

READ THIS BEFORE YOU BEGIN!!!

(KEEP FOR YOUR RECORDS)

ITEMS TO SUBMIT WITH YOUR APPLICATION (IF IT APPLIES TO YOU)

COPIES CAN BE MADE IN OUR OFFICE

- 8 MOST RECENT & CONSECUTIVE CHECK STUBS PER JOB
- AWARD LETTER(S) DATED WITHIN THE LAST 30 DAYS FOR:
 - SOCIAL SECURITY
 - DISABILITY
 - SSI
 - VETERAN'S BENEFIT
 - PENSION
- MOST RECENT WE ENERGIES BILL
- VALID ID FOR ALL ADULTS ON APPLICATION
- SOCIAL SECURITY CARDS FOR EVERY PERSON ON THE APPLICATION

PROPERTY INFO (If ~~strike thru~~, the list is closed)

Carver Park 6th – 7th & Reservoir Ave & Brown St

Convent Hill 455 E Ogden Ave

Highland Gardens 1818 W Juneau Ave

Victory Manor 5556 N 68th St

Victory Manor Market 5556 N 68th St

Westlawn Gardens 5560 W Silver Spring Dr.

Westlawn Gardens Scattered Sites 62nd & Birch vicinity

Westlawn 2.2 5545 N 66th St

Westlawn 2.3 6525 W Silver Spring Dr

THIS IS NOT LOW-INCOME SUBSIDIZED HOUSING!

(The rent will NOT be calculated by your income)

You will be placed on the wait list(s) of your choice (that you mark on Pg. 3). If you do not complete Pg. 3 in its entirety, including choosing a property, your application will be automatically **DENIED** and you will have to complete a new application. **NO EXCEPTIONS!**

Approximate wait times for wait lists and processing CANNOT be given.

Thank you for your patience in waiting on our response.

READ EACH PORTION OF APPLICATION & QUESTION VERY CAREFULLY!

LEASE ADD-ON: IF YOU'RE COMPLETING THIS TO ADD PERSON(S) TO YOUR LEASE, BE SURE TO INCLUDE ALL WHO ARE CURRENTLY IN YOUR HOUSEHOLD INCLUDING THE PERSON(S) THAT YOU WANT ADDED TO YOUR LEASE.

FOLLOW THESE INSTRUCTIONS!

This will help you to make as less mistakes as possible.

PRINT LEGIBLY I must be able to read your handwriting.

USE N/A IF SOMETHING DOESN'T APPLY TO YOU—DO NOT LEAVE BLANK

ALL ADULTS SIGN YOUR NAME HOW IT IS SIGNED ON YOUR ID

DO NOT SCRIBBLE OUT ERRORS Draw a 1 line thru your error, initial, and correct it.

DO NOT USE WHITEOUT OR PENCIL

ONLY USE BLUE INK

ALL QUESTIONS PERTAIN TO EACH ADULT LISTED ON YOUR APPLICATION

If the answer is "yes" for one adult, but "no" for the other adult, the answer that you should put on the application is "YES"

**CALL TO SPEAK WITH A HOUSING INTAKE SPECIALIST WITH ANY
QUESTIONS 414-463-3371.**



*****For Office Use Only*****

Date Rcv'd _____

Time Rcv'd _____

By _____ Dev. _____

APPLICATION FOR OCCUPANCY

THIS IS NOT A LEASE OR RENTAL AGREEMENT-DO NOT GIVE NOTICE TO MOVE

SECTION A- Applicant DO NOT USE WHITE-OUT OR PENCIL OR LEAVE BLANKS

Name, last 4 of social security number, and full mailing address is REQUIRED to be considered. Other missing information may deny your application.

