



## HCV MOVE REQUEST PROCESS

The enclosed packet is for active Housing Choice Voucher (HCV) Participants who wish to move within York County, Pennsylvania.

**Please complete, sign and return all paperwork and required documents in the secure drop box at the YHA Main Office 31 South Broad Street, York.**

**Request to Move Packet  
Needed Documents (Income, Expenses, Assets, Proof of Current Residency)**

### NEXT STEPS:

Your packet and documents will be reviewed and your eligibility to move will be determined so please provide a current, active phone number and/or email address.

YHA will mail you a move voucher, a Request for Tenancy Approval (RFTA) packet and a list of known available rental options. The move voucher will expire after 120 days so you are encouraged to search all affordable housing options for your new home, not just the list provided. While you search for a new home, you may discover a unit that is not on the YHA list and a landlord who is interested in participating in the Section 8 Program.

When you find a unit you like, complete the RFTA packet with the prospective landlord and drop it off in the secure drop box located at YHA Main Office.

YHA will review the RFTA to make sure the unit is affordable for you

1. Approximately two weeks later the YHA inspectors will contact you and the prospective landlord to schedule the initial inspection.
2. The unit must pass inspection before the HAP contract can be processed.
3. You and your household must remain in compliance with the Section 8 Program Requirements and the Housing Authority Program Policies. Your current lease agreement must not have been violated in any way or left any damages in your unit “beyond normal wear and tear”.

You may contact our office if you have questions or concerns.

## REQUEST TO MOVE FORM

Printed Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
# Street Unit # City / State / ZIP

1<sup>st</sup> Phone number: \_\_\_\_\_ 2<sup>nd</sup> Phone number: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

My Coordinator is: \_\_\_\_\_

Approximate Move Date: \_\_\_\_\_ (*after initial 12 month lease expires*)

This request is to move my Housing Choice Voucher to another unit in York County, PA.

**I understand:**

- I cannot move during the first twelve (12) months of my current lease agreement.
- I must update my household income, assets and expenses and provide required documents in order to be eligible for a move voucher.
- I must not violate the lease agreement with my current landlord or the Section 8 Housing Choice Voucher agreement with York Housing Authority.
- I cannot leave any damages beyond 'normal wear and tear' in my current unit.

**Si usted no entiende esta carta o formulario porque esta escrito en inglés, favor de comunicarse con la Autoridad de Vivienda a 717-845-2601 con anticipación para servicios de interpretación.**

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

Date of Request: \_\_\_\_\_

OFFICIAL USE ONLY (Do not write below this line.)

AC Approval: YES NO

Date Stamp:



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## *What You Should Know About EIV*

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note:*** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

**February 2010**

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iv.cfm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature

Date



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

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

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**

## **NOTICE OF PORTABILITY**

### **PORTABILITY**

The portability feature allows a family participating in the Section 8 tenant-based program to move outside the issuing PHA's jurisdiction with continued assistance.

A family eligible for portability may lease a unit in any of the following places:

- The PHA's jurisdiction,
- Within the metropolitan statistical area of the PHA.
- Within the state in which the PHA is located,
- Within a contiguous metropolitan area even if it crosses states lines, and
- Anywhere in the United States where there is a housing authority operating a tenant-based assistance program

The PHA issuing the family a voucher is the "initial" PHA. The PHA accepting the voucher family is the "receiving" PHA.

### **Eligibility for Portability**

If a family's head of household or spouse did not live in the PHA's jurisdiction at the time of application submission, our PHA will require that the family lives in the PHA's jurisdiction during its first year in the program prior to becoming eligible for portability.

Families whose head of household or spouse lived in the PHA's jurisdiction at the time of application, and families who have completed their obligation to lease within the PHA's jurisdiction for one year, are eligible for portability.

A family is not eligible for portability if the family has moved out of its Section 8 unit in violation of the lease.

A family using a voucher for the first time (applicant) is subject to the Very Low-Income Limits of the receiving PHA.

A family already participating in the program and eligible for portability is not required to meet eligibility income limits, with one exception. For a pre-merger certificate family who is issued a voucher under portability, the family's income must be compared to the Low-Income Limits of the receiving PHA.

**Family Portability Information Form** (HUD-52665)

The initial PHA must complete the Family Portability Information Form whenever a family uses portability and must send it to the receiving PHA. The receiving PHA completes and sends the form to the initial PHA whenever the status of the family changes, a HAP contract is executed or there is a change in the billing amount.

The form has two parts: Part I must be completed by the initial PHA and Part II by the receiving PHA.

**TO USE YOUR PORTABILITY OPTION**

Contact your caseworker if you want to move to any location other than York City or York County. Your caseworker will assist you in Portability and provide you with important information.

