

**GREELEY CENTER FOR INDEPENDENCE, INC.**  
**CAMELOT APARTMENTS HOUSING APPLICATION**  
 (Documents are available in Spanish upon request)

Applicant's Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_(home) \_\_\_\_\_(cell) \_\_\_\_\_(other)

Applicant's Date of Birth: \_\_\_\_\_ Applicant's Social Security Number: \_\_\_\_\_

Do you or anyone in your household have a need for an accessible unit? \_\_\_\_\_  
YES NO

Are you a United States Citizen? \_\_\_\_\_  
YES NO

Do you need an English interpreter? \_\_\_\_\_  
YES NO

Are you a student? \_\_\_\_\_  
YES NO

If you answered yes to being a student: Do you receive funds for tuition and books? \_\_\_\_\_  
YES NO

What is your gross monthly income? \_\_\_\_\_

From what source(s) do you receive your income? \_\_\_\_\_

Do you have any assets? \_\_\_\_\_  
YES NO

If yes, please list: \_\_\_\_\_

Have you disposed of any assets for below fair market value within the last 2 years? \_\_\_\_\_  
YES NO

Are you the subject of a state lifetime sex offender registration? \_\_\_\_\_  
YES NO

What is your race? \_\_\_\_\_

What is your ethnicity? \_\_\_\_\_

Declined to Declare \_\_\_\_\_(Declined)

Are you currently participating in another section 8 program? \_\_\_\_\_  
YES NO

Do you have any debt(s) owed to any other public housing authority (PHA)? \_\_\_\_\_  
YES NO

Are you aware of the "Violence Against Women Act" and your rights as a victim? \_\_\_\_\_  
YES NO



GREELEY CENTER FOR INDEPENDENCE APPLICATION  
SECTION 8 MODERATE REHABILITATION HOUSING

Applicant's Name: \_\_\_\_\_(cont)

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Phone # (work): \_\_\_\_\_ Phone # (cell): \_\_\_\_\_

Do you have a Guardian? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have a Conservator? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have a Durable Power of Attorney? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

**(Must provide a copy of document designating guardian, conservator, durable power of attorney)**

I certify that the information listed in this application is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with Colorado Division of Housing.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

GREELEY CENTER FOR INDEPENDENCE, INC.  
Application Log In

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date



**TENANT RELEASE AND CONSENT FORM**

I/We, \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **Greeley Center for Independence, Inc.** for the purposes of verifying information on my/or apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

GROUPS/INDIVIDUALS WHO MAY BE ASKED

Groups/individuals who may be asked to release the above information include, but are not limited to:

- |                                  |   |
|----------------------------------|---|
| Past and Present Employers       | Welfare Agencies                                      |
| Veterans Administration Agencies | Previous Landlords, including Public Housing agencies |
| Social Security Administration   | Unemployment Retirement Systems                       |
| Support/Alimony Providers        | Banks/Financial Institutions                          |
|                                  | Medical/Childcare Providers                           |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay in effect for 12 months from the date signed. I/We understand that I/we have a right to review this file and correct any information as needed.

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SIGNATURES

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Applicant/Resident	Print Name	Date
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Co-Applicant/Resident	Print Name	Date
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**NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506 must be prepared and signed separately.**

## DOCUMENT CHECK LIST

The following documents must be completed and submitted when applying to live at Camelot Apartments:

\_\_\_\_ Housing Application

\_\_\_\_ Intermountain Data Corporation – Authorization for Release of Credit Information

\_\_\_\_ Proof of Income (See below)

\_\_\_\_ Declaration of Section 214 Status

\_\_\_\_ Authorization for the Release of Information/Privacy Act Notice

\_\_\_\_ Income/Asset Questionnaire

\_\_\_\_ Current Government Issued Picture ID or Drivers License

\_\_\_\_ Copy of Social Security Card or Lawful Immigration Documents

## PROOF OF INCOME

The Social Security Administration (SSA) notifies you of your income benefits when you are approved and on a yearly basis. If you do not have a current copy of the latest notification, you **MUST** obtain one.

There are two ways you can request the income verification letter from the SSA:

1. If you have computer access, you can go to [www.socialsecurity.gov](http://www.socialsecurity.gov) and request your PROOF OF INCOME BENEFITS LETTER. It may take up to 10 days to receive it via the U.S. Postal Service.
2. You may contact your local Social Security office if you need the letter sooner.

If your monthly income is from a source other than the SSA, please provide proof.

## GREELEY CENTER FOR INDEPENDENCE Income/Asset Questionnaire

**(For Office Use Only)**

Date Mailed: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date of Certification/Recertification: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Unit: \_\_\_\_\_

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

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete for ALL household (HH) members (including the head of household, all adults, and all partners):

Name:	Birthdate:	Last 4 digits of Social Security Number	If Applicable, is HH member a full time student (circle yes or no)	Is HH member employed? (circle yes or no)
_____	_____	_____	YES NO	YES NO
_____	_____	_____	YES NO	YES NO
_____	_____	_____	YES NO	YES NO
_____	_____	_____	YES NO	YES NO

List ALL sources of income for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member:	Source of income	Mailing address	Phone Number and Contact Person	Gross Amount List by week, month etc.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List ALL assets for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member	Type of Asset (Checking, savings, CD etc.)	Account Number	Bank and Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that information listed above and on page 6 is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Division of Housing program.

