

APPLICATION INSTRUCTIONS

Applicants are limited to submitting applications once every six months.

Thank you for your interest in the Richland County Housing Authority. Before your application can be processed and your name placed on the Waiting List, you **MUST** furnish the following items.

- **Your application will NOT be processed until we receive all of the required items. NO Faxed Copies will be Accepted. Must be mailed or hand delivered.**

The application verification process may take approximately 14 – 30 days. Once your eligibility has been determined, a letter will be sent to you.

If at any time your circumstances change (move, start/end/change job, etc.) after your application has been submitted you MUST notify the Richland Housing Authority in writing. Failure to do so may result in your name being removed from the waiting list and your application being dead filed.

Check	Items Needed	Comments
	Current rent receipts or lease or verification of living arrangements	
	ALL Utility Bills (gas, water, electric, trash)	
	Birth Certificates for ALL Family Members	
	Social Security Cards for ALL Family Members	
	Income and Direct Express verification for ALL family members (include wages, SS, SSI, child support, pensions, etc.) Photocopies of SS or SSI checks will not be accepted	
	Asset verification: Copies of checking statements for the past 6 months OR print out from bank (include CD's, money market, etc.)	
	Savings: Copy of last statement or print out from the bank.	
	Drivers License or Photo ID (for everyone 18 and over)	
	Copy of Custody Papers	
	Owned Property information. <i>home appraisal papers or property tax papers that show value of home.</i>	

FOR ELDERLY OR DISABLED ONLY:

Check	Items Needed	Comments
	Copy of receipts for Medicare supplement insurance premiums or cancelled checks.	
	Copy of out of pocket pharmacy prescriptions for the past 12 months	

If you are applying for HUD assistance with the Richland County Housing Authority, then you need to 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.*

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 veteran's benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security, 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 your or any member of your household.
- All income from assets, such as interest from savings accounts, checking accounts and certificates of deposit, stock dividends, etc.
- Any business or asset, such as your home, farmland, etc. that you have sold in the last two years for less than market value.
- The names of everyone, including adults or children, relatives or non-relatives who are living with you and make up your household.

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.

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 Richland County Housing Authority at 129 E. Scott St, Olney, IL 62450. You can call (618)395-2571, or e-mail at richland@rchal.com.



HOUSING ASSISTANCE APPLICATION

Date: _____ Time _____
 BR: 1 2 3 4
 STAFF _____
 PROGRAM _____

**HOUSING AUTHORITY OF THE COUNTY OF
 RICHLAND
 129 EAST SCOTT ST.
 OLNEY, IL 62450
 PHONE 618-395-2571**



This form **must** be **completed in your own handwriting**. Please print clearly, using a pen. (**NO** pencil). If questions do not pertain to you, please indicate by writing N/A. **NOTE:** If you have a disability that makes it impossible to submit your application in your own handwriting, notify the RCHA staff and assistance will be provided.

The persons listed on the application are hereby applying for the following programs: (check all that apply)

<input type="checkbox"/>	Public Housing	<input type="checkbox"/>	Project based Section 8 – East Fork Apts.
<input type="checkbox"/>	Housing Choice Voucher	<input type="checkbox"/>	Project Based Voucher in Lawrenceville, IL (1BR only)

HEAD OF HOUSEHOLD *(Print clearly)*

Name (First, Middle, Last) Phone _____ Phone _____ Message Phone _____ Message Phone Person Name: _____	Current Mailing Address: _____ City: _____ State: _____ Zip: _____ Email Address: _____
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ACCOMMODATIONS REQUEST

Do you or any member of your household need any special accommodations to participate in our program or physical modification to a dwelling unit based upon a disability? ___ Yes ___ No

If yes, please check which special accommodation is needed based on the impairment: *Check all that apply*

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other Mobility	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Other – please describe needed accommodation below
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Needed Accommodations:

PREFERENCE REQUEST

The waiting lists are organized first by preference points then by date and time of application. Using the preferences that apply, the applicant with the most preference points is placed at the top of the waiting list(s). When there is a tie in the number of preference points, date of application is used to determine waiting list order. Eligibility for preferences is verified when an applicant applies for housing and once again when pulled from a waiting list. If the preference no longer exists at selection time, the applicant will be returned to the waiting list. The below list is a summary of possible preferences.

