

**Winnebago County Housing Authority
Properties Application
3617 Delaware Street, Rockford, IL 61102
(815) 963-2133**

APPLICATION FOR HOUSING

Please mark "X" next to the location you would like to apply for housing:

- _____ Collier Gardens Apartments, 2901 Searles Ave., Rockford, IL 61101 (815) 963-6092
- _____ D'Agnolo Gardens Apartments, 806 Kocher Street, Rockton, IL 61072 (815) 624-6770
- _____ Robert Johnston Garden Apartments, 1615 Blackhawk Blvd., South Beloit, IL 61080 (815) 389-3334
- _____ Ken-Rock Elderly Apartment, 1631 Hamilton Avenue, Rockford, Il 61109

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE, THE FOLLOWING ITEMS
MUST BE INCLUDED WITH YOUR APPLICATION:

- All applicable information must be completed on the application, signed and dated.
- Release of information form must be signed and dated.
- Copy of Driver's License or State Photo Identification.
- Copy of Social Security Card.
- Copy of Birth Certificate.

In accordance with Federal Law, This institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, familial status or disability.

To file a complaint of discrimination, write:

Office of Fair Housing and Equal Opportunity
U.S. Dept. of Housing and Urban Development (HUD)
Washington, D.C. 20410

The Equal Housing Coordinator Compliance Officer can be reached at (815) 963-2133



This institution is an equal opportunity provider and employer



This application must be signed by all adults applying for occupancy. Your application will be reviewed and a preliminary assessment will be made of your eligibility. Your name will be placed on the waiting list unless it is determined that you are ineligible. If you are determined to be ineligible you will be notified in writing.

Placement on the waiting list does not indicate that you are eligible for admission. A final determination of eligibility and qualification for preferences will be made when you are selected from the waiting list.

Your name will be placed on the waiting list according to preference and the date and time your complete application is received.

Your application will be assigned a place on the waiting list according to the bedroom size for which you qualify. You may also request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines as long as the unit is not overcrowded according to standards. However, in this case, you must agree not to request a transfer for two years after admission, unless you have a change in family size or composition.

It is your responsibility to notify us in writing of any changes of address, phone number, employment, income or household size.

Current and previous landlords will be contacted and a credit check, criminal background and sex offender check will be performed on **all** adult household members.

Lying or deliberate omission of relevant information from the application may result in rejection of the application.

When you have been selected from the waiting list, you will be notified by mail. The notice will include a date, time and location for an application interview, including procedure to reschedule the interview. If a notification letter is returned with no forwarding address, you will be removed from the waiting list without further notice.

If you miss a scheduled interview, we will send another notification letter with a new interview appointment time. If you fail to attend the second interview without approval, your application will be made inactive.

At any point in the verification process if a negative verification report is received, the application process will be discontinued and you will be notified in writing that your application have been denied. Otherwise, when all of the verifications are received, eligibility will be determined. When a vacancy becomes available, you will be notified that you have been accepted for occupancy or rejected in writing.

The Occupancy Standards are as follows:

We will assign one bedroom for each two persons within the household, except in the following circumstances:

- Persons of the opposite sex (other than spouses, and children under the age of 5)
- Persons of different generations will not be required to share a bedroom
- Single persons families will be allocated a one bedroom unit

The maximum number of persons per unit size is as follows:

- 1 Bedroom = 2 persons or 3 persons * Varies by Location
- 2 Bedroom = 4 persons

We will consider granting exceptions to the occupancy standard upon your written request if we determine the exception is justified by the relationship, age, sex, health or disability of family members, or other personal circumstances.

If an offer of a unit is rejected by you, you will be offered the next suitable unit that becomes available. The second unit offer will be the final offer, unless there is good cause for refusing the offer. You must accept or refuse a unit offer within 3 business days of the date of the unit offer. Offers made by telephone will be confirmed by letter. If you refuse the final offer, your name will be removed from the waiting list.