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

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

Does Any Household Member have any:	Circle YES or NO		Amount \$:	Household Member:
Checking Accounts	Yes	No	\$	
Savings Accounts	Yes	No	\$	
Certificates of Deposits	Yes	No	\$	
Money Market Funds	Yes	No	\$	
Stocks/Bonds	Yes	No	\$	
Treasury Bills	Yes	No	\$	
IRA/ Keogh Accounts	Yes	No	\$	
Company Retirement Accounts	Yes	No	\$	
Life Insurance Policies (Whole Life)	Yes	No	\$	
Pension Funds	Yes	No	\$	
Trust Accounts	Yes	No	\$	
If Yes, is Irrevocable?	Yes	No	\$	
Cash held in Safety Deposit Boxes, etc.	Yes	No	\$	
House/Real Estate	Yes	No	\$	
Rental Properties	Yes	No	\$	
Other Investments	Yes	No	\$	
Have you received and lump sum payments such as the following:				
Inheritances	Yes	No	\$	
Lottery or Other Winnings	Yes	No	\$	
Insurance Settlements	Yes	No	\$	
Worker's Compensation Settlements	Yes	No	\$	
Social Security Settlements	Yes	No	\$	
Unemployment Compensation Settlements	Yes	No	\$	
VA Disability Settlements	Yes	No	\$	
Severance Pay	Yes	No	\$	
Capital Gains	Yes	No	\$	
Other	Yes	No	\$	
Have you disposed of any assets for less than fair market value in the past 2 years?	Yes	No	\$	
Do you receive any of the following				
Employment Wages, Salaries, etc.	Yes	No	\$	
Income from a Business or Profession	Yes	No	\$	
Social Security	Yes	No	\$	
SSI	Yes	No	\$	
TANF or other Public Assistance	Yes	No	\$	
Alimony	Yes	No	\$	
Child Support	Yes	No	\$	
Unemployment Compensation Settlements	Yes	No	\$	
Workers' Compensation Settlements	Yes	No	\$	
Severance Pay	Yes	No	\$	
Retirement Income	Yes	No	\$	
Annuities Incomes	Yes	No	\$	
Insurance Policies Income	Yes	No	\$	
Disability or Death Benefits	Yes	No	\$	
Income from Rental Properties	Yes	No	\$	
Regularly Recurring monetary gifts	Yes	No	\$	

# Intermountain Data Corp

911 28<sup>th</sup> Avenue  
Greeley, CO. 80634

Phone: (970) 356-1925 & Fax: (970) 352-3142  
National: 1 800 524-1160 & Fax: 1 888 352-3142

## Authorization for release of Credit Information

The purpose of this release is to verify the information given on and by the prospective applicant.

TYPE OR PRINT CLEARLY

CLIENT: Greeley Center for Independence

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden or AKA: \_\_\_\_\_ Yrs. Married \_\_\_\_\_ Other Name(s) used \_\_\_\_\_

Social Security # \_\_\_\_\_ Date Of Birth \_\_\_\_\_ How long have you lived in this State? \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ State of Issue \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

How Long? \_\_\_\_\_ (Street number and name) (City) (State) (Zip Code)

Previous Address \_\_\_\_\_

How Long? \_\_\_\_\_ (Street number and name) (City) (State) (Zip Code)

Have you lived in another State? \_\_\_\_\_ If so, list other states and dates of residence \_\_\_\_\_

### Employer Information:

Current Employer \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

### Landlord Information:

Current Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Previous Landlords \_\_\_\_\_ Phone \_\_\_\_\_

Bank Information: \_\_\_\_\_ Phone \_\_\_\_\_ Acct # \_\_\_\_\_

(Name of Financial Institution or Branch)

### Conviction Information: (Use additional paper if necessary)

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give dates, charges and Police department: \_\_\_\_\_

I hereby authorize, without reservations, any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company for which this form has been filed, or their agent **Intermountain Data Corp.** This releases the aforesaid parties from any and all liability and responsibility for collecting the above information. I acknowledge that an electronic facsimile (fax) or photographic copy shall be as valid as the original. I further understand that failure to provide information requested on this application or any misrepresentation, intentional or not of any kind shall be cause for my application to be denied.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Today's Date)

**B25 - 0607** (Client Account Number)



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## *What You Should Know About EIV*

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

**Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note:*** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.



Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

### What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

### What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/rhp/iviv.cfm>.

### The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

Signature

Date

February 2010

**Exhibit 3-5: Sample Citizenship Declaration**

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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.