

CURRENT APPLICANTS UPDATING THEIR APPLICATION ONLY
HOUSING ASSISTANCE APPLICATION – PUBLIC HOUSING

FISCAL YEAR 2023 INCOME LIMITS

Persons in Household	Public Housing
1	\$49,650
2	\$56,750
3	\$63,850
4	\$70,900
5	\$76,600
6	\$82,250
7	\$87,950
8	\$93,600

OFFICE HOURS

OPEN
MONDAY – FRIDAY
8:00 AM to 12 Noon & 1:00 PM to 4:00 PM

WHAT DO I BRING WITH ME?

- Photo ID**, for adults 18+
- Social Security Card**, all household members
- State-Issued Birth Certificates** for all household members **OR hospital birth record, passport, DD-214.**
- Income Verification**, last 30 days, if employed. Self-Employment verification may include, but is not limited to, Federal Income Tax Return, receipt statement(s), and profit/loss statement(s).
- Benefit/Award Letter**, if you receive benefits such as Social Security, SSI, Veterans Benefits, Unemployment, Worker’s Compensation, and other documentation including benefits received from dependent children.
- Child Support Verification**, if you receive child support, obtain a statement from the Child Support Enforcement Office or third-party documentation.
- Transitional Employment Assistance (TEA)**, statement of monthly benefit amount from DHS.
- Asset Verification**, such as property, investment income, stocks, bonds, or other financial assets. Forms of verification include but are not limited to, brokerage statements, mutual fund managers, Federal Income Tax Return, or other third-party documentation.
- Divorce Decree**, and/or **Child Custody Agreement**, if you are divorced with minors in the household.
- Live-In Aide Verification**, if you require a live-in aide, certification from a knowledgeable professional must be obtained.
- References**, two rental and three character references including names, complete mailing addresses, and phone numbers. If you do not have rental history, five character references are required.

SUBMISSION OF APPLICATION

Applications must be completed in full and submitted to our office during business hours. Incomplete applications or applications missing required documents listed above will not be accepted. Upon submission of your complete application, you will be placed on the waitlist according to the date and time in which you submitted your application. Applicants will receive communication from FHA to the mailing address provided on the application. It is the applicant’s responsibility to contact FHA with any changes in contact information. Returned mail and no response to communication from FHA will result in dropped applications from the waitlist.

VERIFICATION FORMS

For your convenience in the verification process, below is a list of forms supplied by the FHA to help assist you in the completion of your housing application. The forms listed may be requested by contacting the FHA office.

Cash Contribution Verification Form
Childcare Verification Form
Employment Verification Form

Reasonable Accommodation Form (live-in aide)
References Form
Zero Income Self-Certification Form



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call 479-521-3850 or email housing@fayettevilleha.org

CURRENT APPLICANTS UPDATING THEIR APPLICATION ONLY
HOUSING ASSISTANCE APPLICATION – PUBLIC HOUSING

HOUSEHOLD CONTACT INFORMATION

Head of Household Name _____ Email Address _____

Address _____ City, State, Zip _____

Phone Number _____ Alt Phone Number _____

HOUSEHOLD COMPOSITION

Marital Status: Single Married Divorced Separated Widowed

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	*RACE	**ETHNICITY	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
	SELF					

* Race for statistical purposes only. Providing this information is optional. The housing authority collects statistical data on ethnicity and race in accordance with federal regulations. Use appropriate number: [1] White [2] Black [3] American Indian or Alaskan Native [4] Asian [5] Native Hawaiian or Other Pacific Islander [6] Mixed [7] Other.

** People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic [H] or Non-Hispanic [N].

Do you have an animal? Yes No If yes, will the animal be staying with you? Yes No
Please note, updated animal vaccination records must be provided.

FOR OFFICE USE ONLY
Application Number: _____ Bedroom Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

DISABILITY CERTIFICATION

It is not necessary to give details regarding your disability unless you are requesting an accommodation.

