

# PLEASE COMPLETE, SIGN AND RETURN ALL FORMS!

If you need assistance in completing these forms, please contact our office to schedule an appointment.

Please do not wait until the last  
minute or your assistance may be  
terminated!

Si usted no entiende esta carta o formulario porque esta  
escrito en ingles, favor de comunicarse con la  
Autoridad de Vivienda con anticipacion para servicios  
de interpretacion.

Housing Authority of the City of York  
 31 S. Broad Street  
 York, PA 17403

Si usted no entiende esta carta o formulario porque esta escrito en inglés, favor de comunicarse con la Autoridad de Vivienda con anticipación para servicios de interpretación.

**SECTION 8 PARTICIPATION FORM**

Client: \_\_\_\_\_  
 Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_  
 Work Number: \_\_\_\_\_

**This form must be completed in your own handwriting! (PLEASE PRINT)** You must use the correct legal name for each member of your household as it appears on their Social Security Card. **All Adult Members 18 years of age and over, of the household, must sign the area designated on pages 7, 9 and 10 of the form, CERTIFYING THE INFORMATION PERTAINING TO THEM.**

**A. List All Family Members Who Will Be Residing in the Section 8 Unit, beginning with the Head of Household:**

Name	Relation	Age	Birth date Birth Place	Sex	Social Security #
1.	Head of Household		_____		
2.			_____		
3.			_____		
4.			_____		
5.			_____		
6.			_____		
7.			_____		
8.			_____		

Do You Expect Any Change in Your Family Composition?  Yes  No

If Yes, When \_\_\_\_\_ Reason for the Change: \_\_\_\_\_

Is There a Family Member Temporarily not Residing in the Dwelling Unit?  Yes  No

Reason for Absence: \_\_\_\_\_

**B. Family Income from Employment for the Period from \_\_\_\_\_ To Present:**

Is there a Family Member Currently Involved in a Training Program?  Yes  No

If Yes, Name of Family Member: \_\_\_\_\_

Name of the Training Program: \_\_\_\_\_

Name of the Agency, Company, & School Conducting the Training: \_\_\_\_\_

Name & Phone # of the Training Program Person Supervising your Case: \_\_\_\_\_

Is this Welfare To Work Training?  Yes  No

Is there a family member that will be 18 years of age, within the next 3 months, or older that is a full time student? \_\_\_ Yes \_\_\_ No

If yes, provide name of family member: \_\_\_\_\_

Name and Address of school/college attending: \_\_\_\_\_

Enrollment dates: From \_\_\_\_\_ To \_\_\_\_\_

**C. Total Household Income:**

List All Money earned or received by everyone living in your household. (Employment Only)

Name of Working Member	Date From	Date To	Name & Address of Employer <b>(PROVIDE COMPLETE NAME, ADDRESS, and PHONE #)</b>	Hourly Rate	Hours Per Week	Annual Income
1.						
2.						
3.						
4.						
5.						

**C. Other Income (continued):**

**PROVIDE COMPLETE INFORMATION**

Other Income	Household Member Received By	Person or Agency Received From	Date From	Date To	Cash Amount Food Stamps	Case Worker	Case #
Public Assistance		N/A					
Pass Through Child Support from DPA		N/A					
<u>Child Support Court-Ordered or Voluntary</u>							PACSES #
Social Security or Social Security Disability		N/A				<b>XXXX</b>	
Supplemental Security Inc.(SSI)		N/A				<b>XXXX</b>	
Foster Care					\$	/PER DAY	
Unemployment						<b>PIN#</b>	
Workers Comp							
Other Income							

**C. Other Income (continued):** (PLEASE PROVIDE COMPLETE NAME AND ADDRESS OF COMPANY)

Other Income	Received By	Received From	From	To	Amount	Account #
Pension						
Pension						
Annuity						
Annuity						
Life Insurance						
Life Insurance						

Does anyone outside of your household pay any of your bills or give you money **on a regular basis**?

