TYPES OF INCOME

Here is a list of types of income that you must report with your Annual Recertification. Please provide copies.

INCLUDE:

Unemployment Compensation
Interest on Certificate of Deposit
Child Support Payments
Pension
Scholarships for Room/Board/Subsistence
Tips
Alimony
AFDC or TANF Payments
Overtime Pay
Net Income of a Business
Income of Temporarily Absent Family Member

EXCLUDE:

Food Stamps
Vista Payments
Wages of Full Time Student
Scholarship Towards Tuition
Christmas Club Payments
Foster Care Payments
Inheritance
RSVP Payments
Wages of Minors Working Full Time
Energy Assistance Payments

HOUSEHOLD INFORMATION

NAMES OF FAMILY MEMBERS	SOC SEC NUMBER	BIRTHDATE	ANNUAL INCOME	AGE	SEX	COUNTY BORN IN

SIGNATURE OF HEAD OF HOUSEHOLD **DATE** **TELEPHONE NUMBER**

****

HOUSING INFORMATION

LOT #	NO. OF DEPENDENTS	NO. OF BEDROOMS

INCOME

YEARLY	MONTHLY	BI-WKLY	WKLY

ATTACHMENT 3

APPLICANT / TENANT CERTIFICATION

APPLICANT(S)'S / TENANT(S)'S STATEMENT

I / We certify that the information given to the Tule River Indian Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my / our knowledge and belief. I / We understand that false statements or information are punishable under Federal Law. I / We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington D.C. Metropolitan Area, call 426-3500.)

TULE RIVER INDIAN HOUSING AUTHORITY

Tule River Indian Housing Authority

Tule River Indian Reservation
342 N. RESERVATION ROAD - PORTERVILLE,
CALIFORNIA 93257 (559)784-3155

Request for Verification of Employment

Regulations require us to verify employment of household/family members for the purpose of determining eligibility for rental assistance.

I hereby request that you furnish information to the *Tule River Indian Housing Authority* regarding my employment. I understand that this information will be confidential and will be used for program purposes.

_____ _____
Tenant Name (Print) **Employer**

_____ _____
Tenant Signature **Employer Address**

_____
Social Security Number

****

Employer's Statement - To Be Completed by Employer Only

1. Occupation _____ Hire Date _____

2. Salary: Base Pay Rate per hour _____

   Weekly _____ Bi-Weekly _____ Monthly _____

   Date present rate effective _____ Average hrs. per week _____

3. Overtime: Rate per hour _____

   Expected average hours per week at overtime rate _____

   Other compensation: commission, bonus, tips, meals, etc. _____

4. Is pay received for vacation? _____ Number of days per year _____

5. Total Base Pay Earnings Past 12 months: $_____

   Total Overtime Earnings Past 12 months: $_____

_____ _____
Date **Signature**

_____
Title

Please return to:
Tule River Indian Housing Authority
342 North Reservation Road,
Porterville CA 93258

NOTICE

A recent change in federal regulations requires that each unit of housing have a working smoke detector on every level of the unit. The Federal Register, published on July 30, 1992, states that residents are responsible for:

- NOT TAMPERING WITH SMOKE DETECTORS
- ENSURING THAT BATTERIES ARE KEPT IN PLACE
- INFORMING HOUSING OF ANY PROBLEMS WITH THE SMOKE DETECTORS

In addition, there are special smoke detectors for residents who may be hard of hearing. If you, or someone in your household is hard of hearing, you must notify the housing authority office so that a special smoke detector can be installed.

Please complete the following:

Name: _____

Address: _____

Answer Yes or No

_____ Do you have a working smoke detector on each level of your home?

_____ Are you, or is anyone in your household hearing impaired or without hearing?

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

enalties for Misusing this Consent:

UD, 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 formation collected based on the consent form.

se 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 quests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more an $5,000.

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