

APPLICATIONS CAN BE SUBMITTED MONDAY THROUGH THURSDAY 8 AM TO 5 PM (CLOSED FOR LUNCH FROM 12PM-1PM DAILY) IF YOU NEED A WAIVER TO THIS POLICY AS A REASONABLE ACCOMMODATION, PLEASE CONTACT THE HOUSING AUTHORITY.

Income Limits

Persons in Household	Public Housing & Morgan Manor	Section 8 Rental Assistance
1	36,900	23,100
2	42,150	26,400
3	47,400	29,700
4	52,650	32,950
5	56,900	35,600
6	61,100	38,250
7	65,300	40,900
8	69,500	43,500

There are three different programs you can apply for, **Public Housing, Project Based Rental Assistance and Housing Choice Voucher (Section 8)**. Please check the box for the program(s) in which you are applying. Rent amounts for all three programs is based on household income.

- Public Housing:** We own and maintain 3 public housing complexes, Hillcrest Towers (for elderly and disabled only), Lewis Plaza and Willow Heights. **The waiting list for Public Housing is estimated to be approximately 6 to 9 months.**

- Project Based Rental Assistance:** Morgan Manor is a former Public Housing property which has been converted into Project Based Rental Assistance. **The waiting list for Morgan Manor is estimated to be approximately 9 to 18 months.**

- Housing Choice Voucher Program (Section 8):** Qualifying families are able to find their own housing, including single family homes, townhouses and apartments. A housing subsidy is paid to the landlord directly by the Fayetteville Housing Authority on behalf of the participating family. **The waiting list for Section 8 is estimated to be approximately 18 to 24 months.**

Your name will be selected from our waiting list based upon the date and time you submitted your application to our office. You will be contacted by mail, **NOT** by phone. **If your address changes while your name is on the waiting list, you must notify us immediately. If your mail is returned to our office, your application will be dropped.**

If we send you a letter and you do not respond by the date indicated, we can only assume that you are no longer interested, and your name will be dropped from the waiting list.

Fayetteville Housing Authority, 1 N. School Avenue, Fayetteville, AR 72701
Phone: 479-521-3850 | Fax: 479-442-6771 | TDDY 1-800-285-1121|
Open M-F 8am – 12pm & 1pm-5pm

What do I bring with me?

- All adults (18 years of age or older) must furnish a • **PICTURE ID**
- All persons residing in the household (including children) must have: • **SOCIAL SECURITY CARDS**
- STATE-ISSUED BIRTH CERTIFICATE** – We will not accept birth certificates issued by the hospital. Passports and Military DD-214 can be used as proof of birth.
- If you are MARRIED – **MARRIAGE LICENSE**
- If you are DIVORCED **AND** children are in the household – **DIVORCE DECREE and/or Child CUSTODY AGREEMENT**
- If you receive BENEFITS SUCH AS SOCIAL SECURITY, SSI, VETERANS, UNEMPLOYMENT, WORKER’S COMPENSATION – **BENEFIT OR AWARD LETTER** or other documentation including benefits received of the dependent children.
- If you are EMPLOYED – **MOST RECENT 3-4 PAYSTUBS**
- If you PAY FOR CHILD CARE IN ORDER TO WORK OR TO ATTEND SCHOOL – **Name, address, and phone number of child care provider or recent statement of amount paid weekly or monthly.**
- If you are SELF-EMPLOYED – **Income and receipts statement, profit/loss statement, or most recent Federal Income Tax return.**
- If you receive TRANSITIONAL EMPLOYMENT ASSISTANCE (TEA) – **Statement of monthly amount from DHS.**
- If you receive CHILD SUPPORT – **Statement of amount received from Child Support Enforcement office or other third-party documentation.**
- If you OWN PROPERTY, HAVE INVESTMENT INCOME, STOCKS, BONDS, OR OTHER FINANCIAL ASSETS – **Verification may be a statement from brokerage, mutual fund manager, most recent Federal Income Tax return, or other third-party documentation.**
- If you REQUIRE A LIVE-IN AIDE – **Provide a physician’s statement.**
- If you are A STUDENT (for Section 8 applicants only)– Effective May 1, 2006, students who are under age 24, unmarried, non-veterans, and have no dependent children must **submit information regarding their parents’ income. THIS REQUIREMENT APPLIES TO SECTION 8 APPLICANTS ONLY.**
- Public Housing Applicants and Morgan Manor Applicants must supply 2 rental and 3 character references including names, complete mailing addresses, and phone numbers. If you do not have rental history, 5 character references are required.

