



*The Housing  
Authority of the City of Lakeland, Florida*

Dear Applicant:

Thank you for your interest in **The Manor @ West Bartow** (Section 8 – Project Based Voucher Program), attached is an application and checklist(s). Below are the steps you must follow in order to submit this application for consideration:

- Read and complete each question carefully.
- Sign in the areas indicating signature.
- Bring in supporting documents indicated below:
  - **Family Information:**
    - Picture Id for all adults
    - Birth Certificates for all members in the household
    - Social Security Cards for all members in the household
    - Voters Registration Card (if applicable)
    - Marriage License or Divorce Decree (if applicable)
  - **Verification of ALL income:**
    - Social Security/SSI
    - Employment
    - Unemployment Compensation
    - Pension
    - Alimony
    - Welfare/TANF
    - Gifts from family and/or friends, etc.
  - **Verification of ALL allowances:**
    - Medical Expenses
    - Disability Expenses
    - Prescription Expenses
  - **Verification of ALL assets:**
    - Bank Statements
    - Real Estate/Property
    - Stocks, Bonds, Trust, etc.

Once we receive your completed application with **ALL** the supporting documents, Lakeland Housing Authority will determine your eligibility. Background investigation and verification will include criminal background, verification of income qualifications and asset income.

**ANY INCOMPLETE AREAS OF THE APPLICATION AND/OR MISSING DOCUMENTS WILL RESULT IN THE DENIAL OF YOUR APPLICATION**

The Lakeland Housing Authority will contact you by mail to let you know if you are eligible or ineligible. Instructions regarding grievance/hearing procedures will be included with an ineligibility notification.

Again, thank you for applying with **Lakeland Housing Authority**.  
Resident Services Occupancy/Intake Department

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## The Manor at West Bartow Project-Based Voucher

### Applicant Information

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
 City, State, Zipcode: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 City, State, Zipcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

List the name of each household member that will continue to reside with you.

Last name, First name	Social Security No	Date of Birth	M/F	Relationship to you
1.				(YOU)
2.				
3.				
4.				

1. Does anyone live with you whom is not listed above?  
If yes, whom:  Yes  No

2. Does anyone plan to live with you whom is not listed above?  
If yes, whom:  Yes  No

#### Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

#### Race of Household

- White
- Black
- American Indian/Alaskan
- Asian
- Hawaiian/Pacific Islander
- Mixed

#### Ethnicity of Household

- Hispanic or Latino
- Not-Hispanic or Latino

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## Income Checklist

### Income Information

1. Will anyone in the household be receiving any type of income from employment?  Yes  No

If yes, list the names of each family member and how much per month.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

2. Will anyone in the household be receiving alimony or child support payments?  Yes  No

If yes, list the names of each family member and how much per month.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

3. Will anyone in the household be receiving Social Security or SSI Benefits?  Yes  No

If yes, list the names of each family member and how much per month.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

4. Will anyone in the household be receiving public assistance benefits?  Yes  No

If yes, list the names of each family member and how much per month.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

**Income Information**

5. Will anyone in the household be receiving severance pay, unemployment, disability, or workers' compensation?

Yes  No

If yes, list the names of each family member and how much per month.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_

6. Will anyone in the household be receiving recurring monetary contributions or other gifts or payments from a non-household member?

Yes  No

If yes, list the names of each family member and how much per month.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_

7. Will anyone in the household be receiving any income from a family-operated business or be otherwise self-employed?

Yes  No

If yes, list the names of each family member and how much per month.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_

8. Will anyone in the household be receiving periodic payments from annuities, insurance policies, retirement funds, pension, disability or death benefits?

