

Enclosed please find our Public Housing Application. This is the first phase of the application process. Please make sure each section of the application is completed and **all** questions are answered in each section. **Application must be initialed at the bottom of each page and signed where requested by everyone who is 18 years old and older .**

PLEASE NOTE: As required by HUD, the Union County Housing Authority has adopted a policy to **forbid smoking in ALL of its structures (apartments & offices) and within 25 feet of a Housing Authority owned structure.** It does not prohibit smoking by public housing residents, it just states where they **cannot smoke (which is inside the apartments, offices or within 25 feet of all buildings).**

Listed below are the items **required for each member of the household** to be submitted with your application. If all the items listed are not submitted and all the questions are not answered on the application, **the application cannot be processed.**

- (1) Birth Certificate for everyone in household.
- (2) Social Security cards for everyone in household.
- (3) Driver's License or Picture ID for everyone 18 years and older.
- (4) Income which consists of the following:
 - ☐ Wages from your job (**3 months of paycheck stubs**), Pensions, Annuities, Income from assets, Self Employment, Alimony and/or money given to you from family/friends (must be a notarized statement).
 - ☐ Child Support Documentation with case number.
 - ☐ Social Security Benefits (Benefit letter)
 - ☐ TANF and Food Stamp documentation
 - ☐ Unemployment and/or Worker's Compensation
 - ☐ Cash App, Zelle, Venmo or Equivalent statements for the most recent **3 months**
 - ☐ Bank Statements for the most recent **3 months** (checking and savings)

Once you complete the application, please call our office at (386) 496-2047 to set up an appointment to bring in all the original documents listed above and we will make copies to attach them to your application. Again, please remember to initial each page at the bottom and sign where applicable.

As your name nears the top of the waiting list, you will be contacted to come to the office to complete the second phase of the application. At that time we will ensure that verification of all preferences, eligibility, suitability and selection factors are current (less than 90 days old) so that we can determine your final eligibility for admission into the Public Housing Program.

If you have any questions, please call our office at (386) 496-2047.



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...

IS FRAUD WORTH IT?

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

Form HUD-1141
(12/2005)



Union County Housing Authority

715 West Main Street

Lake Butler, FL 32054

Telephone: (386) 496-2047

Fax: (386) 496-0711

TDD: (800) 955-8771

E-mail: housing@uchaf1.com

Date & Time Application Received in Office

Agency Use Only

App No.

PHA Initials

Head of Household Information: Please provide ALL information for Head of Household

Name	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Cell	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
		ST	<input type="text"/>
		Zip	<input type="text"/>
Maiden or Other Names Used	<input type="text"/>		

Household: Please LIST all household members as it appears on their Social Security Card, from the oldest to youngest.

Name	Sex	Relationship	Date of Birth	SS Number	Race	Ethnicity
	<input type="checkbox"/> M <input type="checkbox"/> F	Head				<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic

Please list absent parent name for ALL children listed above.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Expecting anyone to join household?

Are you expecting anyone to join the household? ☐ Yes ☐ No If yes, When?

Please list who

Anyone in household Elderly, Disabled or Handicap?

Is anyone in household Elderly, Disabled or Handicap? ☐ Yes ☐ No If yes, who?

If yes, do they have any medical expenses? ☐ Yes ☐ No If yes, please provide documentation.

Do you or anyone in household require special accommodations? ☐ Yes ☐ No If yes, please describe below.

Anyone in the household a honorable discharged veteran? ☐ Yes ☐ No If so, who?

Income Information

Household Income: Income includes Wages, Unemployment, Child Support, Alimony, TANF, Social Security, SSI, Pensions, Annuities, Income from your assets, Self-Employment, money that is given to you from family and or friends.

Upon submitting your application, you will be required to provide proof of income.

Please list employment information for everyone in household who is employed.

Name of Family Member:									
Employer			Supervisor						
Address			City			St		Zip	
Phone		Fax		Amount Paid		<input type="checkbox"/> Hourly <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly How Many Hours Worked Per Week?			

Name of Family Member:									
Employer			Supervisor						
Address			City			St		Zip	
Phone		Fax		Amount Paid		<input type="checkbox"/> Hourly <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly How Many Hours Worked Per Week?			