Yes  No

**If, YES, this is considered income.**

You **must** provide the name and address of the person paying your bills or giving you money so that we may verify this information . *(Please provide complete information!)*

Name of person paying bills or giving money: \_\_\_\_\_

Address of person paying bills or giving money: \_\_\_\_\_

*(You may be asked to provide a notarized statement if we are unable to obtain verification from the person or persons paying your bills or providing your household with money on a regular basis)*

**D. Assets:**

**Please complete the following applicable information for Savings Accounts, Checking Accounts, Certificates of Deposit, and Money Market Accounts. Use separate sheet if necessary.**

<b>Account Number</b>	<b>Name of Person Listed on Account</b>	<b>Type of Account</b>	<b>Name &amp; Address of Bank</b>	<b>Amount Value</b>

**Do you or any household member own a boat, motor home or receive interest in any real estate?**

Yes  No **If yes, what type of real estate is it?** \_\_\_\_\_

**What is your interest income? \$** \_\_\_\_\_

**Have you sold any real estate in the last two years?**  Yes  No

***PLEASE CHECK BELOW ITEMS APPLICABLE TO YOU – PAID TO YOU***

Real Estate:                      Value: \$ \_\_\_\_\_                      Rental Income: \$ \_\_\_\_\_  
Address: \_\_\_\_\_

Stocks & Bonds:                      Value: \$ \_\_\_\_\_                      Interest Income: \$ \_\_\_\_\_

Savings:                      Value: \$ \_\_\_\_\_                      Interest Income: \$ \_\_\_\_\_

Other Investments:                      Value: \$ \_\_\_\_\_                      What Are They: \_\_\_\_\_

**E. Deductions Claimed:**

**Childcare Expenses** *(This deduction is applicable when such care is necessary to enable a family member to be gainfully employed or to further his/her education)*

List the weekly amount paid to your babysitter/daycare provider: \$ \_\_\_\_\_

Are your childcare expenses subsidized?  Yes  No

How much are you actually paying if subsidized? \$ \_\_\_\_\_

Through which agency? \_\_\_\_\_

**If you use different childcare providers or pay different amounts during the summer months (June thru August) and the school year (Sept. thru June) you must indicate this (attach separate sheet, if necessary).**

Please List the Correct Names and Addresses of Babysitter/Daycare Center Below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Medical Expenses** *(This deduction applies to elderly and handicapped families ONLY where the head of household is elderly or handicapped. If this is the case then all out-of-pocket medical expenses{costs not covered by insurance} for the whole household may be included.)*

Out-Of-Pocket Medical Expenses with the following doctors/dentists/etc.:

(Please list any additional doctors on a separate sheet if necessary)

**PRINT NAME OF HOUSEHOLD MEMBER NEXT TO THEIR DOCTOR – PAID DIRECTLY TO DOCTOR’S OFFICE**

Member Name: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Member Name: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Member Name: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Member Name: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

**F. Medication: PAID OUT OF POCKET**

Member Name	Pharmacy Name and Address
1.	
2.	
3.	

**G. Medical Insurance:** (attach a separate sheet if necessary) **PROVIDE COMPLETE**

**INFORMATION!!!!**

Insurance Name (Medicare, Pace, PaceNet, Blue Cross, AARP, etc.)	Address	Amount of Your Deductible	Monthly Payment	Quarterly Payment	Account #

**H. Additional Information:**

Have you or any other adult member(s) ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No If yes, please explain: \_\_\_\_\_

Do you live in Public Housing or other subsidized housing?  Yes  No

If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you or any other household member or person you wish to have reside with you ever been convicted of a crime?  Yes  No Who? \_\_\_\_\_ (Only omit minor traffic violations. DUI is considered a crime.)

