

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← APPLICANT: you must mail this form to the address at left. Do not use the fax number below.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE A SINGLE 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!* ☐ GENDER
☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino
- ☐ RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit for Environmental Allergies

☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student
- ☐ ANY VETERANS in HH? ☐ Yes ☐ No

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

☐ If yes, name the agency providing the voucher:

- ☐ 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 Number of Pets: Describe:
- ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?

- ☐ HOUSEHOLD SIZE AND COMPOSITION

_____ ← # 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 MAILING ADDRESS) check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ PREFERRED MAILING ADDRESS

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ # BEDROOMS NEEDED?
- ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.

☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.

Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other: _____

CLINTON HOUSING AUTHORITY
58 FITCH ROAD, CLINTON, MA 01510
TEL: (978) 365-4150, 4151, 4152, 4153 (FAX)
TDD: 1-800-545-1833, EXT #300

APPLICATION FOR FEDERAL HOUSING

Instructions: Please read carefully. Incomplete applications will not be processed.

1. This application is valid for the CHA's federal program.
2. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in the CHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the CHA office;
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a CHA approved pre-occupancy orientation session, if requested to do so;
 - (f) Pay any money owed to CHA or any other housing authority;
 - (g) Not have had a lease terminated by a housing authority in the last 12 months;
 - (h) Be able and willing to comply with the CHA lease; and
 - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the applicant will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
5. Applicants with disabilities may seek assistance with the above completion of the application at the Administrative Office of the CHA, at the address above.
6. The CHA will conduct a criminal record check on all applicants age 17 years and older.

1. Verification of Income

Verification of all income sources must be submitted for each family member who is 18 years of age or older.

Types of verification required:

Wages/Salary: 6 concurrent paystubs or letter from your employer stating your gross wage for the previous 6 weeks;

Self-employed: Current Income Tax Statement signed by a CPA or your most recent Income Tax Return;

Social Security/SSI: Award of benefits letter;

Pension/Annuities/VA Benefits: award of benefits letter;

TANF: Awards of benefits letter;

Workers Compensation/Unemployment Benefits: Award of benefits letter;

Alimony/Child Support: Copy of Court order;

CD/Savings Account: 1099 form or copy of the Passbook;

Stocks/Bonds/Mutual Funds: Itemized list and most recent dividend statement.

2. Landlord Information:

List your complete addresses for the last 5 years and the names, addresses and telephone numbers of the landlords during this period. If you are not the primary tenant, list the primary tenant's name and the name, address and telephone number of the landlord.

Applications will not be processed without this information.

3. Veteran's Priority:

Copy of your discharge papers from the service.

4. **Childcare Expenses:**

Verification of the amount paid by you for the care of children (13 years or younger) while you work or go to school. **This statement must be signed by the child minder and list the number of hours the child(ren) are in the minders care and the hourly rate.** Forms are available in our office for your convenience. **Child minders cannot be family members.**

5. **Birth Certificates/Alien Cards:**

Copies of long form birth certificates for all family members. If you were born in a foreign country, copies of your Alien card or naturalization papers.

6. **Social Security Cards:**

Copies of social security cards for all family members.

If you have difficulty completing this application, someone from the office will be glad to assist you.

EQUAL HOUSING OPPORTUNITY

Important! Please have this notice translated immediately.
¡Importante! Por favor traduzca este folleto inmediatamente

INCOME
FOR
DETERMINING ADMISSION
TO
HARBOR VIEW APARTMENTS
BY
HOUSEHOLD SIZE

# In Household	1	2	3	4	5	6	7	8
30% of Median	18,000	20,600	23,150	25,700	28,780	32,960	37,140	41,320
Very Low Income	30,000	34,300	38,600	42,850	46,300	49,750	53,150	56,600
Low-Income	47,600	54,400	61,200	68,000	73,450	78,900	84,350	89,800

ASSET LIMIT

The Clinton Housing Authority uses the HUD definition and formula found in the Code of Federal Regulations, 24 CFR 813, for determining assets for applicants. Assets include but are not limited to the amount of cash, savings, checking, money market or similar account, including the amount held in an Individual Retirement Account, 401K pension or similar retirement account subject to IRS regulations, the value of vehicles, luxury goods, payment in settlement of personal or property loss, the value of any business or household asset disposed of by any household member (including a disposition in trust) for less than fair market value during 2 years prior to the preliminary determination of eligibility and the value of any trust fund benefiting any household member. For example:

- When net family assets are \$5,000 or less the actual income from assets is used;
- When net family assets are more than \$5,000 use the greater of:
 - a. actual income from assets; or
 - b. imputed income from assets based on the passbook rate established by HUD (current rate is 1%).