Name of Family Member:									
Employer			Supervisor						
Address			City			St		Zip	
Phone		Fax		Amount Paid		<input type="checkbox"/> Hourly <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly How Many Hours Worked Per Week?			

Name of Family Member:									
Employer			Supervisor						
Address			City			St		Zip	
Phone		Fax		Amount Paid		<input type="checkbox"/> Hourly <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly How Many Hours Worked Per Week?			

Does anyone in your household receive any of the following?

Food Stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Case No.	
TANF/AFDC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Case No.	
Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Recipient:	
Additional Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Recipient:	
Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Recipient:	
SSI/SSD (Disability)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Recipient:	
Unemployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Recipient:	
Pensions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Recipient:	
Other Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?		Recipient:	
Is anyone 18 or older a full time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?			
Do they receive any grants or scholarship as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes Amount?			
Does anyone help you pay your bills regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?		Amount?	

Residence History

Please list your addresses for the **PAST FIVE YEARS** along with the Landlord's name, current address and phone number. Please make sure all landlord information is filled out completely.

Current Address		Length of Residency:		Years		Months	
Current Address		City		St		Zip	
Landlord's Name		Phone		Related to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landlord's Address		City		St		Zip	

Previous Address		Length of Residency:		Years		Months	
Previous Address		City		St		Zip	
Landlord's Name		Phone		Related to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landlord's Address		City		St		Zip	

Previous Address		Length of Residency:		Years		Months	
Previous Address		City		St		Zip	
Landlord's Name		Phone		Related to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landlord's Address		City		St		Zip	

Previous Address		Length of Residency:		Years		Months	
Previous Address		City		St		Zip	
Landlord's Name		Phone		Related to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landlord's Address		City		St		Zip	

Previous Address		Length of Residency:		Years		Months	
Previous Address		City		St		Zip	
Landlord's Name		Phone		Related to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landlord's Address		City		St		Zip	

Previous Address		Length of Residency:		Years		Months	
Previous Address		City		St		Zip	
Landlord's Name		Phone		Related to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landlord's Address		City		St		Zip	

Have you **EVER** lived in Public Housing, Section 8 or any other assisted housing?

☐ Yes ☐ No

Dates: From: To: Where?
Name of Housing Authority Phone

Comments:

Criminal History

A criminal background check will be obtained prior to approval of your application. If **you or anyone** in your household have been arrested, charged or convicted of criminal or drug related activities, or evidence of habitual criminal activities, your application may be denied. **Failure to disclose will result in automatic denial of your application.** Knowing this please make sure you list all charges including any misdemeanors such as worthless bad checks, petty theft, domestic violence, restraining orders, etc., **including if adjudication was withheld or dismissed.**

By signing below, I/we understand that failure to disclose will result in automatic denial of my/our application.

Signature: _____ Signature: _____

Do you or anyone in your household have a **criminal background**?

☐ Yes ☐ No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **charged with a misdemeanor** such as worthless bad checks, petty theft domestic or repeat violence, injunctions or restraining orders, **including if adjudication was withheld or dismissed?**

☐ Yes ☐ No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **arrested, including if adjudication was withheld or dismissed?**

☐ Yes ☐ No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **charged of a crime, including if adjudication was withheld or dismissed?**

☐ Yes ☐ No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **convicted of a crime, including if adjudication was withheld or dismissed?**

☐ Yes ☐ No Who? _____ When? _____

Details: _____

Are you or anyone in your household currently on **probation**?

Probation Officers Name _____ Phone Number? _____

☐ Yes ☐ No

Have you or anyone in your household ever been **convicted as a sex offender or sexual predator?**

☐ Yes ☐ No Who? _____ When? _____

Where? _____

Applicant Certification

Please read each statement and initial that you understand and agree.

Initial

I/We certify that the information provided in this application is accurate, true and complete and understand that it will be verified.

Initial

I/We understand that false statements or false information given are grounds for **denial of application**.

Initial

I/We acknowledge I/we have received and read a copy of "*Applying for HUD Housing Assistance? Think about this...is FRAUD worth it?*".

