

**POLK COUNTY HOUSING AUTHORITY**

**Penny Terrell Executive Director**

**509 South Morrow Street  
Mena, AR 71953**

**Phone 479-394-1569  
Fax 479-394-7026**

**WE CANNOT ACCEPT INCOMPLETE APPLICATIONS.**

**APPLICATIONS ARE ACCEPTED IN THE OFFICE ON TUESDAYS AND THURSDAYS ONLY.**

**PLEASE BRING THE FOLLOWING INFORMATION WITH YOU WHEN YOU RETURN YOUR APPLICATION.**

**1. Written proof of income on all persons listed on the application from all sources.** Examples: Social Security, SSI, Wages, Child Support, etc.

**2. Social Security cards on all persons listed on the application.** The Housing Authority will also accept the following documents as evidence if the SSN is provided on the document: Driver's license, other ID card issued by a federal, state, or local agency, a medical insurance company or provider, or employer or trade union. Payroll stubs, Benefit award letters from government agencies; retirement benefit letters; life insurance policies, court records (real estate, tax notices, marriage and divorce, judgment or bankruptcy records)

**3. Verification of legal identity for all family members.**

**For Adults:** Any of the following: Certificate of Birth, naturalization papers , church issued baptismal certificate, current, valid driver's license or Department of Motor vehicles identification card, U.S. military discharge (DD214), U.S. passport, employer identification card.

**For children:** Any of the following certificate of birth, adoption papers, custody agreement, Health and Human Services ID, school records.

**4. Complete landlord addresses.**

PUBLIC HOUSING AND THE SECTION 8 RENTAL ASSISTANCE PROGRAM ARE TWO SEPARATE PROGRAMS. IF YOU WISH TO APPLY FOR EACH PROGRAM YOU MUST FILL OUT AN APPLICATION FOR EACH PROGRAM.

IT IS YOUR RESPONSIBILITY TO CONTACT THE HOUSING AUTHORITY OFFICE IF ANY INFORMATION CONTAINED IN THIS APPLICATION CHANGES. (INCLUDING: ADDRESS, INCOME, CHANGE IN FAMILY COMPOSITION, ETC..)

**I understand that it is my responsibility to inform the Polk County Housing Authority of any changes in the information that is contained in this application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## REASONABLE ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES

The Polk County Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, and single people. The PHA (Public Housing Agency) is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status.

In addition, the PHA has a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include;

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair.
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impaired during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for the apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or any one in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority. If you would prefer not to discuss your situation with the housing authority, that is your right.

# Things You Should Know

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

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## Purpose

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

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## 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 my apartment or house
- Required to repay all overpaid assistance my family received
- Fined up to \$10,000.00
- Imprisoned up to 5 years; and/or
- Prohibited from receiving future assistance.

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

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## Asking Questions

When you sit down to fill out your application, you should know what is expected of you. If you do not understand something, make sure you ask questions before you complete the application. The person who accepts you're application at the Housing Authority office can answer your question or find out what the answer is.

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## Completing the Application

When you give your answers to application questions, you must include the following information.

### INCOME

- \*All sources of money you and any member of your family receive (wages,welfare payments, alimony, social security, pension, 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 stocks, 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, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/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.

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**Family/Household Members**

\*The names of all the people (adults and children) who will actually be living with you, and whether or not they are related to you.

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**Signing the Application**

\*Do not sign any form 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 various Federal, state or private agencies to verify that it is correct.

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**Recertification**

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 pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.

\*Any family/household member who has moved in or out.

\*All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

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**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.

\*Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to HUD HOTLINE, Room 8254, 451 Seventh Street, S.W. Washington, DC 20410.

\_\_\_\_\_  
Signature of HOH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (spouse/adult) Date

Must Have copy of social security cards of all family members

# APPLICATION

479-394-1565  
479-394-1569

FAX 479-394-7026

TDD Equipped  
INFORMATION & CERTIFICATION STATEMENT

POLK COUNTY HOUSING AUTHORITY, 509 South Morrow Street, Mena, AR 71953

Check assistance desired: Housing Project at Mena \_\_\_\_\_, Hatfield \_\_\_\_\_, Cove \_\_\_\_\_, Wickes \_\_\_\_\_, or HUD Rental Assistance (Section 8) \_\_\_\_\_.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Head of household \_\_\_\_\_ Street or Post Office Box \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Marital Status: \_\_\_Married \_\_\_Separated \_\_\_Unmarried(single, Divorced,widow)

