



## **Application for Public Housing and Rural Development**

Forms to be completed by the source, not the applicant:

- Reference from Current Landlord
- Reference from Previous Landlord
- Credit Reference

Other forms & information needed prior to application submission:

- Photo I.D. of all applicants, age 18 and older
- Social Security #'s of all tenants listed on the application
- Birth Certificates for all tenants listed on the application
- City of Glasgow registration of pet
- Vaccination records for pet  
(*Only one pet, is allowed per unit and must be approved.*)

**All documents listed above and within this packet must be submitted in full before we are able to accept your application.**

Upon completion of the application you will be placed on a waiting list or receive a letter of denial if you are deemed ineligible.

If the phone number listed on the application is no longer in service, your application will be removed.

For questions or concerns please visit the Housing Authority of Glasgow office located at 435 Division Street, Glasgow, MT 59230, email [hago@nemont.net](mailto:hago@nemont.net) or call 406.228.4942.

**Head of Household:** \_\_\_\_\_  
Last First M.I.

Head of Household listed must be wholly or partially responsible for paying the rent, must have legal capacity to enter into a lease and must be available for all appointments with our agency.

- Initial application for Public Housing       Guest application for an existing household

Current Address			
Street Address	City	State	Zip
Mailing Address	City	State	Zip

Current Phone & Email	
Home Phone	Message Phone
Cell Phone	Email

**Household Members:**

Legal Name Last, First, M.I.	Sex M/F	Rel.	Social Security #	Date of Birth MM/DD/YYYY	Birth Place City, State, Country	Race	Eth.
Head of Household		H					
Co-applicant/Spouse		Co					
Dependent (oldest to youngest)							

\*Rel. refers to Relationship to Head of Household: **C**hild, **D**ependent, **P**arent, **O**ther

**Do you require any modifications or accommodations to fully utilize the unit?**

Handicap Accessible  Service Animal  Other \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Please provide the following information on Disability Status ONLY if you want your application to be considered for units designated ONLY for disabled. If you do not want this consideration, do not answer:

**DISABLED/HANDICAPPED:**  YES  NO

Family Member #	<u>Source of Income</u>	Start Date	Type of Income SS, SSI, Wages, UI, TANF	Rate/Frequency If employed, include hourly pay & hours/ week

Does anyone outside of your household pay any of your bills or expenses?  YES  NO

If yes, list \$ amounts & what for: \_\_\_\_\_

Are any adults in your household a full-time student?  YES  NO

If yes, provide name & school attending name & contact information: \_\_\_\_\_

<b>Program Integrity Information</b>
Do you expect anyone to move in or out of your household within the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO Does anyone live with you now that is not already listed on this application? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a foster care provider? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes to any above, explain:
Have you ever lived in assisted housing before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and where? Who was head of household and/or co-applicant(s)?
Have you ever used a name other than the one you are using now? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what name(s)?
Have you ever used a social security number other than the one you listed on this form? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is it?
Is anyone in your household subject to a lifetime registration requirement under state sex and/or violent offender registration program? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? <span style="float: right;">What state?</span>
Has anyone in your household been charged or convicted of manufacturing or producing methamphetamines or any other drug related offense? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?
Has anyone in your household been arrested OR convicted of ANY criminal activity? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, WHO, WHEN & WHAT? If yes, has anyone in your household had a felony charge or conviction within the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, WHO, WHEN & WHY?
Do you owe any money to any Housing Agency or other landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:

**Asset Information:** (Certificates of Deposit, Stocks, Bonds, Checking/Savings Accounts, Properties/Vehicles)

Family Member #	Asset Description	Current or Disposed?	Current Market Value	Cash Value	Interest Rate	Annual Income
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$

Do you have any pet(s)? YES NO  
 If yes, what breed(s)? \_\_\_\_\_ Size? \_\_\_\_\_ Weight? \_\_\_\_\_  
 Is your pet licensed with the City of Glasgow? YES NO  
 Do you have proof of vaccinations? YES NO

**Authorizations, Representations and Certifications: READ CAREFULLY**

**I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.**

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency or the U.S. of the Department of Housing and Urban Development.

