

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8516



APPLICATION FOR SUBSIDIZED HOUSING

INTRODUCTION

The Winooski Housing Authority (WHA) administers a Section 8 Voucher rental assistance program and manages subsidized rental housing in Winooski. Eligibility for these programs varies and is based on income, household composition and suitability. Due to limited funding and apartment availability there is a waiting list for all programs.

INSTRUCTIONS

Please review the application carefully and answer all questions and sign where required. If all information does not fit in the space provided, add additional sheets.

Social Security cards for all household members must be provided.

Evidence of US citizenship or eligible immigration status must be provided.

Verification of Checking and/or savings accounts

Your application will be returned and/or denied if any of the following apply:

- **Incomplete Applications**
- **Failure to provide Social Security Cards**
- **Over-Income-** You will be considered over-income if your household income is greater than program requirements.
- **Money Owed-** If you have an outstanding debt to the Winooski Housing Authority or any debt as a result of prior participation in a federally subsidized housing program, you must provide documentation that the debt was paid in full before your application will be accepted.
- **Previously Ruled Ineligible-** If you were previously ruled ineligible by the WHA for housing assistance, you are not eligible to reapply for three (3) years from the date of the ineligibility ruling.

It is important to notify the Winooski Housing Authority in writing, of any changes of address or telephone number. The waiting list is updated on an annual basis and if you do not respond to that update your name will be removed from the waiting lists.

Privacy Act Statement

The information provided on this application will be used by the Winooski Housing Authority to determine maximum income for eligibility, recommended unit size, and the family rental amount. It will not be disclosed outside of the Housing Authority except as required or permitted by law.

The Department of Housing and Urban Development (HUD) will be collecting information you give to the Winooski Housing Authority at application or re-examination. HUD will collect the information, the data it will collect includes name, date of birth, sex Social Security Numbers, income, assets, certain deductible expenses and rental payment. HUD will use this information to manage and monitor HUD-assisted housing programs. It may also verify whether the information is accurate and complete. HUD may give the information to Federal, State and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. Other than these uses, HUD will not release the information outside, except as permitted or required by law.

WINOOSKI HOUSING AUTHORITY
 83 Barlow Street
 Winooski, VT 05404
 802-655-2360

Applicant: _____
 Date Received: _____
 Time Received: _____

APPLICATION FOR SUBSIDIZED HOUSING

INSTRUCTIONS: Please type or print in ink the information requested on this form. If you need more space, please attach separate sheets of paper. Please answer carefully and completely since this information will be used to determine eligibility. Upon reasonable request, an accommodation will be provided to applicants to complete this application.

Which programs are you applying for: _____ Public Housing _____ Section 8 Voucher

| Head of Household | Sex | Social Sec. No. | Date of Birth | Age |
|-------------------|-------|-----------------------|----------------|------|
| _____ | _____ | _____ - _____ - _____ | ____/____/____ | ____ |
| First MN Last M/F | | | | |

HOUSEHOLD COMPOSITION: List all persons who will be living in the household when you receive rental assistance.

| No | Legal Name | Sex M/F | Relationship | SSN | Date of Birth | AGE |
|----|------------|------------|--------------|-----|---------------|-----|
| 1 | | | | - - | / / | |
| 2 | | | | - - | / / | |
| 3 | | | | - - | / / | |
| 4 | | | | - - | / / | |
| 5 | | | | - - | / / | |
| 6 | | | | - - | / / | |
| 7 | | | | - - | / / | |

Do you expect anyone to move in or out of your household within the next 12 months? _____ Yes _____ No

If yes, please explain: _____

Race:

Ethnicity:

Do you speak English? Yes ☐ No ☐ If No, what is your primary language? _____

If you do not speak English, do you have an English speaking contact? If Yes, please provide the contact's name and phone number:

CONTACT NAME

CONTACT PHONE NUMBER

Applicants and Clients of WHA have a right to free interpreter services. Please let us know if you require interpreter services.