FOR PERSONS WITH DISABILITIES; DO YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES. \_\_\_\_\_ YES \_\_\_\_\_ NO

ADULTS IN FAMILY (list all persons occupying residence)

Last Name of Head	First Name	Init.	Sex	Age	Birth Date.
Social Security/Alien Reg.#			Place of Birth (City, State,		County)
Last Name of Spouse/other	First Name	Init.	Sex	Age	Birth Date
Social Security/Alien Reg.#			Place of Birth (City, State,		County)
Last Name Other Adult	First Name	Init.	Sex	Age	Birth Date
Social Security/Alien Reg.#			Place of Birth (City, State,		County)

CHILDREN (living in your residence)

(Legal Name)	Relation	Sex	Age	Birth Date	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do You or any member of your household smoke? \_\_\_\_\_ YES \_\_\_\_\_ NO

If we are unable to reach you, whom could we contact locally?

Name/Relationship \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Telephone# \_\_\_\_\_

Name/Relationship \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Telephone# \_\_\_\_\_

LIST ALL INCOME received by any occupant of the household or family member. Some Examples of income are: Wages, Unemployment, Retirement, Social Security, Welfare, Disability Compensation, Grants, Babysitting, Alimony, Child Support and many others. **The Polk County Housing Authority utilizes HUD's computer matching program to verify income sources.**

Household Member	Source (Name & Address)	Amount	Expected
_____	_____	\$_____	per_____
_____	_____	\$_____	per_____
_____	_____	\$_____	per_____
_____	_____	\$_____	per_____

\*\*\* LIST FAMILY ASSETS \*\*\*

Checking Account Bank\_\_\_\_\_ Acct. #\_\_\_\_\_ Amount \_\_\_\_\_  
 Savings-Passbook Bank\_\_\_\_\_ Acct. #\_\_\_\_\_ Amount\_\_\_\_\_

Savings Certificates Bank\_\_\_\_\_ Acct. #\_\_\_\_\_ Amount \_\_\_\_\_

Did you or any member of your family file a Federal income tax return for the most recent year? \_\_\_\_\_YES \_\_\_\_\_NO

Does anyone outside your household pay any of your bills or expenses?  
 \_\_\_\_\_YES \_\_\_\_\_NO

Do you own Real Property? \_\_\_\_\_, or have you disposed of an asset with a value greater than \$5000 during the past two (2) years?\_\_\_\_\_?

Will you be able to have utilities turned on in your name? \_\_\_YES \_\_\_NO  
 If NO please describe problem with utility(ies):\_\_\_\_\_

Do you expect anyone to move in or out of your household within the next 12 months? \_\_\_\_\_YES \_\_\_\_\_NO

Does anyone live with you now who is not listed above? \_\_\_\_\_YES \_\_\_\_\_NO

Have you ever lived in any Low-Rent Public Housing or Section 8 Rental Assistance before? \_\_\_\_\_YES \_\_\_\_\_NO

IF yes :When?\_\_\_\_\_ WHERE \_\_\_\_\_?

Under what name?\_\_\_\_\_Who was head of household?\_\_\_\_\_

Have you ever used a name other than the one you are using now?\_\_\_YES \_\_\_NO  
 If yes: What name?\_\_\_\_\_

Have you ever used a Social Security number other than the one you listed?  
 \_\_\_\_\_YES \_\_\_\_\_NO IF yes: What number\_\_\_\_\_

Has anyone in your household been engaged in or arrested for the use,sale,manufacture or distribution of controlled substances? \_\_\_\_\_Yes  
 \_\_\_\_\_NO If Yes: Who\_\_\_\_\_ When\_\_\_\_\_ What?\_\_\_\_\_

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? \_\_\_\_\_YES \_\_\_\_\_NO

Are you or any member of your family subject to a Lifetime Registration Requirement under a State Sex Offender Registration Program? \_\_\_\_\_YES  
\_\_\_\_\_NO

Have you ever violated a family obligation in a HUD-assisted housing program?  
\_\_\_\_\_YES \_\_\_\_\_NO

Do you owe any money to any Public Housing Agency? \_\_\_\_\_YES  
\_\_\_\_\_NO

CURRENT EXPENDITURES

RENT \$\_\_\_\_\_ PHONE \$\_\_\_\_\_ ELECTRIC \$\_\_\_\_\_ GAS \$\_\_\_\_\_ WATER \$\_\_\_\_\_  
PHONE \$\_\_\_\_\_ CAR PAYMENT \$\_\_\_\_\_ CAR INS. \$\_\_\_\_\_ CABLE \$ \_\_\_\_\_  
CREDIT CARD \$\_\_\_\_\_ MEDICAL \$ \_\_\_\_\_ INSURANCE \$\_\_\_\_\_

