



EQUAL OPPORTUNITY

DANVERS HOUSING AUTHORITY

14 STONE STREET
DANVERS, MA 01923-1899

(978) 777-0909 FAX (978) 777-0955
SECTION 8 (978) 777-7926
TRS 1-800-439-2370

FEDERAL APPLICATION FOR ADMISSION AND REDETERMINATION

Control Number _____

Applicant Name _____

Address _____

Rand Circle

Highland Manor

Phone Number _____

Family Member	Name	Birthdate	Relationship	Social Sec. #	Age	Sex	Disabled Y or N
1			Head of House				
2							
3							
4							
5							
6							
7							
8							

ALL CHANGES IN ADDRESS, INCOME AND FAMILY COMPOSITION MUST BE REPORTED TO THE DHA IN WRITING IN ORDER FOR YOU TO REMAIN ON THE WAITING LIST.

Special Needs _____

Make, Model and Registration Number of Auto(s) _____

Do you own a pet? If yes, please describe _____

Name, Address and Phone Number of Next of Kin _____

List two personal references (not family or household member):

Previous Addresses for the last ten years: (attach additional paper if necessary to list all residences for the ten years.)
Address _____

Landlord's Name: _____

Landlord's Address and Phone Number: _____

Address _____

Landlord's Name: _____

Landlord's Address and Phone Number: _____

Source and Amounts of Income of ALL Family Members age 18 years and older:

Family Member	Source	Rate per Week/Month

Source and Amounts of Family Assets: (include cash, savings, IRA's, CD's, stocks, bonds, annuities, property, etc.)

Family Member	Description	Amount/Value

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

Danvers Housing Authority
14 Stone Street
Danvers, MA 01923

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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



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AUTHORIZATION

I, _____, do hereby authorize the Danvers Housing Authority, and their staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which is deemed necessary to complete my application for participation in Public Housing programs.

Signed: _____

Date: _____

Witness: _____



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CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Danvers Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

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1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past ten years? Yes No
 2. Do you currently use illegal drugs or abuse alcohol? Yes No
 3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
 4. Have you been convicted of any drug-related crime within the last ten years? Yes No
 5. Have you been convicted of any felony within the past ten years? Yes No
 6. Have you been convicted of any crime involving fraud or dishonesty within the past ten years? Yes No
 7. Have you been convicted of any crime involving violence within the past ten years?
Yes No
 8. Are you currently charged with any of the above criminal activities? Yes No
 9. Please list all states in which you have lived or have held licenses to drive (include drivers license #'s) _____

 10. Have you ever used or been known by any other name? Yes No

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for denial or termination of my lease. I authorize the Danvers Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Danvers Housing Authority, or to an agency contracted by the Danvers Housing Authority to conduct criminal background checks. All members age 18 and older will need to sign below.

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____ Date _____