Have you or any other household member or person you wish to reside with you been released from prison in the past five (5) years?  Yes  No If yes Who? \_\_\_\_\_

Reason for being in incarcerated: \_\_\_\_\_

Are you or any other household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a Court Trial, or the dropping of charges?  Yes  No Who? \_\_\_\_\_

Are you or any household member subject to a lifetime sex offender registration requirement under a State Sex Offender Registration Program? \_\_\_\_ Yes \_\_\_\_ No If yes, in what state did the offense occur? \_\_\_\_\_

**I Hereby Authorize the Housing Authority to Obtain Any Record of Any Criminal History or Proceeding Where I Have Pending Charges or Prior Convictions of a Crime in Any Court or Jurisdiction.**

\_\_\_\_\_  
**Signature of Head of Household      Date**

\_\_\_\_\_  
**Signature of Spouse/Other Adult      Date**

\_\_\_\_\_  
**Signature of Other Adult      Date**

\_\_\_\_\_  
**Signature of Spouse/Other Adult      Date**



**Please Read the Tenant Certification Listed Below Carefully and Sign!**

**It is now required by HUD regulations that each year this statement be signed and placed in the tenant file.**

**Failure to Sign This Form Will Result in Lease Termination.**

**Please see the Federal Privacy Act statement.**

**Tenant(s)'s Certification**

**I/We certify that the information\* given to the York Housing Authority on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We also understand that All Changes in the income of any member of this household as well as any changes in the household members must be reported to the Housing Authority In Writing, Immediately, by completing a Section 8 Change form within 10 days of change. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Section 8 rental assistance.**

\_\_\_\_\_  
**Signature of Head of Household      Date**

\_\_\_\_\_  
**Signature of Spouse/Co-Tenant      Date**

\_\_\_\_\_  
**Signature of Other Adult                      Date**

\_\_\_\_\_  
**Signature of Other Adult                      Date**

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 1-800-424-8590. (Within the Washington, D.C., Metropolitan Area, call 426-3500.)*

*\*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD – 50058. See the Federal Privacy Act Statement listed below for more information about its use.*

**Warning: Title 18, Section 1001 of the United States Code, States That a Person is Guilty of a Felony for Knowingly and Willingly Making False or Fraudulent Statements to Any Department of Housing and Urban Development.**

**Federal Privacy Act Statement**

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave the Housing Authority of the City of York (Authority) at application or reexamination. HUD will collect the information on form HUD – 50058. The data it will collect includes name, sex, birth date, social security number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with this information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It may also verify whether the information is accurate and completed by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal, or regulatory investigations and prosecutions. HUD may also make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by Law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give to the Authority the SSNs of household members at least six-years old. If you are an applicant and you have been issued or use SSNs and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSNs and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et, seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide all of the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

**I Have Read the Federal Privacy Act Statement**

\_\_\_\_\_  
**Signature of Head of Household                      Date**

\_\_\_\_\_  
**Signature of Spouse/ Co-Tenant                      Date**

\_\_\_\_\_  
**Signature of Other Adult                      Date**

\_\_\_\_\_  
**Signature of Other Adult                      Date**

**NEW ONLINE VERIFICATIONS**

Thanks to modern technology we are now able to verify some of the income sources online. If any of the following information applies to you or any household member, please complete the requested information. Information collected will be used solely to determine household size, income, assets or out of pocket medical expenses. This will ensure the maximum amount of rental assistance is provided to this family. Your signature below will give permission for the Housing Authority of the City of York to provide this new online service to you. Thank you in advance for your continued cooperation.

\*\*\*\*\*

**Department of Public Assistance**

**ONLINE VERIFICATION (www.dpw.state.pa.us)**



\*\* CASE RECORD #: 67 / \_\_\_\_\_  
(The Case Record Number is located on any piece of mail from the County Assistance Office)

\*\*EBT/ACCESS CARD #: 600760/ \_\_\_\_\_ / \_\_\_\_\_  
(If using the Yellow Access Card, please supply the 10 digit number located on the front of the card)

**Check any assistance received by DPA**

- Cash (TANF)
- SSP/SSI Payment
- Food Stamps Only
- Pass-thru Child Support
- M.A.W.D.(Medical Assistance for the Working Disabled)

\*\*\*\*\*

**Unemployment Compensation Online Benefit Verification**  
**(www.dli.state.pa.us)**

**PIN # assigned from Department of Labor for PAT System: \_\_\_\_\_**

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

# Responsibilities of a Family Participation in the Housing Choice Voucher Program(HCV/S8)

When the family's unit is approved and the Housing Assistance Payment Contract is executed, the family must follow the rules listed below in order to continue participating in the Housing Choice Voucher Program (HCV/S8).

