



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. If you need more space, please use an additional sheet:

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race*	Ethnicity*	Disability <i>Yes/No</i>	Social Security Number
	Head of Household		Male		Hispanic	Yes	
			Female		Non-Hispanic	No	
			Male		Hispanic	Yes	
			Female		Non-Hispanic	No	
			Male		Hispanic	Yes	
			Female		Non-Hispanic	No	
			Male		Hispanic	Yes	
			Female		Non-Hispanic	No	
			Male		Hispanic	Yes	
			Female		Non-Hispanic	No	
			Male		Hispanic	Yes	
			Female		Non-Hispanic	No	
			Male		Hispanic	Yes	
			Female		Non-Hispanic	No	

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

Mailing Address:

City:

State:

Zip:

Telephone:

Cell Phone:

Email:

Emergency Contact Info

Name:

Relationship:

Telephone:

Address:

City:

State:

2. Household Information

Answer all questions about your household. If you need more space, please use an additional sheet:

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

Student Name	School Name	Full or Part Time?	Financial Aid?
		Full Time	Yes
		Part Time	No
		Full Time	Yes
		Part Time	No
		Full Time	Yes
		Part Time	No

b. **Other Household Information.** Please answer the following questions.

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



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

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

Has any member of the household been convicted of a felony?..... Yes No
 If yes, please give dates, charges, city, and state:

Is any member of the household currently on parole or probation for a felony criminal offense?..... Yes No
 If yes, please give dates and charges:

Has any household member ever been involved in any felony drug activity?..... Yes No
 If yes, please give dates, charges, city, and state:

Has any household member been involved with manufacturing methamphetamine?..... Yes No
 If yes, please give dates, charges, city, and state:

Is any member of the household subject to a lifetime registration requirement under a state sex offender registration program?..... Yes No
 If yes, please explain and provide incident dates:

Does any household member currently have a felony case in progress with a court?..... Yes No
 If yes, please give nature of the case, dates, charges, city, and state:

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: per hour per week per month	Hours per Week:
Family Member:	Name of Employer:	Telephone:
Complete Employer Address (including zip code):	Gross Income: per hour per week 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/Disability:	\$	per week
VA Pension:	\$	per month	Educational Grant:	\$	per month
Other Pension from	\$	per month	Self-Employment:	\$	per month
Child Support:	\$	per month	Other:	\$	per month
Through State of California					
Through State of:					
Paid directly by:					



c. **Assets.** *If you answer yes to any of the following, please explain below.*

Do you or any household member own or have an interest in any home, mobile home, or property?.....	Yes	No
Have you sold any real estate in the last two (2) years?.....	Yes	No
Do you own any stocks, bonds, or investments over \$5,000?.....	Yes	No
Do you have a checking account over \$5,000?.....	Yes	No
Do you have a savings account over \$5,000?.....	Yes	No
Do you have Certificates of Deposit (CD) over \$5,000?.....	Yes	No

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

Family Member	Account Number	Bank Name and Address	Current Balance

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 and/or real estate?**..... Yes No

Is your name listed as the owner and/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:

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: \$



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 and 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.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



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 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"
Insurance Prescriptions/Medications Doctor/Dental/Hospital Care of an Assistance Animal Other				
Insurance Prescriptions/Medications Doctor/Dental/Hospital Care of an Assistance Animal Other				
Insurance Prescriptions/Medications Doctor/Dental/Hospital Care of an Assistance Animal Other				
Insurance Prescriptions/Medications Doctor/Dental/Hospital Care of an Assistance Animal Other				

If you have more health care providers than you can list here, please include all required information in an attachment.



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> <p>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. 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. A non-citizen with no eligible immigration status.</p>	<p>Signature of the Head of the Household</p>	Date
Household Member #2 (print name):	<p>is</p> <p>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. 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. A non-citizen with no eligible immigration status.</p>	<p>Is this household member age 18 years or over? Yes No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	Date
Household Member #3 (print name):	<p>is</p> <p>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. 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. A non-citizen with no eligible immigration status.</p>	<p>Is this household member age 18 years or over? Yes No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	Date
Household Member #4 (print name):	<p>is</p> <p>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member. 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. A non-citizen with no eligible immigration status.</p>	<p>Is this household member age 18 years or over? Yes No If YES, the member must sign below. If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	Date

