

Signature _____

Date _____



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

APPLICATION FOR HOUSING

ALBION HOUSING COMMISSION

Please read through this entire application before starting.

Fill out the application, printing all information neatly and clearly. List ALL family members that will be residing in the unit. Be sure to include boyfriends/girlfriends, if any, that will also be residing in the unit.

Please list ALL household income and sign the application.

Completed applications need to be returned to the Albion Housing Commission. The office hours are 8:00 a.m. to 12:00 p.m. and 12:30 p.m. to 4:30 p.m., Monday through Friday. When you return the application, please supply us with Picture ID's for household members over the age of 18 and Social Security Cards and Birth Certificates for all family members. A Local Criminal Background Check from your local Police Department for family members over the age of 18 would expedite the processing of your application. Proof of income will be required at a later date.

Failure to thoroughly complete the application will delay processing. Please allow 3-4 weeks for your application to be processed. You will be informed in writing of the status of your application after processing. Please keep us informed of any address changes during this period.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing commission.

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.



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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

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

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

ALBION HOUSING COMMISSION

1300 COOPER STREET · P.O. BOX 630 · ALBION, MICHIGAN 49224



(517) 629-2511
Fax (517) 629-6004

APPLICATION FOR RESIDENCY

DATE _____ TIME _____ RACE _____ PH# _____

NAME _____ DR LIC# _____

SS# _____ D.O.B. _____ PLACE OF BIRTH _____

PRESENT ADDRESS _____ CITY _____ ST _____ ZIP _____

OWNER/MGR _____ HOW LONG AT PRESENT ADDRESS _____

PREVIOUS ADDRESS _____ CITY _____ ST _____ ZIP _____

OWNER/MGR _____ HOW LONG _____

REASON FOR LEAVING _____

DO YOU CURRENTLY HAVE OR HAVE YOU HAD BED BUGS? _____

NAME OF EMPLOYER _____ HOW LONG _____ SUPERVISOR _____

ADDRESS _____ PH# _____ POSITION _____

SPOUSE'S EMPLOYER _____ HOW LONG _____ SUPERVISOR _____

ADDRESS _____ PH# _____ POSITION _____

MARRIED _____ SINGLE _____ DIVORCED _____ SEPERATED _____ HOW LONG _____

MONTHLY INCOME _____ MEDICAL EXPENSES _____ OTHER INCOME _____

OTHER PERSONS WHO WILL OCCUPY APT. WITH YOU:

NAME	SEX	AGE	SS#	RLTNSHP	RACE	D.O.B.	PLACE OF BIRTH

IN CASE OF EMERGENCY NOTIFY: NAME _____ PH# _____

ADDRESS _____ RELATION _____

**ALBION HOUSING COMMISSION
DECLARATION OF CITIZENSHIP
OR NON-CITIZEN with ELIGIBLE IMMIGRATION 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 Truth or Consequences Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ (Head of Household), 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).

- 1. I am a citizen by birth, naturalized citizen or national of the United States; or
- 2. I have eligible immigration status and I am 82 years of age or older, (Attach evidence of proof of age; birth certificate).
- 3. I have eligible immigration status as listed below (Attached INS document(s) showing eligible immigration status).
 - ❖ Immigrant status (Provide a copy of Form I-155-Alien Registration Receipt Card); or
 - ❖ Special Agricultural Worker with Temporary Resident Status (Provide a copy of Form I-155-Alien Registration Receipt Card or Form I-588-Temporary Resident card annotated with "Section 210".)
 - ❖ Permanent residence (amnesty granted under INA 249); or
 - ❖ Refugee, asylum, or conditional entry status. (Provide Form I-94-Arrival-Departure Record with appropriate annotation. "Refugee pursuant to Section 207"; Section 208" or "Asylum" or a final court decision granting Asylum or Withholding of Deportation; Letter from an INS asylum officer or district director granting asylum.)
 - ❖ Parole status (Provide Form I-94 - Arrival-Departure Record with appropriate annotation: "Paroled pursuant to INA Section 212 (d)(5)").
 - ❖ Threat to life or freedom. Provide Form I-94 - Arrival-Departure Record annotated with "Section 243(K)" or Deportation stayed by Attorney General.")
 - ❖ Amnesty, (Provide Form I-588 - Temporary Resident Card annotated with Section 245A").

Additional Family Members: (Head of Household must sign for all Minors 18 years or younger)

Name	Sex	Age	Relationship	1	2	3	Signature
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty of perjury that I or we are giving true and accurate information on every member of our household concerning whether he or she is an U.S. Citizen, Non-Citizen with eligible immigration status or Non-Citizen without eligible immigration status.

Date

Signature of Head of Household

Date

Spouse or Other Adult Household Member

Bank Accounts: Please list all banking establishments that you hold accounts with:

Name of Bank	Account Number	Type of Account	Balance

Additional Information:

1. Do you own an automobile? ____ Yes ____ No If yes, how many? ____ Year ____
 Make/Model _____ Plate# _____
2. Have you ever had any suits, judgments or collections filed against you? ____ Explain:

3. Have you ever been arrested for and/or convicted of a crime? _____
 Explain: _____
4. Do you have any pets? ____ Specify _____
5. Have you ever been evicted or refused housing elsewhere? _____
6. Have you ever lived in subsidized housing? _____ Where?