**I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.**

**I understand that this is not a contract and does not bind either party. All information provided in this application is full, true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements herein.**

ATTENTION APPLICANT: YOU ARE RESPONSIBLE TO MAINTAIN CURRENT AND ACCURATE APPLICATION INFORMATION. YOU ARE REQUIRED TO NOTIFY THE HOUSING AUTHORITY (IN WRITING) OF ANY CHANGE OF ADDRESS. IF WE CANNOT CONTACT YOU AT THE ADDRESS PROVIDED ON THIS APPLICATION YOUR NAME WILL BE REMOVED FROM THE WAITING LIST AND YOU WILL HAVE TO RE-APPLY.

Head of Household Signature

Date (MM/DD/YYYY)

Co-Applicant (s) Signature

Date (MM/DD/YYYY)

**ALL INFORMATION MUST BE COMPLETE TO PROCESS YOUR APPLICATION.  
 IF YOUR APPLICATION IS INCOMPLETE IT WILL BE RETURNED TO YOU.**

The Housing Authority of Glasgow complies with the 'Fair Housing Act', Sec. 800. [42 U.S.C. 3601 note] and provides reasonable accommodations/Modifications to persons with disabilities and are an equal housing opportunity project.

**TO BE COMPLETED BY OFFICE**

Application Processed by: Printed Name, Signature, Title

Time (MST)

Date (MM/DD/YYYY)



**RELEASE OF INFORMATION CRIMINAL RECORD VERIFICATION**

The Housing Authority of Glasgow is obligated to verify certain information about all adult members of families applying for admission to our Public Housing Program. This is in compliance with the Department of Housing and Urban Development's (HUD's) Zero Tolerance Policy and with our agency's Admission and Occupancy Policy.

Head of Household Signature	Date (MM/DD/YYYY)
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Co-Applicant (s) Signature	Date (MM/DD/YYYY)
----------------------------	-------------------

Is any member of your household required to register as a Sexual or Violent Offender in Montana or any State in the United States of America?  YES  NO

If yes, explain: \_\_\_\_\_

The following people have applied for housing subsidized by the U.S. Department of Housing and Urban Development (HUD). The Housing Authority of Glasgow must determine the family's suitability for tenancy.

**ALL adult household members, age 18 years, or older) are required to provide the following information for your application for housing to be considered. Incomplete or omitted information will be grounds for denial of housing assistance.**

By providing the requested information and signing this form, the adult members of the household consent to a complete criminal background check. This may be checked at any time throughout tenancy should your application be approved.

Full Name Last, First, M.I.	Sex	Date of Birth	Social Security #	Current Street Address	Other Names incl. Maiden Name
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

\*A photo I.D. & documentation with a Social Security # MUST be attached for all adult household members listed above to release this form.



**CURRENT LANDLORD VERIFICATION FORM**

(To be completed by Landlord/Owner/Manager)

Name & Address of Current Applicant: \_\_\_\_\_

\_\_\_\_\_

Address Applicant Rented: \_\_\_\_\_

Name and Address of Landlord/Owner/Manager: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Are you a relative or friend of the Applicant?  YES  NO

Please Explain: \_\_\_\_\_

Are you a Current Landlord?  YES  NO Previous Landlord?  YES  NO Dates of tenancy: \_\_\_\_\_ to \_\_\_\_\_

Does the Applicant have a current lease with you?  YES  NO

If yes, terms of lease: \_\_\_\_\_

**1. Rent Payment**

- Amount of monthly rent: \_\_\_\_\_ Does/did this applicant pay rent on time?  YES  NO  
Please explain: \_\_\_\_\_
- Have you ever begun or proceeded with eviction for non-payment?  YES  NO
- Do you provide any of the utilities in the apartment/house?  YES  NO Type: \_\_\_\_\_
- Was the rent subsidized by any Government programs?  YES  NO Type: \_\_\_\_\_
- Does the applicant owe for any back rent, damages, or cleaning, etc.?  YES  NO