Yes  No

If yes, list the names of each family member and how much per month.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_

**Income Information**

9. Will anyone in the household be receiving lottery winnings, paid periodically?  Yes  No

If yes, list the names of each family member and how much per month.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

10. Will anyone in the household be receiving income from assets?  Yes  No

If yes, list the names of each family member and how much per month.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

11. Will anyone in the household be receiving pay as a member of the Armed Services?  Yes  No

If yes, list the names of each family member and how much per month.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

(√) Check all that apply to your household and bring supporting documents.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Alimony       | <input type="checkbox"/> Pension                                | <input type="checkbox"/> Unemployment Compensation          |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Regular support from family or friends | <input type="checkbox"/> Welfare or other public assistance |
| <input type="checkbox"/> Employment    | <input type="checkbox"/> Social Security/SSI                    | <input type="checkbox"/> Workers' Compensation              |

**Supporting Documents**

**Employment Income.** Bring the following information: Name, address, telephone number of the employer, current rate of regular pay and overtime pay and the number of hours per week normally worked (four current pay stubs).

**Benefit, Support or other Income.** Bring name, address, and telephone number of the source of the income, and information about the amount received, such as printouts, statement of benefits, or notarized letters.

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## Asset Checklist

### Asset Information

1. Does anyone in the household have cash:

- a) In a savings account?       Yes       No      \$ \_\_\_\_\_
- b) In a checking account?       Yes       No      \$ \_\_\_\_\_
- c) In a safety deposit box?       Yes       No      \$ \_\_\_\_\_
- d) In their home?       Yes       No      \$ \_\_\_\_\_
- e) Any where else?       Yes       No      \$ \_\_\_\_\_

2. Does anyone in the household have retirement or pension funds?       Yes       No

If yes, list the name of each family and the value.

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_

3. Does anyone in the household have a "Whole Life" insurance policy?       Yes       No

If yes, list the name of each family and the value.

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_

4. Will anyone in the household be receiving any lump sum receipts?       Yes       No

If yes, list the name of each family and the value.

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_

## Asset Information

5. Is anyone in the household holding any personal items as investments?  
(antique cars, coin or stamp collections, etc.)

Yes  No

If yes, list the name of each family and the value.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

6. Will anyone in the family have any stocks, bonds, treasury bills, certificates of deposit or money market or trust funds?

Yes  No

If yes, list the name of each family and the value.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

7. Does anyone in the household have any equity in rental property or other capital investments?

Yes  No

If yes, list the name of each family and the value.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

(✓) Check all that apply to your household and bring supporting documents.

- |  |  |
|--|--|
| <input type="checkbox"/> Checking or Saving Account              | <input type="checkbox"/> Life Insurance Policies   |
| <input type="checkbox"/> Real Estate                             | <input type="checkbox"/> Assets sold or given away |
| <input type="checkbox"/> Stocks, Bonds, Trust, other investments | <input type="checkbox"/> Other Income _____        |

### Supporting Documents

**Amounts in Savings and Checking Accounts** (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts). Bring the account number for all accounts and the balance in your accounts.

**Real Estate You Own.** Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

**Stocks, Bonds, Trusts, Other Investments.** Bring account numbers and statements on value of investments and information about income from investments.

**Life Insurance Policies.** Bring name of company and policy numbers.

**Assets sold or given away.** If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets.

## Deduction Checklist

### Deduction Information

#### Dependent Deduction (Do not include spouse, foster children and live-in aides)

1. Do you have any household members who are under age 18?  Yes  No

If yes, list the name of each minor.

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

2. Do you have any household members who are 18 or older and a full-time student?  Yes  No

If yes, list the name of each adult.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. Do you have any household members who are 18 or older and disabled?  Yes  No

If yes, list the name of each disabled adult.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

(✓) Check all that apply to your household and bring supporting documents.

- Adult Full-time Student
- Children
- Person with Disability (18 or older)

#### Supporting Documents

**Children.** Bring birth certificates, social security cards, school records, Juvenile Record if child is older than 6 years of age, court custody agreements, adoption papers, or other proof that the children are members of this household.