7. Are you able to get utilities in your own name? _____

In order to qualify for housing, you must be able to get utilities in your own name. We have a list of resources to help you upon request. You also cannot owe any other subsidized housing provider money.

This application is made with the understanding that it is to be processed for both credit and character.

I certify that the above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of the verification of the above statements. This includes a credit and criminal check. It is understood that the above information will be held in strict confidence.

 Applicant

 Date

 Co-Applicant

 Date

**ALBION HOUSING COMMISSION
DECLARATION OF INCOME**

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 disclose all household income

I, _____ (Head of Household), certify, under penalty of perjury, that the amounts listed below constitute the total income received by all members of the household (excluding income earned by members of the household under the age of 18).

	Household Member	Household Member	Household Member	Household Member
Wages, salaries and other monetary compensation				
Business or Professional Income				
Interest and dividends				
Social Security, retirement benefits, pensions, annuities and royalties				
Unemployment and/or Disability Income				
FIP Payments				
Child Support				
Other Income				
Total				

The applicant or Resident must provide *proof of all income* listed above

The undersigned declares under penalty of perjury that the above is true and correct.

Date _____

Head of Household

Date _____

Spouse

Date _____

Other Household Adult Member

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willfully making a false or fraudulent statement to any department or agency of the United States

ATTACHMENT TO APPLICATION FOR RESIDENCY

I understand that the processing of my application may include any or all of the following reports:

CREDIT REPORTS

PREVIOUS LANDLORD REPORT(S)

CRIMINAL HISTORY REPORT

PERSONAL REFERENCES

Signed _____ Date _____
Applicant

Signed _____ Date _____
Co-Applicant

Signed _____ Date _____
Co-Applicant

LOCAL CRIMINAL BACKGROUND CHECK REQUEST

FROM: ALBION HOUSING COMMISSION
ANN KEMP, PHM, EXECUTIVE DIRECTOR
1300 COOPER STREET
P.O. BOX 630
ALBION, MICHIGAN 49224

Applicants Information:

Last Name: _____ First Name: _____

Middle Name: _____ D.O.B. _____ Race: _____

Previous Name: _____

S.S.N. _____ - _____ - _____

Driver's License #: _____

I hereby authorize you to obtain a criminal background check with the local department of public safety in order to process my request for housing.

Applicant's signature _____

Date: _____

A search of our records indicates the following:

Arrest Records: _____ None _____ Yes (See Below)

Records verified by:

Name

Title

Date

ALBION HOUSING COMMISSION

1300 COOPER STREET • P.O. BOX 230 • ALBION, MICHIGAN 49224



(517) 629-2511
Fax (517) 629-6004

Date _____

To: _____

Ref: _____

Dear Landlord,

Our tenant section policy requires us to verify certain information about all family members applying for admission to government subsidized housing.

To comply with this requirement, we ask your cooperation in supplying the attached information on the tenant history of the family/individual listed on this form. This information will **ONLY** be used in determining whether the family/individual can be accepted for admission.

Your prompt attention to this request would be greatly appreciated. A self-addressed envelope has been included for your convenience or the form can be faxed to (517)629-6004 if you have any questions, please feel free to call us at (517)629-2511.

Thank you in advance for your time

Adm. Asst. /Occ. Clerk

APPLICANT NAME: _____ DATE: _____

I hereby grant Albion Housing Commission the permission and authority to check all references made regarding references, landlords, credit and/or criminal history.

APPLICANT SIGNATURE: _____

1. Date's applicant resided with you: From _____ To _____
2. Are you the Current Landlord _____ Previous Landlord _____
Other _____
3. Are you a relative or friend of the applicant? Yes _____ No _____
4. How much was applicant's rent per month? _____
5. Has applicant ever been late paying rent? Yes _____ No _____
How many times? _____
6. Have you ever begun/completed eviction proceedings? Yes _____ No _____
7. Have tenant-paid utilities ever been disconnected? Yes _____ No _____
8. Did the tenant keep the unit clean, safe and sanitary? Yes _____ No _____
9. Did the tenant damage the unit or common areas? Yes _____ No _____
If yes, did tenant pay for the damages? Yes _____ No _____
10. Did tenant leave owing any rent, damages, or other charges? Yes _____ No _____
11. Has the tenant ever had any problems with insect/rodent infestation? Yes _____ No _____
12. Did the tenant ever permit persons not on the lease to live in the unit? Yes _____ No _____
13. Did tenant, their family or guests ever violate any provisions of the lease? Yes _____ No _____
If yes, please explain _____
14. Did the applicant, their family, or guests ever engage in any criminal activity, including drug related activity even if not convicted? Yes _____ No _____
15. Did applicant ever give you any false information? Yes _____ No _____
16. Did applicant interfere with the rights and quiet enjoyment of other residents? Yes _____ No _____
17. Does/Did this family have a pet? Yes _____ No _____
18. Would you rent to this applicant again? Yes _____ No _____
19. Why did the tenant leave your complex/unit? _____
20. Any comments not addressed? _____

Landlord's Signature: _____ Date: _____



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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

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

What are my rights?

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

1. To have access to your records maintained by HUD.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:

Albion Housing Commission
1300 Cooper Street
P.O. Box 630
Albion, Mich. 49224

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

Signature

Date

Printed Name

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. 1/31/2014

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)

Albion Housing Commission
1300 Cooper Street
P.O. Box 630
Albion, MI 49224

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.