	YES	NO
Involuntary Displacement: by disaster, code enforcement or other factors beyond the tenants control – 15 points	<input type="checkbox"/>	<input type="checkbox"/>
Currently Living in Substandard Housing (includes homeless): dilapidated, no indoor plumbing, unsafe or no heat, unsafe electrical, lack of permanent night time residence – 10 points	<input type="checkbox"/>	<input type="checkbox"/>
Rent Burden: Paying more than 50% of income for rent and utilities – 5 points	<input type="checkbox"/>	<input type="checkbox"/>

List all people who will be living with you. List Head of Household first, then the spouse or co-head, then minors (oldest to youngest), then list any other adults. Be sure to use the same member number for each person in all charts.

MEMBER NUMBER	FULL LEGAL NAME	RELATIONSHIP TO HEAD	BIRTHDATE	SEX M/F/Other	SOCIAL SECURITY #	OCCUPATION OR SCHOOL NAME
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

Use the codes below to complete the following:

Member Number	Marital Status	Employ -ment Status	Race	Ethnicity	Veteran (Y or N)	Birthplace (City, State)
1						
2						
3						
4						
5						
6						
7						
8						

What is the principal language?	
Check One	
English	
Spanish	
Other	

Do you have a custody agreement with the parent?	
MEM #	YES NO, Explain

MARITAL STATUS: S-Single, M-Married, W-Widow, D-Divorce, SP-Separated

EMPLOYMENT STATUS: E-Employed, UE-Unemployed, SE-Self Employed, R-Retired, S-Student, D-Disabled, H-Handicapped

RACE: W-White, A-Asian, B-Black/African American, N-Native Hawaiian/Other Pacific Islander, AI-American Indian/Alaska Native, O-Other

ETHNICITY: H-Hispanic/Latino, NH-Not Hispanic/Latino

CHILD SUPPORT – Does any household member receive child support? ____ Yes ____ No

If yes, Provide the following information:

MEMBER NUMBER	NAME OF ABSENT PARENT	ADDRESS OF ABSENT PARENT	CHILD SUPPORT AMOUNT	HOW OFTEN RECEIVED
			\$	
			\$	
			\$	
			\$	

EMPLOYMENT INCOME: (This part applies to all household members, including minors)

Have any ADULT household members been employed in the previous 12 months: ____ YES ____ NO

If yes, provide employer names with dates of employment _____

List all earned income of all family members that work full time, part-time, or seasonally including wages, fees, tips, bonuses or cash:

MEMBER #	EMPLOYER NAME	EMPLOYER ADDRESS	AMOUNT EARNED

OTHER INCOME: Does any household member receive or expect to receive money from any source listed below? If yes, list household member number, source and monthly amount received. **You must mark yes or no.**

Type of Income	YES	NO	MEMBER #	SOURCE	MONTHLY AMOUNT
General Assistance					
Pension/Retirement					
Alimony					
Unemployment					
Workers Comp					
Social Security					
SSI					
Veterans Pay					
Military Pay					
Work Study					
TANF					
Food Stamps					
Railroad Retirement					
Rental Property					
Farm Income					
Other:					

Does any household member work for someone who pays cash? ____YES ____NO If yes, name of household member _____ Name of employer _____ How much money per month? _____

EXPENSES: Indicate the monthly dollar amount paid by your household on each item below

