



Mathis Housing Authority
300 West Fulton
Mathis, Texas 78368
Phone: (361) 547-3315
Fax: (361) 547-6219
TDD: 1-800-735-2988
Email: clerk@mathisha.org or rudyh@mathisha.org
Joey Shumaker/Executive Director

Section 8 New Construction (Texas Street)

- ☒ Texas Driver's License or Texas ID for all person(s) listed on application and are over 18 years of age
The following will also be accepted: Baptismal Certificate-Military Discharge Papers-Census document showing age-Naturalization Certificate-Social Security Administration Benefits Printout-Non-Citizens may be eligible for assistance. An applicant must provide appropriate immigration documents to initiate verification through the DHS Save system or through secondary verification using DHS form G-845.
- ☒ Social Security Cards for all person(s) in household and listed on this application.
The following documents may be used to verify Social Security Number:
Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual.
Driver's License with SSN, identification card issued by a medical insurance provider, or by an employer or trade union. Earning Statement on payroll stubs, Bank Statements, Form 199, Benefit award letter, retirement award letter, Life Insurance policy, Court Record.
- ☒ Original Birth Certificates (NO HOSPITAL ANNOUNCEMENTS) for all person(s) listed on application.
listed on application and are over 18 years of age
The following will also be accepted: Baptismal Certificate-Military Discharge Papers-Census document showing age-Naturalization Certificate-Social Security Administration Benefits Printout-Non-Citizens may be eligible for assistance. An applicant must provide appropriate immigration documents to initiate verification through the DHS Save system or through secondary verification using DHS form G-845.
- ☒ Proof of Citizenship and Immigration Status (Declaration 214 Forms)
- ☒ Landlord History for past 3 years (provide name, mailing address, city, state, and zip)
- ☒ Employer Name: _____
Employer's Address: _____
City, State & Zip: _____
Phone: _____ Fax: _____
- ☒ Last 6 Consecutive Paycheck Stubs
- ☒ Social Security or SSI Award Letter
- ☒ Child Support: Payment History
- ☒ VA, Pension or Retirement Benefits
- ☒ Unemployment Benefits
- ☒ Self-Employment Income: Notarized Statement & Tax Return
- ☒ Child Care Expenses: (Name, Address, City, State, Zip and Phone Number of Provider)
- ☒ Full time student Verification: (Attach school or college Registrar's verification)
- ☒ Income Tax Return: 1040 and W-2 Forms
- ☒ Bank Statements: Checking/Savings Account for past 3 months

***Application Will Not Be
Accepted Without Required
Documents***

Head of Household Name: _____

Social Security #: _____

Phone #: _____ Email: _____

Spouse Name: _____

Social Security # _____

Phone #: _____ Email: _____

Mailing Address: _____

City, State & Zip: _____

For Office Use Only
Applicants **DO NOT** write in this section

Eligibility Determination

Date/Time: _____ Bedroom Size: _____ Initial Eligibility: ☐ Yes ☐ No
Received by: _____ Qualify for 504 Unit? ☐ Yes ☐ No
Waiting List Placement: _____ Preference(s) claimed: _____
List any reasonable accommodation/assistance requested by applicant: _____
Interview Date: _____ Final Eligibility: ☐ Yes ☐ No

APPLICATION FOR ADMISSION
Mathis Housing Authority
Multifamily Project Based Rental Assistance Program

Limited English Proficiency:

Do you require oral and/or written information in any language other than English? ☐ Yes ☐ No
If yes, contact the Applications Office for assistance. If no, continue.

Instructions for Completing Form:

Complete this form in ink in your own handwriting. Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. All persons aged 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. Any required information not received by the property management within the period given after the date of this application will result in denial of the application.

Applicant Head of Household Information

Applicant Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address Where You Currently Reside: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Email Address: _____

Current Housing

Are you seeking housing due to a Presidentially Declared Disaster? ☐ Yes ☐ No
Have you been displaced by government action? ☐ Yes ☐ No

Social Security

Is any household member's legal name different from the name on his/her Social Security card? ☐ Yes ☐ No
If yes, who? _____
Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used? ☐ Yes ☐ No
If yes, explain _____



Communications

Place a check mark ☒ in the appropriate boxes in each section below to identify any language or disability needs in communication.

- ☐ Mark this box if you read or speak English.
- ☐ Marque esta casilla si lee o habla español. (Spanish)
-

☐ I do not require any alternate means of communication.