Do you claim a disability? Yes No

Do you need an accommodation to help you complete the application process? Yes No

If yes, what accommodation do you request? _____

Do you need an accommodation in housing features because of your disability? Yes No

If yes, what accommodation do you request? _____

Mobility Accessible Communication Accessible Other: _____

HOUSEHOLD INFORMATION

Does anyone plan to live with you in the future who is not listed on your application? Yes No

If yes, please explain: _____

Have you or any other adult member(s) ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes No

If yes, please explain: _____

Do you attend a college or university? Yes No

If yes, what is the cost of your tuition, fees, and books? _____

Check the box to indicate your current living situation.

<input type="checkbox"/> renting	<input type="checkbox"/> living with family/friends	<input type="checkbox"/> own my home
<input type="checkbox"/> homeless	<input type="checkbox"/> at risk of being homeless	<input type="checkbox"/> other:

If renting, what is your current rent? \$ _____

If renting, what are the current monthly utilities you pay? \$ _____

Are you presently receiving any type of housing assistance? Yes No

If yes, please explain: _____

Have you ever lived in Public Housing? Yes No

If yes, please explain: _____

Have you ever been a participant in the Section 8 Housing Choice Voucher Program? Yes No

If yes, please explain: _____

Have you, or has any member of your household, ever participated in the "Earned Income Disallowance" through a Public Housing Program, HOME Program, HOPWA, Supportive Housing or Section 8 Voucher/Rental Assistance Program? Yes No

If yes, when and where? _____

Have you ever been evicted from Public Housing, Indian Housing, or the Section 8 Housing Choice Voucher Program? Yes No

If yes, please explain: _____

Have you, or has anyone in your household, ever committed fraud while being a participant in a federally assisted housing program or have been requested to repay money for knowingly misrepresenting information?

Yes No

If yes, please explain: _____

TOTAL HOUSEHOLD INCOME

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, Veterans benefits, Unemployment, Worker’s Compensation, retirement benefits, AFDC, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

FAMILY MEMBER	SOURCE OF INCOME/TYPE	ANNUAL INCOME

CHILDCARE

Does anyone in your household pay for childcare which enables you or another household member to work or attend school? Yes No

If yes, who? _____
You must supply provider name, address, phone number and recent statement of amount(s) paid.

ASSETS TOTALING \$5,000 OR MORE

Does anyone in your household have a checking account totaling \$5,000 or more? Yes No

If yes, you are required to provide the most recent six months bank statements that we may estimate the value of the asset in accordance with HUD requirements.

Does anyone in your household have a savings account totaling \$5,000 or more? Yes No

If yes, current balance \$ _____

LIST ALL ASSET ACCOUNTS OF \$5,000 OR MORE FOR ALL HOUSEHOLD MEMBERS			
FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	CURRENT BALANCE

Do you have cash that is not deposited in an account? Yes No

Do you own an IRA or any other retirement accounts? Yes No

Do you own a home or other property? Yes No

Have you sold or given away real property or other assets valued at \$1,000.00 or more, including cash donations? Yes No

Do you own stocks/bonds/certificates of deposit (CD)? Yes No

If yes, current value \$ _____

Do you have access to any other assets, property, insurance policies, businesses, etc.? Yes No

If yes, provide a description of the asset(s) and the current value _____

ELDERLY AND/OR DISABLED FAMILIES

Do you pay for care, or expenses, for a disabled household member that allows any adult member to work?

Yes No

Do you pay for equipment that allows any adult household member to work, such as costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work? Yes No

Name of household member who is enabled to work: _____

Monthly amount of expense: \$ _____

Do you have out-of-pocket expenses for Medicare? Yes No

Do you have any other type of medical insurance? Yes No

If yes, what is your premium? \$ _____

Do you receive medical assistance through the welfare department? Yes No

Do you have outstanding medical bills on which you are paying? Yes No

Do you expect to have any medical expenses during the next twelve (12) months? Yes No

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE COMPLETE CHART BELOW

FAMILY MEMBER	DESCRIPTION OF EXPENSES (PREMIUMS, MEDICAL BILLS, EXPENSES, ETC.)	COST

APPLICANT CERTIFICATION

I/We certify the information given to the Fayetteville Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand false statements or information is punishable by Federal Law. I/We also understand false statements or information is grounds for termination of housing assistance and termination of tenancy. I/We do hereby authorize the Fayetteville Housing Authority and its staff to contact any agencies, offices, groups, or organizations to obtain any information or materials which are deemed necessary to complete or verify my application.