Applicant's Name: _____ Last 4 of SSN _____

Mailing Address: _____ Apt.No: _____

City: _____ State: _____ Zip Code: _____

Phone- Day: _____ Night: _____

Email(will be used to contact): _____

Your Age _____

Wheelchair accessible unit needed (circle one)? Y N

Are you a U.S Veteran (circle one)? Y N

How many moving in? _____ adults _____ minors Estimated monthly income \$ _____

First choice = 1
 Second choice = 2
 Third choice = 3

1 bedrooms

_____ Convent Hill (\$730)
 ○ Must be 55+

_____ Highland Gardens (\$695)

_____ Victory Manor (\$750)

_____ Victory Manor Market (\$775)

_____ Westlawn Gardens (\$710)

_____ Westlawn 2.2 (\$650)

_____ Westlawn 2.3 (\$650)

2 bedrooms

_____ Carver Park (\$660)

_____ Convent Hill (\$800)
 ○ Must be 55+

_____ Highland Gardens (\$735)

_____ Westlawn Gardens Scat Sites (\$750)

3 bedrooms

_____ Carver Park (\$760)

_____ Carver Park Market (\$830)

To be completed by housing case manager or FOHC staff ONLY

Project Restore

SRO

Soldier's Home

Case manager name & Organization (required):

THIS IS NOT LOW-INCOME SUBSIDIZED HOUSING!

(The rent will NOT be calculated by your income)

SECTION B- Housing History Current & Previous DO NOT USE WHITE-OUT OR PENCIL

List the **current & previous** housing information for **ALL adult** household members. List at least 3 years of history. **Begin with your current housing.**

BUILDING INFORMATION	LANDLORD INFORMATION
From: _____ To: <u>CURRENT</u> Who lives here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I want to move because: _____ Does the landlord know you live here? Yes No Are you currently being evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you lived here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you live here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you live here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you live here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____

Explanation or other significant information you want us to know:

1. Will this be your first time ever renting your own residence? ___ Yes ___ No
2. Are you currently receiving rent assistance? ___ Yes ___ No **If yes**, what kind? ___ city ___ county How many bedrooms? _____ When does your contract expire? _____
3. Are all in the household United States citizens? ___ Yes ___ No If no, are you a Non-Citizen with eligible alien status? ___ Yes ___ No Are you a Non-Citizen Student? ___ Yes ___ No **Citizenship and/or Eligible Alien Status must be verified by, and you must possess an acceptable document recognized by, the Federal government. (Not applicable to Section 202 Program)**
4. When would you be available to move? _____
5. Do you currently live with anyone else who is not listed on this application? ___ Yes ___ No If so, who and why aren't they on this application: _____
6. Do you expect to add anyone to your household? ___ Yes ___ No If so, who & when? _____
7. Will anyone live with you on a part time basis? ___ Yes ___ No If yes, explain: _____

8. Do you have sole legal and physical custody of your children? ___ Yes ___ No If no, please explain: _____

9. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairment? ___ Yes ___ No If yes, please explain: _____

10. How did you hear about us? _____
11. Are you now living or have you lived in a government subsidized development? ___ Yes ___ No If yes, when: _____ Name and address of development _____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? ___ Yes ___ No If yes, please explain: _____
12. Has an eviction ever been filed on you? ___ Yes ___ No
 - a. **If yes**,
when: _____ address: _____ why: _____
13. Are there any past due balances owed to previous or current landlord(s)? ___ Yes ___ No **If yes**, name the landlord & phone number _____
14. Are there any past due balances owed to the gas and/or electric company with no payment agreement? ___ Yes ___ No
15. Do you have a pet? ___ Yes ___ No If yes, what kind? _____ If you are not allowed to take your pet with you, what would you do with the animal? _____

16. Do you have a waterbed? ___ Yes ___ No
17. Will this be your only place of residence? ___ Yes ___ No **If no**, please explain: _____
18. Will a business be run out of your home? ___ Yes ___ No **If yes**, please explain: _____

WAIVER TO RELEASE POLICE RECORD

LAST NAME FIRST NAME MIDDLE NAME (Full)

WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB): ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

<<<<FOR ADDITIONAL ADULT ON APPLICATION>>>>

LAST NAME FIRST NAME MIDDLE NAME (Full)

WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB): ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

<<<<FOR ADDITIONAL ADULT ON APPLICATION>>>>

LAST NAME FIRST NAME MIDDLE NAME (Full)

WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB): ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

WAITING LIST PLACEMENT

--Initial below--

_____ I understand that by the end of the application process there may not be a unit available for me, however, I would like my name to remain on the waitlist(s) of which I qualify for.