☐ I require that all written information be: ☐ in large print ☐ presented orally
☐ in Braille ☐ in another format (*explain specific need*): _____

☐ I require that oral information be presented to me: ☐ in writing ☐ through a telephone relay service
☐ in another format (*explain*): _____

I. HOUSEHOLD COMPOSITION (List all persons who will live in the rental unit. No person may reside in a subsidized unit whose residency has not been previously approved by property management.) **NON-DISCRIMINATION STATEMENT:** The Property Manager does not discriminate based on disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Cecilia Medrano, Executive Director is designated to coordinate compliance with non-discrimination requirements. **Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.**

LIST BELOW ALL PERSONS AGED 18 OR OLDER WHO WILL RESIDE IN THE RENTAL UNIT:

Use the following codes to describe each adult member's relationship to the Head of Household: **A** = Adult who is not a full-time student **F** = Foster Adult

E = Full-time student aged 18 or older who is not the Head, Spouse, or Co-Head **L** = Live-in Aide (if required by an elderly/disabled applicant)

Marital Status Codes: **S** = Single **M** = Married **D** = Divorced **W** = Widow

Full Name as It Appears on Social Security Card		Social Security #	Relation to Head	Gender		Marital Status		Date of Birth	Age	Disabled Yes/No	List Most Recent Date	
				M	F	S, M D or W	Decline to Disclose				Employed	Received TANF
Last												
First	MI		HEAD									
Last												
First	MI		Spouse or Co-Head									
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											

If a Social Security number is not provided for any adult household member, check the reason below:

☐ (name of household member) is an ineligible non-citizen.

☐ (name of household member) has not been assigned a Social Security number, was receiving HUD rental assistance at another location on January 31, 2010 and was 62 or older as of January 31, 2010.

LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Use the following codes for describing each minor's relationship to the Head of Household: Y = Youth F = Foster Child L = Child of Live-in Aide

Custody Codes: P = primary physical custody SH = shared physical custody SO = sole physical custody SP = supervised physical custody ...

Full Name of Minors as It Appears on Social Security Card	Social Security Number	Relation to Head	Sex		Custody	Date of Birth	Age	Disabled Yes/No	Name of School or Day Care Attended if applicable	Name & Contact Information for Absent Parent (if both parents will not be living in same household)
			M	F						
Last										
First MI										
Last										
First MI										
Last										
First MI										
Last										
First MI										
Last										
First MI										
Last										
First MI										
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First MI										
Last										
First MI										

If a Social Security number is not provided for any minor, check the reason below:

☐ (name of minor) is an ineligible non-citizen.

☐ (name of minor) has not been issued a Social Security number. I/we understand that if this application is approved, I/we will not receive a rental offer until a Social Security number has been provided to the Agency.

List the states in which any household member resided:

I. Household Composition *(continued)*

1. Is any household member over age 18 (other than the head of household, spouse of the head of household, or co-head) a full-time student or a student of higher education? ☐ Yes ☐ No
If yes, list name and the school he/she attends: _____
2. Is the *Spouse of the Head of Household* temporarily absent from the home? ☐ Yes ☐ No
If yes, where is he/she? _____
When will the person return? _____
Does absent spouse have income? ☐ Yes ☐ No
If yes, list all his/her income below:
a. \$ _____ Source: _____
b. \$ _____ Source: _____
3. Does anyone in your household require any special accommodations (such as: a ramp, handrails, etc.) due to a handicap or disability? ☐ Yes ☐ No
If yes, list requirements: _____
4. Does any elderly or disabled family member require a Live-in Aid? ☐ Yes ☐ No

II. INCOME AVAILABLE TO HOUSEHOLD

All families must be income-eligible to receive housing assistance. Check Yes or No for each type of income, and list **gross amounts of income** received before any deductions are withheld. Check box to indicate if paid by the hour (Hr.), Week (Wk.), or Month (Mo.).

Type of Income	Y e s	N o	Name of Family Member with This Type of Income	Company, Agency, or Individual Making Payment	Gross Income	Payment Period:		
						Hr	Wk	Mo
Wages or Earnings					\$			
					\$			
TANF					\$			
Personal or Company Pension or Retirement					\$			
					\$			
SSI					\$			
					\$			
Social Security					\$			
					\$			
Unemployment Benefits					\$			
Worker's Compensation					\$			
Military Income					\$			



Type of Income	Y e s	N o	Name of Family Member with This Type of Income	Company, Agency, or Individual Making Payment	Gross Income	Payment Period:		
						Hr	Wk	Mo
Temporary/Seasonal Work					\$			
Student Financial Assistance (Grants, Scholarships, Work-Study, etc.)					\$			
					\$			
Lump Sum Payments					\$			
Veterans Benefits					\$			
Regular Contributions or Gifts from Someone Outside the Household					\$			
					\$			
Other (list) _____					\$			

Previous Year's Tax Return. Indicate the amount of gross income shown by each family member residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer:	Date of Return:	Gross Income:
Taxpayer:	Date of Return:	Gross Income:

- Does anyone outside the household help with bills on a regular basis? ☐ Yes ☐ No
- If yes, list name of each person or agency that assists with bills or contributes to your household:
 - _____
 - _____
 - _____
- Is any household member aged 18 or older participating in a job training program? ☐ Yes ☐ No
If yes, list his/her name and the specific job training program: _____
- Has anyone in your household applied for any benefits that are in the process of being approved? ☐ Yes ☐ No
If yes, explain: _____
- Has any family member been awarded Child Support? ☐ Yes ☐ No If yes, amount \$ _____
- Has any family member been awarded Spousal Support? ☐ Yes ☐ No If yes, amount \$ _____

III. ASSETS

- Do you own a home? ☐ Yes ☐ No If yes, what is its present value? \$ _____ What will you do with the house if you move into rental housing? _____
- Has any asset been given away or sold for less than its fair market value in the past 2 years? ☐ Yes ☐ No
If yes, what was its market value? \$ _____ How much did you receive? \$ _____

- Check yes or no for each type of asset owned by any family member, and list its value and amount of



income generated by the asset.

Type of Asset		Value	Income Generated by Asset per Year
Real Estate (house, land)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Other (list) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

IV. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Housing Choice Voucher Program after reaching the age of 18? ☐ Yes ☐ No

If yes, under what name(s): _____

List information about each Housing Agency where any family member has lived or received assistance.

1. Housing Agency: _____

From _____ To _____ Lease in name of: _____

Why did you move? _____

Were any wages disregarded in calculating your rent? ☐ Yes ☐ No ☐ Do not know

2. Housing Agency: _____

From _____ To _____ Lease in name of: _____

Why did you move? _____

Were any wages disregarded in calculating your rent? ☐ Yes ☐ No ☐ Do not know

V. CRIMINAL HISTORY

1. Has any household member been arrested, charged, or convicted for any of the following?

a. Violent criminal activity ☐ Yes ☐ No

If yes, give details: _____

b. Domestic violence, dating violence, sexual assault, or stalking ☐ Yes ☐ No

If yes, give details: _____

c. Alcohol-related activity ☐ Yes ☐ No

If yes, give details: _____

d. Manufacture of methamphetamines ☐ Yes ☐ No



If yes, give details: _____

e. Possession, use, sale, or distribution of illegal drugs ☐ Yes ☐ No

If yes, list name/date/disposition of case: _____

2. If required to report, list name and telephone number of probation/parole officer.

Name: _____ Phone: _____

3. Has any household member participated in drug rehabilitation during the past 12 months? ☐ Yes ☐ No

If yes, explain: _____

4. Is any household member required to register in any state as a Sex Offender? ☐ Yes ☐ No

If yes, list name and state: _____

5. Has any household member been evicted from federally assisted housing in the past 3 years? ☐ Yes ☐ No

If yes, who? _____

Where and why? _____

VI. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or another outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>medical insurance(s)</u>	\$ _____	<u>Doctor's Visit(s)</u>	\$ _____
<u>prescription medicine(s)</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or an auxiliary apparatus for any disabled household member in order for him/her or any other adult family member to work? ☐ Yes ☐ No

If yes, explain below: _____

VII. CHILD CARE

1. Do you pay for child care for children aged 12 or younger while you work, attend school, or seek employment? _____ If yes, to whom are expenses paid? _____

How much do you pay per month? _____ Is any portion reimbursed? ☐ Yes ☐ No

2. Address of child care provider: _____

3. What amount is reimbursed? _____ Source: _____



VIII. RENTAL HISTORY

1. Current Landlord _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Email Address: _____
Dates of Occupancy From: _____ To: _____
Rental Property Address: _____ City: _____ State: _____ Zip: _____
Were you ever late in paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No
2. Previous Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address or Telephone Number: _____
Were you ever late in paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No
3. Previous Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address or Telephone Number: _____
Were you ever late in paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No
4. List other states in which the head of household or other members have resided: _____

IX. CREDIT HISTORY/PERSONAL REFERENCES

1. List a business where you have made payments in the past 24 months: _____
List a credit card that you have made charges/payments on in the past 24 months: _____
2. List two references (to whom you are not related by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.
Name: _____ Phone: _____ Number of years you have known him/her: _____
Name: _____ Phone: _____ Number of years you have known him/her: _____

X. MISCELLANEOUS INFORMATION

1. Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault, or stalking? ☐ Yes ☐ No If yes, who? _____
Name of perpetrator: _____
2. List all vehicles that household members will park on Agency-owned property.
Make: _____ Model: _____ Color: _____ License Plate #: _____
Make: _____ Model: _____ Color: _____ License Plate #: _____
3. Do you have a pet? ☐ Yes ☐ No
If yes, list type and breed: _____