***All documents listed above are needed to complete each application. If you do not have all documents when the application is submitted, you will have the opportunity to provide them within a reasonable time period. ***



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

Please check the box indicating which Housing assistance you are applying for. (You may select more than one.)

For Office Use Only:
Application Number _____
Number of Bedrooms _____

- Public Housing
- Project Based Rental Assistance (Morgan Manor)
- Housing Choice Voucher Program

Applicant Name _____ Home Phone _____

Address _____ Cell Phone _____

City, State, Zip _____ Email address _____

HOUSEHOLD COMPOSITION:

Applicants must advise this office of changes in address or family size in writing.

Name	Relationship to Head of Household	**Ethnicity	*R A C E	Date Of Birth	A G E	S E X	Place Of Birth	Social Security Number

*Race: For statistical purposes, only. Providing this information is optional. The housing authority collects statistical data on ethnicity and race in accordance with federal regulations. Use appropriate number: (1) White (2) Black (3) American Indian or Alaskan Native (4) Asian (5) Native Hawaiian or Other Pacific Islander (6) Mixed (7) Other

**People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic (H) or Non-Hispanic (N).

Marital Status: Married Single Divorced Separated Widowed

Does anyone plan to live with you in the future who is not listed above? Yes No

If yes, please explain. _____

Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes No If yes, explain _____

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HOUSING ASSISTANCE APPLICATION

DISABILITY: It is not necessary to give us details about your disability unless you are requesting an accommodation.

Do you claim a disability? Yes No

Do you need an accommodation to help you complete the application process? Yes No

If yes, what accommodation do you request? _____

Do you need an accommodation in housing features as a result of your disability? Yes No

If yes, what accommodation do you request? _____

HOUSING INFORMATION: (check one)

Renting Living with family/friends Own my home Homeless

Other (explain) _____

If you are renting, what is your current rent? \$ _____ What utilities do you pay? \$ _____

Are you presently receiving any type of housing assistance? Yes No

If yes, please explain. _____

Have you ever lived in public housing? Yes No

If yes, when and where did you participate? _____

Have you ever participated in the Section 8 Certificate or Voucher Program? Yes No

If yes, when and where did you participate? _____

Have you or any member of your family participated in the "Earned Income Disallowance" through a Public Housing Program, HOME Program, HOPWA, Supportive Housing or Section 8 Voucher/Rental Assistance? Yes No

If yes, when and where? _____

Have you ever been evicted from Public Housing, Indian Housing, or Section 8 Program? Yes No

If yes, when and for what reason? _____

Have you or anyone in your household ever committed fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

If yes, please explain _____



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

PETS: Public Housing & Morgan Manor applicants: please review the FHA Pet Rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit. If you have any questions, please ask FHA staff.

Do you plan to house an animal in the unit? Yes No

ANIMAL TYPE	BREED (IF APPLICABLE)	HEIGHT	WEIGHT

Is this animal required to live in the unit to alleviate the symptom (s) of a disability for a household member?

Yes No

Unit Size: The owner will take your unit preferences/requirements into consideration. The owner occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger one or smaller units. Please indicate unit size preferences below. IF you require special unit features, the owner may verify the need for those features. Please mark which accommodation may be necessary below:

Unit Size

- 1 Bedroom Unit
- 2 Bedroom Unit
- 3 Bedroom Unit
- 4 Bedroom Unit

Special Features

- Mobility Accessible Unit
- Communication Accessible Unit (Hearing)
- Communication Accessible Unit (Visible)
- Other: _____



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

INCOME & ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Please answer each of the following questions. For each “Yes” provide the details in the chart below.

1. Is any member of your household **employed**, full-time, part-time, or seasonally? Yes No
2. Does any member of your household **expect to work** for any period during the next 12 months?
 Yes No
3. Does any member of your household **work** for someone who pays them in cash? Yes No
4. Is any member of your household on **leave of absence** from work due to lay-off, medical, maternity, or military leave? Yes No
5. Does any member of your household now receive, or expect to receive **unemployment benefits**?
 Yes No
6. Does any member of your household now receive or expect to receive **child support**? Yes No
7. Is any member of your household entitled to **child support** that he/she is not receiving? Yes No
8. Does any member of your household now receive or expect to receive **alimony payments**? Yes No
9. Is any member of your household entitled to **alimony payments** that he/she is not receiving? Yes No
10. Does any member of your household receive or expect to receive **welfare assistance (SNAP)**? Yes No
11. Does any member of your household receive or expect to receive **Social Security benefits**? Yes No
12. Does any member of your household receive or expect to receive income from a **pension or annuity plan**?
 Yes No
13. Does any member of your household receive any **cash contributions** from individuals not living in the unit or from other agencies? Yes No
14. Does any member of your household receive **income from assets** including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? Yes No
15. Do you or any member of your household receive **financial aid** including athletic scholarships that cover housing costs from attending a college or university? Yes No
16. Does anyone outside of your household **pay for any of your bills or give you money**? Yes No



