



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Application Checklist

Please be advised that all the following need to be provided before we can process your application.

There will be NO EXEPTIONS!!!

- _____ Completed Application (this means all addresses are complete and all adults have signed the authorization for release of information and Criminal Background check.
- _____ Copies of identification cards (driver license, picture ID) for all adults in the household.
- _____ Copies of Social Security Cards and Birth Certificate for everyone in household.
- _____ Proof of income, (paystubs 6, TANF, SS or SSI, Pensions)
- _____ Proof of banking accounts and assets (6 months)
- _____ Copy of Child Support Court Order (guardianship if parents are not in the home)
- _____ **Complete** rental history including any addresses applicants have been associated with

I verify that all documents have been provided to process this application.

Signature of Housing Authority Representative

Date

Time

TENANT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program. *Providing false information may result in loss of your housing.*

Tenant Name:		Home Telephone Number: ()
Building Address:	Apartment Number:	Alternate Telephone Number: ()

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

- 1.) Do you anticipate any changes in the size of your household *within the next 12 months*? (O-04) ☐ Yes ☐ No
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
 If yes, please describe any changes here: _____
- 2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? ☐ N/A ☐ Yes ☐ No (O-04)
 If yes, please explain here: _____
- 3.) Does any member in your household have a disability and require a live-in care attendant? (O-01) ☐ Yes ☐ No
- 4.) Is any adult member of your household separated, but not divorced? (O-07) ☐ Yes ☐ No
- 5.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? ☐ Yes ☐ No



STUDENT ELIGIBILITY QUESTIONS

- 6.) Are **ALL** members of your household full-time students? (S-03) ☐ Yes ☐ No
- 7.) Will **ALL** members of your household become full-time students during any 5 months of this year? (S-03) ☐ Yes ☐ No
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)
- 8.) Will **ALL** members of your household be full-time students during any 5 months of next year? (S-03) ☐ Yes ☐ No
- 9.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? (S-01) ☐ Yes ☐ No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

- 10.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? (S-03) ☐ Yes ☐ No
- If yes, who will be enrolling in school? _____
- If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 11.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a) (Case id #) _____ ☐ Yes ☐ No

IF "NO", SKIP TO QUESTION 12

a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? ☐ Yes ☐ No

If "**NO**", Are you making efforts to collect the amounts due? ☐ Yes ☐ No

If "**YES**", please explain the efforts you're making here:

- 12.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc) (I-07b) ☐ Yes ☐ No

IF "NO", SKIP TO NEXT SECTION

a.) Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony:

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	13.) Is any member of the household employed?	
(I-01)		Job 1.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Job 2.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	14.) Are any household members self-employed?	
(I-02 & I-04C)		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	15.) Are any adult members of your household unemployed?	
(I-10)		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	16.) Does any household member receive pay from the military?	
(I-03)		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	17.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>Other	
(I-04)		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	18.) Does any household member receive severance pay or worker's compensation?	
(I-09)		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	19.) Is any household member unemployed and receiving payments from an Unemployment Agency?	
(I-05 & I-10)		Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
(I-06)		Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____	AMT \$ _____ PER _____



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/> (I-12)	<input type="checkbox"/>	21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08) Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (I-09)	<input type="checkbox"/>	22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	23.) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (O-04)	<input type="checkbox"/>	24.) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (I-09)	<input type="checkbox"/>	25.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (I-13)	<input type="checkbox"/>	26.) Do any adult members of your household have zero income? Which adult members have zero income? _____	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

☐ ☐ 27.) Does any household member have a Checking, Savings, CD or Money Market account?

(A-01)

Bank 1.) Bank Name: _____ Name(s) on Account: _____

Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

Bank 2.) Bank Name: _____ Name(s) on Account: _____

Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

☐ Check if there are additional accounts of these types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)

☐ ☐ 28.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?

(A-02)

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Whole Life Insurance

☐ ☐ 29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

(A-03)

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other: _____

☐ ☐ 30.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

(A-06)

Institution Name: _____ Name(s) on Account: _____

Contact/Phone: _____ Account Type: _____

☐ ☐ 31.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)

(A-04)

Property Owner(s): _____ Type of Property: _____

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc)

Contact: _____ Phone: _____

☐ ☐ 32.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc)

(O-04)

Property Type: _____ Estimated Cash Value: \$ _____

☐ ☐ 33.) Does any household member have a Trust Account?