4. How did you learn about this program? _____
5. How did you learn about this property? _____

XI. REQUIRED SUPPLEMENTS TO APPLICATION

The following documents must be executed along with this application form for the application to be considered complete:

- a. 214 Citizenship Declaration for each family member
- b. Form HUD-92006, Emergency Contact Form
- c. HUD 9887 Privacy Act/Release of Information
- d. Release for Criminal History Background Check for each adult household member
- e. Form HUD-52675, "Debts Owed to Public Housing Agencies and Terminations" signed by each adult household member
- f. Other release forms, as applicable

XII. APPLICANT CERTIFICATION

All family members aged 18 or older must certify to the accuracy of the information provided and sign this application.

- ☐ I/we certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.
- ☐ I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.
- ☐ I/we understand that all information provided in this application and required supplements and during the eligibility interview is subject to verification.
- ☐ I/we further understand that any changes to information provided in this application must be provided to the Agency within 14 days of such change for this application to remain valid.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct. *(Application must be signed by all adults who will live in the rental unit.)*

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date



WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions cited as violations of 42 U.S.C. 208 (a) (6), (7) and (8).

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.



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: 48%;"> <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: 48%;"> <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.

--	--

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.



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

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) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

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

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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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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

This Package contains the following documents:

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

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

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

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

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

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

Exhibit 3-5: **Sample Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

MATHIS HOUSING AUTHORITY

STANDARD OPERATING PROCEDURES WAITING LIST AND TENANT SELECTION 2010

MANAGEMENT OBJECTIVES

To enforce the U. S. Department of Housing and Urban Development (HUD) policies (24 CFR 982.204) as well as the Brazoria County Administrative Plan. To ensure that families are placed on the waiting list in accordance with HUD requirements, and Mathis Housing preference system. Ensure that the selection process treats applicants fairly, equitable, and in a consistent manner while providing an effective method for determining eligibility.

Opening the Waiting List

The Mathis Housing Agency will request the approval of its Board of Commissioners when opening the waiting list. After Board approval the following will occur:

- Mathis Housing Agency will advertise the opening of the waiting list through public notice, such as, the local newspaper that service the jurisdiction, postings/flyers throughout the community including all ethnicities, postings at stores giving consideration to populations least likely to apply, and notices sent to social agencies.
- The waiting list will be opened when a significant decrease occurs to where the waiting pool is less than six months based on current availability, the need to target special populations, program turnover, and HUD findings.
- The announcement of the opening will contain the date, time, and location where families may apply, the method by which families may apply, the method by which families will be chosen from the waiting list, the program for which applications are taken, and a brief description of the program for which the family may apply to.
- Applications for the elderly and disabled may be taken by phone, or home visits as Reasonable accommodations.
- Once applications are received the hard copies will be filed and the information from the actual application will be entered in a computerized system until selected through date and time for determination of eligibility.
- The notices will contain the Equal Opportunity Housing logo and non-discrimination statement in the advertisements.

CLOSING THE WAITING LIST

The closing date for accepting Applications will be announced in the public notice along with the advertisement for opening the waiting list.

The HA will use the closing date to limit the size of the waiting list to a number of applicants who will most likely receive assistance within a twelve month to eighteen month period.

- The closing will be announced along with the opening.
- Postings will be made at locations throughout the community and may be sent to social agencies.
- Postings and notices will contain the Equal Housing Opportunity logo and non-discrimination statement.
- The waiting list may be re-opened if a sufficient number of applicants to maintain full lease-up for at least a year.

PURGING THE WAITING LIST

The waiting list will be purged at least every 6 months. The waiting list will be purged to remove the following: applicants who can no longer be reached, are no longer interested, no longer qualified, etc., using the following procedures:

- Send letters to all applicants on the waiting list.
- The letter must require the applicant to respond within 5/10 business days of the date of the letter.
- Applicants who fail to respond send notice of withdrawal from the waiting list with deadline date to request an informal review.
- Remove names of those who fail to respond or who are no longer interested from the computer, and document date of withdrawal on the waiting list (computer system) and in the applicant file.
- File response from applicant or post office return letter in the applicant file.
- Retain files for three years after withdrawal from the waiting list. (Can be destroyed after three years)

Other Actions

Prior to being admitted to the Housing Choice Voucher Program applicants may have changes to their circumstances, the following steps are taken:

- Changes to household composition, income, address, etc., must be reported in writing
- After receiving the documentation of the change stamp date the receipt of the document, make changes to the computer waiting list and place document in the applicant file.