

This form and the "Authorization of Release of Information" form **must be signed by ALL adult members of the household** and returned to:

**Southern Iowa Regional Housing Authority**  
219 North Pine Street  
Creston, Iowa 50801  
(641) 782-8585



Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**A. FAMILY COMPOSITION - List all persons who will be living in your home. (Please remember to include yourself)**

Family Member Name First, MI. Last	Birthdate	Social Security No.	Relationship	Age	Sex	Birthplace City & State	Race*	Ethnic**
1.								
2.								
3.								
4.								
5.								
6.								
7.								

\* Race -1 White - 2 Black - 3 American Indian or Alaskan - 4 Asian or Pacific

\*\* Ethnicity - 1 Hispanic - 2 Non-Hispanic

Anticipated Changes in Family Composition: \_\_\_\_\_

\_\_\_\_\_

**B. SOURCES AND AMOUNTS OF INCOME (Including Asset 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, disability payments (SSI), Workman's Compensation, retirement benefits, FIP, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and other sources.

Family Member	Employer	Employer Address and Phone No.	Gross Weekly Wages	FIP	Child Support	Gross Social Security	Unemployment	All other income
1.								
2.								
3.								
4.								

**C. ASSETS:**

1. Do you or any household member own or have financial interest in any real estate? \_\_\_\_\_
2. Have you or any family member disposed of any real estate or assets within the last 2 years? \_\_\_\_\_
3. Do you or any family member own any stocks, bonds, or other investments? \_\_\_\_\_
4. Do you have a checking or savings account, C.D.'s? \_\_\_\_\_

For any yes answers provide description, name and address that pertain.

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**D. DEDUCTIONS AND ALLOWANCES.** List all medical expenses not covered by insurance that are paid from your monthly income.

**1. Elderly Medical:**

Family Member	Doctor/Pharmacy/Hospital/Clinic/Insurance	Address and Phone Number	Cost
1.			
2.			
3.			
4.			
5.			

**2. Child Care:**

Family Member	Provider's Name	Provider's Phone Number and Address	Cost
1.			
2.			

**F. OTHER INFORMATION:**

1. Does anyone outside of your household pay any of your bills or give you money? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if yes \_\_\_\_\_

2. Have you or any other adult member ever used any other names(s) or Social Sec. #'s other than the ones you are currently using?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if yes \_\_\_\_\_

3. Have you or any household member lived in any assisted housing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes list where and when \_\_\_\_\_

4. Have you or any household member ever been convicted of crimes other than traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Crimes convicted of: \_\_\_\_\_

5. Have you or any household member ever committed fraud in a Federal assistance housing program or been required to repay money for misrepresenting information for such programs? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if yes \_\_\_\_\_

6. Are you or any member of your household on the lifetime sex offender registration program of any state? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

7. Have you or any member of your household been evicted from any federally assisted program due to drug, alcohol, or any other criminal activities? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain if yes \_\_\_\_\_

**G. WAITING LIST PREFERENCES**

SIRHA has adopted Waiting List Preferences and gives a preference for Residency, Handicapped or Disabled and Veterans.

**IT IS YOUR RESPONSIBILITY TO SUBMIT THE REQUIRED DOCUMENTS WITH THIS APPLICATION.** *If you fail to provide the required documentation with this application you will not qualify for or receive the preference(s).* Please read the next page that explains the preference and how to qualify for each preference. If you believe you qualify for one or more of the preferences please check below the preference(s) that you can provide the required documentation for.

\_\_\_\_\_ **RESIDENCY**

\_\_\_\_\_ **DISABLED**

\_\_\_\_\_ **VETERANS**

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **all changes** in the income of any member of the household as well as **any changes** in the household members must be reported to the Housing Authority in **WRITING IMMEDIATELY.**

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

\_\_\_\_\_  
Signature of Spouse / Date

\_\_\_\_\_  
Signature of other Adult / Date

\_\_\_\_\_  
Signature of other Adult / Date

## **Waiting List Preferences**

**SIRHA has adopted the following Waiting List Preferences, ranked from highest to lowest:**

**You may qualify for all the preferences listed below. The more preferences you qualify for the higher you will be placed on the Waiting List and the sooner you will receive rent assistance.**

- **Residency Preference ranked as listed below:**
  1. **Category 1** - Any applicant that resides in our 13 County Area (Adair, Adams, Cass, Clarke, Decatur, Fremont, Mills, Montgomery, Page, Pottawattamie, Ringgold, Taylor, or Union County) in Iowa or in Nebraska City, Nebraska at the time of pre-application processing.
  2. **Category 2** - Any applicant that resides in the State of Iowa, but not in our 13 County Area or Nebraska City, Nebraska at the time of pre-application processing.
- **Disabled Preference**
- **Veteran Preference**

## **Qualifying for Waiting List Preferences**

**To qualify for and receive a preference it is your responsibility to select the preference on the application and submit the required documentation as listed below. If you fail to submit the required documentation with this application, you will not qualify for or receive the preference.**

- **Residency Preference** - to qualify for this preference you must submit one of the following items with your name and current address on the document:
  1. Current lease agreement
  2. Current bill
  3. Current award letter/letter issued by a government agency
  4. Government issued ID or Driver's license
- **Disabled Preference** - to qualify for the preference you must submit the documentation as stated below:
  1. Disabled - If you are not receiving Social Security or SSI income, then you must submit a Doctor's statement verifying your disability.
- **Veteran Preference**- to qualify for this preference you must submit one of the following
  1. Military ID (that shows you are or have served in the military)
  2. DD 214 Discharge Form
  3. The family claiming and verification of income from the military or VA for a current veteran family member.

