



**Office Use Only:**

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

125 North Chestnut Street, Kewanee, IL 61443 ~ Phone: 309-852-2801 ~ Fax: 309-852-0889

**Please have the following accompany the application when you return it to the Housing office:  
COPIES OF GENERAL INFORMATION REQUIRED FOR ALL APPLICANTS**

**OFFICE HOURS: 8:00 AM TO 4:30 PM MONDAY – FRIDAY**

- \_\_\_ 1. Birth Certificates and social security cards for ALL household members
- \_\_\_ 2. Current Driver's License or State issued ID card for all household members 18 and older
- \_\_\_ 3. Marriage license, divorce papers or separation papers and guardianship/custody papers.
- \_\_\_ 4. Veteran/Service verification
- \_\_\_ 5. Student Verification (Class schedule) for all students 18 years of age or older.

**Important! Please note:**

- \*All sources of income must be reported
- \*Certain pets are allowed, per HAHC Pet Policy
- \*If no income, we need to know who is helping you with family expenses
- \*No smoking is allowed in the units or in any common area on any of our developments

**Please check all developments that you are applying for:**

**Family Developments**

Phone # 309-852-2801 / Fax # 309-852-0889

- \_\_\_ Fairview Apartments (1-4 Bedroom Units): Located in Kewanee  
All utilities included with the cost of rent
- \_\_\_ Lakeland Terrace Apartments: (2-4 Bedroom Units): Located in Kewanee  
Must be able to obtain gas/electric in your name with AmerenIP and maintain a bill
- \_\_\_ Colona House: (3 bedroom/single family home): Located in Colona  
Must be able to obtain gas/electric in your name with MidAmerican, and water with the City of Colona, and maintain bills

**Elderly/Near Elderly (50+)/Disabled High Rises**

Phone # 309-852-3725 / Fax # 309-852-3531

- \_\_\_ Hollis House (0-2 Bedroom Units): Located in Kewanee  
Must be able to obtain electric in your name with AmerenIP and maintain a bill
- \_\_\_ Washington Apartments (0-1 Bedroom Units): Located in Kewanee  
Must be able to obtain electric in your name with AmerenIP and maintain a bill
- \_\_\_ Lincoln House (0-2 Bedroom Units): Located in Galva  
Must be able to obtain electric in your name with AmerenIP and maintain a bill
- \_\_\_ Maple City Apartments (0-2 Bedroom Units): Located in Geneseo  
All utilities included with the cost of rent

**APPLICATION FOR HOUSING AUTHORITY OF HENRY COUNTY: Low-Income Public Housing**

**Applicant Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Physical Address: \_\_\_\_\_  
Street Address City State Zip

Mailing Address (PO Box): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How do you prefer to be contacted?  Phone  Mail  Email

Marital Status:  Married  Single  Divorced  Separated  Widow(er)

Have you ever used a name other than the one you are using now (first or last)?  Yes  No  
 If yes, what? \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

(List all family members, including yourself, who will be living with you)  
 (White-W, African American-AA, Asian-A, American Indian-AL, Other-O)

Name Last, First, Middle	Relationship	Birthdate	Sex M / F	Race	Hispanic Y / N	Place Of Birth	Disabled Y / N	SSN or Alien Registration #
1.	HEAD							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Will you or anyone in your household require a handicapped unit at any time?  Yes  No

Are you expecting any additions to your household?       Yes    No

If yes, explain: \_\_\_\_\_

Have you or any member of your household ever received housing assistance before?    Yes    No

If yes, name and location of Housing Authority: \_\_\_\_\_

Under what name? \_\_\_\_\_ Approximately what years? \_\_\_\_\_

Address lived at while in Housing? \_\_\_\_\_

Have you ever had a Housing Authority terminate your Housing Assistance?       Yes    No

If yes, please explain: \_\_\_\_\_

Have you ever been evicted while receiving Housing Assistance?       Yes    No

If yes, please explain: \_\_\_\_\_

Do you owe money to any Housing Authority?       Yes    No

If yes, how much and have you made arrangements to pay this amount? \_\_\_\_\_

Are you currently up to date on your utilities (Electricity and Gas)?       Yes    No

If no, please explain: \_\_\_\_\_

Please list all states in which you have lived: \_\_\_\_\_

\_\_\_\_\_

**INCOME/ASSET/EXPENSE CHECKLIST**

Please indicate if any of the following applies to ANY family member:  
(Every item on the checklist must be answered with "yes" or "no")

