

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,  
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |  |   |   |
|--|---|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household \$ \_\_\_\_\_ ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other

Date and Time Stamp
---------------------

For Office Use Only	
Date of Init. Application	
Time of Init. Application	
Reviewed by	
Final Application Date	
Priority/Preference	
Control Number	
Bedrooms:	1 2 3 4 5

BROCKTON HOUSING AUTHORITY  
45 Goddard Road  
Brockton, Massachusetts 02403  
(508) 588-6880

**Application for Housing**  
*Equal Opportunity Housing*

The information which you are being asked to provide as the Head of Household is used to determine if your Household is both eligible and qualified for admission to the programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to document verification of all information provided below. By signing this application, you are certifying that the information you have provided is correct. misrepresentation of information is grounds for immediate removal from the waiting list or eviction from housing. Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below will be shared with the U.S. Department of Housing and Urban Development, if you are applying for a federal housing program, misrepresentation of information is a felony. Misrepresentation of information for state-assisted programs is also grounds for removal from the waiting list or eviction from housing.

Incomplete applications will not be processed. However, you will be notified by letter than you application is incomplete. It is the responsibility of the applicant to provide all required information. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete. Please Print all Answers in a Legible Fashion.

Please Print all Answers in a Legible Fashion	
1.	Head of Household: _____
2.	Current Address: _____  City or Town _____
3.	Current Mailing Address _____  _____
4.	Home Phone: _____ Work Phone _____

5. Please indicate the programs for which you believe you are eligible. Once the information you provide on this application has been verified, the BHA Tenant Selection Staff will make the final determination as to which programs you are eligible and will place you on the appropriate waiting list(s):

Federal Elderly/Handicap Housing	
Federal Family Housing	
State Elderly/Handicap Housing	
State Family Housing	
Congregate Housing	
Section 8 Program	
Mass. Rental Voucher Program	

6. Is there a member of your Household who requires a physically modified unit to address a disability?

No unit modifications required	
A mobility-impaired accessible unit	
A sensory-impaired accessible unit	
Other physical adaptations	

7. Do any of the Priority/Preference Categories listed below pertain to your current status?

Involuntary Displacement	
Substandard Housing	
Rent Burdened (>50%)	
Local Resident or Employee	

NOTE: A Priority/Preference will be granted only after verifications have been provided.

8. Please provide the full name including middle initial of all Household members who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation and Social Security Number. If any of this information is not provided, the application will be considered incomplete and will not be processed.

NAME	Date of Birth	Place of Birth	Sex	Relation to Head of Household	Occupation or School Level	Social Security Number
1.				HEAD		
2.						
3.						
4.						
5.						
6.						
7.						
8.						

9. Is anyone in your Household a member of a minority group? If yes, please indicate all minority group(s) to which they belong by selecting the appropriate group(s) listed below. An answer to this question is not mandatory for completion of this application.

American Indian

Asian

Afro-American

Hispanic

Other

10. Number of Bedrooms needed (The Authority will determine final eligibility for the bedroom size requested.)

(Check One)

0BR

1BR

2BR

3BR

4BR

5BR

11. Using the attached Adjusted Gross Income Work Sheet (see bottom of application), please list all types and sources of income for each household member in part A. In part B, please list all deductions for allowable expenses. insert in the spaces provided below the totals from each section of the Worksheet and deduct B from A to determine your adjusted gross income.

**Total Gross Income (Part A)**

\$ \_\_\_\_\_

**Adjustments from Worksheet (Part B)**

\$ \_\_\_\_\_

**Adjusted gross income (A minus B)**

\$ \_\_\_\_\_

12. List below all assets of all Household members. If necessary, use the back of the page.

Household Member	Type of Asset	Account Number or Location	Amount or Value	Rate of Interest or Return on Investment
	Checking			
	Checking			
	Savings			
	Savings			
	CDs or IRAs			
	Real Estate			
	Stocks			
	Bonds			
	Trust Funds			

13. Have you sold, given, loaned any money, real estate or other asset in the past two years? If yes, please describe:

14. Does anyone in your household own a car? (check one) ☐ Yes ☐ No

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. # \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. # \_\_\_\_\_

15. Does anyone in your Household own a pet? If yes, please describe: \_\_\_\_\_

16. If you are applying for conventional public housing please list the addresses of all residential settings (Apartments, houses, shelters, group homes, etc.) in which you (Head of Household) have lived during the past five years. You should either list the landlord (owner) or the Program Director. The Authority will contact all individuals listed for conventional program applicants. Incomplete responses to this section will prevent the household from being added to the conventional program waiting list.