**Full-Time Students** (*over 17 yrs old*). Bring the name, address, and phone number of the school they are attending.

**Disability.** If any member of your family has a disability, bring information about any income the member received because of his/her disability.

## Allowance Checklist

### Allowance Information

#### Elderly/Disabled Allowance

1. Is the head of household or spouse 62 or older?

If yes, list the name of each elderly member.

A. \_\_\_\_\_

B. \_\_\_\_\_

Yes     No

2. Is the head of household or spouse disabled?

If yes, list the name of each disabled member.

A. \_\_\_\_\_

B. \_\_\_\_\_

**Yes      No**

#### Disability Expenses

3. Is the family paying for attendant care or medical equipment for a disabled family member so an adult family member can work?

If yes, list the name of each disabled family member and total cost you expect to incur in the next 12 months.

A. \_\_\_\_\_ \$ \_\_\_\_\_

B. \_\_\_\_\_ \$ \_\_\_\_\_

Yes     No

#### Medical Expenses

4. Is the head of household or spouse 62 or older?

5. Is the head of household or spouse disabled?

If yes, list the name of each elderly or disabled family member and total cost you expect to incur for the next 12 months.

A. \_\_\_\_\_ \$ \_\_\_\_\_

B. \_\_\_\_\_ \$ \_\_\_\_\_

Yes     No

Yes     No

**(√) Check all that apply to your household and bring supporting documents.**

Child Care Costs

Disability Expenses

Medical Expenses

Prescription Expenses

## Certification of Asset Disposition

TO BE COMPLETED BY CLIENT

Read each statement and check the box that is true regarding your household situation.

- I hereby certify that I **HAVE NOT** sold, or given away items\* worth more than \$1,000 in the past two years.
  
- I hereby certify that I **HAVE** sold, or given away any items\* worth more than \$1,000 in the past two years

Fair Market Value of Property: \$\_\_\_\_\_

Amount Received: \$\_\_\_\_\_

### Client's Certification

Under penalty of perjury, I hereby certify that the statements I have provided regarding our household situation are true and accurate. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial and termination of your assistance.

\_\_\_\_\_

Head of Household's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Head of Household's Name

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# DECLARATION OF SECTION 214 STATUS

Notice to Applicants and Tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read this Declaration Statement carefully, sign it and return to the Lakeland Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you have questions.

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

- I am a citizen by birth, a naturalized citizen, or a national of the U.S.; or
- I have eligible immigration status and I am 62 years of age<sup>2</sup> or older. (Attach proof of age evidence); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigration status under §1001(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>; or
  - Permanent residence under §249 of Immigration and Nationality Act (INA)<sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §207, 208, and/or 203 of the Immigration and Nationality Act (INA)<sup>5</sup>; or
  - Parole status under §212(d)(f) of the Immigration and Nationality Act (INA)<sup>6</sup>; or
  - Threat to life or freedom under §243(h) of the Immigration and Nationality Act (INA)<sup>7</sup>; or
  - Amnesty under §245 of the Immigration and Nationality Act (INA)<sup>8</sup>.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

- Check this box if signature is of adult residing in the unit is responsible for child named on statement above.

LHA: Enter INS/Save Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

# VERIFICATION CONSENT FORM

CONSENT: I consent to allow the LAKELAND HOUSING AUTHORITY (LHA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my/our eligibility and level of benefits under HUD's assisted housing programs. I understand that LHA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand that I must be given an opportunity to contest the determination with the INS or LHA, or both.