YES	NO	
___	___	I receive income (wages, tips, bonuses, commission) from employment
___	___	I regularly receive cash contributions or gifts from person(s) not living with me
___	___	I receive periodic payments from Workmen's Compensation
___	___	I receive disability or death benefits
___	___	I receive unearned income from family members age 17 or under
___	___	I receive Social Security
___	___	I receive Supplemental Security Income (SSI)
___	___	I receive cash assistance (TANF)
___	___	I receive unemployment benefits
___	___	I receive child support or alimony
___	___	I receive periodic payments from a trust, annuity, or inheritance
___	___	I receive periodic payments from insurance policies
___	___	I receive periodic payments from retirement funds or pensions
___	___	I receive foster care payments
___	___	I receive income from a temporarily absent family member
___	___	I receive interest or dividends
___	___	I receive income from rental of real estate or personal property
___	___	I own real estate, land, or mobile homes
___	___	I have a checking account(s) How many banks? ___ Bank Name _____
___	___	I have a savings account(s) How many banks? ___ Bank Name _____
___	___	I have time certificates (CD's) How many banks? ___ Bank Name _____
___	___	I have stocks/bonds/IRA's Name of Broker _____
___	___	I have personal property held for investment (gems, jewelry, coin & stamp collections, etc)
___	___	I have disposed of assets within the last two (2) years.
___	___	I have whole life insurance policies
___	___	I pay Medicare premiums
___	___	I pay medical insurance premiums, other than Medicare
___	___	I pay medical or prescription expenses which are not reimbursed by insurance
___	___	I pay child care expenses (in order to work, look for work, or to further my education)

**I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE I WILL NOTIFY THE OFFICE FOR POSSIBLE RECERTIFICATION.**

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

\_\_\_\_\_  
Other Household Adult Signature Date

\_\_\_\_\_  
Other Household Adult Signature Date

**INCOME**

The following part of the application applies to ALL family members, including minors:

**Please note that if all income is not reported, it is considered a case of fraud against a government agency, and legal action can be taken which could lead to eviction.**

1. Employment:  Yes  No

Who is employed?	Where?	Date Started?	Name and Address of Employer
1.			
2.			
3.			
4.			

*(You must include the last two paycheck stubs for each job)*

2. Does any person on this application receive unemployment?  Yes  No

Who is receiving unemployment? \_\_\_\_\_

Date started receiving unemployment: \_\_\_\_\_

*(You must provide a copy of your latest unemployment benefit letter)*

3. Does any person on this application receive:

Cash assistance?  Yes  No

Food Stamps?  Yes  No

*(You must provide a copy of your latest DHS benefits letter)*

4. Does any person on this application receive Child Support?  Yes  No

Name of Person(s) you receive child support from	Address where your child support is coming from (Courthouse, IL State Disbursement Unit)
1.	
2.	
3.	

5. Does any person on this application receive alimony?  Yes  No

Name and address of who sends alimony payments: \_\_\_\_\_

\_\_\_\_\_

6. Does any person on the application receive income from a pension?  Yes  No

Where does your pension come from? (VA, Miners, Black Lung, Annuities, GI Bill, Disability, Death Benefits, Pension from where you worked, etc.)

Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does any person on this application receive cash contributions from person(s) not living with you?

Yes  No

Name of Person(s) or Organizations you receive contributions from	Address
1.	
2.	
3.	

\*\*Cash contributions and gifts from others are considered income. We need a statement from which you are receiving the extra income from. Please put their name and address on the above line if this pertains to your situation, especially those applicants who don't have any income coming in at this time. We need to know the amount they are contributing, the reason why, such as rent or family expenses, and we need them to sign and date that statement.

8. Is any person on this application self-employed?  Yes  No  
(form will be sent for verification)

9. Do you receive any income from rental property?  Yes  No

10. Is any person on this application (18 years of age or older) a full time student?  Yes  No

Name of Student(s): \_\_\_\_\_

(Must include verification of class schedule)

Does this person receive an education grant or scholarship?  Yes  No

**ASSETS**

The following part of the application applies to ALL Family members, including minors:

1. Please provide all family members banking information:

Bank Name	Bank Address	Type of Account
1.		
2.		
3.		
4.		

**EXPENSES**

The following part of the application applies to ALL Family members, including minors:

1. Does anyone on this application pay for child care expenses for a child age 12 or under?  Yes  No

Childcare Provider	Address	Phone
1.		
2.		