FEDERAL FAMILY HOUSING PROGRAM

Harbor View Apartments is located at Lakeside Avenue, with one building on Fitch Road. This development consists of 99 units (9 one bedroom, 38 two bedroom, 48 three bedroom and 4 four bedroom units).

Residents may opt to pay a monthly income based on their income (30% of family's gross income minus allowable deductions) or a flat rent (one bedroom \$500, two bedroom \$575, three bedroom \$625 and four bedroom \$675). **Residents are responsible for their electric bill.**

Stoves and refrigerators are supplied by the CHA. Each apartment also has a washing machine hook-up, but clothes dryers are not allowed.

Priority is given to Veterans and Clinton residents.

EQUAL HOUSING OPPORTUNITY

CLINTON HOUSING AUTHORITY
58 FITCH ROAD, CLINTON, MA 01510
TEL: (978) 365-4150, 4151, 4152, 4153 (fax)
TDD: 1-800-545-1833, ext. #300

APPLICATION FOR FEDERAL PUBLIC HOUSING

The information, which you are being asked to provide as Head of Household is used to determine if your household is both eligible and qualified for admission to the program, indicated above. 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.**

Incomplete applications will not be processed. You will be notified by letter that your application is incomplete. It is your responsibility as the applicant to provide all required information. Your household will be added to the waiting list for the program specified on this application only at the time that the application is complete.

Please Print all Answers in a Legible Fashion

1. Name of Head of Household: _____
- Name of adult co-head of household: _____
- Current address, Street, Apt#: _____
- Current city, State and Zip: _____
- Mailing address: _____
- Mailing Address City, State and Zip: _____
- Current Area Code, home & work telephones #: _____

2. Is there a member of your Household who requires a physically modified unit to address a disability? (Check which pertains to your family)

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

3. (Optional) **Race of Head:**
- | | |
|---------------------------|-------------------------------|
| Caucasian/White | African American/Black Native |
| Asian or Pacific Islander | American/Alaskan Native |
- Ethnicity of Head:** Hispanic/Latino Non-Hispanic/Non-Latino
4. **Veteran's Preference:** You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child, or the divorced spouse with a child of wartime Veteran.

List dates of U.S Military Service: From _____ To _____

A copy of the Veteran's discharge or separation papers must be submitted with this application.

5. **Number of Bedrooms Needed:** (circle one) 1 2 3 4

EQUAL HOUSING OPPORTUNITY

6. **Family Information:** Beginning with yourself, list all persons who will live in the CHA unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

Name: First, Middle & Last	Relationship	Social Security Number *	Sex	Date of Birth	Occupation or Student Status
----------------------------	--------------	--------------------------	-----	---------------	------------------------------

1.	HEAD				
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2.					
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3.					
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4.					
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5.					
----	--	--	--	--	--

6.					
----	--	--	--	--	--

7.					
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8.					
----	--	--	--	--	--

9.					
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10.					
-----	--	--	--	--	--

7. Is a change in the household composition expected? (circle one) **Yes** **No**
If yes, what type of change and when? _____

8. Is any adult family member employed? (circle one) **Yes** **No**. If yes, name, address & phone # of employer: _____

9. Is any adult family member enrolled in a job-training program, including one required under the welfare program? (circle one) **Yes** **No**. If yes, who can verify this? Please give the name, address & phone #: _____

10. Is any adult family member enrolled in an educational program full-time? (circle one) **Yes** **No**. If yes, who can verify this? Please give the name, address & phone #: _____

11. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month.

Family Member	Income Source	Amount	Frequency – Per

12. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc? (circle one) **Yes** **No**. If yes, describe the type of asset(s) please: _____

13. Do you own any real estate? (circle one) **Yes** **No**. If yes, what is the address? _____

EQUAL HOUSING OPPORTUNITY

14. Have you sold any real estate in the past 2 years? (circle one) **Yes No**. If yes, what was the address _____

15. **REFERENCES:**

List two (2) references. These should not be relatives or household members.

