

Recertification _____ (office use only)

PARTICIPANT PACKET

As an applicant/participant in the Housing Choice Voucher (HCV)/ Section 8 program, you are required to complete a recertification to determine your continued eligibility.

Como participante en el programa de Vales para la Elección de Vivienda (HCV, por sus siglas en inglés), debe completar una recertificación para determinar su elegibilidad continua. Traducción en el otro lado

There are four (4) steps you must follow now

- 1. Complete the Participant Questionnaire and required forms in this packet**
- 2. Every person listed on your household application who is 18 or older (or will be 18 by the reexamination effective date) must sign all forms.**
- 3. Gather any items listed on the documentation checklist which pertains to any member of your family.**
- 4. Return all of the above to **YORK HOUSING AUTHORITY BY THE DEADLINE ON YOUR LETTER.****

In accordance with the YHA Administrative Plan: Failure to return this packet and provide all required information by this date could result in YHA not providing advance notice of a rent increase, your rent share being applied retroactively (with you being responsible for any overpaid subsidy) and/ or termination from the Housing Choice Voucher program.

If you have any questions, call: **(717)-845-2601**

If you require special assistance concerning this notice, you can reach the York Housing Authority (YHA) Office at (717)-845-2601 or (717) 846-9157 (TDD).

These documents are important. Please communicate with our office if you need help translating or completing this application to continue eligibility.

Documentation Checklist Documents That You Must Complete and Return

Forms that must be completed and returned	Who must complete and sign?
Application for continued participation Questionnaire	Every Household member 18 or older
Authorization for the Release of Information/ Privacy Act Notice	
YHA Authorization for the Release of Information	
Certification statement	
Citizenship form	All New family members
Debts Owed to Public Housing (HUD-52675) signed by every adult member. NOTE: 1 copy is provided in this packet. Additional copies of this form can be downloaded from our website or requested by calling (717)-845-2601	New adult family members aged 18 Or older
Application for Exemption from minimum rent of \$50 (If applicable)	Head of Household

Information That You Must return with this packet:

- ☐ Two (2) consecutive paystubs for all employment income
- ☐ Current statement of income from SS, SSI, SSDI and state disability
- ☐ Current Unemployment Benefits and/or worker's compensation statement(s)
- ☐ Current Welfare/TANF & SNAP/Food Stamp budget letter (including case make-up)
- ☐ Current 12-month agency printout for child support and/or alimony
- ☐ Current statement of any regular financial contribution received by any member, including but not limited to, any funds to pay bills (must be signed and dated by the person/organization making the contribution)
- ☐ Current statement of any other Income not listed above
- ☐ If any household member is self-employed (has their own business), the last filed tax return (1099 and all tax schedules) and most recent accounting ledger
- ☐ Provide most current, consecutive statements for assets - (2) for checking, and (1) for all others
- ☐ If you or a spouse/co-head is disabled or 62 or older, current statement(s) showing unreimbursed medical expenses and/or medical insurance premiums
- ☐ If any household member is a full-time student 18 or older, verification of full-time student status (confirmation of current registration)
- ☐ Marriage certificate, Name change documentation, if applicable
- ☐ Birth certificate and Social Security cards if adding household members
- ☐ Photo ID for members 18 and over
- ☐ If you pay for dependent care to allow an adult to go to work or school, a current statement showing care provider, how much you pay for childcare and child (ren) receiving care
- ☐ Reasonable Accommodation Request, if applicable

Documents that you must complete

If you or any member of your family is disabled, you have the right to request a reasonable accommodation to modify the program rules or practices to allow your family an equal opportunity to participate in the program. If you have additional questions you may contact York Housing Authority at: **(717)-845-2601 OR** TTD (717) 846-9157.

PARTICIPANT QUESTIONNAIRE

This form must be completed by the Head of Household. Use the legal name for each household member. All adult household members (18 years old and older) must sign this document, certifying that the information provided is accurate and current

Head of Household	Last Name	First Name	Middle Name
Current Address	Street	Apt #	City/State
Mailing Address	Street	Apt #	City/State
Contact Numbers	House phone	Cell phone	Alternate/work phone
Email address			Preferred communication language (circle one): English Spanish other:

1- List ALL persons that are currently living with you. NOTE: The use of your address by someone other than those approved by YHA could result in a determination by YHA that an unauthorized individual resides in the unit. This determination could result in the termination of your rental assistance.

	Name	Age	Sex	Relationship to you?	Disability? Y / N	If attending school full time, name of school
1				Head		
2						
3						
4						
5						
6						
7						
8						

2. Is anyone in your household pregnant? Yes or No What is expected delivery date? _____

Complete the next page if you are adding someone new to your household that has not been approved yet or if you need more spaces for additional family members.

