

# APPLICATION INSTRUCTIONS - HOUSING CHOICE VOUCHER PROGRAM

This form must be filled out in English. Please print neatly in ink. All fields are required.

## **Documents/Items to bring in with the application:**

### **Identification**

- **Social Security card for all members**
- **Proof of Birth for all members**
- **Drivers License or ID for all adult members**

### **Income/Money Received**

- **From all sources and for all members (such as employment, pension, Social Security/SSI, TANF, other contributions etc.)**

***Please see the following page for acceptable Identification and Income documents.***

## **Personal information**

We require applicants to identify a single head of household for each application. The head of household's Social Security number will be used to identify your family.

## **Address**

We must have a current mailing address to contact you at all times. If we are unable to contact you by mail, you will be removed from the waiting list.

## **Race/Ethnicity**

For statistical purposes only. The choices listed are the same as the federal government's statistical categories TCHA collects data on ethnicity and race in accordance with federal regulations.

## **Disability or handicap**

Please tell us if you need any disability-related accommodations to apply or lease a unit. It is not necessary to give us details about your disability on this form.

A disabled person is defined as:

1. A person who has a disability as defined in Section 223 of the Social Security Act. (42 U.S.C. 423)
2. A person having a physical, mental, or emotional impairment that:
  - a. is expected to be of long-continued and indefinite duration
  - b. substantially impedes the person's ability to live independently, and
  - c. is of such a nature that ability to live independently could be improved more suitable housing conditions.
3. A person who has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act(42 U.S.C 6001(7))

## **List others who will live with you**

List everyone who will be living with you, including any unborn children you are expecting. Include yourself in this list. If you have more than six people in your family check the box provided and list additional members on a separate piece of paper.

## **Income and Assets**

List all sources of money for all family members. This includes employment, TANF, contributions from outside the household, pension, Social Security/SSI, etc. Assets include the following: cash held in savings and checking accounts or safety deposit boxes, it also includes stocks, bonds, mutual funds, retirement plans, 401K's, and/or revocable trusts.

## **Other Housing programs available**

To apply for other T or C Housing Authority Housing programs, please use TAN application.

**Villa del Sol-** Public Housing for senior citizens (Must be 50 or older) or disabled persons.

**Hacienda Orgullo-** Rural development 515 housing for senior citizens (must be 62 or older) or disabled persons.

**Casa del Rio-** Section 8 project based for senior citizens (must be 50 or older) or disabled persons.

**Vista del Cerro-** Public Housing for families and single parent households. 2 & 3 bedrooms.

**Puesta del Sol-** Rural development 515 housing primarily for families and single parent households. 2& 3 bedrooms

**Tradewinds Carriage-** Section 8 project based. 1, 2 and 3 bedrooms housing for singles and families whose income is 50% or below the area median income.

## **Certification of applicant**

Please read this statement very carefully. By signing, you are agreeing to its terms. You must sign the form where indicated.

INSTRUCTIONS: WE REQUIRE A COPY OF THE FOLLOWING INFORMATION ON ALL HOUSEHOLD MEMBERS LISTED ON YOUR APPLICATION:

## **IDENTIFICATION VERIFICATION**

### **PROOF OF BIRTH**

Birth Certificates, Baptismal Certificates or other legal document showing U.S. citizenship/alien status and place of birth are required. These documents must contain the names of parents.

### **SOCIAL SECURITY NUMBERS**

A Social Security Number is required for all household members. If a card is not available, a document with the social security number printed on it is acceptable (i.e., Medicaid card, Medicare card, etc.)

If you do not have a Social Security number, you need to request a form from the Social Security Administration Office (1-800-772-1213).

(If you are applying for the Rural Development 515 program, this document is not required.)

### **MARRIAGE LICENSE/DIVORCE PAPERS**

If you are married or divorced, please provide copies of these documents.

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INSTRUCTIONS: THE FOLLOWING DOCUMENTATION IS REQUIRED FOR ANY SOURCES OF INCOME YOUR HOUSEHOLD RECEIVES AS LISTED ON YOUR APPLICATION.

## **VERIFICATION OF INCOME**

If any household member over the age of 18 is working, we require a statement from your employer to include your pay per hour, average hours worked per week, overtime (if any), commissions and tips. We may ask that you sign an Income Verification Form.