Do you have ChildCare expenses that YOU pay? \_\_\_\_\_

Do you have any other regular monthly payments besides those above?  
\_\_\_\_\_YES\_\_\_\_\_NO If yes please list\_\_\_\_\_

**ELDERLY, DISABLED OR HANDICAPPED ONLY:**

Are you receiving Medicare Benefits? \_\_\_\_\_

Do you have Medicaid or other medical insurance? \_\_\_\_\_

If so how much does it cost you per month?\_\_\_\_\_

Do you Anticipate any health related expenses for the next 12 months?\_\_\_\_\_

Do you take prescription drugs on a regular basis? \_\_\_\_\_

Do you have a PRESCRIPTION DRUG DISCOUNT CARD?\_\_\_\_\_

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**WORK HISTORY:** Where was the last place of employment for all adult household members?

Family Member	From (Year)	To (Year)	EMPLOYER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever been evicted?** Yes\_\_\_\_ NO\_\_\_\_\_By whom?\_\_\_\_\_When?\_\_\_\_\_  
Why? \_\_\_\_\_

**Previous Landlord:**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Current Landlord:**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Credit References:**

COMPANY	Account Number	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

**PETS**

Do you have any pets? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes:  
What kind? \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_

**VEHICLES:** Please describe all vehicles that you own.

OWNER	MAKE	MODEL	YEAR	COLOR	Tag#	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

APPLICANT(S)'S/TENANT(S)'S STATEMENT

I/We certify that the information given to the Polk County Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and Arkansas law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I/We further certify I/We have read a copy of the "FEDERAL PRIVACY ACT STATEMENT", on this date and I/WE understand a copy of same will be given us upon request! I/We also understand the information I/We have given herein will be kept as confidential as possible; however, I/We understand it is necessary to comply with Arkansas Law as well as Federal Law regarding Freedom Of Information and it is necessary for the Housing Authority of Polk County to verify certain facts prior to your being eligible for assistance or housing. I/We hereby grant this agency permission to contact agencies, offices, individuals, groups or organizations to obtain information necessary to verify information given, and determine my eligibility for housing or housing assistance.

I/We acknowledge receipt of "WATCH OUT FOR LEAD-BASED PAINT POISONING" and have been informed the apartment I/WE may occupy was built prior to 1978 and am advised of a possible lead-based paint hazard. I/We understand the Authority is willing to help find assistance in securing blood tests and testing the paint in the unit I/We may occupy. I/We further understand if

I/We have a child under 7 years of age with elevated lead blood level I am to advise the Authority so they can conduct a test on the assigned apartment. I/We hereby further certify that I/We have been advised I/We are entitled to have a pet in our residence if and when housed by the Authority. I further understand the policy governing the possession and occupancy of such a pet and I/We have been furnished a copy of same.

I/We do hereby authorize the Polk County Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information of the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I/We understand that any misrepresentation or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**

\_\_\_\_\_  
Signature of Head of Household      Date                      Signature of Spouse      Date  
HUD needs the following information for statistical purposes. Check Race which fits HEAD of household.      White\_\_\_\_, Black\_\_\_\_, American Ind.\_\_\_\_, Hispanic\_\_\_\_, Asian /Pacific Islander, Other\_\_\_\_.

If you are housed by this Housing Agency, the information, after it is verified, will be submitted to the Department of Housing and Urban Development of Form HUD-50058 (Tenant Data Summary), or a computer generated facsimile of the form or on magnetic tape. See the Above mentioned Federal Privacy Act Statement for more information about its use.

\*\*\*\*\*

For Housing Authority Use ONLY

PHA OFFICIAL'S CERTIFICATION STATEMENT

I Certify that:

- (1) The information given to the Housing Authority of the County of Polk by the household of the applicant before mentioned on household composition, income, net family assets, allowances and deductions has been verified as required by federal law;
- (2) The family has certified that it has given this agency accurate and complete information, (a part of this form);
- (3) The family is eligible for admission at this time.

