



SECTION 8 OFFICE
700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

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

INCOME

- **PUBLIC ASSISTANCE:** Please sign the enclosed KCHA 404. **SECTION 8 OFFICE WILL REQUEST VERIFICATION DIRECTLY FROM DSHS.**
- **EMPLOYMENT VERIFICATION:** If employed, please provide name, address, and phone number of employer of all members age 21 and over.
- **SELF-EMPLOYMENT:** Yearly or quarterly tax records, a copy of business license and copy of profit/loss statement plus receipts.
- **UNEMPLOYMENT:** **SECTION 8 OFFICE WILL REQUEST VERIFICATION DIRECTLY FROM EMPLOYMENT SECURITY OFFICE.**
- **CHILD SUPPORT:** Notarized letter from paying parent indicating direct payment amount, or copy of divorce decree indicating child support. You will also need to sign KCHA 404. **SECTION 8 OFFICE WILL REQUEST VERIFICATIONS FROM WASHINGTON STATE OFFICE OF SUPPORT ENFORCEMENT.**
- **PENSION, ANNUITY, VETERANS BENEFITS, L & I, ALIMONY:** Copy of current Award Letter.
- **OTHER INCOME:** Gifts of Support or income not mentioned above, verification must be provided.
- **SSI/SOCIAL SECURITY BENEFITS:** **PLEASE PROVIDE A COPY OF YOUR AWARD LETTER OR CALL 1-800-772-1213 OR GO TO <http://secure.ssa.gov/apps6z/iss/main.html>** You may also provide bank statement as verification.
- **BANK ACCOUNTS/ASSETS:** If all assets combined total \$50,000 or more, verification must be supplied. This includes savings, checking, stocks, bonds, property, IRA's, mutual funds, annuities, trusts, inheritances, settlements.

ALLOWANCES

- **FULL OR PART TIME STUDENTS STATUS (FOR STUDENTS OVER 21 YEARS OF AGE)**
Current enrollment and financial aid information from registrar or admissions officer.
- **MEDICAL DEDUCTIONS (FOR EASY RENT HOUSEHOLDS IN WHICH HEAD OR SPOUSE IS AT LEAST 62 OR A PERSON WITH DISABILITIES):** Easy rent households must have over \$2,500 to be eligible for deduction. Printout from pharmacy, or receipts for medications or medical expenses paid in the last 12 months. We cannot use unpaid medical bills. Verification of attendant care and/or auxiliary apparatus cost which allows family members to be employed.
- **CHILD CARE:** For "WIN Rent" program families only. For families with children under the age of 13, a deduction may be allowed if the expenses are \$2,500 or greater, AND the care enables the parent(s) to be gainfully employed or to further their education.

REQUIRED DOCUMENTS FOR INITIAL APPLICATION OR AS APPLICABLE

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



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



Section 8 Office

700 Andover Park W • Seattle, WA 98188-3326 • www.kcha.org
Phone 206-214-1300 • Fax 206-243-5927

FORECLOSURE INFORMATION FOR SECTION 8 VOUCHER HOLDERS

On May 20, 2009 a new federal law, protecting your rights became law. Section 8 housing choice voucher tenants have new rights regarding eviction from units that have been foreclosed upon. The person, who now owns your home as a result of the foreclosure, must follow these rules.

- First, if you have a lease for a fixed term, such as one year, and the lease has not expired, you have a right to remain in the unit and cannot be evicted (except for actions that you, members of your family or your guests take which constitute good cause) until the end of the lease term.
- Second, if your lease ends in less than 90 days the new owner may not evict you without giving you at a minimum 90 days' notice.
- Third, the new owner wanting the property vacant before they sell it is not good cause for terminating the tenancy or for eviction.
- Fourth, there is one exception to the rule that you may not be evicted during the term of your lease. If the new owner who acquired the property at foreclosure wants to occupy the unit as his or her primary residence, that owner may give you a 90-day notice to vacate your home even if your lease runs for longer than 90 days.

If you receive an improper notice to terminate your lease, you should give a letter objecting to the termination to your landlord before the date for termination in the notice you received, and you should pay your rent. If you do not pay your rent, your landlord can serve you with a notice to pay rent or quit under your state law.

If your landlord files an eviction complaint against you (some states call this an unlawful detainer action) based upon the termination notice, you should put in your answer, or tell the court if your state does not allow you to file an answer, that the termination notice is improper because the landlord should have served you with a 90-days' notice or could not evict until the lease expired under the Protecting Tenants at Foreclosure Act, Pub. L. No. 111-22, § 702 (2009).