Head of Household Signature

Date

Spouse Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

CRIMINAL HISTORY

IMPORTANT – You must answer the following questions fully. Be accurate and honest with your answers. A criminal history does not necessarily keep you from obtaining or maintaining housing assistance. If you need more room, please attach extra paper to explain your situation.

Have you, or has any member of your household, ever been convicted of a crime? Yes No

If yes, who? _____

CHARGE	HOUSEHOLD MEMBER	YEAR	STATE

CRIMINAL RECORD CERTIFICATION

As head of household for my family, I, _____ hereby certify I have disclosed to the Fayetteville Housing Authority all criminal convictions for any adult member of my family who will be living in my unit.

I hereby certify that no member of my family, including myself, who will be living in my unit, is subject to a lifetime registration requirement under any State Sex Offender Registration Program.

I hereby certify that no member of my family, including myself, who will be living in my unit, has been convicted of the production or manufacture of methamphetamines.

I hereby certify that no member of my family, including myself, who will be living in my unit, has been convicted of drug-related or violent criminal activity in the last three (3) years.

I am aware if any verifications produce any criminal convictions that have not been previously reported to the Fayetteville Housing Authority, it could be grounds for eviction and/or termination of assistance.

Head of Household Signature

Date

WARNING – TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Declaration of Section 214 Status

PART 1: Applies to All Family Members

List each member of the household below and check the appropriate box indicating whether the individual is a citizen, non-citizen, or is choosing not to declare. At least one member of the household must be a citizen or a non-citizen with eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development (HUD). Members of the household have a right not to declare. In these cases, they may still reside in the subsidized unit, but the amount of the subsidy will be prorated, as determined by HUD and the U.S. Citizenship and Immigration Service.

All adults must sign where indicated to certify that all members of the family are listed on Part 1 of this form and that all information provided is correct. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add additional family members who are not listed.

<u>Print the Name of ALL Household Members</u>	<u>Age</u>	Select Appropriate box			<u>Signature of Adult</u> If Family Member is a Minor, the Responsible Adult Must Sign
		I am a Citizen or National	OR	I am a noncitizen w/ eligible immigration status	
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X

Head of Household Certification

As head of household, I certify, under penalty of perjury, that all members of my household are listed in Part 1 of this form and that all members of my household that have not checked a box on part 1 of this form do not claim to be citizens or nationals of the United States, or non-citizens with eligible immigration status.

Signature

Date

NOTE: Family members who have checked a box indicating that they are a non-citizen with eligible immigration status must complete PART 2 of this form.

WARNING: Title 18 US Code Section 1001 states a person is guilty of a felony for knowingly or willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NON-CITIZENS ONLY COMPLETE THIS FORM

PART 2: Verifying Eligibility of Non-Citizen Family Members

All Family Members who have claimed eligible immigration status on PART 1 of this form must provide this office with one of the following documents:

- Form I-551, Alien Registration Receipt Card
- Form I-94, Arrival-Departure Record with appropriate annotations or documents
- Form I-688, Temporary Resident Card
- Form I-688B, Employment Authorization Card
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant’s entitlement to the document has been verified.

If documents are not presented and verified, your family’s rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Consent to Verify Eligible Immigration Status

Each family member required to complete PART 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

<u>Print the First and Last Name of ALL Household Members</u>	<u>Age</u>	<u>Signature of Adult or Signature of Guardian for Minors</u>
		X
		X
		X
		X
		X
		X
		X

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further transmission of the evidence or other information.

WARNING: Title 18 US Code Section 1001 states a person is guilty of a felony for knowingly or willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Authorization for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to for participation, and/or to maintain my continued assistance under Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies Support and Alimony Providers	Social Security Administration Medical and Child Care Providers	Credit Providers and Credit Bureaus Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, U understand that I have a right to notification of any adverse information found and a change to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies. The Head of Household may view the EIV information for all family members.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

_____ Head of Household	_____ (Print) Name	_____ Date
_____ Spouse	_____ (Print) Name	_____ Date
_____ Adult Member	_____ (Print) Name	_____ Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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.



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