



COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY

P.O. BOX 89 GLENNALLEN, ALASKA 99588

APPLICATION FORM

AFFORDABLE HOMES AFFORDABLE RENTAL MUTUAL HELP

CHECK OF LIST ~ REQUIRED PROOFS

- APPLICATION SIGNED AND DATED
 - SOCIAL SECURITY CARDS FOR ALL MEMBERS
 - CERTIFICATE OF INDIAN BLOOD (CIB) FOR ALL MEMBERS
 - PHOTO IDENTIFICATION OR ALASKA DRIVER'S LICENSE OF ALL ADULTS
 - CERTIFICATE OF LIVE BIRTH OF ALL MEMBERS

LOCATION: PRIORITIZE YOUR LOCATION: _____

- Cantwell
 - Affordable Rental 3 Bedrooms ~ Mile 133 Denali Highway
- Copper Center
 - McKinley Apartments (10 Apartments) ~ Mile 103 Richardson Highway
 - 3 Bedrooms 4 Bedrooms
 - Wrangell View Manor Apartments (12 Apartments) ~ Mile 104.5 Richardson Highway
 - 1 Bedroom 2 Bedrooms
- Chitina ~ TAREL Apartments (14 Apartments) ~ Mile 33.5 Edgerton Highway
 - 1 Bedroom 3 Bedrooms 4 Bedrooms
- Chistochina
 - KELTA'ENI Apartments (6 Apartments) ~ Mile 34 Tok Cutoff
 - 3 Bedrooms
- Gakona
 - Gakona Apartments (6 Apartments) ~ Mile 5 Tok Cutoff
 - 2 Bedrooms 3 Bedrooms
- Gulkana
 - Gulkana Apartments (8 Apartments) ~ Mile 127 Richardson Highway
 - 2 Bedrooms 3 Bedrooms
- Mentasta
 - Shallow Water Apartments (14 Apartments) ~ Mentasta Village
 - 1 Bedroom 3 Bedrooms 4 Bedrooms
- Tazlina
 - Carol Estates Apartments (4 Apartments) ~ Mile 111 Richardson Highway
 - 3 Bedrooms
 - C'EYUNNI LEDE Apartments (12 Apartments) ~ Mile 110.7 Richardson Highway
 - 2 Bedrooms 3 Bedrooms 4 Bedrooms

If you have an account with CRBRHA including vacant or current your account must to be paid in full to move into any Affordable Rental or Affordable Homes. You must be income eligible, if you do not met the income guidelines you will be placed on the waiting list and it is your responsibility to update your application anytime your situation changes.

Deposits required: When you are contacted you must pay the *Security Deposit, 1st Month Rent, Key Deposit, and Proof of Electric Deposit.*

(Affordable Rental Deposits: 4 Bedroom-Deposit: \$700.00, 3 Bedroom Deposit: \$650.00, 2 Bedroom Deposit \$600.00, 1 Bedroom Deposit \$550.00 Key Deposit: \$15.00 and 2nd Key \$20.00)



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APPLICATION FORM
 (PLEASE PRINT CLEARLY)

APPLICANT NAME:					
CO APPLICANT:					
ADDRESS:					
ADDRESS:					
PHONE:		CELL:		WORK:	
CO-APPLICANT PHONE:		CO-APPLICANT CELL:		CO-APPLICANT WORK:	

FAMILY COMPOSITION:

NAME	SOCIAL SECURITY NUMBER	RELATION TO APPLICANT	DATE OF BIRTH	TRIBAL AFFILIATION	SEX	RACE
1.		SELF				
2.						
3.						
4.						
5.						
6.						
7.						
8.						

TRIBAL AFFILIATION

- CANTWELL
 COPPER CENTER
 CHITINA
 CHISTOCHINA
 GAKONA
 GULKANA
 MENTASTA
 TAZLINA
 OTHER _____

REGIONAL CORPORATION:

- AHTNA
 OTHER _____

IS ANYONE IN YOUR IMMEDIATE FAMILY RELATED TO ANY BOARD OF COMMISSIONERS, STAFF OF CRBRHA OR YOUR VILLAGE COUNCIL MEMBERS? IS SO EXPLAIN _____



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INCOME FOR ALL MEMBERS OF HOUSEHOLD