Name _____ Telephone # _____

Address _____

Name _____ Telephone # _____

Address _____

16. **RENTAL HISTORY: The CHA will be contacting all former landlords for the period of 5 years from the date of this application.**

Current Address: _____

Name of Primary Leaseholder: _____

Date Family moved to this location: _____

Name of Landlord _____ Telephone # _____

Address of Landlord _____

Most recent former address: _____

Name of Primary Leaseholder: _____

Date Family moved to this location: _____

Name of Landlord _____ Telephone # _____

Address of Landlord _____

Next former address: _____

Name of Primary Leaseholder: _____

Date Family moved to this location: _____

Name of Landlord _____ Telephone # _____

Address of Landlord _____

Next former address: _____

Name of Primary Leaseholder: _____

Date Family moved to this location: _____

Name of Landlord _____ Telephone # _____

Address of Landlord _____

Next former address: _____

Name of Primary Leaseholder: _____

Date Family moved to this location: _____

Name of Landlord _____ Telephone # _____

Address of Landlord _____

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

17. Have you ever been evicted from housing? (circle one) **Yes No**.

If yes, why? _____

18. Have you ever lived in public housing before? (circle one) **Yes No**.

If yes, where? _____

Dates: From _____ To _____

Name of Lessee: _____

Do you owe any money to the housing authority? (circle one) **Yes No**

Amount owed: \$ _____

19. Do you have any past due utility bills? (circle one) **Yes No**. If yes, please describe and give amount owed: _____

20. Have you or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? (circle one) **Yes No**. If yes, please explain the nature of the problem and who was involved: _____

21. Is anyone in your household currently on parole or probation? (circle one) **Yes No**. If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

22. Is the head of household or spouse age 62 or older or a person with a disability? (circle one) **Yes No**. If yes, please answer the following questions. If no, please skip down to question #24

23. Does your household have any medical expenses (including insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc)? (circle one) **Yes No**. If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

Monthly medical expense: \$ _____ Please give us the name, address & phone number of someone who can verify the expense: _____

24. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? (circle one) **Yes No**. If yes, please describe the nature of the expense and the monthly amount: _____

Please give us the name, address & phone # of someone who can verify the expense: _____

25. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? (circle one) **Yes No**. If yes, please list the name, address & phone # of your child care provider: _____

Monthly unreimbursed childcare cost: \$ _____

26. Is any member of the household age 18 or older other than the family head and spouse a full-time student or a person with a disability? (circle one) **Yes No**. If yes, please give us the name of the family member and the name and address of someone who can verify this information: _____

27. Drivers License or State ID#: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____

28. Are you a Board Member, employee or a member of the immediate family of any employee or Board of this Authority? (If so this will not necessarily disqualify your application.) (circle one) **Yes No**
29. Do you have any pets? (circle one) **Yes No**
If yes, please describe: _____
30. **Emergency Reference:** Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name _____ Relationship _____
Address _____ Telephone # _____

31. Ability and willingness to meet the lease requirements of the CHA. Please circle all responses. Unanswered questions will require 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 household member whose participation in the Authority's programs will require the Authority to consider not rigidly applying its 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/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Clinton Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant's Signature

Date

Co-applicant's Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both.

EQUAL HOUSING OPPORTUNITY

CORI & SORI RELEASE

To: All Applicants applying for housing through the Clinton Housing Authority

- Federal Regulations indicate that assistance may be denied to anyone who has engaged in certain types of criminal activity or alcohol abuse (24 CFR 982.553);
- State laws permit housing authority access to criminal records to determine eligibility for rent subsidy (MGL c.6 s.168).

Therefore, prior to receiving subsidy assistance from the Clinton Housing Authority (CHA), the Massachusetts Criminal History Systems Board will be contacted to ascertain whether there is a listing of outstanding Criminal Offender Records (CORI) related to your household. The record check will be conducted for all household members who are **17 years of age or older** who have been convicted of violent criminal or drug-related activities or have such cases pending. Further, the Sex Offender Registry will be contacted to determine if a member of your household is subject to a lifetime registration requirement under a State Sex Offender Registration program (SORI check). If the CHA determines that the information in CORI and SORI checks are sufficient to deny housing to you or your household, you will be notified in writing. You will be granted the opportunity to appeal this decision and present any evidence to support your eligibility for assistance.