MO. EXPENSE	AMOUNT PAID \$	MO. EXPENSE	AMOUNT PAID \$	MO. EXPENSE	AMOUNT PAID \$
Rent		Loan		Credit Card	
Electric		Car Payment		Credit Card	
Gas		Car Insurance		Other-	
Water		Rental Co.		Other-	
Phone		Insurance		Other-	
Medical Bills		Cable/Dish		Other-	

REAL ESTATE: Does any household member own, have interest in or is anyone buying real estate, such as land and/or buildings, mobile homes, etc., anywhere? ____ YES ____ NO If yes, complete the following:

Type:	Address:	Estimated Value \$
Type:	Address:	Estimated Value \$

Mortgage or outstanding loan balances due: \$ _____ For: _____

Has any household member sold, given away or disposed of any property for less than the fair market value (includes cash, real estate, mobile home, and/or land, given to relative, or set up irrevocable trust account) **in the last two(2) years?**

	NO	YES	Describe:	Estimated Value : \$

ASSETS: Does household member, including children, have any of the following resources? You **must** mark YES or NO on each item.

ASSET ITEM	YES	NO	MEMBER #	AVERAGE VALUE \$	FACILITY OR COMPANY NAME
Cash					
Checking Account					
Checking Account					
Savings Account					
Trust Fund					
Stocks					
Bonds					
Certificate of Deposit(CD's)					
Money Market					
Treasury Bills					
Annuity					
Retirement Account					
Safe Deposit Box					
Life Insurance					
Direct Express Card					
Other					

ADDITIONAL CONTACT INFORMATION:

Name of two friends or family members not living with you who would generally know how to contact you:

NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP

PERSONAL BACKGROUND: IMPORTANT: Please list **ALL ARRESTS** of all family members listed on the application. We will verify this information through the State Police and FBI. Failure to include all information is grounds for denial. **Place an X under the Yes/No column**

Have you or any member of your household ever engaged in the use, possession or manufacture of methamphetamine or other drugs, or been ARRESTED for ANY drug related criminal activity ? If yes, WHO: _____ DATE AND LOCATION: _____ CHARGES: _____	YES	NO
Have you or any member of your household ever been ARRESTED for ANY criminal activity <i>other</i> than a traffic violation? If yes, WHO _____ DATE AND LOCATION _____ CHARGES:: _____		
Are you or any household member subject to a registration requirement under a state sex offender registration program? If yes, list offenders name: _____		
Have you or any member of your family had any suits, judgments, collections (including bankruptcy) filed? If yes, WHO: _____ WHEN: _____		
Do you abuse alcohol to the extent that you are a danger to others' health, safety, or right to peaceful enjoyment?		
Are you or any household member a current user of illegal drugs?		
Is any member of your family pregnant? If yes, WHO: _____ DUE DATE: _____		
Did you file a federal income tax return for the most recent year?		
Do you expect anyone to move in or out of your household with the next 12 months? If yes, explain		

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part *ONLY* if the head or spouse is 62 years of age or older, or if the head, spouse or co-head is a person with a disability.

Do you have Medicare? ____ YES ____ NO If yes, what is your monthly premium? \$ _____

Do you pay for any other kind of Medical Insurance or Medicare supplement? ____ YES ____ NO. If yes, provide

POLICY NUMBER	INSURANCE CO NAME	INSURANCE CO. ADDRESS	PREMIUM

RENTAL BACKGROUND: (ALL Applicants must complete this portion)

YES NO

Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs? IF YES LIST BELOW NAME: _____ Address: _____		
Have you or any other household member ever been terminated/evicted from any Housing Authority, Section 8 or other federally assisted Program? IF YES, LIST INFO BELOW NAME: _____ Address: _____		
Do you or any other household member currently owe money to a Public Housing Authority? IF YES LIST NAME: _____ Address: _____		
Have you or any other household member ever lived in any rental assisted housing? IF YES LIST NAME: _____ Address: _____		

List names of all adults in household and every state they have lived in the last 10 years:

MEMBER #	STATES	MEMBER #	STATES

CURRENT LANDLORD:

LANDLORD NAME:	ADDRESS:	PHONE:
MOVE IN DATE:		

PRIOR ADDRESS WHERE YOU LIVED: List ALL addresses used by any household members: If all information is not provided, it could result in a denial or delay in processing our application. Use additional sheet if necessary.