APPLICANT:				CO-APPLICANT OTHER:			
CHECK YES OR NO	YES	NO	MONTHLY AMOUNT	CHECK YES OR NO	YES	NO	MONTHLY AMOUNT
ATAP				ATAP			
APA/GA				APA/GA			
SSI/SSA				SSI/SSA			
PENSION/RETIREMENT				PENSION/RETIREMENT			
UNEMPLOYMENT				UNEMPLOYMENT			
CHILD SUPPORT				CHILD SUPPORT			
SENIOR ASSISTANCE				SENIOR ASSISTANCE			
VETERANS PENSION				VETERANS PENSION			
OTHER LIST;				OTHER LIST;			

DO ALL MEMBERS IN THE HOUSEHOLD RECEIVE A PFD? YES NO

IF NO, PLEASE EXPLAIN WHO DOES NOT AND WHY: _____

EMPLOYMENT INFORMATION	APPLICANT	CO-APPLICANT	OTHER
EMPLOYER			
MAILING ADDRESS			
PHONE NUMBER			
FAX NUMBER			
OCCUPATION			
SUPERVISOR'S NAME			
WAGE AND # OF HOURS WEEKLY			

PAYEE & CASE MANAGEMENT (COMPLETE IF APPLICABLE)

PAYEE NAME & COMPANY:	PAYEE ADDRESS:	PAYEE PHONE:
CASE MANAGER NAME & COMPANY:	CASE MANAGER ADDRESS:	CASE MANAGER PHONE:

ASSETS THIS MUST BE FILLED OUT. IF FAMILY HAS NO ASSETS, WRITE "NONE".

TYPE	ESTIMATED VALUE
	\$.

BANKING

DO YOU HAVE A BANK ACCOUNT? YES NO NAME OF BANK: _____
 TYPE AND ACCOUNT NUMBER: CHECKING: SAVINGS: _____

CRIMINAL CONVICTION

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE PAST TEN (10) YEARS? YES NO, TYPE OF CRIME: _____
 Have you been convicted of sexual assault? YES NO
 If yes, what are your stipulations? _____

CERTIFICATION

I/We certify that the information given to the Copper River Basin Regional Housing Authority on this application form is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We have no objection to inquires being made for the purpose of verifying the statements made herein.

Signature of Applicant

Signature of Co-Applicant/ Other

____/____/____
Date



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STATEMENT OF PRESENT HOUSING

NAME OF APPLICANT:	
CURRENT LOCATION:	

STATUS:

I OWN THE HOME.

I AM HOMELESS.

I RENT THE HOME. AMOUNT OF RENT IS \$ _____. ____ PER MONTH.

DOES THIS AMOUNT INCLUDE UTILITIES? YES NO

I AM WITHOUT A HOME. DESCRIBE CURRENT ARRANGEMENTS FOR HOUSING? _____

CONDITION OF PRESENT HOUSING:

PRESENT HOUSING IS ADEQUATE. I AM APPLYING BECAUSE: _____

PRESENT HOUSING IS SUBSTANDARD BECAUSE: _____

PRESENT HOUSING IS UNSAFE BECAUSE: _____

I CERTIFY THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE OF APPLICANT

 DATE

 SIGNATURE OF CO-APPLICANT/OTHER

 DATE



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CREDIT AND LANDLORD REFERENCES

CREDIT HISTORY:

I have had credit with the following creditors and authorize them to provide credit information to the Copper River Basin Regional Housing Authority for consideration regarding my application for Mutual Help or Low Rent Housing.

NAME OF CREDITOR	ADDRESS	ACCOUNT NUMBER
NAME OF CREDITOR	ADDRESS	ACCOUNT NUMBER
NAME OF CREDITOR	ADDRESS	ACCOUNT NUMBER

LANDLORD REFERENCE:

Listed below are names of former landlords. I authorize them to provide information to the Copper River Basin Regional Housing Authority regarding my former tenancy.

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

Signature of Applicant

Date

Signature of CO-Applicant/Other

Date

November 2004

Things You Should Know

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

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">• Evicted from your apartment or house• Required to repay all overpaid rental assistance you received• Fined up to \$10,000• Imprisoned for up to 5 years• Prohibited from receiving future assistance• Subject to State and local government penalties
Asking Questions	If you don't understand something on the application or recertification forms, always ask questions. It is better to be safe than sorry.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">• All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.).<ul style="list-style-type: none">• Any money you receive on behalf of your children (child support, social security for children, etc.);• Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);• Earnings from second job or part time job;• Any anticipated income (such as a bonus or pay raise you expect to receive).
Assets	<ul style="list-style-type: none">• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.• Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.• The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.