Head of House Signature/Date

Other Adult Signature/Date

Other Adult Signature/Date

Other Adult Signature/Date

Complete this side of form only if you are adding someone new to your household that has not been approved yet or if you need more room for family members.

1. Family Member								
Last Name			First Name		MI	Sex	Date of Birth	Relation
						M / F		
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Social Security #	Alien Reg. #	
2. Family Member								
Last Name			First Name		MI	Sex	Date of Birth	Relation
						M / F		
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Social Security #	Alien Reg. #	
3. Family Member								
Last Name			First Name		MI	Sex	Date of Birth	Relation
						M / F		
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Social Security #	Alien Reg. #	
4. Family Member								
Last Name			First Name		MI	Sex	Date of Birth	Relation
						M / F		
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Social Security #	Alien Reg. #	
5. Family Member								
Last Name			First Name		MI	Sex	Date of Birth	Relation
						M / F		
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Social Security #	Alien Reg. #	
6. Family Member								
Last Name			First Name		MI	Sex	Date of Birth	Relation
						M / F		
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Social Security #	Alien Reg. #	

List any additional information below:

II. ADDITIONAL HOUSEHOLD INFORMATION

IMPORTANT: You must answer “YES” or “NO” to each question below. If the question is not answered, YHA will conclude the answer is NO. If it is found that answer should have been yes, you may lose your housing assistance. Answer the questions carefully!

YES	NO	Question <i>(Use separate sheet of paper if more room is required – all information must be complete)</i>
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has any household member used a different first or last name(s)?
If YES:		Current Name(s):
		Previous Name(s):
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does any adult household member have any children who are temporarily placed out of your home?
If YES:		Name of Child(ren):
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger?
If YES:		Name of Child(ren):
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you certify that an approved adult household member has legal custody of every minor under age 18 listed in the household?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you certify that all household members listed are currently living in the home?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you certify that all individuals residing in the unit are listed as household members?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is any household member subject to a lifetime sex offender registration?
If YES:		Who:
		State:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does any household member receive any form of housing subsidy (other than Section 8 HCVP)?
If YES:		Who:
		Type and Amount:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you or any other member of the applicant household ever been arrested or convicted of a crime other than a traffic violation?
If YES		Who:
		Nature of incident
I certify that my household pays for the following utilities and these utilities are currently on:		
<input type="checkbox"/> Heating	<input type="checkbox"/> Cooking	<input type="checkbox"/> Electricity
<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	

III. INCOME INFORMATION:

As a part of the Section 8 Housing Choice Voucher program, you are required to report any and all income received by any and all household members. Note: YHA uses HUD's Enterprise Income Verification (EIV) System and other electronic system that provide detailed income information for household members. If you do not report all household income, you may lose your voucher. All income must be reported. If you need additional space to complete this section please use page 9,

***How often:** weekly, bi-weekly, semi-monthly, monthly, annually

Does anyone in the household receive or expect to receive income from the following?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Wages, salaries, overtime or tips from employment	
Household Member Name		Name and Full Address and Phone Number or Email Address of Employer	Income before any Deductions
1			
2			
3			
4			
5			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Net business income from self-employment (including babysitting, doing hair, care-taking, etc.)	
Household Member Name		Name and Full Address and Phone Number or Email Address of Employer	Income before any Deductions
1			
2			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security (including survivor benefits and SSDI)	
Household Member Name		Type of Benefit	Income before any Deductions
1			Monthly
2			Monthly
3			Monthly
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supplemental Security Income (SSI)	
Household Member Name		Type of Benefit	Income before any Deductions
1		SSI	Monthly
2		SSI	Monthly
3		SSI	Monthly
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Annuities, insurance policies, retirement funds, pension or disability/death benefits	
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions

Does anyone in the household receive or expect to receive income from the following? *How often: weekly, bi-weekly, semi-monthly, monthly, annually			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Veterans benefits	
Household Member Name		Name and Full Address and Phone Number or Email Address Employer	Income before any Deductions
			How Often?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unemployment benefits	
Household Member Name		Name and Full Address and Phone Number or Email Address of Employer	Income before any Deductions
			How Often?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Worker's compensation and/or severance pay	
Household Member Name		Name and Full Address and Phone Number or Email Address of Employer	Income before any Deductions
			How Often?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Armed Forces pay	
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions
			How Often?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Student financial assistance that is more than tuition – not including any type of loan	
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions
			How Often?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Regular contributions or gifts received from organizations or persons not residing in the unit	
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions
1			How Often?
2			
3			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Welfare assistance (SNAP/Food Stamps, TANF, State Supplement, ETC.)	
Household Member Name		Type of Assistance	Income before any Deductions
1			How Often?
2			
3			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Alimony payments	
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions
			How Often?