MEMBER #	ADDRESS WHERE YOU LIVED:	DATE: FROM	TO
LANDLORD NAME:	LANDLORD MAILING ADDRESS	PHONE	

MEMBER #	ADDRESS WHERE YOU LIVED:	DATE: FROM	TO
LANDLORD NAME:	LANDLORD MAILING ADDRESS	PHONE	

MEMBER #	ADDRESS WHERE YOU LIVED:	DATE: FROM	TO
LANDLORD NAME:	LANDLORD MAILING ADDRESS	PHONE	

COMMENTS OR ADDITIONAL INFORMATION _____

How did you hear about the Richland County Housing Authority? _____ Friend _____ Newspaper

_____ Flyer _____ Internet _____ Other Agency Other: _____

Read the following certification and notice before signing

APPLICANT CERTIFICATION & NOTICE

I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income and assets of any household member to the Richland County Housing Authority within fifteen (15) days of the change. I also understand that no one is permitted to move into my unit, should I receive assistance, without prior written approval of the Richland County Housing Authority and/or my landlord.

I certify that all information given to the Housing Authority of Richland County regarding household composition, income, assets, allowances, personal background, rental history and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for denial of this application, termination of housing assistance and/or termination of tenancy.

Fraud and abuse mean a single act or pattern of actions made with the intent to deceive or mislead by providing a false statement, omission of information (not answering a question correctly, truthfully and completely), misrepresenting facts, or concealing facts.

I further understand that by signing this application, I give the Housing Authority permission to process credit and criminal references, including rental history to support the information I have provided.

WARNING: SECTION 1001 TO TITLE 18 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

ALL ADULT (Age 18 and older) HOUSEHOLD MEMBERS MUST SIGN THIS FORM

Signature Date

Signature Date

Signature Date

Signature Date

VERIFICATIONS- FOR OFFICE USE ONLY

MEM #	S.S.	ID	B CERT	CITIZ	AUTH	STUD	INC	CUST	ASSET	MED	PREF	CRIM	CRED	RSO
1														
2														
3														
4														
5														
6														
7														
8														

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED VERIFICATIONS WHICH INCLUDE SEX OFFENDER, CRIMINAL, AND CREDIT SCREENINGS.

Initials Date

COLLEGE STUDENT QUESTIONNAIRE

Are you or any member of your household students? _____ yes _____ no

If yes, list members name(s) and which school

Name _____ School _____

Name _____ School _____

FOR SECTION 8 VOUCHER PROGRAM ONLY:

You only qualify for the Section 8 Voucher Program if you meet the following criteria:
(Note: If you are not at least 24 years of age and do not meet the criteria for independent status, you are not eligible to apply on your own. You must complete the application listing your parent(s) or guardians(s) income.)

1. You must be a full-time student
2. You must be at least 24 years of age OR claim independent status.
Independent status includes:
 - a. Married student
 - b. Student with child or children. The student must have primary legal custody and the child(ren) must reside with the student at least 51% of the time. The student must provide at least 51% of the child(ren)'s support.
 - c. Student who is enrolled as a graduate or professional student (medicine, dentistry or law)
 - d. Qualified veteran of the US military
 - e. Student is an orphan or ward of the court or was a ward of the court until age 18
 - f. Student with special and unusual circumstances which can be documented by his/her college financial aid administrators
(ie: abuse in the family, etc.)
 - g. Student has established a household separate from his/her parent(s) or legal guardian(s) for at least one year prior to this application.
3. You must be income eligible

Please complete the following questions for Section 8 Voucher Program:

1. Are you a full time student? _____ Yes _____ No
2. Are you at least 24 years of age or claim independent status? _____ Yes _____ No
3. If you are claiming independent status, under what category do you qualify? _____
4. If you are claiming independent status, can you be claimed on your parent's or guardian's income tax? _____ Yes _____ No
5. Do you receive any scholarship assistance that provides for housing costs exceeding \$5,000 per year? _____ Yes _____ No
6. Do you receive any scholarship assistance that provides for ANY housing costs?
_____ Yes _____ No If yes, what is the amount? _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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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.