You should make a copy of your letter for your records, send your letter to the new owner by certified mail, return receipt requested, at the address the new owner put on his/her notice to you. When you go to court in the eviction case, you should take with you copies of the letter you sent to your landlord, the original and copies of your proof of mailing and green return receipt from the post office, the copy of the new law that is attached to this notice and a copy of your written lease if you have a written lease.

The judge may not know about the law because it is so new, but if you tell the judge about the law, it is his or her legal responsibility to enforce it, and make sure that you are not forced to move with less than 90 days' notice or before the end of your lease term.



**King County
Housing
Authority**

SECTION 8 OFFICE
700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY	
Form #:	849
Subsidy #:	
Unit #:	
Effective Date:	

FULL RECERTIFICATION FORM

PART I : TENANT INFORMATION

A. NAME: _____ **HOME PHONE:** _____

ADDRESS: _____ **WORK PHONE:** _____

CITY, STATE, ZIP: _____ **CELLPHONE:** _____

EMAIL ADDRESS: _____ **MAIDEN NAME:** _____

MAIDEN NAME, NICKNAME OR ALIAS (if applicable): _____

MARITAL STATUS: SINGLE MARRIED OTHER: _____

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

Primary Language: _____ **Translation Needed:** YES NO

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

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

Do you intend to move to a different unit? YES NO (If yes, please contact the Section 8 Office regarding moving procedures.)

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

PART II. HOUSEHOLD INFORMATION

A. Please list YOURSELF and ALL PERSONS living in the assisted unit (list additional members on a separate page). **Do not list** family members who reside elsewhere during the school year. When completing "RACE", please use the following numbering system: **1-CAUCASIAN; 2-AFRICAN AMERICAN; 3-NATIVE AMERICAN; 4-ASIAN; 5-PACIFIC ISLANDER; 6-HISPANIC**

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

List all persons who may move in or have moved out since your last recertification review.
(deaths, marriages, permanent placement in nursing homes, or incarceration etc.)

FULL NAME	RELATIONSHIP	DATE OF MOVE	REASON

I understand that any additional family member may not be added to the lease until the request has been reviewed and formally approved by the Housing Authority and the Landlord. Please provide notice from landlord of lease approval for new member.

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

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

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

	YES	NO
(1) Head of Household <u>or</u> Spouse is Disabled	<input type="checkbox"/>	<input type="checkbox"/>
(2) Other Family Member is Disabled. If YES, please list their name(s):	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
(3) Is a reasonable accommodation based on disability necessary? If so, please indicate below.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Live-In Aide <input type="checkbox"/> Additional Bedroom <input type="checkbox"/> Rent Exception <input type="checkbox"/> Hearing Impaired Smoke Detector <input type="checkbox"/> Other		
(4) Have you or any other family member listed on your application now or ever lived in Public Housing, Section 8 Assisted or any other form of government subsidized housing program. If YES, was your rental assistance ever terminated for program violations? Please explain:	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
(5) Have you or any member of your household been arrested or have a criminal record within the last 3 years? A Criminal History background check may be run on you and your household members. If YES, please list any criminal history which will appear on your records within the past 3 years and where it occurred:	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
(6) Are there any children living in the Household age six or under with an Elevated Lead Blood Level? If YES, please list their name(s):	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
A Lead Based Paint Brochure titled "Protect Your Family From Lead in Your Home" is available on request. Additional information regarding lead paint can be accessed from the KCHA website (www.kcha.org)(The Housing Authority provides this form to you at your initial housing.)		
(7) Do any household members over the age of 21 attend school? If YES, please list below. Use additional sheets if necessary. For each student please supply: all Financial Aid letters, proof of registration and proof of the amount of tuition from the school.	<input type="checkbox"/>	<input type="checkbox"/>

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

PART III. FAMILY INCOME

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

<input type="checkbox"/> UNEMPLOYMENT BENEFITS	<input type="checkbox"/> CHILD SUPPORT / ALIMONY	<input type="checkbox"/> S.S.I. / SOCIAL SECURITY
<input type="checkbox"/> EMPLOYMENT/WAGES	<input type="checkbox"/> SELF-EMPLOYMENT INCOME	<input type="checkbox"/> WORKMEN'S COMP / L & I
<input type="checkbox"/> ANNUITY PAYMENTS	<input type="checkbox"/> VETERAN'S BENEFITS	<input type="checkbox"/> ALIMONY
<input type="checkbox"/> RETIREMENT PENSION	<input type="checkbox"/> PUBLIC ASSISTANCE	<input type="checkbox"/> OTHER

B. On the chart below please list everyone 21 years and older WITH or WITHOUT a sources of income in your household. Please list any additional information on a separate page.

