

# Personal Declaration

Any individual with a disability or other medical need who needs accommodation with respect to this form should inform San Francisco Housing Authority.

**Instructions for completing this form: Complete this form IN INK. Complete all blanks.** Write the word "NONE" if the information does not apply. All adult members in the household must sign this declaration to certify accuracy of the information reported.

**1. Household Composition.** Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race*	Ethnicity*	Disability? (Yes/No)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Providing this information is voluntary. It is used for statistical purposes only.

Mailing Address: \_\_\_\_\_  
 (Street Address and Apartment, or PO Box)  
 \_\_\_\_\_  
 (City) (State) (Zip)

Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**2. Household Information.** Answer all questions about your household.

**a. Students.** List all household members who are attending school or college.:

Student Name	School Name	Full or Part Time?	Financial Aid?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

**b. Other Household Information.** Please answer the following questions. If you need more space, please use an additional sheet.:

Is there any member of the household who is now temporarily or permanently absent from the home?.....  Yes  No  
 If yes, please explain: \_\_\_\_\_

Does any household member under the age of 6 years have an Elevated Blood Lead Level? .....  Yes  No

Do you have any regular overnight guests, or someone who spends more than 2 nights per month? .....  Yes  No  
 If yes, please list guests' names and explain: \_\_\_\_\_

Has any member of the household been convicted of any crime?.....  Yes  No  
 If yes, please explain: \_\_\_\_\_

Has any member of the household lived in subsidized housing other than with the San Francisco Housing Authority? .  Yes  No  
 If yes, please explain: \_\_\_\_\_

Continue to next page >

Has any member of the household had a change in citizenship or immigration status?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**3. Household Income and Assets.** Include all income and assets received or held by all members of the household.  
*Note: Provide the complete mailing address for employers, including the zip code.*

**a. Employment Income.** If you need to list more than 2 employers, please use an additional sheet.

Family Member:	Name of Employer:	Telephone:
Complete Employer Address, including zip code:	Gross Income:	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month
Hours per week:		
Family Member:	Name of Employer:	Telephone:
Complete Employer Address, including zip code:	Gross Income:	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month
Hours per week:		

**b. Other Types of Household Income.** Fill in ALL blanks. If the information does not apply, write "none".

Social Security (Self)	\$ _____ per month	TANF (Cash Assistance)	\$ _____ per month
Social Security (Other)	\$ _____ per month	Food Stamps	\$ _____ per month
SSI	\$ _____ per month	Unemployment	\$ _____ per week
VA Pension	\$ _____ per month	Educational Grant	\$ _____ per month
Other Pension From: _____	\$ _____ per month	Self-Employment	\$ _____ per month
Child Support <input type="checkbox"/> Through State of California <input type="checkbox"/> Through State of: _____ <input type="checkbox"/> Paid directly by: _____	\$ _____ per month	Other _____	\$ _____ per month

**c. Assets**

List all bank accounts held by any member of the household. (If you need to list more than three accounts, please use an additional sheet):

Family Member	Account Number	Bank Name	Bank Address

**d. Other Income and Assets**

Does any agency or person outside of your household **regularly help you with household expenses or supplies?**  Yes  No  
 If yes, please explain: \_\_\_\_\_

Are you an owner or co-owner in any **business or real estate?**.....  Yes  No

Is your name listed as owner or co-owner on **any vehicle registration?**.....  Yes  No

If yes, list model, year, and license plate number for each vehicle: \_\_\_\_\_

Does any member of the household have a **life insurance policy with a cash value** (usually called "whole life")? ....  Yes  No

Who? \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Policy Number: \_\_\_\_\_

Full Name/Address of Insurance Company: \_\_\_\_\_

Does any household member have any of the following (check those that apply):

- Money Market Account
- IRAs/KEOGH Account
- Trusts
- Company Retirement Account
- Stocks, Bonds, or Annuities
- None

If yes to any of these, please provide a separate sheet with the name and contact information for the company with which you have the account.

**4. Household Expenses**

Do you have **child care costs** for minor children in the household? .....  Yes  No Monthly Amount: \$ \_\_\_\_\_

If yes, please list the **full name and mailing address** of your child care provider: \_\_\_\_\_

Do you receive financial assistance with your child care costs from the State? .....  Yes  No Monthly Amount: \$ \_\_\_\_\_

**Medical Expenses**

**If the head of the household or spouse is 62 years of age or older, or a person with disabilities, you may complete the following to have your household medical expenses considered in the determination of your housing benefits.** All members of the household age 18 and over who have medical expenses should sign this form if their medical expenses are to be considered.