PREFERENCE POINTS
(NOT APPLICABLE TO KEN-ROCK ELDERLY APARTMENTS)

The following will be used to determine your preliminary preference point determination. Preference points are initially assigned based on your application self-certification. At a later time, we will require independent verification of the factors that qualify you for each preference prior to providing any housing assistance. Please place a check mark by each preference point you are claiming.

_____ Residency (You have lived in Winnebago County for the immediate and consecutive past ninety calendar days.)

_____ Elderly or Disabled (The head or spouse are age 62 or older, or the head or spouse meets the HUD/Social Security definition of disability.)

_____ Veteran (You are a veteran or a spouse of a veteran)

_____ Working (The head, spouse or sole member is employed; this also includes graduates of or participants in educational and training programs designed to prepare the individual for the job market)

_____ VAWA (You are a victim of violence in reference to the Violence Against Women's Reauthorization Act of 2002)

_____ Involuntarily displaced due to disaster (You vacated or must vacate your unit due to disaster. For example flood, fire, and earthquake)

_____ Who has in the custody of the child welfare system on or before his/her 18th birthday who has not yet reached the age of 24.

_____ Nursing Home Resident who have resided in a state-licensed nursing home and is eligible for discharge

UNIT SIZE REQUESTED

_____ 1 Bedroom

_____ 2 Bedrooms

7								
8								
9								

BACKGROUND INFORMATION:

Do you or any ADULT household member require a live-in care attendant? Yes No
 If yes, name of attendant: _____ Relationship (if any) _____
 (Must be approved by management)

Do you anticipate any changes in the size of your household *within the next twelve months*? Yes No
 If yes, explain: _____

Will all member of your household under age 18 live with you at least 50% of the upcoming 12 months?(If no household members under 18 write N/A. Yes No
 If no, explain: _____

Does any member in your household have a disability and require special accommodations(s) in order to fully use the unit? Yes No
 If yes, explain accommodation(s) required: _____

Have you or anyone else named on this application ever been convicted of property damage? Yes No
 If yes, who: _____
 Explanation: _____

Have you or anyone else names on this application ever been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? Yes No
 If yes, explain: _____

Do you owe any Public Housing Agency a debt? Yes No
 If yes, who: _____
 Explanation: _____

Have you ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No
 If yes, who: _____
 Explanation: _____

Are you currently living in federally subsidized housing or have a Housing Choice Voucher (Section 8)? Yes No
 If yes, do you understand that you may not collect subsidy at two locations at the same time? _____

Are you or any member of your household subject to a lifetime sex offender registration program in any state? Yes No
 If yes, who and which state: _____

List all state you and any household member have lived in the past five years: _____

Have you or any member of your household ever been evicted from subsidized housing for criminal or drug related activity? Yes No
 If yes, who: _____
 Explanation: _____

Have you or anyone else named on this application ever been convicted for any drug offense? Yes No
If yes, who: _____
Explanation: _____

Are you or any household member a current user of illegal drugs? Yes No
If yes, who: _____
Explanation: _____

RESIDENCE INFORMATION

Please list all addresses and information for each adult in the household for the past 5 years starting with the most recent address. **DO NOT LEAVE ANY TIME UNACCOUNTED FOR.** Please use addition paper if needed.

Your Current Address (Include City, State and Zip code):

Do you Rent or Own? _____

Landlord's Name/Address: _____

Phone Number: _____

Dates you lived there: From: _____ To: _____

Address you lived at: _____

Do you Rent or Own? _____

Landlord's Name/Address: _____

Phone Number: _____

Dates you lived there: From: _____ To: _____

Address you lived at: _____

Do you Rent or Own? _____

Landlord's Name/Address: _____

Phone Number: _____

Dates you lived there: From: _____ To: _____

Address you lived at: _____

Do you Rent or Own? _____

Landlord's Name/Address: _____

Phone Number: _____

Dates you lived there: From: _____ To: _____

Address you lived at: _____

Do you Rent or Own? _____

Landlord's Name/Address: _____

Phone Number: _____

Dates you lived there: From: _____ To: _____

INCOME AND ASSETS:

Please circle yes or no to the following, and if yes, provide the amounts/frequency and source name. Do you or any household member have income from:

Social Security?	Yes	No	Amount:	Frequency:
SSI?	Yes	No	Amount:	Frequency:
Pension/Annuity?	Yes	No	Amount:	Frequency:
Veterans Benefits?	Yes	No	Amount:	Frequency:
Disability?	Yes	No	Amount:	Frequency:
Unemployment?	Yes	No	Amount:	Frequency:
Workman's Compensation?	Yes	No	Amount:	Frequency:
TANF/Public Assistance/ Food Stamps?	Yes	No	Amount:	Frequency:
Employment?	Yes	No	Amount:	Frequency:

Do you receive Alimony?	Yes	No	Amount:	Frequency:
Are you entitled to receive Alimony?	Yes	No	Amount:	Frequency:
Do you receive Child Support?	Yes	No	Amount:	Frequency:
Are you entitled to pay Child Support?	Yes	No	Amount:	Frequency:
Military Pay?	Yes	No	Amount:	Frequency:
Net Income from Business?	Yes	No	Amount:	Frequency:
Contributions from friends/relatives?	Yes	No	Amount:	Frequency:
Income from Assets?	Yes	No	Amount:	Frequency:
Other Income?	Yes	No	Amount:	Frequency:
**Grants or Scholarships	Yes	No	Amount:	Frequency:

** Only count income in excess of the amounts received for tuition

Please circle yes or no to the following and if yes, provide cash value and where asset is held. Do you or any household members have any of the following assets?

Checking Accounts	Yes	No	Cash Value:	Held:
Savings Accounts	Yes	No	Cash Value	Held:
Certificate of Deposit	Yes	No	Cash Value	Held:
IRS	Yes	No	Cash Value	Held:
Other Retirement Funds	Yes	No	Cash Value	Held:
Stocks or Bonds	Yes	No	Cash Value	Held:
Mutual Funds	Yes	No	Cash Value	Held:
Trust Accounts	Yes	No	Cash Value	Held:
Whole Life Insurance	Yes	No	Cash Value	Held:
Investment Properties	Yes	No	Cash Value	Held:
Money Market Account	Yes	No	Cash Value	Held:
Annuity	Yes	No	Cash Value	Held:
Cash on Hand	Yes	No	Cash Value	Held:

1. Do you own any real estate property? Yes No

If yes, type of property: _____

Location of property: _____

Appraised Market Value: _____

Mortgage or outstanding loans balance due: _____

2. Have you sol/dispensed of any property in the last 2 years? Yes No

If yes, type of property: _____

Market Value when sold/dispensed: _____

Amount sold/dispensed for: _____

Date of transaction: _____

3. Have you disposed of any other assets in the last 2 years (example: given away money to relatives, set up Irrevocable Trust Accounts)? Yes No

If yes, describe asset: _____

Amount disposed of: _____

Date of Disposition: _____

4. Do you have any other assets not listed above (excluding personal property)? Yes No

If yes, please list: _____

UNREIMBURSED MEDICAL EXPENSES: (Only for Elderly/Disabled Households)

Please circle yes or no to the following and if yes, provide amount and source of expense. Do you or a household member have any of the following un-reimbursed medical expenses from:

Services of doctors and health care professionals?	Yes	No	Amount: \$	Source:
Services of health care facilities?	Yes	No	Amount: \$	Source:
Medical insurance premiums or costs of an HMO?	Yes	No	Amount: \$	Source:
Prescription/non-prescription medicines that have been prescribed by a physician?	Yes	No	Amount: \$	Source:
Transportation to treatment?	Yes	No	Amount: \$	Source:
Dental expenses?	Yes	No	Amount: \$	Source:
Eyeglasses, hearing aids, batteries?	Yes	No	Amount: \$	Source:
Live-in or periodic medical assistance such as nursing services, or cost for an assistance animal and its upkeep?	Yes	No	Amount: \$	Source:
Monthly payments on accumulated medical bills?	Yes	No	Amount: \$	Source:
Medical care of permanently institutionalized family member if his or her income is included in annual income?	Yes	No	Amount: \$	Source:
Long-term care insurance premiums?	Yes	No	Amount: \$	Source:

CHILD CARE EXPENSES:

- Do you have any child care expenses for children under the age of 13 (including foster children) necessary to enable a member of the family to be employed or to further his or her education? Yes No
 If yes, name of provider: _____
 Address of provider: _____
 Phone number of provider: _____
 Amount paid/frequency: _____

DISABILITY ASSISTANCE EXPENSE:

- Do you have any anticipated expenses for attendant care for family members with disabilities which are necessary to enable a family member to be employed? Yes No
 If yes, name of provider: _____
 Address of provider: _____
 Phone number of provider: _____
 Amount paid/frequency: _____
- Do you have any expenses for apparatus which allow you to work if you meet the definition of disabled? Yes No
 If yes, please list: _____
 Name and address for verification: _____

APPLICANT/PARTICIPANT CERTIFICATION

I/We certify that the information given to the Winnebago County Housing Authority (PHA) on family composition and characteristics, income, assets, and expenses, is accurate and complete.

I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance.

I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Winnebago County Housing Authority within ten (10) days of the change.

Further that no one is permitted to move into my unit without prior written approval of the Winnebago County Housing Authority.

I understand that any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is crime under:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IF GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF CO-HEAD/SPOUSE

DATE

SIGNATURE OF OTHER ADULT

DATE

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility and continued eligibility.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

SIGNATURE(S):

SIGNATURE OF TENANT

DATE

SIGNATURE OF CO-HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT MEMBER

DATE

SIGNATURE OF OTHER ADULT MEMBER

DATE

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion, or National Origin.

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname.

_____ I do not wish to furnish this information

_____ Information provided by Management

Ethnicity of Applicant (A) or Co-Applicant (C)

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race/National Origin of Applicant (A) or Co-Applicant (C)

_____ American Indian/ Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or other Pacific Islander

_____ White

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 (Including City, State and Zip code):		
Telephone Number:	Cell Phone Number:	
Name of Additional Contact Person or Organization:		
Address (Include City, State and Zip code):		
Telephone Number:	Cell Phone Number:	
E-Mail Address (if applicable):		
Relationship to Applicant:		
Reason for Contact: (Circle all that apply)		
Emergency	Unable to contact you	Assist with Recertification Process
Change in lease terms	Termination of rental assistance	Change in house rules
Eviction from unit	Late payment of rent	Other: _____
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 and services or special care to you.		
Confidentiality Statement: The information provided on this form is confidential will not be disclosed to anyone expect 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) required 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 prohibition on discrimination in admission to or participation in federally assisted housing programs on the basis of race, religion, national origin, sex, disability, and familiar 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
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This 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 instruction, searching existing data sources, gathering and maintaining the date 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 and 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 action.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United State because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or national of the United States; or

- I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or

- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101 (a or 1010(a) (20) of the INA 3/; or

 - Permanent residence under 249 of INA 4/; or

 - Refugee, asylum, or conditional entry status under 207,208, or 203 of the INA /5; or

 - Parole status under 212(d) (5) of the INA/6; or

 - Threat to life or freedom under 243(h) of the INA/7; or

 - Amnesty under 245A of the INA 8/.

X _____
Signature

Date

*PARENT/GARDIAN must sign for family member under age of 18. DO NOT sign child's name.

**Winnebago County Housing Authority
3617 Delaware St. Rockford, IL 61102
Phone: 815-963-2133 Fax: 815-316-2860**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Winnebago County Housing Authority any information or materials needed to complete Rehabilitation, Low-Income Housing Tax Credit Programs (Section 42) and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the United States Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

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

Identity and marital status	Employment, Income, or Assets
Residences and Rental Activity	Medical or Child Care Expenses
Credit and Criminal Activity	Status of Utility Services

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing program.

