

APPLICATION FOR INITIAL ELIGIBILITY

INSTRUCTIONS

To qualify for the Housing Choice Voucher Program, you required to provide updated information regarding your income, assets, deductions, and family circumstances. Please **carefully read** and complete the attached packet according to the following instructions:

1. Complete the attached Application for Initial Eligibility
 - Read each question carefully and provide and answer or the requested information.
 - Provide your family composition and answer **Yes** or **No** to each question. Unanswered questions will delay the processing of your application.
 - Read the instructions carefully after you answer **Yes** to any question. Instructions can be found above or below the question.
2. You and all household members age 18 and older **must sign** the following documents:
 - Page 7, Certification Statement, Authorization of Release of Information, and General Consent
 - HUD-9886 Authorization to Release Information
3. Gather the following documents and bring to your Initial Eligibility Appointment.
IMPORTANT: All documents must be authentic, legible, and dated within the last 60 days.
 - Verification of Social Security numbers for all household members
 - Birth Certificates for all household members
 - Photo identification for all adult household members
 - Declaration of Citizenship Form (proof of eligible immigration status for eligible non-citizens)
 - Two (2) current and consecutive pay check stubs for all adult members that are employed.
 - Current Statement from all sources of income including but not limited to:
 - i. SSI, Social Security,
 - ii. TANF assistance,
 - iii. unemployment,
 - iv. general contributions from family and/or friends
 - Assets – two (2) most recent statements for all **open checking, savings, CD, stocks, bonds, and retirement account(s) showing the beginning and ending balances.**
 - Assets – two (2) most recent documents or statements that support the value of real estate owned and the expenses to maintain the real estate (if any)
 - Life Insurance – provide a statement for each policy that shows the cash value (cash surrender value).
(Term Life Insurance policies are not required to be reported)
 - Documents regarding any assets that you have given away or sold for less than full value in the past 2 years
 - Full Time Student documentation (Schedule or letter showing current enrollment status)
 - Expenses related to unreimbursed childcare, disability, and medical expenses.
 - Adding or removing family members. Please review the instructions on Page 4 of this packet.
4. Submit eligibility packet at the time of your initial appointment. All adults **MUST** be present for the initial eligibility appointment. You must request to reschedule the appointment if all adult members cannot be present.
5. Your Housing Specialist will review your packet and documentation at the interview. If additional information is requested, please provide promptly to prevent processing delays. After you have been determined eligible for the program, you will be scheduled to attend a briefing to receive your voucher.

APPLICATION FOR INITIAL ELIGIBILITY

If you need this document in a different language or format including braille, a **LARGER FONT**, or if you need a reasonable accommodation (persons with disabilities), please call 305-403-3222 or TTY: 1-800-955-8771.

Date: _____

Entity/Client ID: _____

Head of Household Name: _____

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Language Preference (You may select one): ☐ English ☐ Spanish ☐ Creole ☐ Other: _____

I. FAMILY COMPOSITION: List head of household first followed by the names of ALL persons who will live or are expected to live in the unit during the next 12 months where this will be their primary residence.

Note: For "Relation", please provide if you are the head of household's spouse, domestic partner, co-head, son, daughter, foster child/adult, live in aide or other adult. Also, please use one of the following to designate your "Race": Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander or White.

| 1. Head of Household | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|----------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation |
| | | | | | | | | Head |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |

| 2. Household Member | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation to Head |
| | | | | | | | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |
| If member is over 18 and is a full-time student, list school name and address: | | | | | | | | |

| 3. Household Member | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation to Head |
| | | | | | | | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |
| If member is over 18 and is a full-time student, list school name and address: | | | | | | | | |

| 4. Household Member | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation to Head |
| | | | | | | | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |
| If member is over 18 and is a full-time student, list school name and address: | | | | | | | | |

| 5. Household Member | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation to Head |
| | | | | | | | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |
| If member is over 18 and is a full-time student, list school name and address: | | | | | | | | |

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



6. Household Member

| | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation to Head |
| | | | | | | | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |
| If member is over 18 and is a full-time student, list school name and address: | | | | | | | | |

7. Household Member

| | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation to Head |
| | | | | | | | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |
| If member is over 18 and is a full-time student, list school name and address: | | | | | | | | |