\*\*Forms will be sent for verification

**CRIMINAL**

Has any household member been involved in **ANY** criminal activity as a juvenile or an adult (*even if not convicted*)?

Yes  No

If yes, please further explain all activity in the past 10 years (**not all activity will result in the denial of your application**):  
use additional sheets if necessary

Person who committed the crime	Nature of the crime	Year crime took place	County	State	Were you convicted? Y / N

**\*\*Understand that if the above question is answered "NO" and a background check reveals that there has been involvement in criminal activity of any kind, the application for rental assistance will be denied for misrepresentation.**

## MEDICAL

For families where the head, spouse, or co-head are elderly or disabled

Fill out each category that you have paid medical expenses out of pocket in the past year. You must include verification of all paid bills.

	Name of Provider	Address
Pharmacy		
Physician (1)		
Physician (2)		
Eye Doctor		
Dentist		
Private Medical Insurance		
Over the Counter Medications		
Other Medical (as needed)		
Other Medical (as needed)		

*Must provide verification of paid over the counter medication bills and also a statement from your physician that the medications are required.*



## RENTAL HISTORY

Please fill in your rental history (if applicable) starting with your most current landlord:

Complete Address	Landlord Name and address	Landlord Phone Number	Rent amount
1.			
2.			
3.			

Only complete this section if you share the home with another family:

Name of the person with which you share the home: \_\_\_\_\_

Is there a lease agreement? Y / N If yes, does your name appear on the lease? Y / N

What amount do you contribute towards rent/utilities? \_\_\_\_\_

Are you related to the person with whom you live? Y / N

If yes, how are you related? \_\_\_\_\_



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### APPLICANT CERTIFICATION

I/We hereby certify that the above information given to the Housing Authority of Henry County is accurate and complete to the best of my/our knowledge and belief. I also agree to authorize the Housing Authority of Henry County to verify the information given above.

I/We also understand that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or representations to the Housing Authority of Henry County and is punishable by fines and/or imprisonment.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Other Household Adult: \_\_\_\_\_

Date: \_\_\_\_\_

Other Household Adult: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE: INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION**



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### REFERENCES

I, the undersigned, have applied for public housing in one of the Housing Authority of Henry County's low rent units. To follow are 4 references:

**Note: complete names, addresses and phone numbers of four (4) references. You may include one (1) relative, one (1) friend, and two (2) of the following; past or present: neighbor, supervisor at work, place where you do business, clergy, etc.**

Name	Complete Address	Telephone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Other Household Adult: \_\_\_\_\_

Date: \_\_\_\_\_

Other Household Adult: \_\_\_\_\_

Date: \_\_\_\_\_



**PERSONS WITH DISABILITIES**

After reading the following information please answer the questions below:

A person with disabilities is defined as:

1. A person with a disability defined in 42 U.S.C. 423.
2. A person that is determined, pursuant to HUD regulations, to have a physical, mental or emotional impairment that:
  - is expected to be of long-continued and indefinite duration;
  - substantially impedes their ability to live independently; and
  - is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
3. They are functionally disabled as defined in the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 6001(8)].

*Please do not provide any information as to the extent or type of disability of any family member.*

\*\*\*\*\*

1. Is anyone in your household considered disabled as defined above? (Please circle) Yes / No
2. If yes, please indicate the name of the members that qualify:

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3. If yes to question one, will you be able to provide proof of the disability in one the following forms if asked? (Please Circle) Yes / No
  - Original SSA notice confirming SSI payments or;
  - Verification from a qualified professional having knowledge of the person's disability, who can verify the tenant's status or;
  - A Doctor's statement meeting the disability definition requirements in the USC Title 42, Section 423.

\*\*\*\*\*

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact our office at 309-852-2801.

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

\_\_\_\_\_  
Date



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### WAITING LIST NOTIFICATION

Thank you for applying for Housing Assistance with the Housing Authority of Henry County. Your application has been accepted and will be reviewed for preliminary determination of eligibility. If you meet our eligibility requirements, your application will be placed on our waiting list.

It is our desire to provide you with safe, decent, and sanitary housing. The Housing Authority of Henry County acknowledges the responsibility to the extent provided by the law to protect information it receives in determining the applicant's/participant's eligibility for housing assistance.