_____ I understand if I don't keep my contact information updated and I am unable to be contacted when a unit becomes available, my name will be removed from the waitlist(s) and I will have to re-apply.

_____ I understand that there may be additional fees requested to qualify for certain properties. However, I will have the chance to decline and it will not affect my place on other waitlist(s).

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. **Explain any YES answers** in the space given.

1. Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation within the last 5 years? ___Yes ___No

2. Do you or any member of your household use an illegal drug or other illegal controlled substance? ___Yes ___No

3. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance within the last 5 years? ___Yes ___No

4. Have you or any member of your household ever used different names from the names given on this application? ___Yes ___No

5. Have you or any member of your household ever used a social security number different from those listed on this application? ___Yes ___No

6. Have you or any member of your household lived in any other state within the past 10 years? ___Yes ___No If yes, which ones? _____

7. Have you ever filed for bankruptcy? ___Yes ___No
 - a. **If yes,**
What type? _____ When? _____ Has it been discharged? ___Yes ___No

8. Are you or any member of the household a registered sex offender in any state? ___Yes ___No **If yes,** which household member and which state? _____

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

CRIMINAL BACKGROUND CHECK – I understand that a background check will be conducted. Rejection of the application may occur if there is a history or conviction for: 1. Disturbances of neighbors; 2. Destruction of property; 3. Drug-related criminal activity; 4. Criminal activity involving violence to person or property; 5. Theft or burglary; 6. Felony convictions; 7. Disorderly conduct; or 8. Sexual crimes or registered sex offender.

MEGAN’S LAW – You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections at www.widocoffenders.org or 877-234-0085 or contact your local law enforcement agency.

RELEASE OF INFORMATION - Each adult household member who is making application for a Section 202 PRAC Development and/or a Section 42 Development must sign HUD Forms 9887 and 9887A and/or 9886. Failure to sign constitutes grounds for denying housing.

I/We understand the information in this application will be used to determine eligibility for Section 202 PRAC and/or Section 42 housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state, or local agencies.

I/We understand that a home visit will be conducted.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, that it will be my/our only residence, and that there are not other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, assets, and household composition, within 14 days. If I/we do not notify management of the above changes, my application may be rejected for incomplete/inaccurate information.

All household members age 18 or older must sign below:

Signature Date

Signature Date

Signature Date

AHTC Form 305
TENANT INCOME QUESTIONNAIRE

To be completed by management:

Property Name: _____ Bldg/Unit#: _____
 _____ Initial Certification _____ Recertification _____ Other

*****Applicant/Resident start to complete here:**

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					
6					
7					
8					
9					
10					

Do you expect any changes to the household in the next twelve months? YES NO

If yes explain: _____

Mailing Address: _____ STREET _____ CITY _____ STATE _____ ZIP _____

Phone#: _____

*******INCOME INFORMATION** Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

1	Y	N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. Name of Employer(s) _____ _____	\$ _____ \$ _____
2	Y	N	Self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
3	Y	N	Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit.	\$ _____
4	Y	N	Unemployment benefits and/or Worker's Compensation	\$ _____
5	Y	N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____

6	Y	N	Social Security payments.	\$ _____
7	Y	N	<u>Unearned</u> income from family members age 17 or under (ex: Social security, Trust Fund disbursements, etc.)	\$ _____
8	Y	N	Supplemental Security Income (SSI)	\$ _____
9	Y	N	Disability or death benefits other than Social Security.	\$ _____
10	Y	N	Public Assistance (examples: TANF, AFDC, W2)	\$ _____
11	Y	N	Periodic payment from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list source _____	\$ _____
12	Y	N	Income from real estate or personal property	\$ _____
13	Y	N	Alimony/spousal maintenance payments	\$ _____
14	Y Y Y	N N N	I am entitled to receive Child Support payments If yes, then answer the following: a. I am currently receiving child support payments b. I am not receiving any child support payments but it is court ordered that I do. Circle one: 1. I am not pursuing the payments for the following reasons: _____ _____ 2. I am making efforts to collect the child support owed to me. List efforts being made: _____	\$ _____
15	Y	N	Section 8 rental assistance.	
16	Y	N	Income from a source other than those listed above List sources (Including Student Grants, Scholarships, etc.): _____ _____	\$ _____