**HIPAA Compliant Authorization to Disclose Health Information**

By signing this form, I authorize the health care providers listed below to disclose any information requested concerning the cost of my medical treatment to the San Francisco Housing Authority (SFHA). The SFHA may use this information only for the purpose of verifying my eligibility for and/or the amount of my housing assistance.

I understand that I have the right to revoke this authorization at any time by notifying SFHA in writing at 1815 Egbert Avenue, San Francisco, CA 94124. I understand that the revocation is only effective after it is received and logged by SFHA. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation

**Unless revoked in writing by me, this Authorization will expire six (6) months from the date of my signature below.**

I understand that my health care providers cannot disclose the requested information without my signature on this Authorization, and that my signing or refusal to sign this authorization will not affect my ability to receive treatment from my health care providers.

I understand that I am entitled to receive a copy of this authorization.

I have the right to refuse to sign this authorization. I understand the potential exists for the information used or disclosed pursuant to this Authorization to be re-disclosed by the recipient and no longer be protected by federal law.

I have reviewed and understand this Authorization.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

List all Health Care Providers whom you pay out of pocket that the SFHA may contact to verify your household's medical expenses. **Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.**

Type of Expense:	Name of the Provider You Pay for this Expense	Complete Mailing Address	Phone/Fax Number	Amount Paid "Out of Pocket"
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				

If you have more health care providers than you can list here, please include all required information in an attachment.  
Continue to next page Read and sign the following forms >

**5. Disposal of Assets.** HUD requires Public Housing Agencies to verify whether recipients of rental assistance have disposed of any assets within the past 24 months. "Dispose" means to get rid of, sell, or give away. Assets include, but are not limited to: stocks, bonds, savings certificates, money market funds, equity in real property or other capital investments, cash value of trust accounts, IRAs, Keogh accounts, contributions to company retirement or pension funds, lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, personal property held for investment such as gems, jewelry, coin collections, cars, cash value life insurance policies, etc.

**In the past 24 months (2 years), have you or any member of your household disposed of any assets for less than their market value?**

**YES, I/we have** disposed of asset(s).

**NO, I/we have not** disposed of any asset(s).

**If you have disposed of any asset(s), please complete the following:**

1. What was the asset? \_\_\_\_\_
2. What is the date the asset was disposed of? \_\_\_\_\_
3. What was the value of the asset at the time it was disposed of? \_\_\_\_\_
4. List the actual amount received for the asset: \_\_\_\_\_

**6. Certification.** All adult members in the household must sign this declaration to certify accuracy of the information reported.

**Giving True and Complete Information:** I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge.

**Reporting Changes in Income or Household Composition:** I know I am required to report immediately in writing any changes in income and household size. I understand the rules and regulations regarding guests/visitors and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance:** I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that if I have received previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance:** I certify that the dwelling unit will be my principal residence and I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the San Francisco Housing Authority in writing. I will not sub-lease my assisted residence.

**Cooperation:** I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

**Criminal and Administrative Actions for False Information:** I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

**WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.**

By my signature below, I do hereby swear and attest that all of the information reported on this form about me and my household is true and correct, and I have read agree to the certifications contained in this form. I also understand that all changes in household members or income must be reported to the San Francisco Housing Authority in writing, immediately.

X  
\_\_\_\_\_  
Signature of Head of Household Date

X  
\_\_\_\_\_  
Signature of Spouse or Other Adult Date

X  
\_\_\_\_\_  
Signature of Other Adult Date

X  
\_\_\_\_\_  
Signature of Other Adult Date

English  
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Continue to Next Page Read and sign the following forms >

## Declaration of Citizenship or Immigration Status

**Instructions: Complete this form for all family members.** Adults age 18 and over must sign their own portion of the form. A parent or legal guardian must sign for children under the age of 18 years.

Print Name of Household Member	Select the appropriate box:	Signature:	Date:
Head of Household (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Signature of the Head of the Household</p>	<p>Date</p>
Household Member #2 (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, the member must sign below.                      If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	<p>Date</p>
Household Member #3 (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, the member must sign below.                      If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	<p>Date</p>
Household Member #4 (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, the member must sign below.                      If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	<p>Date</p>

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Continue to next page >

## Declaration of Immigration Status, page 2

**Instructions: Complete this form for all family members.** Adults age 18 and over must sign their own portion of the form. A parent or legal guardian must sign for children under the age of 18 years.