**Warning! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States, or the Department of Housing & Urban Development.**

I have read and am aware of the following:

1. My application has been submitted.
2. I may not receive immediate assistance. Many developments have moderate to lengthy waiting lists. The Housing Authority of Henry County does not have emergency housing.
3. If my application is initially approved, the Housing Authority will place me on the waiting list, and at a later date will verify all other information on my application.
4. It is my responsibility to ensure that all changes to this application, including changes in address, phone number, household members and income are submitted in writing to our office. Telephone changes will **NOT** be accepted, unless due to a reasonable accommodation for a disability. Failure to report changes in writing will result in removal from the waiting list.
5. If my application is removed from the waiting list, I will need to reapply when the Housing Authority is accepting applications.
6. My application for housing assistance may be denied because of criminal activity or debts to another housing authority of any household member.
7. This application does not obligate the Housing Authority of Henry County to provide housing nor does it obligate me to accept housing assistance.

I do hereby swear and attest that all the information above about myself and my household is true and correct. I understand that providing any false information will result in my application being cancelled or denied, or in the termination of my housing assistance. I declare under penalty of perjury under the laws of the United States of America and the State of Illinois that the information contained in this application of facts is true, correct and complete.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Other Household Adult: \_\_\_\_\_

Date: \_\_\_\_\_

Other Household Adult: \_\_\_\_\_

Date: \_\_\_\_\_

If a person other than the participant completes this application, please sign and complete the following:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone



## Certification of Preferences

The Housing Authority of Henry County offers preference points to applicants in accordance with our Admissions and Continued Occupancy Policy. These preference points will determine your placement on the waiting list. **Once you are offered a unit, you will be required to provide proof that you still qualify for the preferences you are claiming.** If you do not, or no longer qualify for the preferences, it will be removed and you will be reassigned a position on the waiting list. It is important if you have a change in preferences that you notify us immediately so we can adjust your position. **Please indicate by checking the lien next to any preference that your family qualifies for:**

\_\_\_\_\_ **Working/Elderly/Disabled:** I certify that the Head of Household, Spouse or Co-Head of my family is either working at least 20 hours per week at minimum wage in Henry County, or is elderly or disabled.

\_\_\_\_\_ **Residency:** I certify that the Head of Household, Spouse, or Co-Head of my family either lives, works, or has been hired to work anywhere in Henry County.

\_\_\_\_\_ **Victim of Domestic Violence:** I certify, and can provide documentation, that my family has been displaced due to fleeing a domestic violence situation, or is currently in a living situation where a member of my family is being subject to domestic violence.

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

\_\_\_\_\_  
Date

***Be advised, if you do not check any preferences, you will be placed on the waiting list with zero preference points even if it is clear that you qualify for one. If you don't understand any of the above information, don't hesitate to contact our office for clarification.***



**Community Service and Self-Sufficiency Requirement Certification  
For Non-Exempt Individuals**

**ENTRANCE ACKNOWLEDGEMENT**

I have received and read the Community Service and Self-Sufficiency Requirement. I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of a year) of community service or participate in an economic self-sufficiency program.

I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement at the time of initial program participation.

**Signatures of All Household Adults**

**Date**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

# 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)

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.



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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

Public Housing (24 CFR 960)

Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)

Section 8 Moderate Rehabilitation (24 CFR 882)

Project-Based Voucher (24 CFR 983)

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

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

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

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

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice:</i></b></p>	
	<p><b>Signature</b></p>	<p><b>Date</b></p>
	<p><b>Printed Name</b></p>	

Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.



**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                                  |                               |
|----------------------------------|-------------------------------|
| Identity and Marital Status      | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity  |
| Residence and Rental Activity    |                               |

**GROUP OR INDIVIDUAL WHO MAY BE ASKED**

- |   |  |
|---|--|
| Previous Landlords (including Public Housing Authorities) |  |
| Courts and Post Offices                                   | Past and Present Employers             |
| Schools and Colleges                                      | Welfare Agencies                       |
| Law Enforcement Agencies                                  | State Unemployment Agencies            |
| Medical and Child Care Providers                          | Social Security Administration         |
| Retirement Systems  | Support and Alimony Providers          |
| Utility Companies   | Veterans Administration                |
| Credit Providers and Credit Bureaus                       | Banks and other Financial Institutions |

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed. I understand I have the right to review my file and correct and information that I can prove is incorrect.

**SIGNATURES**

_____ Signature (First, Middle, Last)	_____ (Print Full Name)	_____ Date
_____ Social Security Number	_____ Date of Birth (month/day/year)	_____ Sex
_____ HA Representative Signature	_____ (Title)	_____ Date



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