**I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND PHA POLICY. I HAVE RECEIVED A COPY OF THIS FORM.**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date



**RESPONSIBILITIES OF A FAMILY PARTICIPATION  
IN THE SECTION 8 RENTAL ASSISTANCE PROGRAM**

**(VOUCHER)**

When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the Section 8 Program.

**THE FAMILY MUST:**

1. Supply any information that the 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 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 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** within 10 calendar days of the change if any family member no longer lives in the unit.
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 Section 8 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:

\_\_\_\_\_  
Date

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

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

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

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

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.

Revised 2011

## THE DANGER OF LEAD POISONING TO RENTERS

There is a possibility that the unit you rent may contain lead paint. Lead paint is poisonous if eaten. Many children do eat paint flakes and frequently become very sick. You as a parent are in the best position to safeguard your child's health by preventing him or her from eating paint or paint chips. This pamphlet will answer some of your questions about how to know if your child is eating lead paint and what to do about it.

Lead poisoning is a serious health problem in this country. Each year thousands of children under seven (7) years of age are poisoned when they eat bits of paint containing lead. Children who eat lead can become mentally retarded, blind, paralyzed, or even die. You can safeguard your child's health by preventing him/her from eating paint chips, which may contain lead. The Department of Housing and Urban Development (HUD) has prepared this pamphlet to make you aware of the problem of lead paint poisoning in the home.

As a parent, you need to know what to do to prevent the sickness lead paint can cause. You need to know what to do if your child has lead poisoning.

Your child can get lead poisoning by eating paint, dirt, dust, newspaper, or other non-food items containing lead. The most common cause of lead poisoning is lead based paint. Children can get dangerous amounts of lead from eating even very small amounts of such paint. Unfortunately, usually there are no obvious signs of lead poisoning. Often lead poisoning can seem like a number of other childhood diseases, but if your child has stomach aches and vomiting, headaches, a loss of appetite, is cranky or frequently too tired to play, he may have lead poisoning. Any or all of these symptoms can be signs of lead poisoning. Often there are no symptoms at all. If anyone tells you that your child has eaten paint chips or plaster, or if you see any of these signs in your child, you should have your child tested for lead in his/her blood as soon as possible. Do not wait too long! Your doctor, local clinic, hospital, or public health department can test your child for lead poisoning. Blood samples can be taken and tested to tell if your child has eaten enough lead to be harmful. In many communities, there are blood-screening programs operated by local health departments, but screening is usually conducted in older areas of cities where lead-based paint and poisoning is most common. Testing for lead takes only a matter of minutes.

Blood screening programs are usually free, will test children for lead even if they show no symptoms of poisoning, and have not been seen eating paint. The Department of Health, Education and Welfare and local health departments support a number of blood screening programs. If you are aware of a screening program in your area, call your public health nurse or social worker at the local health department. If there are no screening programs in your city and you cannot afford testing, the Medicaid program may pay for screening of children both below six year of age and above the age of six if a doctor says that testing is necessary.

If test show that your child has a high level of lead in his/her blood he/she will need medical supervision and possible treatment. If treatment is necessary your doctor, local clinic, or hospital will be able to remove the lead in your child's blood. Medicaid or your local health department may pay for such treatments. If testing shows that your child has a lot of lead in his/her blood, your local health department may send someone to measure the lead paint in your home and may require treatment by the owner of the unit of the lead paint hazards on walls and woodwork. Such work is often messy and inconvenient, but is necessary to prevent the possibility of further sickness from the lead. Cooperate with any workers who is sent to correct the lead condition in your home.

Lead paint is not the only cause of lead poisoning. Eating paint, dirt or other non-food substances containing lead can poison your child. Young children put many things besides food in their mouths, but if those objects contain lead, poisoning is possible. Keep in mind that even common household dust sometimes contains high levels of lead.

Lead paint, which has weathered and fallen to the ground, can collect in dust and soil. Exhaust from automobiles, which use leaded gasoline, also contains lead, which can collect in dust and soil. Children should be discouraged from playing in the dust and dirt near busy streets where the lead content in soil is likely to be heaviest.

You should stop your child from eating or chewing paint or other objects that may contain lead. Warn your child of the dangers of eating anything other than food if he/she is old enough to understand. Make sure that the rest of your family and anyone who babysits for you are aware of the lead paint problems and will prevent your child from eating paint. Often children will eat things if they are bored or hungry. Children are safer if they have activities or toys to keep them busy. If your child is not eating properly, you may want to take him to a doctor.

The best way to prevent lead paint poisoning is to keep your home in good shape. The primary source of lead paint hazards is peeling and flaking paint. Water leaks from faulty plumbing or defective roofs often cause paint to peel or flake from walls and ceilings. Repair of such leaks can prevent future peeling or flaking paint. If you have such leaks, or if you have peeling, flaking paint in your apartment, notify the Housing Authority or property owner.