HOUSING AUTHORITY OF THE COUNTY OF RICHLAND

129 E. Scott St. – Olney, IL 62450
PH: (618) 395-2571 FAX: (618) 393-6109

CONSENT TO RELEASE INFORMATION

CONSENT

I/We, the undersigned have applied for Public Housing. In order that the Housing Authority of Richland County may establish/re-establish my/our eligibility for assistance, I/We hereby authorize and direct any individual, Business, Organization, Federal, State or Local Agency to release to and/or verify for the Housing Authority of Richland County, all information deemed necessary to verify employment and income, assets, credit history, medical expenses, personal references, residences and rental activity and verification of disability or handicap.

INFORMATION COVERED

I/We, further understand that verifications and inquiries that may be requested include, but are not limited to the following:

- Identity and Marital Status
- Residences and Rental History
- Credit and Criminal Activity
- Medical Allowances
- Employment, Income and Assets

GROUPS OR INDIVIDUALS from which information may be requested include, but are not limited to:

- Courts and Post Offices
- Medical Providers
- Utility Companies
- Past and Present Employers
- State Unemployment Agencies
- Past & Present Landlords
- Banks and Other Financial Institutions
- Workman's Compensation Payers
- Temporary Services
- Law Enforcement Agencies
- Retirement Systems
- Credit Providers and Credit Bureaus
- Welfare Agencies
- Social Security Administration
- Attorneys
- Local Schools
- Child Support Providers
- Veteran's Administrations

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the office of the Housing Authority of the County of Richland. I/We understand that any information obtained with this release is confidential and may not be released without my/our permission except to other government entities such as other Housing Authorities, police officials, public assistance, etc. I/We do also understand that information obtained by this release is used to determine my/our eligibility for housing assistance and refusal to consent to the release of this information can result in denial of assistance.

SIGNATURES:

_____	_____	_____	_____
Applicant	DOB	Last 4 Digits of SS #	Date
_____	_____	_____	_____
Co-Applicant	DOB	Last 4 Digits of SS #	Date
_____	_____	_____	_____
Co-Applicant	DOB	Last 4 Digits of SS #	Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD 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 verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).

This consent form expires 15 months after signed.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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

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

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may 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. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

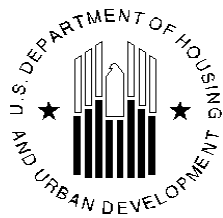
Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing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

Penalties for Misusing this Consent:

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

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

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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 and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

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 or such other period consistent with State Law.

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:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (Attach evidence of proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA 5/; or
 - Parole status under 212(d)(5) of the INA 6/; or
 - Threat to life or freedom under 243(h) of the INA 7/; or
 - Amnesty under 245A of the INA 8/.

(Signature of Family Member)

(Date)

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must provide proof of age. No further documentation of eligible immigration status is required.

Immigration status under Section 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent resident, 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 [immigrant status]. This Category includes a noncitizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161). [special agricultural worker status], who has been granted lawful temporary resident status.

Permanent residence under Section 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained resident in the U.S. since then, and who is not ineligible 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) [amnesty granted under INA 249].

Refugee, asylum, or conditional entry status under Section 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to 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 [conditional entry status].

Parole status under Section 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. 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 INA (8 U.S.C. 1182(d)(5)) [parole status].

Threat to life or freedom under Section 243(h) of INA: A noncitizen who is lawfully present in the U.S. 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]

Amnesty under Section 245A of the INA: 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].