## THE FAMILY MUST:

1. Supply any information that the Housing Authority (HA) 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. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the HA to verify that the family is living in the unit or information related to the family absence from the unit.
4. Promptly notify the HA **in writing** when the family is away from the unit for an extended period of time in accordance with the HA policies.
5. Allow the HA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the HA and the owner **in writing** before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the HA **in writing** within 10 calendar days of the birth, adoption, or court-awarded custody of a child.
9. Request HA written approval to add any other family member as an occupant of the unit before the person moves in.
10. Promptly notify the HA **in writing** of any household income changes or any household member changes within 10 calendar days of when they occur.
11. Give the HA a copy of any owner eviction notice.
12. Pay utility bills and supply appliances that the owner is not required to supply under the lease.
13. Notify the HA **in writing** of any household income changes or any household member changes within 10 calendar days of when they occur.
14. Promptly notify and disclose to the HA any letter they receive from HUD concerning the amount or verification of their family income.
15. Understand that you will be paying from 30% - 40% of your "GROSS" income towards your rent per month to the landlord while participating in the program.
16. Any guest may not stay over night in your unit longer than a total of 14 days during any calendar year **or** they will be considered an **unauthorized** household member.
17. **NOT** allow a person who is not specifically designated as a member of the household on the lease to use the Housing Choice Voucher/S8 unit as a mailing address. Families allowing such use will be considered to be permitting **UNAUTHORIZED** persons to live in the dwelling.

# **Any information the family supplies must be True and Complete.**

## **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. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
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, for 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 housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HA 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 abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

I have received, reviewed and understand my responsibilities as stated above. I understand that failure to comply with the aforementioned may terminate my assistance and any future assistance:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Other Adult(s)

\_\_\_\_\_  
Other Adult(s)

\_\_\_\_\_  
Other Adult(s)

Si usted no entiende esta carta o formulario porque esta escrito en ingles, favor de comunicarse con la Autoridad de Vivienda con anticipacion para servicios de interpretation.

# York Housing Authority Family Self-Sufficiency Program & Housing Choice Voucher Homeownership Program Interest/Referral Form

Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Telephone #: \_\_\_\_\_



This is to verify that written information about the Family Self-Sufficiency (FSS) Program and the Housing Choice Voucher Homeownership Program was shared with me during my Initial Interview or included in my annual re-exam packet.

**Please check  Your Choice(s) below:**

\_\_\_\_\_ I am interested in the Family Self-Sufficiency Program. I want the FSS Case Manager to contact me to schedule an appointment to discuss my options.

\_\_\_\_\_ I am in the Housing Choice Voucher Program and I am interested in learning more about the Housing Choice Voucher Homeownership Program. I want the Homeownership Case Manager to contact me to schedule an appointment to discuss my options.

\_\_\_\_\_ I am not interested in the Family Self-Sufficiency Program or the Housing Choice Voucher Homeownership Program at this time. Although I am not interest at this time, I understand that at any time I can change my mind and call the York Housing Authority Family Self-Sufficiency Case Manager to discuss the Family Self-Sufficiency Program or the Housing Choice Voucher Homeownership Program.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Representative

\_\_\_\_\_  
Date

Other Comments/Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Autoridad de Vivienda de York**  
**Formulario De Interés/Referencia Del**  
**Programa De Auto-Suficiencia Para Familias y Programa**  
**de Vales para Dueños de Hogares de Sección 8**

Nombre: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
\_\_\_\_\_  
Número de Seguro Social: \_\_\_\_\_  
Teléfono: \_\_\_\_\_



Esta es para verificar que la información del Programa de Auto-Suficiencia de Familias y del Programa de Vales para Dueños de Hogares de Sección 8 fue compartida conmigo durante mi Entrevista Inicial o incluida con mi paquete anual del re-examinación:

Por favor marque  su opción(es) abajo:

\_\_\_\_\_ Estoy interesado(a) en el Programa de Auto suficiencia. Quisiera que la persona encargada del programa de auto-suficiencia se comunique conmigo para una cita.