Institution Name: _____ Name(s) on Account: _____

Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

☐ ☐ 34.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov)

Which household member: _____

Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

☐ ☐ 35.) Does any household member have cash on hand?

Which household member? _____ What amount is kept on hand? \$ _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- ☐ ☐ 36.) Does any household member have any accounts or assets that were not described above? (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? _____

What is the estimated value of this asset if you were to sell it today? \$ _____

- ☐ ☐ 37.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

(O-04)

What was the estimated value of this asset? \$ _____

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Co-Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application / questionnaire was accepted by:

Apartment Management / Owner's Agent

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.



Certification of Child Support/Alimony

Property Name: **Katy Trails Estates**

Unit: # _____

Resident/Applicant Name: _____ Effective Date of Certification: _____

LIST NAME OF ALL MINORS LIVING IN THE UNIT:

Child 1: _____ Child 2: _____ Child 3: _____

Child 4: _____ Child 5: _____ Child 6: _____

CHILD SUPPORT (ALL minors must be accounted for) CHECK ALL THAT APPLY:

☐ I am court-ordered to receive child support (circle one) ☐ monthly ☐ weekly but I am not receiving child support payments for the following minors (list court-ordered amount next to each minor):

☐ 1. \$ _____ ☐ 2. \$ _____ ☐ 3. \$ _____ ☐ 4. \$ _____ ☐ 5. \$ _____ ☐ 6. \$ _____

Please describe the legal reasonable actions taken to collect the amounts due: _____

☐ I receive/will be receiving court-ordered child support (circle one) ☐ monthly ☐ weekly for the following minors (list court-ordered amount next to each minor):

☐ 1. \$ _____ ☐ 2. \$ _____ ☐ 3. \$ _____ ☐ 4. \$ _____ ☐ 5. \$ _____ ☐ 6. \$ _____

☐ I receive/will be receiving non-court-ordered child support (circle one) ☐ monthly ☐ weekly for the following minors:(list non-court-ordered amount next to each minor)

☐ 1. \$ _____ ☐ 2. \$ _____ ☐ 3. \$ _____ ☐ 4. \$ _____ ☐ 5. \$ _____ ☐ 6. \$ _____

A signed affidavit must be obtained by each Payer certifying to the amount of benefits being provided.

☐ Child support has NOT been court-ordered for the following minors: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

☐ Additionally, I DO NOT receive nor do I anticipate seeking or receiving child support payments within the next 12 months. (Please provide explanation below)

APPLICANT/RESIDENT CERTIFICATION

I hereby certify under the penalty of perjury that the information provided on this certification is true, complete and accurate to the best of my knowledge.

Printed Name of Applicant/Resident _____

Signature of Applicant/Resident _____

Date _____



Exhibit C - Employment Verification

Property Name: Katy Trail Estates / Clinton Housing Authority	Property Number: 09033
Address and Unit Number:	Date:

This section is to be completed by the management company and executed by application/resident.

Employer Information	Please Return Form To
To/Attn:	To/Attn: Clinton Housing Authority
Address:	7 Bradshaw Drive Address: Clinton, MO 64735
Phone:	Phone: 660-885-5852
Fax:	Fax: 660-885-3877
Email:	Email: crisitecha@earthlink.net

Applicant Name:	Last 4 Digits of SS#:
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Release: I hereby authorize the release of the requested information. 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. **For HUD Section 8 use:** 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.

Applicant Signature:	Date:
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The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature:	Date:
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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).

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <https://veteranbenefits.mo.gov/> or call (573) 751-3779 to learn about available resources.

This section is to be completed by the applicants' employer.

Employer, please fill in **ALL** blanks. Enter N/A if an item is not applicable to the employee.