8. Household Member

| | | | | | | | | |
|--|--|---|------|---|------------------------|--|---------------------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Sex (M/F) | Relation to Head |
| | | | | | | | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number | | Alien Registration Number | |
| If member is over 18 and is a full-time student, list school name and address: | | | | | | | | |

II. ADDITIONAL HOUSEHOLD INFORMATION

- Do you have a child under the age of six (6) who has an elevated blood lead level? ☐ Yes ☐ No
If yes, please make sure to bring test results to your appointment.
- Do you currently have any children who are temporarily placed out of your home? ☐ Yes ☐ No
If yes, list the name of the child(ren): _____
- Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger? ☐ Yes ☐ No
If yes, list the name(s) of the household member(s): _____
- Do you or any of your family members currently live or have ever lived in a federal low-income housing program including, but not limited to: Public Housing, Moderate Rehabilitation, Project Based Section 8, VASH, Shelter Plus Care? ☐ Yes ☐ No
If yes, you must provide the following information:

Name(s) of the housing program _____

Name of Housing Agency: _____

Reason for moving out: _____

Dates: From: _____ to: _____ Outstanding Balance: \$ _____

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III. INCOME INFORMATION: Family Obligation – The U.S. Department of Housing and Urban Development (HUD) allows PHCD access to its Enterprise Income Verification (EIV) System, which provides PHCD with income data for all Voucher Holders, whether you report it here or not. If you fail to report all household income, you may lose your voucher.

III.a Earned Income Information

Earned income includes employment and wages of any kind (full-time, part time, seasonal, self-employment, temporary employment, or cash payments). If you work at a temp agency, list below and estimate your pay.

1. Does any household member receive earned income? ☐ Yes ☐ No

If **yes**, please complete the income section below for each household member that receives earned income.

VERIFICATION: Provide two (2) current and consecutive paystubs, a payroll print-out/summary, or employer letter (on letterhead) dated with 60 days; for self-employed, provide a copy of your most recent tax return (1040, 1040A) or a Profit and Loss statement dated within 60 days.

| Household Member Name | Name and Full Address of Income Source | Phone Number / Fax Number | Pay Rate | Frequency* |
|-----------------------|--|---------------------------|----------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

III.b Other Income Information

You must report all sources of unearned income. Does any household member have income (such as those listed below)? If yes, check the appropriate box(es):

- ☐ Social Security, Supplemental Social Security, annuities, retirement payments, pension or veterans/disability/death benefits
- ☐ Unemployment and disability compensation, worker's compensation and/or severance pay
- ☐ Regular contributions or gifts received from organizations or persons not residing in the dwelling
- ☐ Armed Forces pay
- ☐ Student financial assistance that is more than tuition – not including any type of loan
- ☐ TANF – Cash Assistance
- ☐ Alimony and/or child support payments – Docket Number for Child Support Case(s): _____
- ☐ Rental income from owned home or real estate property

If **yes**, indicate the type, source and amount of income for each household member in the spaces below and submit statement(s) dated with the last 60 days for each source of income:

| Household Member Name | Type of Income | Name and Full Address of Income Source | Phone Number | Amount (\$) | Frequency* |
|-----------------------|----------------|--|--------------|-------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

***Frequency Types:**

Hourly, Weekly, Bi-Weekly (every 2 weeks), Semi Monthly (fixed payment dates such as: 1st and 15th or 5th and 20th), Monthly, or Annually

REMINDER: You must report ALL changes in family income and composition within 10 days of the change. This includes, but is not limited to: New employment, seasonal employment, unemployment benefits and the removal of any household members. You must request approval to add a member to the household prior to the member moving-in.

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IV. FAMILY ASSETS

Please check mark "Yes" or "No" next to each asset owned by any family member or where a family member has access to:

1. An **OPEN Savings and/or Checking Account(s), or Safety Deposit Box** ☐ Yes ☐ No
You **MUST** report **ALL** accounts with a negative, zero (\$0), and positive balances
If yes, provide 2 current and consecutive statements showing beginning and ending balances
2. An **OPEN Money Market Account, Certificate of Deposits, Stocks and Bonds** ☐ Yes ☐ No
If yes, provide 2 current and consecutive statements showing beginning and ending balances
3. Cash value in a **Trust Fund or any other investment account** ☐ Yes ☐ No
If yes, provide 1 current and consecutive statements showing current balances
4. Universal or Whole **Life Insurance Policy** (Term Life Insurance policies are exempt) ☐ Yes ☐ No
If yes, provide 1 current and consecutive statements showing the current cash value
5. Contributions made to company **retirement/pension funds, IRA, Keogh and similar retirement savings** ☐ Yes ☐ No
If yes, provide 1 current and consecutive statements showing the current cash value
6. **Equity in real estate property** (land, houses, etc.). *Equity is the estimated current market value of asset less unpaid balance on loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the assets. Provide deed (or other similar ownership document) along with copies of recurring income (lease) and expenses (mortgage, taxes, fees, ect).* ☐ Yes ☐ No
7. Lump sums receipts such as **inheritances, capital gains, lottery winnings, insurance settlements, and other claims.** *Provide current documentation of ownership that also reflects current cash value.* ☐ Yes ☐ No
8. **Personal property held as an investment** such as gems, jewelry, coin collections, antique cars, ect. ☐ Yes ☐ No
Provide recent appraisal or other documents that reflect ownership and value.

In addition to the requested documents above, please provide the following information for each asset owned by a household member:

| Household Member Name | Type of Account | Account # | Cash Value* | Annual Income or APR** | Bank/Company Name and Full Address | Bank/Company Phone Number |
|-----------------------|-----------------|-----------|-------------|------------------------|------------------------------------|---------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Cash value is the market value of an asset or property minus the cost of converting it to cash

**APR is the annual percentage interest or dividend rate

9. Real Estate Property owned in whole or in part by any household member? ☐ Yes ☐ No
If yes, provide the following:

Full address of the property: _____

Appraised value (within the last year): \$_____ Annual amount of the most recent tax bill: \$_____

Principal amount owed on mortgage or home equity loans: \$_____

Do you collect rent on this property? ☐ Yes ☐ No If yes, amount: \$_____ per _____

Do you have monthly expenses related to this rental activity? ☐ Yes ☐ No If yes, amount: \$_____

Note: Participants in the HCV Program may not use their voucher to occupy a unit and receive assistance if they own the unit. **No exceptions.**

10. Have you or any family member sold or transferred to any other individual(s), or organization(s) any moneys, properties, or other valuable assets within the last two (2) Years? ☐ Yes ☐ No

| Household Member Name | Type of Asset | Value at time of Sale or Transfer | Actual Sale or Transfer Amount | Date of Sale of Transfer |
|-----------------------|---------------|-----------------------------------|--------------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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V. EXPENSES

Childcare: (Only complete if there are children 12 years and younger in the household)

1. Do you have childcare expenses for a child 12 years and younger that are **not** reimbursed by someone outside the household?
☐ Yes ☐ No
2. Does the child care expense enable an adult member of the household to work, search for work, or go to school?
☐ Yes ☐ No

If yes, to **both 1 and 2**, provide the following information and provide a bill/statement from your childcare provider dated within the last 60 days:

| Name of Child(ren) | Provider Name and Address | Provider Phone | Name of Person Enabled to attend work, search for work or, go to school | Activity: attend work, search for work or, go to school | Cost and Frequency |
|--------------------|---------------------------|----------------|---|---|--------------------|
| | | | | | |
| | | | | | |

Disability Assistance Expenses : (Only complete this section if one or more household members is disabled)

- 1.a. Are you or any family member (excluding live-in aides and foster child/adult) disabled?
☐ Yes ☐ No
- 1.b. If yes, do you have any expenses for the care of a disabled household member that enables any member of the household to work (example: care attendant, auxiliary apparatus, or service animal)?
☐ Yes ☐ No

If yes to **1a and 1b**, complete the following information and submit bills, printouts, or receipts showing how much you pay and how frequently.

| Describe Expense | Est. Annual Amount (\$) | Who is enabled to work? |
|------------------|-------------------------|-------------------------|
| | | |
| | | |

Medical Expenses: (Complete this section only if head of household, co-head, spouse or domestic partner is disabled or 62 years of age or older. If not, provide any additional comments at the end of this page and skip to Page 7, Section VI: Certification Statement.)