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>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</p> <p>is</p> <p>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.</p> <p>A non-citizen with no eligible immigration status.</p>	<p>Is this household member age 18 years or over? Yes No</p> <p>If YES, the member must sign below.</p> <p>If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	Date
Household Member #6 (print name):	<p>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</p> <p>is</p> <p>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.</p> <p>A non-citizen with no eligible immigration status.</p>	<p>Is this household member age 18 years or over? Yes No</p> <p>If YES, the member must sign below.</p> <p>If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	Date
Household Member #7 (print name):	<p>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</p> <p>is</p> <p>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.</p> <p>A non-citizen with no eligible immigration status.</p>	<p>Is this household member age 18 years or over? Yes No</p> <p>If YES, the member must sign below.</p> <p>If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	Date
Household Member #8 (print name):	<p>A citizen of the United States A non-citizen with eligible immigration status. I understand I must provide documentation of the eligible status for this family member.</p> <p>is</p> <p>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.</p> <p>A non-citizen with no eligible immigration status.</p>	<p>Is this household member age 18 years or over? Yes No</p> <p>If YES, the member must sign below.</p> <p>If NO, the parent or guardian of the member must sign below.</p> <p>Signature</p>	Date

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 ➤



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

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) or Emergency Housing Voucher (EHV) 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/EHV 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

San Francisco Housing Authority Language/Alternate Format Designation

The San Francisco Housing Authority (SFHA) wants to provide effective communication and services to all clients, including persons who speak limited English and persons with disabilities. The purpose of this form is to gather information to help us serve you better.

Languages		
	Mark this box if your household speaks English and does not require an interpreter for oral communication with the San Francisco Housing Authority (SFHA).	English
	Mark this box if your household reads and writes English and does not require written translations of SFHA documents.	
	<i>SFHA provides language services. Due to limited resources, all SFHA documents may not be available in your language preference. As an alternative, SFHA will provide an oral interpreter free of charge.</i>	
	如果你的家庭，在與三藩市房屋管理局口頭溝通的全部過程中，要求有[廣東話]口譯員，請在此方框內標註。 [Cantonese]	Chinese
	如果你的家庭，在與三藩市房屋管理局口頭溝通的全部過程中，要求有[普通話]口譯員，請在此方框內標註。 [Mandarin]	
	如果你的家庭，想要有書面翻譯成中文的三藩市房屋管理局(SFHA)的文件，請在此方框內標註。	
	三藩市房屋管理局(SFHA)提供語言服務。由於資源有限，所有三藩市房屋管理局的文件可能無法提供你所選擇的語言版本。作為替代方案，三藩市房屋管理局將提供免費的口頭翻譯服務。	
	Установите этот флажок, если для Вашего домашнего хозяйства требуется переводчик для любого устного общения со специалистами SFHA.	Russian
	Установите этот флажок, если для Вашего домашнего хозяйства требуются письменные переводы документов SFHA на.	
	Обратите внимание, что из-за ограниченных ресурсов не все документы SFHA могут быть доступны на предпочитаемом языке. В качестве альтернативы управление SFHA предоставит бесплатные услуги устного переводчика.	
	Marque esta casilla si su familia requiere un intérprete al español para toda comunicación verbal con la Autoridad de Viviendas de San Francisco.	Spanish
	Marque esta casilla si su familia desea traducciones escritas de los documentos de SFHA al.	
	<i>Debido a que los recursos están limitados, tenga en cuenta que es posible que no todos los documentos de SFHA estén disponibles en el idioma de su preferencia. Como alternativa, SFHA proveerá un intérprete verbal sin costo.</i>	
	Đánh dấu ô vuông nếu hộ gia đình của bạn cần một thông dịch viên cho tất cả những trao đổi bằng miệng với Sở Gia cư San Francisco.	Vietnamese
	Đánh dấu ô vuông nếu hộ gia đình của bạn muốn có bản dịch của những tài liệu của Sở Gia cư San Francisco (SFHA).	
	<i>Vì tài nguyên giới hạn, không phải tất cả các tài liệu của SFHA đều có bản dịch. Để thay vào đó, SFHA sẽ cung cấp một thông dịch viên miễn phí.</i>	
	Mark this box if your household speaks a language not listed above and requires an interpreter for oral communication with the San Francisco Housing Authority (SFHA). Please specify language here:	Other Language
	Mark this box if your household reads and writes a language not listed above and requires written translations of SFHA documents. Please specify language here:	
	<i>SFHA provides language services. Due to limited resources, all SFHA documents may not be available in your language preference. As an alternative, SFHA will provide an oral interpreter free of charge.</i>	

Accommodation for Persons with Disabilities			
Braille	Large Print	Sign Language	Other (please specify):

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:

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.

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Signature of Applicant

Date

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

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

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name