**2. Caring for the Unit**

- Does/did the applicant keep the unit clean, safe and sanitary?  YES  NO
- Has the applicant's household damaged the unit?  YES  NO
- If so, what were the costs and did the applicant pay for them? \_\_\_\_\_
- How was the applicant's housekeeping?  EXCELLENT  GOOD  FAIR  POOR

**3. General**

- Is/was the applicant listed on the lease for the unit?  YES  NO
- Does/did the applicant permit other than those listed on the lease to live in the unit on a regular basis?  YES  NO Comments: \_\_\_\_\_
- Has the applicant caused any damage to the unit, yard or common areas?  YES  NO
- Has the applicant or guests created any physical hazards?  YES  NO
- Has the applicant disturbed neighbors excessively or continuously?  YES  NO
- Has the applicant or their guests or family members engage in criminal activity or drug related criminal activity?  YES  NO Comments: \_\_\_\_\_
- Would you rent again or readmit this applicant?  YES  NO Comments: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Previous LANDLORD VERIFICATION FORM**

(To be completed by Landlord/Owner/Manager)

Name & Address of Current Applicant: \_\_\_\_\_

Address Applicant Rented: \_\_\_\_\_

Name and Address of Landlord/Owner/Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you a relative or friend of the Applicant?  YES  NO

Please Explain: \_\_\_\_\_

Are you a Current Landlord?  YES  NO Previous Landlord?  YES  NO Dates of tenancy: \_\_\_\_\_ to \_\_\_\_\_

Does the Applicant have a current lease with you?  YES  NO

If yes, terms of lease: \_\_\_\_\_

**4. Rent Payment**

- Amount of monthly rent: \_\_\_\_\_ Does/did this applicant pay rent on time?  YES  NO  
Please explain: \_\_\_\_\_
- Have you ever begun or proceeded with eviction for non-payment?  YES  NO
- Do you provide any of the utilities in the apartment/house?  YES  NO Type: \_\_\_\_\_
- Was the rent subsidized by any Government programs?  YES  NO Type: \_\_\_\_\_
- Does the applicant owe for any back rent, damages, or cleaning, etc.?  YES  NO

**5. Caring for the Unit**

- Does/did the applicant keep the unit clean, safe and sanitary?  YES  NO
- Has the applicant's household damaged the unit?  YES  NO
- If so, what were the costs and did the applicant pay for them? \_\_\_\_\_
- How was the applicant's housekeeping?  EXCELLENT  GOOD  FAIR  POOR

**6. General**

- Is/was the applicant listed on the lease for the unit?  YES  NO
- Does/did the applicant permit other than those listed on the lease to live in the unit on a regular basis?  YES  NO Comments: \_\_\_\_\_
- Has the applicant caused any damage to the unit, yard or common areas?  YES  NO
- Has the applicant or guests created any physical hazards?  YES  NO
- Has the applicant disturbed neighbors excessively or continuously?  YES  NO
- Has the applicant or their guests or family members engage in criminal activity or drug related criminal activity?  YES  NO Comments: \_\_\_\_\_
- Reason for moving? \_\_\_\_\_
- Would you rent again or readmit this applicant?  YES  NO Comments: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**To be completed by Applicant:**

I, \_\_\_\_\_, hereby authorize  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

to release any information on my past rental history to the Housing Authority of Glasgow.

\_\_\_\_\_  
 Applicant Signature Date

**CREDIT REFERENCE**

The person named above has recently applied for housing with us. Please answer the following questions, so that we may process this application. The completed form may be given to the applicant, mailed to Housing Authority of Glasgow, PO Box 1126, Glasgow, MT 59230, scanned and emailed to hago@nemont.net or faxed to 406-228-8062.

