



140 CO HWY 33W | BOX 4 | COOPERSTOWN, NY 13326 | 607-547-8839

www.otsegoruralhousing.org

APPLICANT/PARTICIPANT CERTIFICATION

Otsego Rural Housing Assistance, Inc. (ORHA) Section 8 Housing Choice Voucher (HCV) Program

This form must be completed by the Head of Household. Use the legal name for each household member. All adult household members must sign this document, certifying that the information provided is accurate and current.

Log #	Head of Household Name	Email Address	Date
Address & Apt. #		City, State, ZIP Code	
Home Phone	Work Phone	Cell Phone	Other Phone

I. HOUSEHOLD: List all people who will live in the home.

If a household member uses a name in their daily life that is different from their legal name, please provide it in the "Preferred Name" field.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household							Preferred Name:
Last Name		First Name		MI	Date of Birth		Sex (M/F) Relation
						HEAD	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #
2. Household Member							Preferred Name:
Last Name		First Name		MI	Date of Birth		Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #
3. Household Member							Preferred Name:
Last Name		First Name		MI	Date of Birth		Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #
4. Household Member							Preferred Name:
Last Name		First Name		MI	Date of Birth		Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #
5. Household Member							Preferred Name:
Last Name		First Name		MI	Date of Birth		Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #

6. Household Member						Preferred Name:		
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
7. Household Member						Preferred Name:		
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
8. Household Member						Preferred Name:		
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	

Please use the back of this form to provide additional household member information.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question (Use back of form if more room is needed – all information must be complete)	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member used a different first or last name(s)?	
		If	Current Name(s):
		YES:	Previous Name(s):
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your household moved out or moved in since your last re-examination?	
		If	Moved in:
		YES:	Moved out:
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect anyone to move out or move in during the next 12 months?	
		If	Will Move in:
		YES:	Will Move out:
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult household member have any children who are temporarily placed out of your home?	
		If	Name of Child(ren):
		YES:	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger?	
		If	Name of Child(ren):
		YES:	
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that an approved adult household member has legal custody of every minor under age 18 listed in the household?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that all household members listed are currently living in the home?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that all individuals residing in the unit are listed as household members?	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?	
		If	Who and Where:
		YES:	Details of Crime:
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to a lifetime sex offender registration?	
		If	Who:
		YES:	State:
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive any form of housing subsidy (other than Section 8 HCVP)?	
		If	Who:
		YES:	Type and Amount:

YES	NO	Question (Use back of form if more room is needed – all information must be complete.)	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member lived in any assisted housing before?	
		If YES:	Who: When and Where:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member committed fraud in a federally-assisted housing program and/or been required to repay money for knowingly misrepresenting information to receive housing assistance?	
		If YES:	Who: When and Where:

I certify that my household pays for the following utilities according to the terms of my lease and these utilities are currently on:				
<input type="checkbox"/> Heating	<input type="checkbox"/> Cooking	<input type="checkbox"/> Electricity	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer

III. INCOME INFORMATION:

As a part of the Section 8 Housing Choice Voucher program, you are required to report any and all income received by any and all household members. Note: ORHA uses HUD’s Enterprise Income Verification (EIV) System, which provides detailed income information for Housing Choice Voucher household members. If you do not report all household income, you may lose your voucher. All income must be reported.

How often: weekly, biweekly, bimonthly, monthly, yearly

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Wages, salaries, overtime or tips from employment			
		Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often? Any change expected?
		1			Yes or No
		2			Yes or No
		3			Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Net business income from self-employment (including babysitting, doing hair, care-taking, etc.)			
		Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often? Any change expected?
		1			Yes or No
		2			Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Social Security (including survivor benefits and SSDI)			
		Household Member Name	Type of Benefit	Income before any Deductions	How Often? Any change expected?
		1			Monthly Yes or No
		2			Monthly Yes or No
		3			Monthly Yes or No

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)			
Household Member Name		Type of Benefit	Income before any Deductions	How Often?	Any change expected?
1		SSI		Monthly	Yes or No
2		SSI		Monthly	Yes or No
3		SSI		Monthly	Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Annuities, insurance policies, retirement funds, pension or disability/death benefits			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Veterans benefits			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Worker's compensation and/or severance pay			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Armed Forces pay			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Student financial assistance that is more than tuition – not including any type of loan			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Regular contributions or gifts received from organizations or persons not residing in the unit			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
3					Yes or No

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Welfare assistance (SNAP/Food Stamps, TANF)			
Household Member Name		Type of Assistance	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
3					Yes or No
4					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Alimony payments			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Child support payments			
Household Member Name receiving Payment		Child's Name AND Docket Number and/or Name and Full Address and Phone Number or Email Address of Child Support Provider	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Other Income _____			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No

Please use the back to list any additional sources of income not reported on pages 3-5 (SECTION III). You must report all income – source, amount and frequency.