If any member of your household receives TANF (welfare) or General Assistance (GA), we require a computer printout from your caseworker.

If any household member receives Child Support, we need a copy of your legal documents stating the amount of child support that is received. If this case is handled through the Child Support Enforcement Bureau, we need a computer printout from your caseworker.

If any household member receives Social Security benefits, SSI, VA Pension, or retirement pension, we need a statement from the agency from which you receive this income.

If any of your household members received any education grants or loans, we need a statement from the financial counselor to include the amount of the grant/loan and any expenses (i.e., tuition, books/supplies, transportation, etc.). If you do work study, we need a statement to include pay and hours.

If any of your household members are self-employed, we need copies of the prior year's Income Tax Records.

If any of your household members receive unemployment compensation or workmen's compensation, we need a statement from the agency from which you receive this income.



# Truth or Consequences Housing Authority

108 S. Cedar Street

Truth or Consequences, NM 87901

(575) 894-2244 Fax (575) 894-0756 www.torchousing.org

Attention applicant:

The application attached applies to all members in the household.

This form informs you that that you are committing fraud if you knowingly provide false or misleading information to obtain assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**The applicant and his/her household understand that this is an application only and not a guarantee of admission or an offer of housing. Final approval is subject to further screening and verification by the Truth or Consequences Housing Authority. The applicant certifies that all information contained in this application is correct and that failure to provide correct information will result in their household being denied housing assistance. Misrepresentation/falsifying/failure to disclose information applicants are not eligible for an informal review.**

The applicant and his/her household understand that once the application is submitted should anything change it is the responsibility of the applicant to inform the Truth or Consequences Housing Authority of such changes. This includes any information you provided in the application.

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

Signature of other adult member \_\_\_\_\_ Date \_\_\_\_\_

Signature of other adult member \_\_\_\_\_ Date \_\_\_\_\_





# Truth or Consequences Housing Authority

108 S. Cedar, Truth or Consequences, NM 87901

## Housing Assistance Application

<b>Who is Head of Household? (Legal Name):</b>			Sex (M/F)	Social Security Number	Date of Birth	Age
Last	First	MI				
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiiin/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Do you, or does anyone in your household, require any modification of accommodations in order to fully utilize the unit or the program and its services?</b> <input type="checkbox"/> Yes If yes, please explain <input type="checkbox"/> No		
<b>Which of the following housing programs are you applying for?</b>  <input type="checkbox"/> Housing Choice Voucher program						

### What is your present address?

<i>Mailing address</i>				
	Street	City	State	Zip
<i>Street address</i>				
	Street	City	State	Zip
<i>Phone: Home ( )</i>		<i>Work ( )</i>		<i>Message ( )</i>

### Who is your current landlord and what is their address and phone number?

Name:	Phone:			
Mailing address:				
	Street	City	State	Zip

**Household members:** List your full legal name and the full legal names of everyone that will be living with you. (Additional members can be listed on the next page)

#	First Name + Middle Initial + Last Name	Social Security Number	Relation	Birth date (mm/dd/yy)	Birth place (City & State)	Sex (M/F)	Race/Ethnicity
1			Head				
2							
3							
4							



<b>For Office Use Only</b>	Received Date:	Received Time: am/pm
Eligibility Letter Sent?	<input type="radio"/> Yes	By:
Ineligible? Reason:	<input type="radio"/> Yes	

#	First Name + Middle Initial + Last Name	Social Security Number (SSN)	Relation	Birth Date (mm/dd/yy)	Birth Place (City & State)	Sex (M / F)	Race/ Ethnicity
5							
6							
7							
8							

If you or any member of your household were 62 years or older as of January 31, 2010, and did not have a SSN, were you living in a HUD rental assisted property on January 31, 2010?  YES  NO

If you answered YES, please provide the name and address of the agency providing the rental assistance below:

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Are you or any member in the household (over the age of 18) a student of an institution of higher education?