\_\_\_\_\_ Estoy en el Programa de Vales de Sección 8 y estoy interesado(a) en aprender más sobre el Programa de Vales para Dueños de Hogares de Sección 8. Quisiera que la persona encargada del caso de la propiedad casera se comunique conmigo para una cita.

\_\_\_\_\_ No estoy interesado(a) en el Programa de Auto Suficiencia en este momento. Aunque no estoy interesado(a) en estos momentos, entiendo que en cualquier momento puedo cambiar de opinión y puedo llamar a la Autoridad de Vivienda para hacer una cita para hablar sobre el programa de auto-suficiencia.

\_\_\_\_\_  
Firma del Inquilino

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Representante de Vivienda Pública

\_\_\_\_\_  
Fecha

Otros Comentarios/Información:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Due to Federal Privacy Act Laws,  
Most Pharmacies will not respond  
to our requests for printouts. If you  
or your spouse or co-head are  
elderly, handicapped, or disabled,  
and have out of pocket expenses for  
your prescriptions, please contact  
your pharmacy and request a  
twelve-month printout.

Please return this printout to our  
office along with your  
recertification packet. Thank you  
for your help. This will speed up  
your recertification process.





## Pharmacy Authorization

I authorize \_\_\_\_\_ (Pharmacy Name) to disclose information that it maintains concerning the cost of my medical treatment for the past 12 months as of the date of receipt of this request. The information may be disclosed only to the Housing Authority of the City of York for the purpose of establishing my eligibility for participation in their housing program.

I understand that the potential exists for my information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and to be no longer protected.

This authorization will expire six months from the date of my signature as indicated below.

I understand that the pharmacy may not disclose my information as requested above without my signature on this Authorization and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment or health care operations from the above mentioned pharmacy.

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

Patient \_\_\_\_\_, Power of Attorney \_\_\_\_\_,

Parent or Guardian \_\_\_\_\_, Court Appointed \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_



## Informational Release Statement

I understand that the Housing Authority of the City of York is required by HUD regulations to verify income and information relative to the family members applying for participation in the Housing Choice Voucher (HCV/S8) Rental Assistance Programs.

I hereby authorize release to the Housing Authority of the City of York information relative to the application/participation for rental assistance including such as income from the Department of Public Welfare, Employment, Social Security, Veteran’s Benefits, Court Orders for Support, Unemployment Compensation, School Records, Household composition, Assets including real property, or any other sources of income. I also authorize the release of any information pertaining to medical expenses the applicant/participant is responsible to pay, such as Doctors office visits, Medical Insurance, Pharmacy and/or any other medical expenses.

I also understand that should it be necessary for either the Housing Authority of the City of York or the party reporting the requested information to FAX the data to the other, for the verification purposes only, I am giving my permission to do so.

I hereby authorize the Housing Authority of the City of York to obtain any record of any criminal history or proceeding where I may have pending charges or prior convictions of a crime in any court or jurisdiction.

This authorization will continue in force and effect until terminated in writing by the undersigned.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Household Member

\_\_\_\_\_  
Date

Si usted no entiende esta carta o formulario porque esta escrito en ingles, favor de comunicarse con la Autoridad de Vivienda con anticipacion para servicios de interpretacion.



29565

# Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

**TYPE or complete in BLACK INK. Use only CAPITAL LETTERS**

Fax Requests To.....1-336-796-8722  
Online Instructions.....www.wellsfargo.com/biz/vod  
Balance Confirmation Services.....1-540-563-7323

## SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Account Number(s) (Required)

Month

Day

Year

## CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date

# 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. 1/31/2014

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(I)(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.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.