NAME OF FAMILY MEMBER	SOURCE OF INCOME	GROSS AMT OF INCOME	PER HOUR	PER WEEK	PER MONTH	ANNUALLY

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

C. Please complete employer information. Use additional sheets if necessary:

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

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

	YES	NO
--	------------	-----------

(1) Is any member of your household on a leave of absence from work due to a layoff, medical leave, maternity leave or military leave? If YES, please list their name(s): _____

(2) Have you, or any member(s) of your household ever served in the United States military? If YES, please list their name(s): _____

(3) Does anyone else help you pay your bills or give you money? If YES, how much and list their name(s): _____

PART IV. ASSETS

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

If you do not have assets of \$50,000 or more please skip to question #3.

	YES	NO
--	------------	-----------

(1) Do you have any Checking Accounts, Saving Accounts, Money Market Funds, Trusts, Irrevocable Trusts, IRA/Keogh Accounts, Other Retirement Accounts, Stocks/Bonds, Certificates of Deposits, Equity in Rental Property or Capital Investments, Other Accounts, or Cash held separately or jointly? _____

(2) Have you disposed of any assets for less than Fair Market Value in the past two years?: _____

Please list any assets of \$50,000 or more (including checking/savings account, IRA's, Keough accounts, CD's stocks/bonds, dividends, homes, mobile homes, or any form of real estate):

MBR#	TYPE OF ASSETS	BANK NAME	ACCOUNT #	CURRENT BALANCE	INTEREST RATE

(3) Do you presently own one or more automobiles? (If YES, please list): _____

Year/Make/Model: _____	LICENSE # _____	Monthly Payment	\$ _____
Year/Make/Model: _____	LICENSE # _____	Monthly Payment	\$ _____

PART V. FAMILY DEDUCTIONS

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

	YES	NO
--	------------	-----------

(1) **CHILD CARE EXPENSES (WIN RENT PROGRAM ONLY)**
 Do you pay \$2,500 or more per year in child care in for a family member under the age of thirteen (13)? If so: How much do you pay per month? _____
 or per week? _____
 or per day? _____ days per week? _____
 or per hour? _____ hours per week? _____

(2) **MEDICAL EXPENSES**
 Is the Head of Household or Spouse over the age of 62 and/or disabled, and incurring out-of-pocket medical expenses of \$2,500 or more per year? If you selected "YES", please provide receipts for ALL out-of-pocket medical expenses for the past 12 months. (e.g. medical insurance premiums, co-pay, prescriptions etc.) _____

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

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

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

After verification by the King County Housing Authority, the above information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 through a computer generated facsimile of the form on magnetic tape. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 1-800-424-8590.

ALL LINES MUST BE COMPLETED. *N/A* IF IT DOES NOT APPLY.



SECTION 8 OFFICE

700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY	
Form #:	H9886
Subsidy #:	
Unit #:	
Effective Date:	

New Housing

**Authorization for the Release of Information/
Privacy Act Notice**

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

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB CONTROL NUMBER : 2501-0014 EXP. 1/31/2014

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

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

SIGNATURES

Head of Household Signature

Date

Social Security Number (if any) of Head of Household

Other Family Member over age 18

Date

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

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

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



SECTION 8 OFFICE
700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY	
Form #:	857
Subsidy #:	
Unit #:	
Effective Date:	

New Housing

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*

EVICTED from the unit, you will be denied further assistance).

4. **Commit** fraud, bribery or any other corrupt or criminal act in connection with the program.
5. **Participate** in illegal drug or criminal activity.
 - 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 B.SC.. 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



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OFFICE USE ONLY	
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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		GROSS RATE OF PAY	
GROSS Salary or Wages	\$ _____	Per Hour	\$ _____
Commission	\$ _____	Per Week	\$ _____
Amt of Tips per week, if any	\$ _____	Per Month	\$ _____
		Other	\$ _____

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

Date employee started receiving Current Rate of Pay: _____

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

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

Is Current Employment: Temporary Permanent Seasonal Part-Time

Likelihood of Continued Employment: Yes No

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

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

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

Address: _____ **Phone Number:** _____

City, State, Zip _____ **Fax Number:** _____

Signature: _____ **Email:** _____

Date: _____