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security disability payments (SSI) Workman's Compensation, retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

FAMILY MEMBER	SOURCE OR INCOME/TYPE	ANNUAL INCOME

ASSET INFORMATION:

- Does anyone in your household have a checking account? Yes No (If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements.)
- Does anyone in your household have a savings account? Yes No
Current Balance \$ _____

Please list all asset accounts for all household members:

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	CURRENT BALNCE

- Do you have cash that is not deposited in an account? Yes No
- Do you own an IRA or any other retirement accounts? Yes No
- Do you own a home or other property? Yes No
- Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations)? Yes No
- Do you own a vehicle? Yes No

Tag No. & State _____ Model/Year _____



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

8. Do you own stocks/bonds/certificates of deposit (CD)? Yes No Current Value \$ _____

9. Do you have access to any other assets, property, insurance policies, businesses, etc.? (If yes, please provide a description of the asset(s) and the current asset value below.)

EXPENSES: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

CHILD CARE:

Do you pay for child care which enables you or another family member to work, seek employment, or go to school?

Yes No

Enables someone to: Work Seek Employment Schooling

CHILD'S NAME	CHILDCARE PROVIDER /ADDRESS	WEEKLY COST

Do you attend a college or university? Yes No

If yes, what is the cost of your tuition, fees, and books? _____

DISABILITY ASSISTANCE EXPENSE:

Do you pay for care or expenses for a disabled family member that allows any adult member to work? Yes No

Do you pay for equipment that allows any adult family member to work? Yes No (e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work)

Name of Family Member who is enabled to work _____

Monthly Amount of Expense \$ _____



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

MEDICAL EXPENSES FOR ELDERLY OR DISABLED FAMILIES ONLY:

Please let us know if you or any member(s) of your household have out-of-pocket expenses for the following:

Medicare: Yes No

Do you have any other kind of medical insurance? Yes No If yes, what is your premium? _____

Do you receive medical assistance through the welfare department? Yes No

Do you have outstanding medical bills on which you are paying? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No

If you answered "Yes" to any of the above questions, please fill out the chart below.

FAMILY MEMBER	DESCRIPTION OF EXPENSES (Premium, Medical Bills, Expenses, etc.)	COST

APPLICANT CERTIFICATION:

I/We certify that the information given to the Fayetteville Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We do hereby authorize the Fayetteville Housing Authority and its staff to contact any agencies, offices, groups, or organizations to obtain any information or materials which are deemed necessary to complete or verify my application.

SIGNATURE HEAD OF HOUSEHOLD

SIGNATURE OF SPOUSE

SIGNATURE OF OTHER ADULT

SIGNATURE OF OTHER ADULT



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

CRIMINAL HISTORY:

IMPORTANT – You must answer the following questions fully. Be accurate and honest with your answers. A criminal history does not necessarily keep you from obtaining or maintaining housing assistance. If you need more room, please attach extra paper to explain your situation.

Has any member of your household ever been convicted of a crime? Yes No

If yes, who? _____

When and where? _____

Please explain the circumstances: (Prison, community service, parole, not guilty, etc.)

CRIMINAL RECORD CERTIFICATION:

As head of household for my family, I, _____ hereby certify that I have disclosed to the Fayetteville Housing Authority all criminal convictions for any adult member of my family who will be living in my unit.

I hereby certify that no member of my family, including myself, who will be living in my unit, is subject to a lifetime registration requirement under any State Sex Offender Registration Program.

I hereby certify that no member of my family, including myself, who will be living in my unit, has been convicted of the production or manufacture of methamphetamines.

I hereby certify that no member of my family, including myself, who will be living in my unit, has been convicted of drug related or violent criminal activity in the last five (5) years.

I am aware that if any verifications produce any criminal convictions that has not been previously reported to the Fayetteville Housing Authority, it could be grounds for eviction and/or termination of assistance.