**SECTION 8 AND PUBLIC HOUSING WAITING LISTS**  
**(YOU CAN APPLY FOR BOTH WAITING LISTS ON THIS APPLICATION)**

**SECTION 8 PROGRAM**

You find a rental unit on the private market and the unit must pass Housing Quality Standard Inspections.

You pay at least 30% of adjusted annual income for rent and utilities.

You are not allowed to pay more than 40% of your adjusted monthly income for rent during the first year of the lease.

You pay your portion of the rent to the private landlord. SIRHA pays the remainder to the landlord.

In some cases the landlord will include utility costs in the rent.

If you pay utilities, a Utility Allowance is subtracted from amount you will pay for rent.

The rental unit will be inspected annually by SIRHA.

Landlords are required to follow State and Federal laws and may collect a security deposit.

Participants **CAN NOT** rent a unit from an owner (including a principal or other interested party) who is the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

**SIRHA serves the following counties on the Section 8 Program: Adams, Adair, Cass, Clarke, Decatur, Fremont, Mills, Montgomery, Page, Ringgold, Taylor, Union and Pottawattamie. (WE DO NOT SERVE THE CITY OF COUNCIL BLUFFS)**

**I wish to be on the Section 8 Waiting List. Yes \_\_\_\_\_ No \_\_\_\_\_**

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**(YOU CAN APPLY FOR BOTH WAITING LISTS)**

**PUBLIC HOUSING**

SIRHA owns the rental unit. You pay your portion of rent to SIRHA. We are the landlord.

SIRHA makes repairs and cleans rental unit before you move in.

You have a choice in paying your rent by the Formula Method or Flat Rent Method. Formula Method – You pay 30% of adjusted annual income for rent. Flat Rent Method – You pay the rent amount set by the Housing Authority for the bedroom size of your unit.

You pay your own utility costs and a Utility Allowance is subtracted from the amount you pay for rent.

The rental unit will be inspected annually by SIRHA.

SIRHA collects a security deposit, is monitored by State and Federal agencies, and must follow regulations.

**I wish to be on the Public Housing Waiting List. Yes \_\_\_\_\_ No \_\_\_\_\_**

**I understand I must move or live in one of the towns listed below for Public Housing. Please check the town/towns you are interested in applying for.**

We have Public Housing **Family** units in: **Creston** \_\_\_\_\_ **Leon** \_\_\_\_\_ **Mt. Ayr** \_\_\_\_\_ **Osceola** \_\_\_\_\_ **Lamoni** \_\_\_\_\_

We have Public Housing **Elderly** units in: **Creston** \_\_\_\_\_ **Corning** \_\_\_\_\_ **Leon** \_\_\_\_\_ **Lenox** \_\_\_\_\_ **Mt. Ayr** \_\_\_\_\_

## **IMPORTANT UP-FRONT INCOME VERIFICATION NOTICE**

The Southern Iowa Regional Housing Authority is now required by the U.S. Department of Housing and Urban Development to use Up-Front Income Verification (UIV) Sources whenever possible to verify income information for program participants. UIV is the verification of income through an independent source that systematically maintains income information in computerized form for a large number of individuals.

**Current UIV resources that we may be using include the following:**

- **Enterprise Income Verification System (EIV) HUD's System provides Employment Information, Quarterly Wages, Unemployment Insurance, Social Security and Supplemental Security Income (SSI) Benefits, and National Directory of New Hires (NDNH).**
- **Tenant Assessment Subsystem (TAASS) – HUD's online system for Social Security (SS) and Supplemental (SSD) information.**
- **State Wage Information Collection Agencies (SWICA's)**
- **State systems for the Temporary Assistance for Needy Families (TANF) program**
- **Credit Bureau Information (CBA) credit reports**
- **Internal Revenue Services (IRS)**
- **Private sector databases (e.g. The Work Number)**

We will use additional UIV resources as they become available. This will be done before, during and/or after examination and/or re-examination of household income as necessary to ensure participants are reporting and paying rent on the appropriate amount of income.

It is important to note that UIV data will only be used to verify a participant's eligibility for participation in a rental assistance program and to determine the level of assistance the participant is entitled to receive.

**You are required to disclose and report all sources of money (income) you and any member of your family receive. Failure to disclose and report sources of income is fraud. The consequences of not reporting all sources of money (income) may include:**

- **Termination of rent assistance and eviction**
- **Criminal prosecution, imprisoned up to 5 years and/or fined up to \$10,000.**
- **Immediate repayment for any excess rental subsidy you received.**
- **Prohibited from receiving future rental assistance.**
- **Any other appropriate remedy.**

Optional and Supplemental 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.

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

<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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
<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.	
<b>Signature of Applicant</b>	<b>Date</b>

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.





November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- 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.

Your State and local governments may have other laws and penalties as well.

**Asking Questions** When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

**Completing The Application** When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
  - Any money you receive on behalf of your children (child support, social security for children, etc.);
  - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
  - Earnings from second job or part time job;
  - Any anticipated income (such as a bonus or pay raise you expect to receive)
- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

### Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

### Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

### Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

### Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:  
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

PHA 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(D)(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	_____						
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.