YES  NO

**INCOME Information:** List all sources of income or money for all household members.

Family Member	Source of Income (ex. Employer, SS/SSI, TANF, Child Support, Gifts)	How much received?	How often received? (hour/week/month/year)	# Hours worked/week
		\$		
		\$		
		\$		
		\$		

Did you file a Federal income tax return for the most recent year? Yes  No

Does anyone outside of your household pay any of your bills or expenses? Yes  No

**ASSET Information:** Includes cash, real estate, stocks, bonds, mutual funds, retirement plans, whole or universal life insurance policies, 401(k)'s, and/or revocable trusts.

Family Member	Asset Description	Current/Disposed?	Market Value	Cash Value	Int. Rate	Annual Income
			\$	\$	%	\$
			\$	\$	%	\$
			\$	\$	%	\$

Have you sold or disposed of any assets for less than Fair Market value in the past two (2) years? Yes  No

If you answered Yes, please request and fill out an Asset Disposal Form.

**Banking Information:**

Name of Bank	Account Number	Type	Joint/ Individ.	Balance	
				Current	/ 6 month Average

**Disability Assistance Expenses:** ( Verification will be required )

Family Member	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

**Childcare Expenses:** ( Verification will be required )

Childs name:	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

**Current Expenditures: (Monthly)**

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit card
Gas	Auto Ins.	Other Insurance	Loan
Water	Child Care	Rentals	Other

**Pets: Do you have any pets:**

Yes  No

If Yes, answer the following: What kind? \_\_\_\_\_ Size: \_\_\_\_\_ Weight: \_\_\_\_\_

**(Please note - Full grown weight limit for pets must not to exceed 25 pounds)**

**Service Animals: Do you have any service animals:** ( Verification will be required )

Yes  No

If Yes, answer the following: What kind? \_\_\_\_\_ Size: \_\_\_\_\_ Weight: \_\_\_\_\_

**Vehicles: How many vehicles does the household own?**

Owner	Make	Model	Year	Color	Tag #	State

**Program Integrity Information:**

Does anyone live with you now who is not listed above?	Yes <input type="radio"/>	No <input type="radio"/>
Has anyone in your household ever lived in subsidized housing before? When? _____ Where? _____ Under what name? _____ Who was Head of Household?	Yes <input type="radio"/>	No <input type="radio"/>
Have you ever used a name other than the one you are using now? If Yes, what name(s)? _____	Yes <input type="radio"/>	No <input type="radio"/>
Have you ever used a social security number other than the one you listed? If Yes, what is it? _____	Yes <input type="radio"/>	No <input type="radio"/>
Has anyone in your household been arrested, charged, or convicted in the use, possession, sale, manufacture or distribution of controlled substances (prescription or street)? Who? _____ When? _____ Where? _____ For What? _____	Yes <input type="radio"/>	No <input type="radio"/>
Has anyone in your household ever been arrested for a violent crime or charged with a felony even if not convicted? If Yes explain: _____	Yes <input type="radio"/>	No <input type="radio"/>
Has anyone in your household ever been terminated or evicted from Public or Assisted Housing for violent or drug related activity? If Yes explain: _____ Who? _____ When? _____ Where? _____ For What? _____	Yes <input type="radio"/>	No <input type="radio"/>
Have you ever been evicted from any type of housing? If Yes explain: _____ Who? _____ When? _____ Where? _____ For What? _____	Yes <input type="radio"/>	No <input type="radio"/>
Does anyone in your household owe any money to a Public or Assisted Housing Agency? If Yes explain: _____ Who? _____ When? _____ For what? _____ Name of Housing Agency _____	Yes <input type="radio"/>	No <input type="radio"/>
Are you or anyone in your household subject to State lifetime sex offender registration in any state?	Yes <input type="radio"/>	No <input type="radio"/>
How did you learn or hear about about our Housing programs? please circle one Website      Advertisement      Friend/ Family      Word of Mouth      Other Housing Agency		

**In case of emergency, or if we are unable to reach you, whom could we contact locally?**

(This information should match HUD form 92006 attached)

Name	Phone ( )
Mailing Address	Relation

Please note: Emergency Notification form must be filled out and signed upon entrance into Assisted Housing program and updated every year at annual recertification. Most current signed Emergency Notification form will supersede previous forms and application information.