To prevent peeling paint, most apartments should be repainted every three to five years. It is important to cooperate with the property owner when repainting time comes. If your apartment has not been repainted within this period, inform the Housing Authority or property owner.

You may have a lead paint hazard now if your walls are cracking or peeling. If you have small children, here are some things you should do immediately to protect them:

1. Notify the Housing Authority and the landlord immediately;
2. Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork and ceilings;
3. Sweep up all pieces of paint and plaster;
4. Put the sweepings in a paper bag or wrap them in newspaper and put these in a trash can;
5. Be careful not to leave paint chips on the floor, and keep children away from the dust.

Always keep the floor clear of loose bits of paint and plaster. Sweeping the floors clean of paint chips is simple, but it is most important. Children can pick loose paint off walls, so be extra careful about keeping the loose paint from the lower part of walls where your child can reach. As an emergency measure, you might also move heavy furniture against walls with peeling paint.

**REMEMBER:** You play a major role as a parent in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a difference.

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Signature of Head of Household

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Date

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WATCH OUT FOR LEAD BASED PAINT POISONING NOTIFICATION  
PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD PAINT POISONING**

The interiors of older homes and apartments often have layers of lead based paint on the walls, ceilings, window sills and door frames. Lead based paint and primers may also have been used on outside porches, railing, garages, fire escapes and lamp post. When the paint chips, flakes or peels off there may be a real danger for babies and young children.

Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint or dust particles containing lead, they may get these particles on their hands, put their hands into their mouth, and ingest a dangerous amount of lead.

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning, although many times there are no symptoms at all. Lead poisoning can eventually cause serious health conditions.

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible.

Inform other family members and babysitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that may contain lead.

Look at your walls, ceiling, door frames, and window sills. Are these places where the paint is peeling, flaking or chipping? If so, there are some things you can do immediately to protect your child.

1. Cover all furniture and appliances
2. Get a broom or stiff brush and remove all loose pieces of paint from the walls, woodworks and ceilings
3. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. Do not burn them.
4. Do not leave paint chips on the floor. Damp mop floors in and around the work area to remove all dust and paint particles. Keeping the floor clear of paint chips, dust and dirt is eat and very important; and
5. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

**AS A RENTER:**

You should notify the Housing Authority and the Landlord immediately if the unit in which you live has flaking, chipping or peeling paint, water leaks from faulty plumbing or defective roofs. You should cooperate with the landlords' efforts to repair any deficiencies and keep your unit in good shape. When lead based paint is removed by scraping or sanding, a hazardous dust is created which can enter the body either by breathing or swallowing the dust. The use of heat or paint removers could create a vapor or fumes which may cause poisoning if inhaled over a long period of time. Whenever possible the removal of lead based paint should take place when there are no children and pregnant women on the premises.

Remember that you as a parent play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

I have received a copy of the notice entitled "Watch out for Lead Paint Poisoning" and a copy of "The Danger of Lead Poisoning to Renters."

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

\_\_\_\_\_  
Date



### FILE NOTICE

I acknowledge the receipt of the pamphlet entitled, “Protect Your Family From Lead In York Home” from the Housing Choice Voucher Program.

Signed: \_\_\_\_\_

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



I/We hereby certify that I/We have made NO disposition of property over the past two year period.

I/We certify that this statement is true and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

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

\_\_\_\_\_  
Spouse/Co-Head/Other Adult

\_\_\_\_\_  
Other Adult

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

*Si usted solicita con anticipación, la Autoridad de Vivienda proporcionará servicios de interpretación gratuitamente a las personas con habilidades limitadas del idioma inglés.*



## Statement of Understanding

I, \_\_\_\_\_, understand the Housing Authority is required to provide landlords with my current address and prior addresses (if known) and the name and addresses (if known) of the landlord(s) at my current address and prior addresses.

I also understand the Housing Authority will furnish prospective landlords with information about my family's history on previous damage to a unit beyond reasonable wear and tear, whether any Security Deposit or Vacancy claims were paid in the past to a landlord or any history of family members involved in "drug trafficking" to the Housing Authority's knowledge.

Signed: \_\_\_\_\_

Date \_\_\_\_\_





## Statement of Understanding Responsibilities In Order To Move

I, \_\_\_\_\_, understand and accept the following responsibilities in order to move from my current unit at \_\_\_\_\_.

I will be responsible for Security Deposit in my new unit.

I understand that my future participation in the Housing Choice Voucher Program is dependent on meeting family responsibilities at my current address.