The CORI and SORI reviews will only occur after you have been deemed otherwise eligible. The CHA maintains very strict control over the receipt, evaluation and disposal of CORI and SORI information received. The sole purpose of the review is to determine your suitability as a participant for the CHA.

_____ Name (please print)	_____ Signature of Head of Household	_____ Date
_____ Name (please print)	_____ Signature of Spouse	_____ Date
_____ Name (please print)	_____ Signature of Family Member over 17	_____ Date
_____ Name (please print)	_____ Signature of Family Member over 17	_____ Date
_____ Name (please print)	_____ Signature of Family Member over 17	_____ Date
_____ Name (please print)	_____ Signature of Family Member over 17	_____ Date

EQUAL HOUSING OPPORTUNITY

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.

**FEDERAL PRIVACY ACT NOTICE
FOR THE
PUBLIC HOUSING PROGRAM**

PURPOSE: Family income and other information is being collected by the Department of Housing & Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size and the amount the family must pay towards rent and utilities.

USE: HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 public housing agency/Indian housing authority, including all social security numbers you and all other household members age six (6) years or older have and use. Giving the social security numbers of all household members 6 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.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on _____

Signature of Head of Household or Spouse

EQUAL HOUSING OPPORTUNITY

**FAIR INFORMATION PRACTICES ACT
STATEMENT OF RIGHTS**

The **Clinton Housing Authority** collects information about applicants and residents for its housing programs as required by law in order to determine eligibility, amount of rent and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act establishes requirements governing housing authorities' use and disclosure of the information it collects. Applicants and residents may give or withhold their permission when requested by housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objections and will either correct the problem or make your objection part of the file.

I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

Date

Signature

EQUAL HOUSING OPPORTUNITY

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Clinton Housing Authority’s Administrative Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

- _____ I am a citizen by birth, naturalized citizen or national of the United States; or
- _____ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2; or
- _____ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - _____ Immigrant status under 1001(a)(15) or 101(a)(20) of the INA 3; or _____
 - Permanent resident under 249 of INA 4; or
 - _____ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA 5; or
 - _____ Parole status under 212(d)(f) of INA 6; or
 - _____ Threat to life or freedom under 243(h) of the INA 7; or
 - _____ Amnesty under 245 of the INA. 8

(Signature of Family Member)

Date

_____ Check if signature of adult residing in the unit who is responsible for the child named on the statement above.

[CHA: Enter INS/SAVE Primary Verification #: _____ Date: _____

¹ [See reverse side for footnotes and instructions]

Verification Consent Form

Consent: I consent to allow the *Clinton Housing Authority* (CHA) to request and obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that the CHA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member except as provided in this Guidebook. In addition, I understand I must be given an opportunity to contest the determination with the INS or the CHA or both.

This consent form expires 15 months after signed.

Signatures:

Adult(s):

Head of Household	Alien Number	Date
Spouse	Alien Number	Date
Family Member over 18	Alien Number	Date
Family Member over 18	Alien Number	Date

Child(ren):

Family Member Under 18	Alien Number	Date
Family Member Under 18	Alien Number	Date
Family Member Under 18	Alien Number	Date
Family Member Under 18	Alien Number	Date
Family Member Under 18	Alien Number	Date
Family Member Under 18	Alien Number	Date
Family Member Under 18	Alien Number	Date
Family Member Under 18	Alien Number	Date

Listing of Non-Contending Family Members

Instructions: If one or more member of a family elect not to contend that they have eligible immigration status and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the CHA the family member(s) who will not elect to contend that he or she has eligible immigration status. Print the names of the family members who elect not to contend that he or she has eligible immigration status above. Listed members do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided.

I, _____ certify under penalty of perjury, 1 that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

(First name, Middle Initial(s), Last Name)

(First name, Middle Initial(s), Last Name)

(First name, Middle Initial(s), Last Name)

(First name, Middle Initial(s), Last Name)

(First name, Middle Initial(s), Last Name)

(First name, Middle Initial(s), Last Name)

(Signature of Head of Household or Spouse)

Date

1 **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.