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous & Current Landlords	Past & Present Employers
Welfare Agencies	Retirement Systems
Courts & Post Offices	Veteran's Administration
Banks & Other Financial Institutions	State Unemployment Agencies
Social Security Administration	Credit Providers
Law Enforcement Agencies	Support & Alimony Provider
Utility Companies	Medical Providers/Pharmacies
Public Housing Agencies	Colleges & Schools

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 with the housing authority and will stay in effect for thirteen months from the date of signature. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household

Date

Adult Member

Date

Adult Member

Date

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014
Exp. 1/31/2014

<p>PHA requesting release of information; (Cross out space if none)(Full address, name of contact person, and date)</p>	<p>IHA Requesting release of information: (Cross out space if none)(Full address, name of contact person, and date)</p>
<p>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.</p> <p>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 verifications of income information. Therefore, HUD or the HA may request information from financial institutions to verify you eligibility and level of benefits.</p> <p>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.</p> <p>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. 522a. 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 purpose and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtained based on the consent form. Private owners may not request or receive information authorized.</p> <p>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.</p>	<p>Persons who apply for or receive assistance under the following programs are required to sign this consent form:</p> <ul style="list-style-type: none"> PHA-owned rental public housing Turnkey III Homeownership Opportunities Mutual Help Homeownership Opportunities 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 <p>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.</p> <p>Sources of Information to Be Obtained</p> <p>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.)</p> <p>U.S. Social Security Administration (HUD only)(This consent is limited to wages and self-employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)</p> <p>U.S. Internal Revenue Services (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)</p> <p>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 obtained from these sources will be used to verify information that I provided 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.</p>

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.

Signature:

_____		_____	
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 member age six years and older, have and use. Giving the Social Security Numbers of all household members six years 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.

Uses 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 \$5,000.00.

Any applicant or participant affected by the 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 of the unauthorized disclosure or improper use.

PHA DETERMINATION OF EXEMPTION FOR COMMUNITY SERVICE

Adult family member: _____

Address (Include City, State and Zip code): _____

This adult family member meets the requirements for being exempt from the PHA's community service requirement for the following reasons:

- 62 years of age or older. (Documentation of age in file)
- Is a person with disabilities and self-certifies below that he or she is unable to comply with the community service requirement. (Documentation of HUD definition of disability in file)

Tenant Certification: I am a person with disabilities and am unable to comply with the community service requirement.

Signature of Family Member

Date

- Is the primary caretaker of such individual in the above category. (Documentation in file)
- Is working at least 30 hours per week (Employment verification in file)
- Is participating in a welfare-to-work program. (documentation in file)
- Meets the requirements for being exempt from having to engage in a work activity under TANF or any other State welfare program, including a State-administered welfare-to-work program (Documentation in file)
- Is a member of family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program. (Documentation in file)

Signature of Family Member

Date

Signature of PHA Official

Date

Things You Should Know

Don't risk your changes for Federally assisted housing by providing false, incomplete, inaccurate information on your application forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply in you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may 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 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing the Application

When you answer application questions, you must include the following information:

Income

- All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pensions, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certifications of deposit, stocks, real estate, etc.. That are owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any forms unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with the various federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make a false statement, report then to the manager of your complex or your PHA. If that is possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OGI HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

Date

Applicant/ Tenant Signature





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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget(OMB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor , and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management and agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participations in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full names, date of birth, and Social Security Number .

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (upto \$500,000) and explanation for balance owned (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in family composition) or other charges such as damages, utility charges, etc.);and
2. Whether or not you have entered into a repayment agreement for the amount that you own the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgement against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUG and PHAs.

How will this information be used?

PHAs will have access to this information during the time of the application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future requested for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the dispute information is incorrect, the PHA will update or delete the record. If the PHA determines that the dispute information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name