\_\_\_\_\_  
Signature of Authorized PHA Representative                      Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National "Toll-free Hot Line" at 800-424-8590

DATE AND TIME STAMP

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**BY MY SIGNATURE BELOW, I CERTIFY THAT:**

1. I have read, do understand and have been given a copy of "**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME.**" I have been advised that if the dwelling unit I choose was built before 1978, it may contain lead-based paint.
2. I have read and do understand the Federal Privacy Act statement.
3. The information \* given to the Polk County Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law, and that if I knowingly falsify or omit information I may be:

- Evicted from my apartment or house
- Required to repay all overpaid assistance my family received
- Fined up to \$10,000.00
- Imprisoned up to 5 years; and/or
- Prohibited from receiving future assistance.

\*After verification by this housing agency, the information may be submitted to the Department of Housing and Urban Development on Form HUD 50058, Tenant Data Summary, a computer generated facsimile of the form, or on magnetic media. See the Federal Privacy Act statement for more information about the use of this data.

4. The Social Security/Alien Registration number(s) that have been provided to the Polk County Housing Authority, are complete and accurate, and have been assigned to the person indicated, and that if no number is provided, that the person has not been assigned a Social Security/Alien Registration number, and that I have provided documentation of any such numbers for persons in my family over age 5.

Certifications:

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other Adult

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hotline:1-800-669-9777. For the hearing impaired, there is a toll-free number for use with TDD equipment. That number is 1-800-927-9275

**POLK COUNTY HOUSING AUTHORITY  
 AUTHORIZATION FOR CRIMINAL HISTORY REPORT**

As required by 24 CFR 982, subpart L and CFP Part 5, Subpart J, the Polk County Housing Authority will endeavor to screen applicants for drug related and violent criminal behavior. Sex offender registration information will also be checked. Any member of the household who is 18 years of age or older must sign a consent form to authorize PCHA to receive and use criminal records in accordance with HUD regulations.

By providing the following information, you are authorizing PCHA to obtain criminal history records, and/or credit history, and residential history, through law enforcement agencies or an agency contracted by PCHA to conduct background checks.

(PRINT) NAME	SIGNATURE		
SOCIAL SECURITY NUMBER	RACE	Date of birth	SEX
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE		
ADDRESS-CITY, STATE, ZIP	PHONE NUMBER		

CRIMINAL INFORMATION

**QUESTIONS MUST BE ANSWERED**

Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years?  yes  no

Do you currently use illegal drugs or abuse alcohol?  yes  no

Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  yes  no

Have you been convicted of any drug-related crime within the past five years?  
 yes  no

Have you ever been convicted of any felony within the past five years?  yes  no

Have you ever been convicted of any crime involving fraud or dishonesty within the past five years?  yes  no

Have you been convicted of any crime involving violence within the past five years?  
 yes  no

Are you currently charged with any of the above criminal activities?  yes  no

**If YES to any of the above questions, please provide details:**

City/County/State	Date	Nature of Offense

PROGRAM APPLIED FOR  Public Housing  Sec. 8

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Signature of Housing Authority Representative Date

**EACH PERSON 18 OR OVER MUST FILL OUT CRIMINAL HISTORY QUESTIONNAIRE**

**POLK COUNTY HOUSING AUTHORITY  
 AUTHORIZATION FOR CRIMINAL HISTORY REPORT**

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By providing the following information, you are authorizing PCHA to obtain criminal history records, and/or credit history, and residential history, through law enforcement agencies or an agency contracted by PCHA to conduct background checks.

_____ <b>(PRINT) NAME</b>		_____ <b>SIGNATURE</b>		
_____ SOCIAL SECURITY NUMBER	_____ RACE	_____ Date of birth	_____ SEX	
_____ DRIVER'S LICENSE NUMBER	_____ STATE OF ISSUANCE			
_____ ADDRESS-CITY, STATE, ZIP		_____ PHONE NUMBER		

**CRIMINAL INFORMATION**

**QUESTIONS MUST BE ANSWERED**

Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years?  yes  no

Do you currently use illegal drugs or abuse alcohol?  yes  no

Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  yes  no

Have you been convicted of any drug-related crime within the past five years?  
 yes  no

Have you ever been convicted of any felony within the past five years?  yes  no

Have you ever been convicted of any crime involving fraud or dishonesty within the past five years?  yes  no

Have you been convicted of any crime involving violence within the past five years?  
 yes  no

Are you currently charged with any of the above criminal activities?  yes  no

**If YES to any of the above questions, please provide details:**

City/County/State	Date	Nature of Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM APPLIED FOR \_\_\_\_\_ Public Housing \_\_\_\_\_ Sec. 8

Signature of Housing Authority Representative \_\_\_\_\_ Date \_\_\_\_\_

**EACH PERSON 18 OR OVER MUST FILL OUT CRIMINAL HISTORY QUESTIONNAIRE**

# 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

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.