



715 West Main Street • Lake Butler, FL 32054
Phone: (386) 496-2047 • Fax: (386) 496-0711
TDD (800) 955-8771 • www.uchaf1.com
Email: housing@uchaf1.com

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 initiated 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 Carefull

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



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

Agency Use Only

Date & Time Application Received in Office _____

App No. _____

PHA Initials _____

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

Name Phone

Email Cell

Address City ST Zip

Maiden or Other Names Used

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.

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 Hourly Week Biweekly Semimonthly
 How Many Hours Worked Per Week?

Name of Family Member:

Employer Supervisor

Address City St Zip

Phone Fax Amount Paid Hourly Week Biweekly Semimonthly
 How Many Hours Worked Per Week?

Name of Family Member:

Employer Supervisor

Address City St Zip

Phone Fax Amount Paid Hourly Week Biweekly Semimonthly
 How Many Hours Worked Per Week?

Name of Family Member:

Employer Supervisor

Address City St Zip

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

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

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

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

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

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

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

Have you EVER lived in Public Housing, Section 8 or any other assisted housing?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dates: From:	<input type="text"/>	To:	<input type="text"/>	Where?	<input type="text"/>		
Name of Housing Authority	<input type="text"/>			Phone	<input type="text"/>		

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?

Yes No

Probation Officers Name _____

Phone Number? _____

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



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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 | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental 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 | Past and Present Employers |
| Courts and Post Offices | Department of Children & Families (DCF) |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical/Pharmaceutical Providers | Banks & other Financial Institutions |
| Retirement Systems | Credit Providers and Credit Bureaus |
| Utility Companies | Veterans Administration |
| Child Care Providers | 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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

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.



Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

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

Susan Christophel,
Executive Director

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.