***This consent form expires 15 months after signed.***

Signatures:

**ADULTS (Ages 18 or Older):**

_____	<u>A-</u> _____	_____
Head of Household	Alien Number	Date
_____	<u>A-</u> _____	_____
Spouse	Alien Number	Date
_____	<u>A-</u> _____	_____
Family Member	Alien Number	Date
_____	<u>A-</u> _____	_____
Family Member	Alien Number	Date
_____	<u>A-</u> _____	_____
Family Member	Alien Number	Date

**Children (18 or Younger):**

_____	<u>A-</u> _____	_____
Family Member (18 or Younger)	Alien Number <sup>9</sup>	Date
_____	<u>A-</u> _____	_____
Family Member (18 or Younger)	Alien Number <sup>9</sup>	Date
_____	<u>A-</u> _____	_____
Family Member (18 or Younger)	Alien Number <sup>9</sup>	Date
_____	<u>A-</u> _____	_____
Family Member (18 or Younger)	Alien Number <sup>9</sup>	Date
_____	<u>A-</u> _____	_____
Family Member (18 or Younger)	Alien Number <sup>9</sup>	Date

## Authorization for Release of Information Form

### TO BE COMPLETED BY ALL ADULT HOUSEHOLD MEMBERS

#### TO WHOM IT MAY CONCERN:

Public Housing Authorities are required by Federal Law to verify the income, assets and allowances of all individuals applying for admission to or living in federally assisted housing. We ask your cooperation by supplying the information on the enclosed form. Note that the person referenced has authorized your release of the information. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. If you have any questions, please call (863) 687-2911.

#### AUTHORIZATION:

I understand that depending on program policies and requirements, previous or current information may be needed in order to determine my family's eligibility and rent. Verification and inquiries that may be requested include; but are not limited to:

Child Care Provider; Child Support and Alimony Providers; Clerk of the Court; Credit Bureaus; Education Institutions; Employers; Financial Institutions; Housing Agencies; Landlords; Medical Professionals, Pharmacies; Post Offices; Retirement System; Veterans Administration; and Welfare Agencies.

I hereby authorize release of any information request by the Lakeland Housing Authority regarding my income, assets, and allowances. I understand and agree that photocopies of this authorization may be used for the purpose stated above. The original of this authorization is on file at the Lakeland Housing Authority and will remain in effect for twelve (12) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Head of Household Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Adult Member Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Name

\_\_\_\_\_  
Date

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# Authorization for Release of Criminal Information

## TO BE COMPLETED BY CLIENT

To consider an application for one of our affordable housing programs, it is the Lakeland Housing Authority's policy and HUD's "Screening and Eviction" regulation permits us to obtain a Criminal History Record on Applicants and members of their household. Every adult household member (18 years or older), ***MUST SIGN THIS FORM.***

This Record Check will be obtained from law enforcement agencies and/or other official entities which maintain criminal history information, whether currently providing, or which may provide such information in the future. Information returned by the law enforcement agencies and/or other official entities is not privileged or confidential information and not covered by any privacy statutes.

**AUTHORIZATION:**

The undersigned individuals authorize the Lakeland Housing Authority to obtain from any law enforcement agency or official entities which maintain criminal history information. Whether currently providing, or which may provide such information in the future of any and all criminal information available concerning myself and household.

I/We understand that the information obtained shall be used in the Lakeland Housing Authority's assessment of my eligibility to participate in its programs.

I/We further understand and agree that if I am selected for one of the affordable housing programs, **THIS AUTHORIZATION SHALL BE USED CONTINUOUSLY TO UPDATE MY TENANT FILES** at any recertification by Lakeland Housing Authority.

HAS ANY MEMBER OF THE HOUSEHOLD EVER BEEN ARRESTED UNDER ANY NAME? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE DESCRIBE THE DETAILS:

HAS ANY MEMBER OF THE HOUSEHOLD EVER BEEN CONVICTED OF ANY CRIME UNDER ANY NAME? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE DESCRIBE THE DETAILS:

**WARNING:**

Section 1001 of Title XVII of the United States 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. I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Choice Voucher Program or Public Housing Program.

## TO BE SIGNED BY EACH HOUSEHOLD MEMBER (18 YEARS OR OLDER)

FULL LEGAL NAME	SSN	DOB	SEX	RACE	SIGNATURE	DATE

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# 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(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		
_____	_____	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.