**Authorizations, Representations and Certifications**

I do hereby authorize the Truth or Consequences Housing Authority to obtain a “consumer report” as defined in the Fair Credit Reporting Act, 15 U.S.C Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

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 any 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 request, 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 U.S.C. 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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

Signature of Spouse or Co-Head \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_



**The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. Additionally, the New Mexico Human Rights Act also prohibits discrimination based on ancestry, sexual orientation, gender identity, and spousal affiliation. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish this information, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.**

**Demographic Characteristics (In each column, Please mark “X” in the box that is applicable to you or your family member)**

	Head of Household (H.O.H)	Family member #2	Family member #3	Family member #4	Family member #5	Family member #6
<b>ETHNICITY</b>						
Hispanic or Latino						
<b>NOT</b> Hispanic or Latino						
	H.O.H	Fam # 2	Fam # 3	Fam # 4	Fam # 5	Fam # 6
<b>RACE</b>						
White						
American Indian/ Alaska Native						
Asian						
Black or African American						
Native Hawaiian or other Pacific Islander						
Other						
<b>GENDER</b>	H.O.H	Fam # 2	Fam # 3	Fam # 4	Fam # 5	Fam # 6
Male						
Female						



## 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 United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check 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 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 or 1010(a)(20) of the 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

\_\_\_\_\_  
Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**



**Truth or Consequences Housing Authority  
Credit, Criminal, Eviction Reporting**

Credit Check, Criminal Background, Evictions
Report Date
Final Approval
Approved _____
Denied _____

DATE: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ RACE \_\_\_\_\_

OTHER NAMES USED 1. \_\_\_\_\_ 2. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

I.D. VERICATION \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

I, \_\_\_\_\_ DO HEREBY GIVE WRITTEN CONSENT TO THE TRUTH OR CONSEQUENCES HOUSING AUTHORITY TO QUERY MY NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER TO PULL CREDIT, CRIMINAL, AND EVICTION REPORTS.

THIS AUTHORIZATION FOR INQUIRING INTO CREDIT, CRIMINAL, AND EVICTION REPORTING IS FOR THE PURPOSE OF APPLICANT SCREENING.

THE PHA USER AGREES TO ABIDE BY ALL PRESENT AND FUTURE RULES, GUIDELINES, POLICIES AND PROCEDURES PURSUANT TO THE HOUSING OPPORTUNITY PROGRAM EXTENSION ACT, THE NEW MEXICO TELECOMMUNTCATIONS SYSTEM (NMLETS) AND THE NATIONAL CRIME INFORMATION CENTER (NCIC) NCIC 200 OPERATIONS MANUAL, SECURITY AND CONFIDENTIAL SECTION 1.

I UNDERSTAND THAT THE RESULTS OF AN INCONCLUSIVE NAME CHECK CANNOT BE USED TO DENY AN APPLICANT ADMISSION TO PUBLIC HOUSING.

\_\_\_\_\_  
APPLICANT SIGNATURE AUTHORIZED PHA REPRESENTATIVE

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

CREDIT CHECK, CRIMINAL HISTORY, AND EVICTION INQUIRY HAS BEEN COMPLETED BY THE TRUTH OR CONSEQUENCES HOUSING AUTHORITY.

<u>Credit Check</u>	<u>Criminal Background</u>	<u>Eviction</u>
Approval _____	Approval _____	Approval _____
Denial _____	Denial _____	Denial _____
_____ Signature	_____ Date	
Authorized PHA Representative		





**Truth or Consequences Housing Authority**  
**108 S. Cedar Street**  
**Truth or Consequences, NM**

Landlord Reference

List your landlords and their addresses for the past 3 (three) years.

NOTE: A landlord is someone you rented or leased a property/residence from whether you were the head of household or a member of the household.

If you are currently staying with someone we CAN NOT use them as a landlord reference.

We CAN NOT use family or relatives (any family relation from anyone in the household to the “landlord”) as a landlord reference.

<b>Landlord Name</b>	<b>Landlord Address</b>	<b>From (Month/Year)</b>	<b>To (Month/Year)</b>	<b>Phone Number</b>

I authorize the above named Landlord(s) to release any information pertaining to my prior/present rental history/residency.

Name of Applicant(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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





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