

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

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

PLEASE COMPLETE BOTH SIDES OF THIS FORM

PERSONAL DECLARATION FORM

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM.

PLEASE PRINT

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing head of household first.

Adults (Legal Name) 18 years and older	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if: Married, Widowed Single, Divorced
Head of Household (In this Box Only)				
1.				
2.				
3.				
4.				

0-17 Year of Children (Name as it appears on Social Security Card)	Date of Birth	Relationship to Head of Household	Name of School Attending	Social Security Number

HOME TELEPHONE# _____ OTHER PHONE # _____ OR _____

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, Disability Payments (SSI), Workmen’s Compensation, Retirement Benefits, TANF, Veteran’s Benefits, Rental Property Income, Stock Dividends, Income from Bank Accounts, Alimony and all other sources.

LIST AMOUNTS RECEIVED BELOW FOR ALL FAMILY MEMBERS IN THE HOUSEHOLD

Household Member	Employer	Total Weekly Wages	TANF	Obligated Child Support	SSA/SSI	Unemployment Benefits	All other Income
1.							
2.							
3.							
4.							

***IF EMPLOYED: Do you pay child care for minors under the age of 12 years old, Yes/No _____?

IF YES, List the name of the child care provider _____

Amount Paid \$ _____ How Often do you pay? Weekly _____ Biweekly _____ Monthly _____ Daily _____

1. If you are or was receiving child support, please provide your DCSE# (This is your child support case number) _____

If receiving Child Support, list name and address of Child and Father as follows:

Child _____	Child _____
Father's Name _____	Father's Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____

2. Do you expect any changes in your family income in the next 12 months? Yes or No _____

If yes, please explain the change: _____

3. Do you expect any change in the household composition in the next 12 months?

If Yes, describe the change _____

4. Are the occupants noted above full-time students? Yes/No

(Definition of student: anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of the Certification year, other than correspondence school)

If yes, are the students enrolled in a job-training program under the Job Training Partnership Act or similar program? _____

5. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.

6. Will any member of your household be employed full-time, part-time or seasonally in the next 12 months?

If yes, provide name and contact number _____

7. Is any member of your household on leave or absence from work due to lay-off, medial, maternity or military leave?

If yes, provide information _____

8. Does any member of your household work for someone who pays him or her in cash?

If yes, provide information _____

9. Does any member of your household now receive or expect to receive:	Yes or No
A. Child support?	_____
B. Spousal support?	_____
C. Social Security or SSI benefits	_____
D. Income from pension?	_____
E. Unemployment or Worker's Comp benefit?	_____
F. Regular cash contributions from individual not living in the unit?	_____
G. Public assistance (TANF, SNAP, etc.)	_____

Assets:

Does any member of the household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?

If yes please indicate below:

FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE	AMOUNT OF INTEREST RECEIVED

Do you have a checking/savings account(s)? If yes, give bank, account numbers and amounts below.

FINANCIAL INSTITUTION	ACCOUNT NUMBER	NAME ACCOUNT LISTED

10. Do you or any household member own or have an interest in any real estate, boats and or mobile homes? Yes/No _____?
If yes, provide information _____

11. Have you sold any Real Estate in the past two years, Yes/No _____?

12. Do you own a car Yes/No _____? Do you make payments? Yes/No _____?
If yes, what is your monthly payment? _____ Make /Year of your car _____

13. Does anyone outside of your household pay for any of your bills or give you money? Yes/No _____? If yes explain below:

14. Have you or any other adult household member ever used any name(s) or Social Security Number(s) other than the one you are currently using?
Yes/No _____? If yes explain below:

15. Have you or any other household member lived in any assisted housing? Yes/No _____? If yes explain below:

16. Have you or any other household member ever been convicted of any crime other than traffic violations? Yes/No _____?
If yes explain: _____

17. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting
information for such housing program? Yes/No _____? If yes explain below:

6. Elderly, Handicapped or Disabled – Do you pay any medical expenses out of your pocket? Write Yes or No for all that apply.
Prescription _____ Doctor's Bills _____ Eye Glasses _____ Dentures _____ Hearing Aids _____
If yes to any listed above, please attach copies of the bill (s) or receipt (s).