Also, to continue my assistance in my new unit:

- I will give proper, written notice to the unit owner/agent and York Housing Authority in accordance with my current lease agreement and HCV agreement.
- All keys for the current unit will be returned to the current unit owner/agent.
- I have a zero balance due with the current unit owner/agent.
- Current unit owner/agent must verify the unit does not exceed normal wear and tear.

The current unit owner/agent may request a damage move-out inspection to document excessive damage, which may result in fees that I will be responsible to pay and/or impact future participation.

I understand and accept the above procedure.

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

\_\_\_\_\_  
Date

## APPLICANT/TENANT CERTIFICATION

### APPLICANT(S)'S/TENANT(S)'S STATEMENT

I/We certify that the information given to the Housing Authority of the City of York Housing Agency 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 understand that false statements or information are punishable under Federal Law. (Add reference to state law if applicable.) I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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Signature of Head of Household

Date

---

Signature of Spouse/Other Adult Household Member

Date

---

Signature of Other Adult Household Member

Date

---

Signature of Other Adult Household Member

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 (Tenant Date Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

\*\*\*\*\*

**Voucher**  
**Housing Choice Voucher Program**

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

OMB No. 2577-0169  
(Exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read <b>entire</b> document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert <b>unit size</b> in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size
2. <b>Date Voucher Issued (mm/dd/yyyy)</b> Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)
3. <b>Date Voucher Expires (mm/dd/yyyy)</b> Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)
4. <b>Date Extension Expires</b> (if applicable)(mm/dd/yyyy) (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)

7. Name of Public Housing Agency (PHA)

8. Name and Title of PHA  
Official

Section 8 Program Manager

9. Signature of PHA  
Official

Date Signed (mm/dd/yyyy)

**1. Housing Choice Voucher Program**

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

**2. Voucher**

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

**3. PHA Approval or Disapproval of Unit or Lease**

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.

The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

- D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.
- E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.
  - 1. The owner and the family must execute the lease.
  - 2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
  - 3. The PHA will execute the HAP contract and return an executed copy to the owner.
- F. If the PHA determines that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:

- 1. The proposed unit or lease is disapproved for specified reasons, and
- 2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.

"  
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"Rt gxlqu'gf ksqpu'qduqrgv".....Rci g'4'qh'5  
"

**4. Obligations of the Family**

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
- B. The family must:
  - 1. Supply any information that the PHA 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 PHA to verify that the family is living in the unit or information related to family absence from the unit.
  - 4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
  - 5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
  - 6. Notify the PHA 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 PHA in writing of the birth, adoption, or court-awarded custody of a child.
  - 9. Request PHA written approval to add any other family member as an occupant of the unit.
  - 10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.
  - 11. 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. 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.
  - "
  - "
  - "

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tgh0J cpf dqni96420 ""

6. Receive housing choice voucher 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 PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
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

### **5. Illegal Discrimination**

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

### **6. Expiration and Extension of Voucher**

The voucher will expire on the date stated in item 3 on the top of page one of this voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

## 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***

<b>Head of Household</b>	Last Name	First Name	Middle Name
<b>Current Address</b>	Street	Apt #	City/State Zip code
<b>Mailing Address</b>	Street	Apt #	City/State Zip code
<b>Contact Numbers</b>	House phone	Cell phone	Alternate/work phone
<b>Email address</b>			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			
<b>I certify that my household pays for the following utilities and these utilities are currently on:</b>				
<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**

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

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

YES <input type="checkbox"/>		NO <input type="checkbox"/>		<b>Child support payments</b>			
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"/>		<b>Other Income</b>			
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.**

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**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"/>		<b>Savings Account</b>				
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"/>		<b>Checking Account</b>				
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 \$ _____
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## 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:

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## **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.**

## 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:**

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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 interested 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:

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





## 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.

<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.



Information Release Statement

I understand that HUD Regulations require the York Housing Authority to verify income and information regarding all current family members in order to participate in the Housing Choice Voucher Program.

I hereby authorize release information relative to eligibility for rental assistance including, and not limited to, income from the Department of Public Welfare, Employment, Social Security, Veteran’s Death Benefits, Court Orders for Support, Unemployment Compensation, Medical Expenses, School Records, Assets including real property, or any other sources of income. In addition, I authorize release of information pertaining to the composition of my household from any applicable source.

I understand this authorization will continue in force and effect until terminated in writing by the undersigned.

I grant permission to transmit information via facsimile (FAX).

I hereby authorize the York Housing Authority 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.

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

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

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

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

Si usted no entiende esta carta o formulario porque esta escrito en inglés,  
favor de comunicarse con la Autoridad de Vivienda a 717-845-2601  
con anticipación para servicios de interpretación.

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

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

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

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

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.