Does anyone in the household receive or expect to receive income from the following? <u>*How often:</u> weekly, biweekly, semi-monthly, monthly, annually				
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Child support payments
Household Member Name receiving Payment		Child's Name AND Court Order and/or Name and Full Address and Phone Number or Email Address of Child Support Provider	Income before any Deductions	How Often?
1				
2				
YES <input type="checkbox"/>		NO <input type="checkbox"/> Other Income		
Household Member Name		Name and Full Address and Phone Number or Email Address of Employer	Income before any Deductions	How Often?
1				
2				

Please use the space below to list any additional sources of income not listed above.

IV. ASSET INFORMATION

As a part of the Housing Choice Voucher program, you are required to report any and all assets owned by any and all household members, whether owned fully or jointly. Cash value: market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

Does anyone in the household own or jointly own any of the following?					
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Savings Account	
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1					
2					
YES <input type="checkbox"/>		NO <input type="checkbox"/> Checking Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1					
2					

Does anyone in the household own or jointly own any of the following?					
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Money Market Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank		Cash Value	Interest Rate
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Safety Deposit Box or Personal Property/Personal Property Held as Investment (gem or coin collections, real estate, art, antique cars, etc. but not items used daily)			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset		Cash Value	Interest Rate
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bonds			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset		Cash Value	Interest Rate
YES <input type="checkbox"/>	NO <input type="checkbox"/>	401(k) Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset		Cash Value	Interest Rate
YES <input type="checkbox"/>	NO <input type="checkbox"/>	IRA Account, Certificate of Deposit, Keogh Account, Trust Fund, Capital Investment			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset		Cash Value	Interest Rate
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Life Insurance Policy (not term life)			
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset		Cash Value	Interest Rate
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has any household member given away or sold assets for less than fair market value in the last two (2) years including cash, real estate, etc.?			
If YES:	Who:				
	Details:				

Total Family Assets

The total cash value of all family assets listed above is \$ _____

V. EXPENSES

CHILDCARE You may be entitled to a childcare allowance or disability expense deduction in your income determination if the expense allows an adult household member to work or seek work. **How often: Weekly, Bi-weekly, Semi-monthly, Monthly, Annually**

Childcare Questions				
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training?		
If YES:	Household member enabled to work	Child's name	Cost:	How Often?
	Name, Address, Phone Number, and Email of Care Provider:			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?		
If YES:	Household member enabled to work	Household Member's name	Cost:	How Often?
	Name, Address, Phone Number, and Email of Care Provider:			

FOR ELDERLY/DISABLED ONLY: MEDICAL EXPENSES

Complete the section below only if head of household, co-head or spouse is disabled or 62 years of age or older. IF NOT, skip to section VI. CERTIFICATION STATEMENT

YES	NO	Medical Expenses Questions					
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Medicare and/or other Medical Benefits?					
<input type="checkbox"/>	<input type="checkbox"/>	Does any member have a Medicaid Spend-Down?	If YES:	Amount:			
<input type="checkbox"/>	<input type="checkbox"/>	Does any member pay for any medical insurance?	If YES:	Amount:		How Often?	
<input type="checkbox"/>	<input type="checkbox"/>	Does any member currently pay for any outstanding medical bills? Do <u>not</u> include information about medical conditions or bills you are not paying for.					
If YES:		Payment Amount:		How Often?		Total Outstanding:	
<input type="checkbox"/>	<input type="checkbox"/>	Does any member pay for any prescription medications on a regular basis? Do <u>not</u> include medication names/types.					
If YES:		Cost:		How Often?			
<input type="checkbox"/>	<input type="checkbox"/>	Does any member have any other medical expenses?					
If YES:		Type:		Amount:		How Often?	

Please list specific expenses:

Verification Forms

- 1- Certification Statement**
- 2- Authorization for the Release of Information/ Privacy Act Notice**
- 3- York Housing Authority (YHA) Authorization For Release Of Information**
- 4- Application – Exemption from Minimum Rent of \$50**
- 5- FSS/Homeownership Interest Form**
- 6- Wells Fargo Verification of Deposit Form (only applicable if a household member has an account with Wells Fargo)**
- 7- Pharmacy Authorization Release Form (only applicable if the head/co-head/spouse of the household is 62 years old or older and/or disabled)**
- 8- Supplement to Application (HUD-92006)**

I/We certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge and belief.

Reporting Changes in Income or Household Composition

I/We understand that I/We am/are required to report any changes in the household size, when a person moves in or out of the unit. I/We am/are also required to report any decreases in family income or benefits or non-wage increases.

Recertification / Inspection

I/We understand **failure to provide all required information by the date YHA requests it could result in YHA not providing advance notice of a rent increase and/or termination from the Housing Choice Voucher program.** I/We also understand that assistance may be terminated if I/We fail to allow the inspector access to the unit on two (2) or more occasions.

