

# APPLICATION INSTRUCTIONS

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/NMHDCDC collects data on ethnicity and race in accordance with federal regulations. People of various races may also be Hispanic ethnicity. Please indicate if you are Hispanic.

## 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.

## Housing programs available

To apply for Low income Housing, you must choose a waiting list; you may choose as many lists as you are eligible for:

**Housing Choice Voucher (Section 8)-** Tenant based. This means the Tenant will rent from a private Landlord and will receive rental assistance from the T or C Housing Authority.

**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, 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		

**Which of the following housing programs are you applying for?** You may apply for as many programs as you want.

**Housing Choice Voucher Program/Section 8 Tenant Based Assistance**

Apartments:

<i>Elderly/Disabled Housing</i> <input type="checkbox"/> <b>Villa del Sol (Public Housing)</b> <input type="checkbox"/> <b>Hacienda Orgullo (Rural Development 515)</b> <input type="checkbox"/> <b>Casa del Rio (Section 8 project based)</b>	<i>Family Housing</i> <input type="checkbox"/> <b>Vista del Cerro (Public Housing) 2&amp;3 bedrooms</b> <input type="checkbox"/> <b>Puesta de Sol (Rural Development 515) 2&amp;3 bedrooms</b> <input type="checkbox"/> <b>Tradewinds Carriage (Section 8 project based) 1,2,&amp;3 bedrooms</b>
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### 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	Relation	Birth date (mm/dd/yy)	Birth place (City & State)	Sex (M/F)	Race/Ethnicity
5							
6							
7							
8							

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 money for all family members.

Family Member	Source of Income (ex. Employer, SS/SSI, TANF, 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

If yes, explain:

**Asset Information:** Includes cash, real estate, stocks, bonds, mutual funds, retirement plans, 401(k)'s, and/or revocable trusts.

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

**Banking Information:**

Name of Bank	Account Number	Type	Joint/Indiv.	Balance	
				Current	6-mo. Avg.
				\$	\$
				\$	\$
				\$	\$

**Disability Assistance Expenses:**

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

**Program Integrity Information**

Does anyone live with you now who is not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever lived in subsidized housing before? When? _____ Where? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Under what name? _____ Who was head of Household? _____		
Have you ever used a name other than the one you are using now? If yes, what name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used a social security number other than the one you listed? If yes, what is it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household been arrested or convicted in the use, sale, manufacture or distribution of controlled substances? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who? _____ When? _____ For What? _____		
Does anyone in your household currently use a controlled or illegal drug? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who? _____ When? _____ For what? _____		
Have you ever been evicted? By whom? _____ When? _____ Why? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from Public or Assisted Housing for violent criminal or drug related activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever violated a family obligation in a HUD-assisted housing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe any money to a Public Housing Agency? If yes, give the name, address, and phone number of the PHA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Current Expenditures**

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit Card
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other
Do you have any other regular monthly payments besides those above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify:			

**Work History—Where was the last place of employment for all adult household members?**

Fam Mem	From (year)	To (year)	Employer

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

Name	Phone ( )
Mailing Address	Relation

**Landlord References: List your landlords and their addresses for the past three years.**

Landlord Name	Landlord Address	From	To	Landlord Phone

**Pets:**

Do you have any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
What kind?	Size:	Weight:	

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

Owner	Make	Model	Year	Color	Tag #	State

**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.

I certify that the unit I am applying for will serve as my household’s primary residence.

**Warning: Title 18, Section 1001 of the U.S. Code, states that a person in 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 that \$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 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 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. 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 it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.***

**Ethnicity:**

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**Race: (Mark one or more)**

1 American Indian/Alaska Native \_\_\_\_\_

2 Asian \_\_\_\_\_

3 Black or African American \_\_\_\_\_

4 Native Hawaiian or Other Pacific Islander \_\_\_\_\_

5 White \_\_\_\_\_

**Gender:**

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.**

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  - [ ] 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.**

**Sierra County Regional Dispatch Authority  
NCIC/NMLETS - Terminal Agency**

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 SIERRA COUNTY REGIONAL DISPATCH AUTHORITY TO QUERY MY NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER THROUGH THE INTERSTATE IDENTIFICATION INDEX (III).

THIS AUTHORIZATION FOR INQUIRING INTO THE INTERSTATE IDENTIFICATION INDEX (III) 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\*\*\*\*\*

THE III TRANSACTION - CRIMINAL HISTORY INQUIRY HAS BEEN COMPLETED BY SIERRA COUNTY REGIONAL DISPATCH AUTHORITY. THE INFORMATION YOU REQUESTED IS AS FOLLOWS

[ ] THE INFORMATION PROVIDED BY THE HOUSING AUTHORITY DISPLAYS NO RECORD FOUND

[ ] THE INFORMATION MAY MATCH A CRIMINAL QUERY, SUBMIT FINGERPRINT CARDS

Operator I.D. Number \_\_\_\_\_

Date \_\_\_\_\_

**Sierra County Regional Dispatch Authority  
NCIC/NMLETS - Terminal Agency**

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

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

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

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

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

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

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Operator I.D. Number \_\_\_\_\_

Date \_\_\_\_\_

**T or C Housing Authority  
Truth or Consequences, New Mexico**

**Landlord Reference**

**Landlord:** \_\_\_\_\_  
**Landlord Address:** \_\_\_\_\_  
**Date of Tenancy:** **From:** \_\_\_\_\_

**I authorize the Landlord to release the requested information regarding my prior/present tenancy.**

**Name of Applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Landlord, please answer the questions listed below and return this form to us as soon as possible. Your assistance is greatly appreciated.**

**Housing Manager** \_\_\_\_\_

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| <b>1. Rent paid in a timely manner</b>                                  | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>2. Unit kept clean?</b>  | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>3. Damage to unit or common areas?</b>                               | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>4. Problems with tenants children?</b>                               | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>5. Problems with tenant's visitors or guests?</b>                    | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>6. History or violence or harassment of neighbors or management?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>7. History of disturbing the quiet enjoyment of neighbors?</b>       | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>8. Did tenant give accommodations to roomer or lodger?</b>           | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>9. Tenant's security deposit refunded?</b>                           | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>10. Rent or damages still owing?</b>                                 | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>11. Would you re-rent to this tenant?</b>                            | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of prior/Present Complex:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**City**                      **State**                      **Zip**

**Date:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Prior/Present Landlord Signature** \_\_\_\_\_

# 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

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(I)(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

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

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Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

# Notice and Consent for the Release of Information

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA 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:** 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:**

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

**Signature**

**Date**

**Printed Name**