CHANGE IN FAMILY COMPOSITION – ADDING OR REMOVING MEMBERS

THINGS TO KNOW BEFORE REPORTING A CHANGE

- Before the Change Is Processed:
  - All documentation/verification must be received and completed before a change is processed.
  - Additional family member may not be added to the lease until approved by landlord and KCHA.

- Your Responsibility:
  - As the head of the Household, you understand that you are required to report in writing any change in your family composition, or any change in your income, within 30 days when the change occurred. Any misrepresentation of your family’s circumstance to the Housing Authority could result in termination of your housing assistance.

THE HOUSING AUTHORITY MAY TAKE UP TO 30 DAYS TO PROCESS AN INTERIM REVIEW

FAMILY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Head of Household Name</th>
<th>Date</th>
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<th>Address</th>
<th>Unit</th>
<th>Phone</th>
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<thead>
<tr>
<th>City/State/Zip Code</th>
<th>Email</th>
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SUMMARY OF FAMILY COMPOSITION CHANGE

Please list the names of the family members who are being added or removed.

Race Codes: 1 Caucasian; 2 African American; 3 Native American; 4 Asian; 5 Pacific Islander; 6 Hispanic

<table>
<thead>
<tr>
<th>ADD</th>
<th>Relation to Head of Household</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Birth date</th>
<th>Birth Place</th>
<th>Social Security</th>
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<table>
<thead>
<tr>
<th>REMOVE</th>
<th>Relation to Head of Household</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Birth date</th>
<th>Birth Place</th>
<th>Social Security</th>
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OFFICE USE ONLY
FORM #: 815
HH ID #: 
UNIT #: 
EFFECTIVE DATE:
SUMMARY OF CURRENT FAMILY INCOME

List the current income for all family members, including the source of income and the gross amount received.

<table>
<thead>
<tr>
<th>Name of Family Member</th>
<th>Source of Income</th>
<th>Employer Name</th>
<th>Gross Amount of Income</th>
<th>Check Box If the Gross Amount is per:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Hour</td>
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<td>Week</td>
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<td></td>
<td>Month</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Year</td>
</tr>
</tbody>
</table>

CHECK AND PROVIDE DOCUMENTATIONS FOR YOUR CHANGE

**ADDING A MINOR**
- Copy of the child’s birth certificate and full custody papers or Child Protective Services letter.
- Copy of the child’s social security card.
- Income verification for the child such as child support, TANF, social security benefit, etc.
- KCHA 814 - Landlord Statement or a letter from your landlord stating the child has been added to the lease.
- KCHA 432 Declaration of Eligibility.
- KCHA 434 Non Citizen form (if applicable)
- INS card (if applicable)

**REMOVING A MINOR**
- KCHA 814 - Landlord Statement or a copy of the lease showing the member has been removed from the lease.
- Current household income (DSHS, Social Security, child support, etc.)

**ADDING AN ADULT MEMBER**
- Copy of their ID and social security card
- Proof of relationship
  - Birth Certificate (if applicable)
  - Marriage Certificate for spouse (if applicable)
- KCHA 814 - Landlord Statement or a letter from your landlord stating the new member has been approved to be added to the lease.
- KCHA 486 Authorization for Release form (18+ must sign)
- KCHA 432 Declaration of Eligibility (18+ must sign)
- KCHA 434 Non Citizen form
- INS card or I-94 (if applicable) – need copy of front and back of card
- KCHA 417 Criminal History (new member(s) and head of household must sign).
- HS2675 Debt Owed (new member must sign).
- KCHA 405 Employment Verification, paystubs, Social Security benefit, TANF, unemployment benefit, pension, etc.

**REMOVING AN ADULT MEMBER**
- KCHA 814 - Landlord Statement or a copy of the lease showing the member has been removed from the lease.
- Verification of the member’s new address such as a copy of their lease, utility bill, driver’s license.
- Divorce/separation papers – if removing a spouse.

I, (head of household’s name) ________________________________, hereby authorize King County Housing Authority to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

I certify that the information given above is true and complete.

Head of Household’s signature: ________________________________ Date __________

RETURN COMPLETED FORMS TO:

Please Email/Fax completed packet to your caseworker or mail to:
Section 8, 700 Andover Park W, Tukwila WA 98188
Attention: (Your Caseworker)
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.