No Duplicate Residence or Assistance

I/We certify that the house or apartment will be my/our principal residence and that I/We will not obtain duplicate Federal housing assistance while I/We am/are on this program. I/We will not live anywhere else without notifying the YHA office immediately in writing. I/We will not sublease the assisted residence.

Cooperation

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

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse (Co- Head)	_____ Date
_____ Other Adult	_____ Date
_____ Other Adult	_____ Date
_____ Other Adult	_____ Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

York Housing Authority
31 South Broad Street
York, PA 17403

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 39 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

Housing Authority of the City of York (YHA) AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The York Housing Authority and the U.S. Department of Housing and Urban Development may use this authorization and the information obtained with it, to administer and enforce rules and regulations governing its housing programs.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs: Low Income Rental Public Housing; and any Section 8 Housing Assistance Payment Programs administered by York Housing Authority (YHA) (including Project Based voucher program).

I authorize the above named agencies to obtain information about my family, or me which is pertinent to eligibility or participation in assisted housing programs.

Information Covered: Inquiries may be made about: Child Care Expenses, Credit History, Criminal Record, Family Composition, Employment, Income, Pensions, and Assets, Federal, State or Local Benefits, Handicapped Assistance Expenses, Identity and Martial Status, Medical Expenses, Social Security Numbers, Residences and Housing History.

Individuals, Organizations or Agencies that may release information: Any individual, organization or agency including any governmental agency may be asked to release information. For example, information may be requested from: Bank and Other Financial Institution; Employers – Past and Present; Landlords; Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care and Pensions/ Annuities; Schools and Colleges, Shelters, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Unemployment Agencies, Utility Companies and Welfare Agencies.

Computer Matching Notice and Consent: I agree that the above named agencies may conduct computer-matching programs with other governmental agencies including: Federal, State or local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated. I understand that this authorization is good for 39 months from date of signature.

Head of Household Name	Signature	Date
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Other Adult Name	Signature	Date
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Other Adult Name	Signature	Date
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Sect. 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its jurisdiction and has established penalty of fines up to \$100, 000 and/or imprisonment not to exceed 5 years.

Exemption from Minimum Rent of \$50

For Households that are currently paying the Minimum Rent of \$50.00

If a family is unable to pay the minimum, rent because of a financial hardship the family may be eligible for a temporary or long-term waiver from paying Minimum Rent if they meet at least one of the following criteria:

- The family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program. A hardship will be considered to exist only if the loss of eligibility has an impact on the family's ability to pay the minimum rent. For a family waiting for a determination of eligibility, the hardship period will end as of the first of the month following: (1) implementation of assistance, if approved; or (2) the decision to deny assistance. A family whose request for assistance is denied may request a hardship exemption based upon one of the other allowable hardship circumstances.
 - To make a claim under this hardship exemption, the family must provide YHA with proof of application for assistance, or termination of assistance. The proof would be provided by the agency responsible for granting assistance or terminating assistance.
- The family would be evicted because it is unable to pay the minimum rent. For a family to qualify under this provision, the cause of the potential eviction must be the family's failure to pay rent or participant-paid utilities. The family must be able to document inability to pay the minimum rent at the time of the request.
 - The family income has decreased because of changed family circumstances, including the loss of employment. To make a claim under this criterion, the loss of employment must not be the result of failure to meet employment requirements by the participant. Changed circumstance as defined in this section includes, but is not limited to: Reduction in work hours, pay rate and /or work force
- If a death has occurred in the family. In order to qualify under this provision, a family must describe how the death has created a financial hardship (e.g., because of funeral-related expenses or the loss of the family member's income). The deceased family member must be an income producing member of the household, which contribute to the 30% of income used to calculate the participant's rent.

YHA defines temporary hardship as a hardship expected to last 90 consecutive days or less. Long term hardship is defined as a hardship expected to last more than 90 consecutive days.

The hardship period ends when any of the following circumstances apply:

- At an interim or annual reexamination, the family's calculated TTP is greater than the minimum rent.
- For hardship conditions based on loss of income, the hardship condition will continue to be recognized until new sources of income are received that are at least equal to the amount lost.
- For hardship conditions based upon hardship-related expenses, the minimum rent exemption will continue to be recognized until the cumulative amount exempted is equal to the expense incurred.

To make a claim under these provisions the applicant or participant must submit a request, in writing, to YHA office.

The applicant/participant must provide documentation to support the request for a hardship exemption. YHA will review the request and make a determination whether the family is eligible for the hardship. If you want to **apply for Exemption from Minimum Rent, state the reason and submit with the documentation to support the request:**

Signature: _____

Date: _____

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:

WELLS
FARGO

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

Online Instructions.....www.wellsfargo.com/vod

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)

[illegible]

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 _____



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: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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.