Employee Name:	Job Title:
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Employment Status		
Are they presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Date First Employed</u>	<u>Last Day of Employment</u>

Wages/Salary Information							
Current Wages/Salary:	Hourly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Semi-Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	Other:
Average # of regular hours (per week):				Commissions, bonuses, tips, other:			
Average # of overtime hours (per week):				Overtime Rate (per hour):			
Average # of shift differential hours (per week):				Shift Differential Rate (per hour):			
Complete this line <u>ONLY</u> if wage data is unavailable. ->			Year-to-date earnings:		From:		Thru:
Does this employee have a 401k, 403b or other retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, can the employee withdraw funds from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No							
List any anticipated change in the employee's rate of pay within the next 12 months:							
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):							
Additional remarks:							

Employer's Signature:	Date:
Printed Name of Signatory:	
Signatory Title:	Signatory Phone Number:
Employer [Company] Name and Address:	

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).

Exhibit M – LIHTC Certification of Student Eligibility

Property Information	
Property Name: Katy Trail Estate / Clinton Housing Authority	Property Number: 09-033
Applicant/Resident:	Unit Number:

DEFINITION OF FULL-TIME STUDENT

A full-time student is defined as one who is, has or will be carrying a full-time subject load or attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year. Verification of "Full time" status must be verified by the educational institution. Please note a student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online or mechanical schools, but does not include those attending on-the-job training courses.

This section is to be completed by applicant/resident.

To qualify under the Section 42 program rules, any low-income tax credit household that is made up of all Full time Students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221).	
Check one:	
<input type="checkbox"/>	1. This household is NOT comprised ENTIRELY of full-time students as defined above.
<input type="checkbox"/>	The qualifying household member is a verified part-time student.
<input type="checkbox"/>	2. This household is comprised of ALL full-time students, but the following exemption applies:
<u>ALL members of this household:</u>	
<input type="checkbox"/>	The entire household is composed of a Head of Household who is a single parent with dependent children; the parent is not a dependent and the dependent child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third-party tax return, other than a parent of the dependent child(ren) in the household.
<input type="checkbox"/>	The entire household is composed of individuals who are married that are eligible to file or file a joint tax return.
<u>ANY member of this household:</u>	
<input type="checkbox"/>	A member of this household is receiving assistance under Title IV of the Social Security Act (TANF).
<input type="checkbox"/>	A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar federal, state, or Local government agency funded programs.
<input type="checkbox"/>	A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act (HR3221; effective date 7/30/2008).

NOTE: Any student household exemption marked above must be verified and qualification documented in the property household file for review.



Exhibit M

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

Applicant / Resident Signature	Date
Applicant / Resident Signature	Date

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).

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

Exhibit Q - Non-Employment Affidavit

Property Information	
Property Name: Clinton Housing Authority / Katy Trail Estates	Property Number: 09-033
Household Name:	Unit Number:

This section must be completed by Adult Applicant / Resident

I confirm that (check which applies):
<input type="checkbox"/> I am not currently employed in any capacity.
<input type="checkbox"/> I have no intention of becoming employed in the next 12 months.
<input type="checkbox"/> I do not currently receive unemployment compensation or other benefits as a result of my non-employment status.
<input type="checkbox"/> I have applied to receive unemployment compensation or other benefits.
<input type="checkbox"/> I do intend to become employed in the next 12 months.

This information must be completed by the Applicant/Resident at the time of application/certification.

My anticipated employment as a _____ has a start date of _____, 20____
and I anticipate earning \$ _____ per hour working _____ hours per week.

This information is supported by the following provided documentation.	
<input type="checkbox"/> Written confirmation from new employer	<input type="checkbox"/> Previous tax return
<input type="checkbox"/> Previous job paystub / salary history	<input type="checkbox"/> Other:

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature:	Date:
Printed Name of Applicant/Resident:	

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).

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

APPLICATION FOR OCCUPANCY

CLINTON HOUSING AUTHORITY

#7 Bradshaw Drive

Clinton, MO 64735 PHONE: (660) 885-5852

Name: _____ Phone: _____

1) Are you currently living in an income-based home or on a lease for an income-based home? YES NO

2) Is anyone in the home disabled YES / NO If yes, whom _____

PREVIOUS RENTAL HISTORY REQUIRED FOR THE LAST 10 YEARS (start with current)

Rental Address	Name of Landlord/Owner	Owner's Address (Street Address, City, State, ZIP)	Owner's Phone #

YES / NO

Have you or any household member ever lived in Low Income or Public Housing Before?		
If so: Where _____ When _____		
Have you or any household member ever been evicted?		
Have you or any household member ever been convicted, pled guilty or been placed on probation for any crime?		
If so what offense, when, county & state?		
Are there any criminal charges pending against you or any household member? If so, What?		
Is there a parent absent from the household? If so, provide name and address of absent parent.		