**For your current residence:**

1) Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Dates \_\_\_\_\_

**For your previous residence:**

2) Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Dates \_\_\_\_\_

3) Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Dates \_\_\_\_\_

4) Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Dates \_\_\_\_\_

17. Are you living in a residence in which you contribute rent? (check one) ☐ Yes ☐ No

Your share of rent \$ \_\_\_\_\_ Total rent in that location \$ \_\_\_\_\_

18. Do your payments for utilities include (Please select all that apply)

HEAT HOT WATER ELECTRICITY GAS

Total amount of utility payments \$ \_\_\_\_\_

19. Have you ever participated in a housing subsidy program? (check one) ☐ Yes ☐ No  
If yes, where and when did you participate?
20. Have you ever been evicted or removed from a residential program? (check one) ☐ Yes ☐ No  
If yes, please explain:
21. Has your Household had to move in the last six months prior to making this application for circumstances beyond your control? (check one) ☐ Yes ☐ No  
If yes, please explain:
22. Criminal Record: Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years? (check one) ☐ Yes ☐ No  
  
Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years? (check one) ☐ Yes ☐ No  
If yes, please explain:
23. For applicants to the conventional public housing programs, the Authority will need to evaluate your ability and willingness to meet the lease requirements of the Authority Please select all responses. unanswered questions will required this application being treated as incomplete.
- A. Are you able and willing to pay your rent in full when it is due? ☐ Yes ☐ No
- B. Are you able and willing to comply with the requirements of the Authority's lease ☐ Yes ☐ No
- C. Is there a disabled household member whose participation in the Authority's programs will require the Authority consider making a will "reasonable accommodation" in its applicant screening criteria? ☐ Yes ☐ No
- D. Are you or a family member currently in a court-ordered substance abuse treatment program? ☐ Yes ☐ No
- E. Have you or a family member been convicted of a drug-related felony or a crime of violence (e.g. assault and battery)? ☐ Yes ☐ No

I understand that this application is not an offer of housing. I certify that the information I have given in this application is true and complete under pains and penalties of perjury. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.

\_\_\_\_\_  
**Applicant's Signature:**

\_\_\_\_\_  
**Date:**

## Adjusted Gross Income Worksheet

### A. Summary of Gross Income

Household Member	Type of Income	Name and Address of Source of Income	Gross Monthly Income by Source
	Salaries, Wages, Including Overtime/Tips		\$
	Salaries, Wages, Including Overtime/Tips		\$
	V.A. Disability		\$
	Net Income From Business/Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Comp.		\$
	Regular Social Security Benefits and/or SSI		\$
	A. F. D. C. or Public Assistance		\$
	Regular Alimony, Support Payments, or Gifts*		\$
	Other Income		\$

**GROSS MONTHLY INCOME \$ \_\_\_\_\_ X 12 = Gross Annual Income \$ \_\_\_\_\_**

\* This should include all funds received from individuals not in your Household who provide funds to cover Household living expenses.

### B. Summary of Adjustments to Gross Income

Household Member	Description of Cause of Expense	Verified	Gross Annual Expense
Extraordinary Expenses required by Employer			\$
Expense for Care of Children or Sick/Incapacitated Person, if Necessary for Employment			\$
Unreimbursed Medical Expenses			\$
Alimony or Child Support Payments			
Health Insurance			
Other			

Total Gross Annual Adjustments

Total Gross Income (Part A) \$ \_\_\_\_\_

Adjustments from Worksheet (Part B) \$ \_\_\_\_\_

Adjusted Gross Income (A minus B) \$ \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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



**OWNER'S NOTICE NO. 1  
FOR AN APPLICANT FAMILY**

Dear (insert name of head of household):

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by (insert date - See Section 7.b. in Notice for guidance).

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

## FAMILY SUMMARY SHEET

ATTACHMENT 5

[illegible]

This property does not discriminate on the basis of race. color. religion. sex. sexual orientation. national origin. ancestry. age, basis of handicapped status, familial status or physical or mental disabilities. This property does not discriminate on the same bases in the admission or access to, or treatment or employment in its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1938.)

**APPLICANT DECLARATION FORMAT**

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

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

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

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

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

ADMISSION NUMBER \_\_\_\_\_

if applicable, (this is an 11- digit number found on INS Form I-94, Departure Record)

NATIONALITY \_\_\_\_\_

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

SAVE VERIFICATION NO. \_\_\_\_\_

(to be entered by owner if and when received)

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

**DECLARATION**

I, \_\_\_\_\_ hereby declare,

(print or type first name, middle initial, last name)

under penalty of perjury, that I am:

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

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_2. a noncitizen with eligible immigration status in the category checked below:

- \_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- \_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- \_\_\_\_ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- \_\_\_\_ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- \_\_\_\_ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- \_\_\_\_ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

a. Verification Consent Format (Attachment 9)

AND

b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
- (i) "Admitted as Refugee Pursuant to section 207";
  - (ii) "Section 208" or "Asylum"
  - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
  - (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
  - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
  - (iii) A court decision granting withholding or deportation; or
  - (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

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

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

REQUEST FOR EXTENSION

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**APPLICANT  
VERIFICATION CONSENT FORMAT**

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, \_\_\_\_\_ hereby consent  
(print or type first name, middle initial, last name)

to the following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - (i) HUD, as required by HUD; and
  - (ii) the INS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO APPLICANTS:**

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



# Authorization for the Release of Information/ Privacy Act Notice

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

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

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.