IV. Assets

As a part of the Housing Choice Voucher program, you are required to report any and all assets owned by any and all household members, whether owned fully or jointly.

Cash value: market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

YES	NO	Does anyone in the household own or jointly own any of the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1					
2					

YES	NO	Does anyone in the household own or jointly own any of the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1					
2					
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	Safety Deposit Box or Personal Property/Personal Property Held as Investment (gem or coin collections, art, antique cars, etc. but not items used daily)			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	Bonds			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	401(k) Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	IRA Account, Certificate of Deposit, Keogh Account, Trust Fund, Capital Investment			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policy (not term life)			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income

You must also report any asset disposed of – given away, sold, etc.

YES	NO	Question	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member given away or sold assets for less than fair market value in the last two (2) years including cash, real estate, etc.?	
		If YES:	Who: Details:

Additional Assets

YES	NO	Question	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member own any other assets (either owned solely or jointly) at this time? Examples: house, real estate property, car, camper, boat, etc.	
		If YES:	Who: Details:

No Assets

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	I certify that no household member has any assets of any kind (either owned solely or jointly) at this time.

V. EXPENSES

You may be entitled to a childcare allowance or disability expense deduction in your income determination if the expense allows an adult household member to work or seek work.

YES	NO	Question			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have childcare expenses for a child/children under the age of thirteen (13)?			
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Childcare Provider		Your Weekly Cost	Your Monthly Cost
YES	NO	Question			
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for a care attendant or equipment for a household member with disabilities?			
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Care Attendant/Equipment Provider		Your Weekly Cost	Your Monthly Cost

Complete this section only if head of household, co-head, spouse or domestic partner is disabled or 62 years of age or older. IF NOT, skip to section VI. CERTIFICATION STATEMENT

YES	NO	Medical Expenses Questions					
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving Medicare and/or other Medical Benefits?					
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Medicaid Spend-Down?	If YES:	Amount:			
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any medical insurance?	If YES:	Amount:		How Often?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any outstanding medical bills? Do <u>not</u> include information about medical conditions.					
		If YES:	Payment Amount:		How Often?		Total Outstanding:
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any prescription medications on a regular basis? Do <u>not</u> include medication names/types.					
		If YES:	Cost:		How Often Paid?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other medical expenses?					
		If YES:	Type:		Amount:		How Often?

VI. CERTIFICATION STATEMENT

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and Applicant/Participant Certification form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me. I understand ORHA, Inc. must approve new additions to the household.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying management office immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

Signature of Head of Household

Date

Signature of Spouse (Co- Head)

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

Warning: 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 of Agency of the U.S. as to any matter within its Jurisdiction.



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CONSENT FOR RELEASE OF INFORMATION

This signed consent to release information broadens the scope of verification permissions and, along with the Authorization for the Release of Information/ Privacy Act Notice, authorizes HUD and the Otsego Rural Housing Assistance Housing Choice Voucher (HCV) Program to request the following:

- 1. Verification of salary and wages from current or previous employers.
2. Wage and unemployment compensation claim information from the appropriate state agency.
3. Benefit information from the U.S. Social Security Administration.
4. Certain tax return information from the U.S. Internal Revenue Service.
5. Verification of assets and other information from financial institutions.
6. Verification of childcare expenses for children age 12 and younger (including foster children) that enable a family member to work/attend school and is not reimbursed by an agency or other individual.
7. Verification of disability assistance expenses incurred to cover care attendants and auxiliary apparatus for any family member who is a person with disabilities that enable an adult household member to work.
8. Verification from a medical care provider of a family member's disability (as defined by HUD) as well as regular and ongoing anticipated expenses which are not covered by an outside source such as insurance.
9. Alimony or child support information, including frequency and amounts of payments actually received, from the enforcement agency responsible for keeping that information.
10. Verification of regular contributions and gifts (monetary or not) from persons outside the assisted household such as rent, utility payments, and other cash or non-cash contributions provided on a regular basis.
11. Student enrollment status and financial assistance information from accredited educational institutions and training providers.
12. Welfare assistance information from the appropriate state agency, including any adjustments or reductions.
13. Criminal background information to determine initial and ongoing eligibility for the HCV Program.
14. Verification information from partnering or outside agencies for the purpose of determining eligibility and successful administration of the Housing Choice Voucher program.

Consent: I consent to allow Otsego Rural Housing Assistance, Inc. (ORHA) to request and obtain personal information as specified above for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that ORHA, under this consent form, cannot use this information to deny, reduce or terminate assistance without first conducting an independent verification.

For your household, this general consent to release information form is valid as long as the participant remains in the Housing Choice Voucher Program.

Head of Household Date Spouse/Co-Head Date
Other Adult Date Other Adult 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. 07/31/2021

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(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.