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **all changes** in the income of any
member of the household as well as **any changes** in the household members must be reported to the Housing Authority **IN WRITING**
IMMEDIATELY.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THA A PERSON IS GUILTY OF A FELONY FOR
KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDELENT SATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE
UNITED STATES.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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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.

**Please only complete
one “Sex Crime
Release Form” per
household member 18
years old or older.**

530 E Pinner Street, Suffolk, Virginia 23434
P: 757-539-5100 F: 757-539-5184 TDD 757-538-2886

SEX CRIME RELEASE OF INFORMATION

In accordance with HUD Federal Regulations the Housing Authority has to perform Sex Crime Background Checks on all applicants. I hereby authorize Suffolk Redevelopment and Housing Authority to obtain a Sex Offenders and Crimes against Minors check on me. I understand that Suffolk Redevelopment and Housing Authority have a zero tolerance approach. **I certify that I have not committed any type of Sexual Crime as defined below:**

Sexually Violent Crimes: Abduction for immoral purposes, Rape, Forcible sodomy, Object sexual penetration, aggravated sexual battery, attempted rape, forcible sodomy, inanimate object sexual penetration.

Sexual Crimes; Crimes against nature, adultery and fornication by person forbidden to marry incest, taking indecent liberties with children, taking indecent liberties with person in custodial or supervisory relationship, production, publication, sale, possession with intent. Abduction, Abduction for immoral purpose, carnal knowledge with minors, marital sexual battery, attempted aggregated sexual battery, enter dwelling with intent to rape to include all subsequent convictions.

Print Name: _____

Social Security Number: _____

Signature: _____ Date: _____

Housing Authority Use Only:

Result check: () Nothing Found	Initials: _____	Date: _____
() Found	Initials: _____	Date: _____
() Eligible	() Ineligible	

530 E Pinner Street, Suffolk, Virginia 23434
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Signature: _____ Date: _____

Housing Authority Use Only:

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() Found	Initials: _____	Date: _____
() Eligible	() Ineligible	

SECTION 8 PROGRAM

Family Obligations

- A. When the family's unit is approved and HAP contract executed, the family must follow rules listed below. Failure to abide by the following Section 8 Program Family Obligations will result in program termination or ineligibility.
- B. The family must:
 - 1. Supply any information that SRHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition
 - 2. Notify Suffolk Redevelopment and Housing Authority of any changes in income within 10 days in writing.
 - 3. Disclose and verify social security numbers and sign and submit consent forms for obtaining information for all household members age six and older.
 - 4. Supply any information requested by SRHA to verify the family is living in the unit or information related to the family absence from the unit.
 - 5. Promptly notify SRHA in writing when the family is away from the unit for an extended period of time in accordance with HA policies (A family may not be absent from the unit for a period or than 180 consecutive calendar days for any reason).
 - 6. Allow SRHA to inspect the unit at reasonable times and after reasonable notice.
 - 7. Notify SRHA and the owner in writing before moving out of the unit or terminating the lease.
 - 8. Use the assisted unit for residence by the family. The unit must be the family's only residence.
 - 9. Promptly notify SRHA in writing of the birth, adoption, or court-awarded custody of a child.
 - 10. Request SRHA written approval to add any other family member as an occupant of the unit.
 - 11. Promptly notify SHRA in writing if any family member no longer lives in the unit.
 - 12. Give SHRA a copy of any owner eviction notice.
 - 13. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Participate in illegal drug or violent criminal activity.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive Section 8 tenant-based program housing assistance while receiving another Housing subsidy, from the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive Section 8 tenant-based program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister of brother or any member of the family, unless SRHA 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.
9. Engage in illegal use of a controlled substance; or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

This is to verify that I have read and understand the family obligations under the Section 8 Program.

Family

Date

PHA Representative

Date