Initial

I/We understand that failure to disclose any arrests, charges or convictions of criminal or drug related activities will result in automatic **denial of my/our application**.

Initial

I/We understand that once I have applied for housing with the Union County Housing Authority, I **MUST** inform them of **ANY CHANGES** in the information provided, such as income of any member of the household, members of my household, address and phone number changes, and/or any other changes in the information provided to obtain or continue to occupy Public Housing. **All changes must be reported within 10 days of change.**

Initial

I/we understand if I or any member of my household needs a reasonable accommodation or reasonable modification that I/we will inform the Union County Housing Authority of the need.

Initial

I/We authorize the Union County Housing Authority to make any and all inquiries to verify the information with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

Initial

I/We do hereby certify that I/we realize and understand that it is a crime, per Florida law Chapter 414.39 F.S., to knowingly give false information to get into housing, to get a lower rent, or to receive aid or benefits under any State or Federally funded assistance program.

Initial

I/We understand that the penalty for knowingly providing false information you can be fined up to \$10,000 and/or imprisoned up to five (5) years.

WARNING: The above information is full, true and complete to the best of my knowledge. I do hereby certify that I realize and understand that it is a crime, per Florida Law Chapter 414.39 F.S., to knowingly give false information to get into housing, to get a lower rent or to receive aid or benefits under any State or Federally funded assistance program.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of PHA Representative

Date

Applicant Release of Information Consent Form

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release any information necessary to verify my application for the purpose of determining eligibility status for federally assisted housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), Internal Revenue Service and/or USDA Rural Development in administering and enforcing program rules and policies. I also consent for HUD, Rural Development or the Managing agent to release information from my file to credit bureaus, collection agencies or future landlords. This includes, but not limited to records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity

Employment, Income and Assets
Credit and Criminal Activity
Guardianship or Legal Custody of Minors

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked or who may ask us to release the above information include but are not limited to:

Previous Landlords
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical/Pharmaceutical Providers
Retirement Systems
Utility Companies
Child Care Providers

Past and Present Employers
Department of Children & Families (DCF)
State Unemployment Agencies
Social Security Administration
Banks & other Financial Institutions
Credit Providers and Credit Bureaus
Veterans Administration
Child Support Enforcement

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for 15 months from the date signed or if I take occupancy of a leased apartment, until such time that I vacate or move-out of the leased apartment.

Signature of Tenant/Applicant

Date

Signature of Spouse/Other Adult Member

Date

Signature of Other Adult Member

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency Assist with Recertification Process <input type="checkbox"/> Unable to contact you Change in lease terms <input type="checkbox"/> Termination of rental assistance Change in house rules <input type="checkbox"/> Eviction from unit Other: <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ </td> </tr> </table>		<input type="checkbox"/> Emergency Assist with Recertification Process <input type="checkbox"/> Unable to contact you Change in lease terms <input type="checkbox"/> Termination of rental assistance Change in house rules <input type="checkbox"/> Eviction from unit Other: <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> Emergency Assist with Recertification Process <input type="checkbox"/> Unable to contact you Change in lease terms <input type="checkbox"/> Termination of rental assistance Change in house rules <input type="checkbox"/> Eviction from unit Other: <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			
<input type="checkbox"/> Check this box if you choose not to provide the contact information.			

Signature of Applicant

Date

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

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

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)

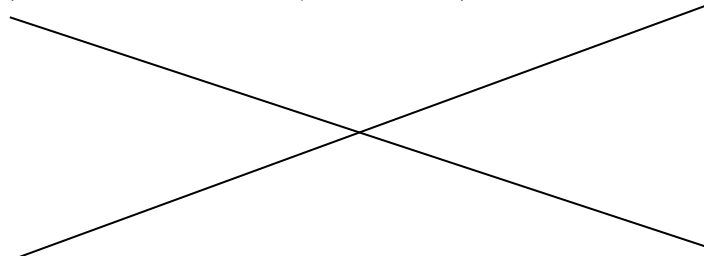
U.S. Department of Housing
and Urban Development

Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

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

Union County Housing Authority
715 West Main Street
Lake Butler, Florida 32054
Susan Christophel

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.