Signing the Application

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

Recertifications

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

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

Beware of Fraud

You should be aware of the following fraud schemes:

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

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report that information to the HUD Office of Inspector General (OIG) Hotline. You can call the hotline Monday - Friday, from 10:00am to 4:30pm, EST, at 1-800-347-3735. You can fax the information to 1-202-708-4829, or e-mail it to Hotline@hudoig.gov. You can write to the hotline at: HUD-OIG HOTLINE, GF1, 451 Seventh Street, S.W., Washington, DC 20410.

I HAVE READ AND UNDERSTAND THIS BULLETIN:

SIGNED: _____ DATE: ___/___/___

SIGNED: _____ DATE: ___/___/___

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

NOTE: Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- You, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

- 1.To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
- 2.To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
- 3.To comply with Federal laws requiring the disclosure of the information from our records; and,
- 4.To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

You must complete all required fields. We will not honor your request unless all required fields are completed. (*signifies a required field).

TO: Social Security Administration

***My Full Name**

***My Date of Birth**
(MM/DD/YYYY)

***My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

***NAME OF PERSON OR ORGANIZATION:**

Copper River Basin Regional Housing Authority

***ADDRESS OF PERSON OR ORGANIZATION:**

P.O. BOX 89, Glennallen, AK 99588

(907) 822-3633 Office

(907) 822-3662 Fax

***I want this information released because:** VERIFICATION OF INCOME ELIGIBILITY

We may charge a fee to release information for non-program purposes.

YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

***Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. Social Security Number
2. Current monthly Social Security benefit amount
3. Current monthly Supplemental Security Income payment amount
4. My benefit or payment amounts from date _____ to date _____
5. My Medicare entitlement from date _____ to date _____
6. Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. Complete medical records from my claims folder(s)
8. Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)

YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

***Signature:** _____ ***Date:** _____

***Address:** YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

Relationship (if not the subject of the record): YOU MUST PROVIDE PROOF ***Daytime Phone:** _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness
YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

2. Signature of witness
YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

Address(Number and street, City, State, and Zip Code)
YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

Address(Number and street, City, State, and Zip Code)
YOU MUST PROVIDE PROOF OF YOUR BENEFIT AMOUNT

Claimant Request for Release of Confidential Records/Information

I, _____, Social Security No. _____
(Print your name)

do hereby request the State of Alaska, Department of Labor and Workforce Development, Division of Employment and Training Services (DETS), to release copies of documents and/or information, as specifically described herein, from the confidential records maintained by DETS.

Records/information to release: Specifically describe the records and/or information you are requesting to be released:

Unemployment Benefits

Purpose: Describe or explain what you intend the records/information to be used for:

Verification of benefits to confirm applicant income eligibility for
the income guidelines for HUD & the CRBRHA programs

(If approved, the records or information to be released are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose.

Authorization: Sign your name below to authorize release of records and/or information for the purpose stated above.

Your signature

Date signed

Return this form to:

Department of Labor and Workforce
Development
Attn: UI Technical Unit
Custodian of Records
P.O. Box 115509
Juneau, AK 99811-5509

Your mailing address:

C.R.B.R.H.A.

Phone number 907 822-3633

P.O. BOX 89

City Glennallen

State AK

Zip Code 99573

Special note: Alaska Statute (AS) 23.20.110 prohibits disclosure, re-disclosure or use of any confidential records or information maintained by the State of Alaska, Department of Labor and Workforce Development, Division of Employment and Training Services, for any purpose not authorized by AS 23.20.110, and without the express permission of the Division of Employment and Training Services. Under Alaska Statutes 23.20.110 and 23.20.115, whoever discloses, re-discloses, or misuses records or information declared, or otherwise considered to be confidential records or information under AS 23.20.110, is guilty of a Class B Misdemeanor.

As an individual requesting the disclosure of records, your request for disclosure may be denied by the Division of Employment and Training Services if disclosure is not allowed under AS 23.20.110.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER 2501-0014

exp 1/31/2014

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

Copper River Basin Regional Housing Authority
P.O. BOX 89
Glennallen, AK 99588

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

Copper River Basin Regional Housing Authority
P.O. BOX 89
Glennallen, AK 99588

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(I)(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.