and Fraud

- Not reporting an eviction.
- Not reporting income.
- Not reporting criminal history whether crimes were committed as a minor or as an adult.
- History of having committed fraud in connection with any Federal housing assistance program.

Please refer to our **Tenant Selection Plan** for more information.