SIGNATURE HEAD OF HOUSEHOLD

DATE

WARNING - TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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HOUSING ASSISTANCE APPLICATION

¡Este documento es importante, tradúzcalo inmediatamente!

PART 1: Declaration of Immigration Status

List each member of the household below and check the appropriate box indicating whether the individual is a citizen, non-citizen or is choosing not to declare. At least one member of the household must be a citizen or a non-citizen with eligible status for the household to live in housing subsidized under the HCVP & PUBLIC HOUSING. Members of the household have the right not to declare their status. In these cases, they may still reside in the subsidized unit, but the amount of the subsidy will be prorated, as determined by U.S. Department of Housing and Urban Development (HUD) and the U.S. Citizenship and Immigration Service (USCIS).

Family Member Name	I am a citizen	I am an eligible non-citizen with immigration status	I choose not to declare	Signature of Adult or Parent/Guardian on behalf of minors under 18
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PART 2: Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that all information provided is accurate.

First Name: _____ Last Name: _____

Signature: _____ Date: _____

Birth Date: _____ Alien Registration Number (if applicable): _____

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FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

NON-CITIZENS ONLY, complete this form:

PART 3: Verifying Eligibility of Non-citizen Family Members:

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly un-willingly making a false or fraudulent statement to any department or agency of the United States.

The HCVP/PUBLIC HOUSING PROGRAM must verify the eligibility status of all non-citizen family members so that the program can determine the family's eligibility and/or level of subsidy payment. Each family member who is an eligible non-citizen must provide HCVP/PUBLIC HOUSING with written authorization to verify their status by signing the release statement below and provide ICVP/PUBLIC HOUSING with one type of official documentation.

(Note: Please be advised that evidence supplied with this form may be released by the housing agency, without responsibility for its further use or transmission, to the USCIS for purposes of verification of the immigration status of the individual or HUD, as required. HUD is not responsible for the further use or transmission of the evidence or other information.)

I authorize the HCVP/PUBLIC HOUSING to verify my immigration status, with the USCIS. Parents must sign the authorization for children under the age of 18.

Family Member Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to giving the HCVP/PUBLIC HOUSING PROGRAM the right to verify immigration status, family members claiming eligible immigration status must provide the HCVP/PUBLIC HOUSING PROGRAM with an original of one of the following documents.

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-680, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the USCIS 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.

Original documents should not be mailed to the office. Please bring them to the office with you, and staff will make a copy for our records. If you do not have the required document(s), contact the USCIS in the Department of Homeland Security to obtain originals. If the proper documentation is not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided by HUD program guidelines.



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

REFERENCES:

Public Housing and Morgan Manor applicants are required to supply 5 References: 2 Landlord References and 3 Character References. If you have no Landlord References you must supply 5 Character References. **COMPLETE MAILING ADDRESSES ARE REQUIRED.**

LANDLORD REFERENCES (DO NOT INCLUDE RELATIVES OR ROOMMATES)

Owner/Property Name _____

Mailing Address _____

Phone Number _____

Address where you lived _____

When did you live there? _____

Owner/Property Name _____

Mailing Address _____

Phone Number _____

Address where you lived _____

When did you live there? _____

CHARACTER REFERENCES (DO NOT INCLUDE RELATIVES)

Name of Reference #1 _____

Mailing Address _____

Phone Number _____

Name of Reference #2 _____

Mailing Address _____

Phone Number _____

Name of Reference #3 _____

Mailing Address _____

Phone Number _____





FAYETTEVILLE HOUSING AUTHORITY

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

- | | | |
|--|----------------------------------|--|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration Retirement Systems |
| Courts and Post Offices | Welfare Agencies | Banks and other Financial Institutions |
| Law Enforcement Agencies Support and Alimony Providers | State Unemployment Agencies | Credit Providers and Credit Bureaus |
| | Social Security Administration | Utility Companies |
| | Medical and Child Care Providers | |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, U understand that I have a right to notification of any adverse information found and a change to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies. The Head of Household may view the EIV information for all family members.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

_____	(Print Name)	_____	Date
Head of Household			
_____	(Print Name)	_____	Date
Spouse			
_____	(Print Name)	_____	Date
Adult Member			
_____	(Print Name)	_____	Date
Adult Member			

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A CAOPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATLY.

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Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Fayetteville Housing Authority
1 N. School Avenue
Fayetteville, AR 72701

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.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

Supplemental and Optional 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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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

--	--

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.