PRESENT HOUSING STATUS:

| | | |
|-------------------------|--------------------------|----------------------|
| Mailing Address: | Physical Address: | Phone Number: |
| Street: | Street: | |
| City/Town | City/Town | |
| State/Zip Code | State/ZipCode | |

RENTAL INFORMATION:

How long have you lived at your present address: _____

Do you: _____ Own your own home _____ Rent _____ Live with others?

If you live with others, who: _____

Present Landlord's Name: _____

Present Landlord's Address: _____ Phone Number: _____

If you have moved within the past five years, what were your previous addresses:

| | | |
|----------------------------|-------------|-----------|
| Addresses: | | |
| | | |
| Landlord Names: | | |
| | | |
| Dates of Residence: | From | To |
| | From | To |

Previous Landlord's Name: _____

Previous Landlord's Address: _____ Phone Number: _____

LOCAL PREFERENCES

Applies to the Public Housing Program only.

Do you claim any of the following local preferences:

_____ Winooski Resident or Employed in Winooski

_____ Age 55 or older

DISABILITY/ACCESSIBILITY NEEDS

Has the head of household or the spouse been declared disabled or handicapped by the Veteran's Administration _____, the Social Security Administration _____, or other government agency _____? (specify) _____

Do any family members require an accessible unit? Yes _____ No _____

INCOME INFORMATION: Please list all sources from all family members. These sources include Social Security, SSI, Salary (gross amount), Self-Employed Income, Pension or Annuity, Welfare (RUFA), General Assistance, VRRP Grant, Child Support, Workmen's Compensation, Unemployment, Alimony and any other source of earned or unearned income.

| Recipient | Type of Income | Source of Income (if employed employer's name) | Rate/Frequency | Annual Income |
|-----------|----------------|--|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

BANKING INFORMATION:

| Name of Bank | Account Number | Type of Account | Int. Rate% | Balance |
|--------------|----------------|-----------------|---------------|---------|
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |

ASSET INFORMATION: (real estate, stocks & bonds, US Savings bonds)

| Asset Holder | Asset Description | Current/ Disposed | Market Value | Cash Value | Interest Rate | Annual Income |
|--------------|-------------------|----------------------|--------------|------------|---------------|---------------|
| | | | \$ | \$ | % | \$ |
| | | | \$ | \$ | % | \$ |
| | | | \$ | \$ | % | \$ |

CREDIT REFERENCES: List 3 credit references

| Company | Account Number | Telephone |
|---------|----------------|-----------|
| | | |
| | | |
| | | |

GENERAL INFORMATION

Have you ever filled out an application for the Winooski Housing Authority before? ____ Yes ____ No

Have you ever been a client or tenant of Winooski Housing Authority before? ____ Yes ____ No

If yes: When _____ Where _____

Have you ever lived in any other subsidized or Public Housing before? ____ Yes ____ No

If yes: When _____ Where _____

Under what name? _____ Head of Household? _____

Have you ever participated in the Section Voucher Program ? ____ Yes ____ No

If yes: When _____ Where _____

Have you ever used a name other than the one you are using now? ____ Yes ____ No

What name? _____

Do you owe any money to a public housing authority or private landlord as a result of prior participation in a federal housing program? _____ Yes _____ No

If yes: Name of Housing Provider _____

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity?
_____ Yes _____ No

If yes: Name of Housing Provider _____

Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled Substances including methamphetamine? _____ Yes _____ No

If yes: Who _____ When _____
What _____

Has anyone in your household ever been charged or convicted of a crime? _____ Yes _____ No

If yes: Who _____ When _____

What Crime _____ Where _____

Are you or anyone in your household subject to a lifetime sex offender registry in any State?
_____ Yes _____ No

If yes: Who _____

Are any members of the household currently enrolled in an institution of higher education. _____ Yes _____ No

PERSONAL REFERENCES: Please give three references other than family

| Name | Address | Telephone |
|------|---------|-----------|
| | | |
| | | |
| | | |

AUTHORIZATION FOR CRIMINAL RECORDS CHECK

I do hereby acknowledge and agree to allow Winooski Housing Authority to check for any criminal record of convictions which may be maintained by the Vermont Criminal Information Center or the National Sex Offender Registry. I understand that the results of that check will be made available to the Winooski Housing Authority for use in reviewing my credentials for housing. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety 103 South Main Street, Waterbury, VT 05671-2101

Please provide the following information for all household members eighteen years of age and older:

| Name | Place of Birth (City, State & Country) | Maiden or Alias Names |
|------|--|-----------------------|
| | | |
| | | |
| | | |
| | | |

APPLICANT CERTIFICATION

PLEASE READ CAREFULLY AND SIGN. UNSIGNED APPLICATIONS WILL BE RETURNED.