AUTOMOBILES

#1 _____ #2 _____
Year Make Model Year Make Model

PETS

Type _____ Breed _____ Size _____ Current on Shots _____ Spay or Neutered _____

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

I certify that all information provided is true and complete to the best of my knowledge:

X _____ Date ____/____/____
Applicant Signature

CLINTON PUBLIC HOUSING AUTHORITY
#7 BRADSHAW DRIVE CLINTON, MO 64735
Phone: 660-885-5852 * Fax: 660-885-8377 * TTY 800-735-2966

**REQUEST FOR CRIMINAL BACKGROUND CHECK
CONSENT FORM**

Please Print or Type For Each Member of Household over 18 years of age.

1. Name: _____
(Last) (First) (MI) (Maiden/Alias)

Date of Birth: ____/____/____ Sex: ____ Race: ____

Address _____

SS# ____ - ____ - ____ Signature _____

****** In signing this consent form, you are authorizing the Clinton Housing Authority to request information from the City of Clinton Police Department and/or the Henry County Sheriff's Department or the State of Missouri Highway Patrol and First Advantage/Safe Rent Internet service. This information will be used to determine eligibility/suitability in federally assisted housing programs and subsidized housing. With emphasis on Violent crimes, Drug and/or Alcohol convictions.

Each member of the household who is 18 years of age or older must sign this consent form. Additional signatures will be required for each new member joining the household. And for those of the household who become 18 years of age. The Housing Authority will keep this information confidential. Private owners may not request or receive information authorized by this form.

Failure to sign this 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 HA's grievance procedures.

CONSENT: I consent to allow HUD or the HA to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility under HUD's assisted housing programs.

DO NOT WRITE IN THE AREA BELOW.

For purpose of Criminal Background check.

A criminal background check was done on the individual listed above. Our records indicate that this person.

1. DOES HAVE ☐ DOES NOT HAVE ☐

a criminal record.
Date _____ Background checked by _____



VERIFICATION OF BANK ASSETS

Company: _____

Head of Household: _____

Contact: _____

Unit #: _____

Phone: _____

RE: _____

Fax: _____

SS#: _____

Authorization by applicant / tenant to release information:

I hereby authorize the release of my account information for the purpose of determining my eligibility or continued eligibility in the Section 42 Housing Program.

Applicant / Tenant Signature _____

Date _____

The individual named directly above is an applicant / tenant of a housing program that requires the verification of assets. The information provided on this form will remain confidential to that stated purpose only.

Apartment Management / Owner's Agent Signature _____

Date _____

UPON COMPLETION, PLEASE RETURN FORM TO

Clinton Housing Authority
Katy Trail Estate
7 Bradshaw Drive
Clinton, MO 64735

Phone Number 660-885-5852
Fax Number 660-885-8377
Email crisliecha@earthlink.net

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

CHECKING Account Information

Account Number	Name(s) on Account	6 Month Average Balance	Annual Percentage Rate
		\$	%
		\$	%
		\$	%

SAVINGS, CD's or Other Account Information

Account Number	Account Type	Name(s) on Account	Current Balance	Annual Percentage Rate
			\$	%
			\$	%
			\$	%
			\$	%

Name of Representative Completing This Form: _____

Signature: _____

Title of Representative Completing This Form: _____

Contact Number: _____

Date: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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: _____
<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: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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Signature of Applicant

Date

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

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

Clinton Housing Authority
7 Bradshaw Drive
Clinton, MO 64735

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

Signature

Date

Printed Name

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

PHA or IHA requesting release of information : Clinton Housing Authority
 7 Bradshaw Drive
 Clinton, MO 64735

Date _____
 Cristie Kalberloh 660-885-5852

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

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

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

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

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

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

Public Housing
 Housing Choice Voucher
 Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

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

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

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

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

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

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

Signatures:

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

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

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

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