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:

BASIS OF PAY

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROSS Salary or Wages</td>
<td>$</td>
</tr>
<tr>
<td>Commission</td>
<td>$</td>
</tr>
<tr>
<td>Amt of Tips per week, if any</td>
<td>$</td>
</tr>
</tbody>
</table>

GROSS RATE OF PAY

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Hour</td>
<td>$</td>
</tr>
<tr>
<td>Per Week</td>
<td>$</td>
</tr>
<tr>
<td>Per Month</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

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 Fax Number:

Signature: Email:

Date:
CRIMINAL HISTORY

Have you or any member of your household ever been convicted of a Felony?  
□ YES  □ NO

If YES, please explain: ____________________________________________________________

Are there any current outstanding warrants on any household members?  
□ YES  □ NO

If YES, please list who and explain: __________________________________________________

Are you or any member of your household currently an illegal abuser or addict of a controlled substance?  
□ YES  □ NO

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?  
□ YES  □ NO

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.

Drivers License/State ID# ______________________________ State ______ Initials ______

Drivers License/State ID# ______________________________ State ______ Initials ______

Drivers License/State ID# ______________________________ State ______ Initials ______

Drivers License/State ID# ______________________________ State ______ Initials ______

Head of Household Signature __________________________ Date ______

Adult Household Member Signature ______________________ Date ______
# Declaration of Eligibility Status

<table>
<thead>
<tr>
<th>Head of Household</th>
<th>Adult Family Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, ____________________________ Certify</td>
<td>I, ____________________________ Certify</td>
</tr>
<tr>
<td>PRINT NAME</td>
<td>PRINT NAME</td>
</tr>
<tr>
<td>THAT I AM (CHECK ONE)</td>
<td>THAT I AM (CHECK ONE)</td>
</tr>
<tr>
<td>□ a U.S. Citizen</td>
<td>□ a U.S. Citizen</td>
</tr>
<tr>
<td>□ a Non-Citizen with Eligible Immigration Status</td>
<td>□ a Non-Citizen with Eligible Immigration Status</td>
</tr>
<tr>
<td>□ choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</td>
<td>□ choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</td>
</tr>
</tbody>
</table>

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<tr>
<th>Adult Family Member</th>
<th>Adult Family Member</th>
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<tbody>
<tr>
<td>I, ____________________________ Certify</td>
<td>I, ____________________________ Certify</td>
</tr>
<tr>
<td>PRINT NAME</td>
<td>PRINT NAME</td>
</tr>
<tr>
<td>THAT I AM (CHECK ONE)</td>
<td>THAT I AM (CHECK ONE)</td>
</tr>
<tr>
<td>□ a U.S. Citizen</td>
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</tr>
<tr>
<td>□ a Non-Citizen with Eligible Immigration Status</td>
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</tr>
<tr>
<td>□ choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</td>
<td>□ choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</td>
</tr>
</tbody>
</table>

(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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthdate</th>
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</table>

□ 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

Spouse/Co-Tenant/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.

FOR U.S. CITIZENS THE EVIDENCE CONSISTS OF:
   A. A signed declaration of U.S. Citizenship

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.

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:
          o Admitted as Refugee Pursuant to Section 207
          o Section 208 or Asylum
          o Section 243(h) or Deportation stayed by attorney General
          o Paroled Pursuant to Section 221(d) (5) of the INS
      iii. Form I-94 Arrival Departure Record not annotated, must be accompanied by one of the following:
          o A final court decision granting asylum
          o A letter from the INS asylum officer, or from the INS district director granting asylum
          o A court decision granting withholding or deportation
          o 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

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.
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:
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
      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
      vi. A receipt from the INS indicating the application for issuance of a replacement document for one of the above.
WHEN MUST IT BE SUBMITTED:

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

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.

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.

<table>
<thead>
<tr>
<th>Head of Household</th>
<th>Date</th>
<th>Spouse</th>
<th>Date</th>
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<tbody>
<tr>
<td>Other Family Member over age 18</td>
<td>Date</td>
<td>Other Family Member over age 18</td>
<td>Date</td>
</tr>
<tr>
<td>Other Family Member over age 18</td>
<td>Date</td>
<td>Other Family Member over age 18</td>
<td>Date</td>
</tr>
</tbody>
</table>

06/20/2013
Authorization for Release of Information / Privacy Act Notice

I understand that to apply for or receive assistance through one of the King County Housing Authority’s (KCHA’s) housing assistance programs, I must provide accurate and complete information regarding my income, family composition and circumstances. I hereby authorize KCHA to request and obtain information in the categories or from sources listed below for the purpose of determining my eligibility to receive housing assistance. In addition, I authorize KCHA to (1) provide a copy of this release to any person, business and/or organization to which such requests are directed and I indemnify them from any harm for providing information in accordance with such requests; and (2) to make inquiries regarding my income, family composition and circumstances from any source, including those I have provided and those KCHA may identify during the course of processing my application for initial or continued program eligibility. I understand that I will be given the opportunity to contest any negative determinations based on the information obtained.