Print Name of Household Member	Select the appropriate box:	Signature:	Date:
Household Member #5 (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, the member must sign below.                      If NO, the parent or guardian of the member must sign below.</p> <p>_____ Signature</p>	<p>_____ Date</p>
Household Member #6 (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, the member must sign below.                      If NO, the parent or guardian of the member must sign below.</p> <p>_____ Signature</p>	<p>_____ Date</p>
Household Member #7 (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, the member must sign below.                      If NO, the parent or guardian of the member must sign below.</p> <p>_____ Signature</p>	<p>_____ Date</p>
Household Member #8 (print name):	<p>is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen of the United States</li> <li><input type="checkbox"/> A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</li> <li><input type="checkbox"/> Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.</li> <li><input type="checkbox"/> A non-citizen with no eligible immigration status.</li> </ul>	<p>Is this household member age 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, the member must sign below.                      If NO, the parent or guardian of the member must sign below.</p> <p>_____ Signature</p>	<p>_____ Date</p>

**If your household has more than 8 people, please make a copy of this sheet to list the additional members.**

**Continue to next page. Read and sign the following forms >**

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## Authorization for the Release of Information

**All adult family members must read and sign this form.**

### By signing below:

I/we hereby authorize the San Francisco Housing Authority and its staff to contact any agencies, sources, offices, groups, or organizations to obtain any information or materials which are deemed necessary to determine my eligibility to participate in its program(s).

### General Information (i.e. income sources, assets, school enrollment, others):

I/we hereby authorize any and all agencies, sources, offices, groups, or organizations contacted by the San Francisco Housing Authority and its staff to cooperate fully and divulge all information requested.

### Employment Division Records:

Furthermore, I/we authorize the Employment Development Department of California to release to the San Francisco Housing Authority information from my records on file with the Employment Division.

### Immigration Records:

This authorization form also hereby acknowledges that evidence of eligible immigration status for members of my household may be released by the San Francisco Housing Authority to (1) US Department of Housing and Urban Development (HUD) as required by HUD, and (2) Immigration and Naturalization Service (INS) for purposes of verification of immigration status. HUD may release evidence of eligible immigration status only to INS for purposes of establishing eligibility for financial assistance.

### Health Information:

If I or my spouse or co-head is an elderly person or a person with disabilities, I also authorize the San Francisco Housing Authority to contact any health care providers I have identified for the purpose of verifying my household's medical expenses.

### Expiration of Authorization:

For the purpose of obtaining health-related and medical information, this authorization expires in six (6) months unless revoked in writing by me.

For the purpose of obtaining information other than health and medical information, this authorization does not expire unless revoked in writing by me.

**Copies of this document may be used for any an all of the purposes described above with the same force as an original.**

All adults (18 and over) in the household must sign:

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

**Continue to next page**

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### Statement of Family Obligations

Under the rental assistance programs offered by the San Francisco Housing Authority, participating families must meet the Family Obligations in order to continue participating in the program. Violation of any obligation may result in termination of assistance. The Family Obligations are:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.
- The family must comply with lease requirements regarding written notice to vacate to the owner. The family must provide written notice to the PHA at the same time the owner is notified.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.
- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- The family must not sublease the unit, assign the lease, or transfer the unit.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive Housing Choice Voucher (HCV) program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

**Per my signature below, I have read and understand the Family Obligations. (All adults, age 18 and over, must sign).**

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date



### San Francisco Housing Authority Language/Alternate Format Designation

The San Francisco Housing Authority (SFHA) wants to provide effective communication and services to all its clients. This includes persons with disabilities, and persons who speak limited English.

The purpose of this form is to gather information to help us serve you better.

#### Kinds of Communication

SFHA can communicate with persons who have disabilities in several ways. Check below to tell us how you would like to get information from the SFHA:

- I do not need written materials in a different format.
  - I need written materials in the following format:
    - Large Print: **This is 18 point font.**
    - Audiotape: Text is recorded on an audiocassette tape.
    - Braille: Written text is provided in Braille.
    - Electronic format: Written material is saved as "plain text" on a CD-ROM or 3.5" floppy disk.
    - Spoken: Written material is read aloud by a SFHA employee, in person or over the phone.
  - I need a sign language interpreter.
  - Other (please explain):
- 

#### Your Language

- I speak English and read English and do not need help communicating with the SFHA.
- I speak English, but I need help filling out paperwork.
- I do not speak or read English, and I need written materials in:
  - Chinese                       Russian                       Spanish
  - Vietnamese
  - Other: \_\_\_\_\_
- I do not speak or read English, and I need oral communication in:
  - Cantonese                       Russian                       Spanish
  - Vietnamese
  - Other: \_\_\_\_\_

I have read this form, or it has been read to me.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Continue to next page**

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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

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

San Francisco Housing Authority  
1815 Egbert Avenue  
San Francisco, CA 94124  
(415) 715-3280 · TTY: (415) 467-6754  
<http://sfha.org/>

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	Other Family Member over age 18	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

**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.

**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.

**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.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form HUD-9886 (7/94)  
**NEXT: attach any required verification documents that may apply to your household. Make sure any signature required documents are signed and dated, Submit to SFHA by deadline date. DONE!**