I/We certify that the information given on household composition, income and net family assets, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by Federal Law with fines up to \$10,000 or imprisonment for up to five (5) years. I/We understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My (our) signature(s) below constitutes my (our) **EXPRESS WRITTEN CONSENT** authorizing the Winooski Housing Authority to conduct a background check, including verification of information contained herein. I/We hereby expressly consent to the release of information by prior Landlords, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the Housing Authority processing this Application and performing the background check. I/We also agree that if I/we are admitted to housing, the Winooski Housing Authority may conduct an interim background check using sources named above, if deemed necessary.

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters with its jurisdiction. Any attempt to obtain public housing, any rent subsidy or rent by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such an attempt, is a crime.

I have read and fully understand the above statements.

Signature of Head of Household

Date

Signature of Spouse/or Cohead of Household

Date

Signature of other Adult Household Member

Date

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

| | | | |
|--|---|---|---|
| Applicant Name: | | | |
| Mailing Address: | | | |
| Telephone No: | Cell Phone No: | | |
| Name of Additional Contact Person or Organization: | | | |
| Address: | | | |
| Telephone No: | Cell Phone No: | | |
| E-Mail Address (if applicable): | | | |
| Relationship to Applicant: | | | |
| Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ | | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | | | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | | | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | | | |
| | | | |

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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.

**WINOOSKI HOUSING AUTHORITY
DECLARATION OF CITIZENSHIP**

PART 1

APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the Public Housing and Section 8 Housing Assistance Programs must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Department of Homeland Security.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by any adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

| First Name | Last Name | Age | I am a citizen or national of the U.S. | | I am a non citizen with eligible Immigration status | Adult Signature or Signature of Guardian of Minor |
|------------|-----------|------|--|----|---|---|
| _____ | _____ | ____ | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ |
| _____ | _____ | ____ | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ |
| _____ | _____ | ____ | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ |
| _____ | _____ | ____ | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ |
| _____ | _____ | ____ | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ |
| _____ | _____ | ____ | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ |
| _____ | _____ | ____ | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ |

WARNING: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rent for the assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

HEAD OF HOUSEHOLD CERTIFICATION

As head of household, I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either as a citizen or noncitizen on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature: _____

Date: _____

NOTE: Family members who have checked indicating that they are a noncitizen with eligible immigration status must complete a Verification Consent Form.

VERIFICATION CONSENT FORM

CONSENT: I consent to allow the Winooski Housing Authority (WHA) to request and to obtain from the Department of Homeland Security (DHS) verification of my eligible immigration status for the purpose of determining my eligibility and level of benefits under HUD's assisted housing programs.

NOTIFICATION TO FAMILY:

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

Signatures:

ADULT:

| | | |
|---------------------------------|-----------------------|---------------|
| _____ Head of Household | _____ Alien Number | _____ Date |
| _____ Spouse | _____ Alien Number | _____ Date |
| _____ Anyone age 18 or older | _____ Alien Number | _____ Date |
| _____ Anyone age 18 or older | _____ Alien Number | _____ Date |

CHILDREN:

| | | | |
|----------------|-----------------------|-----------------------------|---------------|
| _____ Child | _____ Alien Number | _____ Signature of Adult | _____ Date |
| _____ Child | _____ Alien Number | _____ Signature of Adult | _____ Date |
| _____ Child | _____ Alien Number | _____ Signature of Adult | _____ Date |
| _____ Child | _____ Alien Number | _____ Signature of Adult | _____ Date |



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name