- 1.a. Is the head, co-head, spouse or domestic partner disabled or 62 years of age or older?
☐ Yes ☐ No
- 1.b. If yes, do you have **unreimbursed** medical expenses for the eligible household member(s)?
☐ Yes ☐ No

- Doctors or healthcare provider fees
- Transportation to treatment costs
- Live-in/periodic assistance costs
- Prescription medication
- Medicare, medical/dental insurance premiums
- Dental, eye and hearing aid expenses
- Accumulated medical bills

If yes to **1a and 1b**, list the medical expenses for each household member below and provide **proof of payment within and for one (1) year**.

| Household Member Name | Type of Expense | Provider Name and Address | Provider Phone | Amount(\$) | Frequency |
|-----------------------|-----------------|---------------------------|----------------|------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

COMMENTS: Please use this section to add anything that may have been missed in previous sections. You may including any information necessary to clarify your income or household composition:

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VI. CERTIFICATION STATEMENT, AUTHORIZATION OF RELEASE OF INFORMATION, AND GENERAL CONSENT

IMPORTANT: Each adult member must read, certify, and consent to the disclosures and statements on this page.

I certify and consent to the following:

1. The information provided to Miami-Dade Housing Choice Voucher (MDHCV) Program regarding household composition, income, allowances and deductions is accurate and complete to the best of my knowledge and belief.
2. I understand that any family composition changes may result in a change in my/our household's voucher size.
3. I understand that providing false statements or information to MDHCV are punishable under federal law and are grounds for termination of housing assistance.
4. I hereby consent to and authorize the Miami-Dade Housing Choice Voucher Program to obtain any and all records concerning my/our criminal background, including but not limited to National Crime Information Center records, Florida Department of Law Enforcement record, Miami-Dade County's Criminal Justice Information System, the records of another State in which I have lived, and the records of another State sex offender registration, including the Florida Sexual Predator Act program.
5. I consent to authorize any law enforcement agency to release to MDHCV my/our criminal background records, including any records of my/our arrest or conviction of any criminal offense under laws of any State or territory of the U.S. or of any country
6. I/We hereby consent to and authorize the U.S. Department of Housing and Urban Development (HUD) and the MDHCV to request and obtain information from any Federal, State, or local agency, or organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted programs including but not limited to: current and previous employers, previous landlord, Courts, Post Offices, Schools and Colleges, Support and Alimony providers, Welfare Agencies, State Unemployment agencies, Medical and Child Care providers, Veterans Administration, Retirement Systems, Banks and other financial institutions, Credit providers and Credit Bureaus, Utility Companies, US Citizen and Immigration Services, or any other information HUD or MDHCV determines to be necessary to determine my/our initial or continued eligibility for benefits.
7. I understand that this information will be used by MDHCV to verify my initial or continued eligibility and level of benefits. I understand that I will be given an opportunity to contest this information if it is used as a basis to deny, reduce, or terminate housing assistance.

| | | |
|--|--------------------|---------------|
| _____ Head of Household (HOH) Name | _____ Signature | _____ Date |
| _____ Spouse/Co-Head Name | _____ Signature | _____ Date |
| _____ Other Adult Household Member Name | _____ Signature | _____ Date |
| _____ Other Adult Household Member Name | _____ Signature | _____ Date |
| _____ Other Adult Household Member Name | _____ Signature | _____ Date |
| _____ Other Adult Household Member Name | _____ Signature | _____ Date |

Housing Discrimination: PHCD policy and federal law prohibit housing discrimination based on disability in the admission or access to, or treatment or employment in, its program or activities. An ADA Coordinator has been designated to coordinate compliance with the non-discrimination requirements of Section 504 of the Rehabilitation Act of 1973, (Section 504), the Americans with Disabilities Act (ADA), the Federal, State and local Fair Housing Acts, the United States Department of Housing and Urban Development Section 504 and Fair Housing Act Regulations, and the ADA regulations implemented by the United States Equal Employment Opportunity Commission and the United States Department of Justice. If you believe you have been denied housing based on your disability, you may call the Office of Fair Housing and Equal Opportunity at 800-669-9777 or the PHCD ADA Coordinator at 786-358-5729.

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

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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. 07/31/2021

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

Public Housing and Community Development (PHCD)
Miami-Dade Housing Choice Voucher Program
7400 NW 19th Street
Miami, FL 33126-1217
PO Box 521750
Miami, FL 33152-1750

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.