Categories and Sources of Information Covered by this Authorization:

- Verification from employers, including information relating to start and end dates, wage and salary information, job performance and unemployment eligibility;

- Expenses, including but not limited to childcare, medical and handicapped assistance costs as needed to determine eligibility, size of unit and appropriate rent and subsidy amounts;

- U.S. Social Security Administration and U.S. Internal Revenue Service (HUD only);

- Immigration status, citizenship status, and legal identity verification;

- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;

- School registration for minor children and family members over the age of 18 where required to establish program eligibility, verify family composition or determine appropriate rent, subsidy or size of unit;

- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;

- Registration in educational or vocational training programs including information about participation, progress and completion of such programs;

- Criminal history, including fingerprint submission where necessary to effect positive identification;

- Information from the Department of Licensing, law enforcement agencies, courts and credit bureaus;

- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;

- Information from utility companies and energy or water service districts, including information relating to consumption and billing records;

- Income and asset information from any source including but not limited to the Department of Social and Health Services, Division of Child Support and information from State Wage Information Collection Agencies for all family members;

- Verification of disability or handicap, if necessary for program eligibility (not including details of the actual disability or handicap);

- Credit reports and/or tenant screening reports from private screening contractors;

- Verification of need for reasonable accommodation, if requested;

- Information regarding minor or foster children;

- Information necessary to authenticate preference claims;

- Outstanding debts to other housing agencies.
Authority: This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.

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.

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 KCHA’s grievance and Housing Choice Voucher informal hearing procedures.

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. Information requested may include current or historical data determined necessary by HUD and/or KCHA 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 KCHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits. This consent becomes effective once signed. This consent expires 40 months after it is signed.

SIGNATURES

<table>
<thead>
<tr>
<th>Head of Household (printed name)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Head, Spouse, Partner, or Other Adult (printed name)</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Other Adult – Age 18 or older (printed name)</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Other Adult – Age 18 or older (printed name)</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
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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 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, KCHA and any owner (or any employee of HUD, KCHA 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 this form is restricted to the purposes cited on the form. 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, KCHA or the owner responsible for the unauthorized disclosure or improper use.
Landlord Statement

My name is __________________________ and I am the landlord of the tenant stated above. I acknowledge that the following changes have occurred in the tenant's residence:

☐ Moved-In Names: _______________ Dates: _______________

☐ Moved-Out Names: _______________ Dates: _______________

☐ Newborn Added Names: _______________ Dates: _______________

Landlord Signature: __________________________ Date: __________________________

Print Name: __________________________ Phone Number: __________________________
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
   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*
4. **Commit** fraud, bribery or any other corrupt or criminal act in connection with the program.

5. **Participate** in illegal drug or criminal activity.
   a. *Drug related criminal activity means* one of the following:
      1. The illegal manufacture, sale, or distribution, or possession with intent to manufacture, sell or distribute, a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)); or
      2. The illegal use, possession for personal use, of a controlled substance as defined above.
   b. *Violent criminal activity means* any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.
   c. In making its determination as to whether drug-related criminal activity or violent criminal activity occurred, the issue will be whether the preponderance of evidence indicates that a family has engaged in such activity, regardless of whether the family member has been arrested or convicted.

6. **Sublease** or let the unit or assign the lease or transfer the unit.

7. **Receive** Section 8 tenant-based or Project-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 I must report any household member who is a registered Sex Offender immediately. I understand that I must notify the Housing Authority of any illegal criminal activity (any arrests, charges, or convictions) involving myself or any household member immediately.

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
DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD’s Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.
Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

THIS NOTICE WAS PROVIDED BY THE BELOW LISTED PHA:
KING COUNTY HOUSING AUTHORITY

I HEREBY ACKNOWLEDGE THAT THE PHA PROVIDED ME WITH THE DEBTS OWED TO PHAs & TERMINATION NOTICE:

Signature Date

08/2013

Form HUD-52675