1. This person(s) has/have done business with us/me from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Type of account:  CASH  CHARGE  CHECKING  LOAN  OTHER: \_\_\_\_\_
3. Date of last payment (if applicable)? \_\_\_\_\_
4. Balance owing? \_\_\_\_\_
5. Past due amount? \_\_\_\_\_
6. Number of times past due in the last twelve months? \_\_\_\_\_
7. Rate this person's paying habits:  PROMPT  USUALLY LATE  SOMETIMES LATE  UNSATISFACTORY

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

PLEASE NOTE: All information received by you will be held in strict confidence. Our sole purpose for this information is to determine the eligibility of this applicant into the Public Housing Program. We appreciate your cooperation and thank you for your understanding.

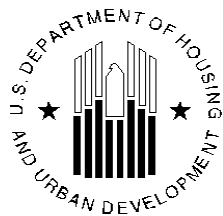
NAME OF BUSINESS/INDIVIDUAL: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 recordkeeping 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 04/30/2023.

#### **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.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>Printed Name</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>	<b>Printed Name</b>	
<b>Signature</b>	<b>Date</b>				
<b>Printed Name</b>					

# 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. 07/31/2021

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

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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



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.

<b>Purpose</b>	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.
<b>Penalties for Committing Fraud</b>	<p>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:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	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.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ 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.</li></ul>

- 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.

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**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.

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**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).

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**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.



**VERIFICATION OF  
DISABILITY**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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Appendix 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR  
QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH ALL PROGRAMS **EXCEPT** SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND SECTION 811 PRAC

DATE:

TO:

FROM:

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party  
to ensure that the verification is returned to the right person. This is important because owners have a  
responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and  
Urban Development (HUD). HUD requires the housing owner to verify all information that is used in  
determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the  
top of the page. Your prompt return of this information will help to ensure timely processing of the  
application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The  
applicant/tenant has consented to this release of information as shown above.

=====

**INFORMATION BEING REQUESTED**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person  
listed above.

- 1.  YES  NO      Has a disability, as defined in 42 U.S.C. 423, which means;
  - a.      Inability to engage in any substantial gainful activity by reason of any  
            medically determinable physical or mental impairment that can be  
            expected to result in death or that has lasted or can be expected to  
            last for a continuous period of not less than 12 months; or

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- b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. \_\_\_ YES \_\_\_ NO

Has a physical, mental, or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;  
b. Substantially impedes his or her ability to live independently; and  
c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. \_\_\_ YES \_\_\_ NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;  
b. Is manifested before the person attains age 22;  
c. Is likely to continue indefinitely;  
d. Results in substantial functional limitation in three or more of the following areas of major life activity:  
(1) Self-care,  
(2) Receptive and expressive language,  
(3) Learning,  
(4) Mobility,  
(5) Self-direction,  
(6) Capacity for independent living, and  
(7) Economic self-sufficiency; and  
e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.



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4.  YES  NO

Is the above a person whose disability is based **solely** on any drug or alcohol dependence (the person has no other disability which meets the above definition).

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

=====

**Public reporting burden** for this collection is estimated to average 12 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. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**VERIFICATION OF  
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PRAC

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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

=====

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).



## DECLARATION OF SECTION 214 STATUS

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - [ ] Immigrant status under 101 (a) (15) or 101 (a) (20) of the INA/3; or
  - [ ] Permanent residence under 249 of INA 4/; or
  - [ ] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
  - [ ] Parole status under 212(d)(5) of the INA /6; or
  - [ ] Threat to life or freedom under 243(h) of the INA /7; or
  - [ ] Amnesty under 245A of the INA 8/.

SIGN HERE

Signature

Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

<sup>1</sup>**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- <sup>2</sup> **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- <sup>3</sup> **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- <sup>4</sup> **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- <sup>5</sup> **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- <sup>6</sup> **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- <sup>7</sup> **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- <sup>8</sup> **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.