*******ASSET INFORMATION** Identify each asset, its value and rate of interest currently held by the household.

17	Y	N	Checking account(s) If yes, list bank(s): _____ _____	_____%	\$ _____
18	Y	N	Savings account(s) If yes, list bank(s): _____ _____	_____%	\$ _____
19	Y	N	Certificates of Deposit (CD) or Money Market Account (s) If yes, list sources/ bank names: _____ _____	_____%	\$ _____
20	Y	N	Revocable trust(s) If yes, list bank(s): _____	_____%	\$ _____

21	Y	N	Real estate If yes, provide description: _____	_____ %	\$ _____
22	Y	N	Stocks, Bonds, or Treasury Bills If yes, list sources/bank(s) _____	_____ %	\$ _____
23	Y	N	IRA / Lump Sum Pension / Retirement / Keogh /401(K) Account, etc. If yes, list sources/ bank(s): _____	_____ %	\$ _____
24	Y	N	Whole life insurance policy If yes, how many policies _____ If yes, list sources: _____	_____ %	\$ _____
25	Y	N	More than \$500 cash on hand		\$ _____
26	Y	N	Items held as an investment (antique car, coin collection, etc.) If yes, list items: _____		\$ _____
27	Y	N	Safe Deposit box If yes, list sources: _____		\$ _____
28	Y	N	Disposed of assets (i.e. gave away money / assets) for less than the fair market value in the past 2 years.		\$ _____
29	Y	N	Income from assets or sources other than those listed above including Debit cards. If yes, list types below: _____		\$ _____

*******STUDENT STATUS**

30	Y	N	Does the household consist of persons who are all <u>part-time</u> or <u>full-time</u> students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)? If yes, which members: _____
31	Y	N	Does anyone in your household anticipate becoming a full-time student household in the next 12 months?
32	Y	N	If you answered yes to either question 30 or 31, are you: • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
	Y	N	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
	Y	N	• Married and filing a joint tax return
	Y	N	• Are you a single parent who is not claimed as a dependent of any other person?
	Y	N	• Are any of the children in the household claimed as a dependent of any person other than the parent(s)?
	Y	N	• Any student formally received Foster Care Assistance

ALL adults MUST sign

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Printed Name of Applicant/Tenant Signature of Applicant/Tenant Date

Printed Name of Applicant/Tenant Signature of Applicant/Tenant Date

Printed Name of Applicant/Tenant Signature of Applicant/Tenant Date

Witnessed by (Signature of Owner/Representative) Date

STUDENT DECLARATION

Please complete the following information for ALL family members including yourself:

NAME	AGE	STUDENT Y or N	Full-time or Part-time	Name of School	School Phone #

SUPPLEMENT TO CERTIFICATION/RE-CERTIFICATION

Address: _____ Unit#: _____

Date: _____

Please complete for each household member

NAME	RACE	ETHNICITY	SEX	AGE	SPECIAL NEEDS

Race codes:

- A**= Asian/Pacific
- B**= Black/African American
- N**= Native American
- W**= White

Ethnicity codes:

- H**= Hispanic descent
- N**= Non-Hispanic descent

Special needs codes:

- PD**= Physical Disabilities
- E**= Elderly
- MD**= Mental or development disabilities
- FE**= Frail Elderly
- H**= Homeless
- F**= Family size (5 or more)
- O**= Other, please specify _____

The Wisconsin Housing and Economic Development Authority (WHEDA) request this information in order to monitor compliance with equal opportunity and fair housing goals. Although WHEDA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. However, if you choose not to furnish it, the Management Agent is required to note race, ethnicity, sex, age and special needs on the basis of visual observation or surname. If you do not wish to furnish this information, please initial below.

I do not wish to furnish information regarding race, ethnicity, sex, age and special needs. _____ (initial here)

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

--	--

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.

Form HUD- 92006 (05/09)

**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)

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.