

Atchison Application Completion Checklist:

NOTE: Make sure you complete each page of the application or the application will be returned to you as incomplete.

If you are mailing the application to our office, please make copies of any documentation which must be sent to accompany the application (see list below). If you bring the application to our office, we will make copies of your information for you. We do not retain originals.

It is the policy of this agency to reject incomplete applications. By reviewing the following items, you will help with the prompt processing of your application.

- ☐ Completed application with all households listed, dates of birth, social security numbers etc.
- ☐ Complete Income and Bank information
- ☐ **All** Questions Answered
- ☐ Complete residential history **along with** complete name, mailing addresses and phone numbers for all landlords
- ☐ Complete names, mailing addresses and phone numbers for each of your 5-character references
- ☐ All forms are signed and dated by each adult member (18+) of the household.
- ☐ Make sure each adult has signed a HUD form 52765 (separate file in google docs)
- ☐ Make sure each adult has signed a "What You Should Know About EIV" (separate file in google docs)
- ☐ Birth Certificates or Birth Confirmation Letters must be submitted for each child (or adults without picture ID)
- ☐ Social Security Cards for **all** members of the family
- ☐ Picture ID for all adult members of the family (if this is not available then the Birth Certificate or Birth Confirmation letter must be submitted)
- ☐ Contact information so we can contact you with questions, concerns, offers etc. If we have no way of contacting you, your application may be dropped.

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(Office Use Only) Application Number: _____ Time Submitted: _____ a.m. / p.m. Date Submitted: _____

Application Entered by: _____ (Initial)

**The Atchison
Housing Authority**

**APPLICATION FOR PUBLIC HOUSING AND
PERSONAL DECLARATION OF INFORMATION**

Administrative Office, 103 South 7th Street, Atchison, KS 66002--Phone: 913-367-3323

Please Type or Print in Ink...Thoroughly read the instructions on the back page of this form

Note: The Atchison Housing Authority needs all previous names. *If a household member's name has changed, please note this by use of parentheses. e.x. Smith (Jones)*

Date: ____/____/____

Head of Household (include all previous names): _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Head of Household Marital Status: ☐ Single ☐ Separated ☐ Married ☐ Divorced ☐ Widowed

Head of Household Certifies it has received the brochure detailing the Violence Against Women's Act (VAWA)

Head of Household Signature

SECTION 1: HOUSEHOLD MEMBERS AND PERSONAL DATA

PART A: List all people who will live in the assisted household: Use additional sheets if necessary. *Include all previous names.*

Household Members Name(s)	Date of Birth	Sex	Relationship	Place of Birth (City, State)	Social Security Number
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -

PART B: Provide race/ethnicity and disability information for ALL household members. (Please use the following race classifications: *White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, other race*): Use additional sheets if necessary. **We appreciate your cooperation in providing this information, however it is voluntary.**

Household Members Name(s)	Ethnicity	Race	Legal U.S. Citizen?	Does this person require special assistance due to disability?
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Email address to use as alternate form of contact: _____

Does anyone listed in Part A or Part B have a Guardian/Conservator? ☐ YES ☐ NO If YES, give name and address of Guardian or Conservator:

PART C: Please answer the following question (if applicable):

1. Do you have residential custody of all minors listed above? ☐ YES * ☐ NO ☐ N/A
If NO, give NAME AND ADDRESS of person with residential custody of the minor:

*If YES, documentation of custody must be submitted with this application.

2. Do you pay for childcare that enables you or another family member to work or go to school? ☐ YES* ☐ NO

*If YES, continue, otherwise go to question 3.

- 2a. How much and how often do you pay the childcare provider? \$ _____ per _____
2b. Are your childcare expenses reimbursed by any person or agency? ☐ YES ☐ NO
2c. If YES, what agency or person reimburses you? _____
2d. At what rate is the reimbursement provided? \$ _____ per _____
2e. Provide the name and address of your childcare provider _____

3. Is the Head of Household or Spouse of this household 62 years old or older, handicapped or disabled? ☐ YES* ☐ NO

*If YES, continue, otherwise go to **SECTION II: SOURCES OF INCOME**.

- 3a. Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family that is necessary to permit that person or someone else in the family to work? ☐ YES ☐ NO
3b. If YES, please describe the expenses: _____

- 3c. Does any household member have Medicare? ☐ YES ☐ NO
If YES, Do you pay a Medicare premium? ☐ YES \$ _____ or ☐ I do not pay the premium
3d. Does any household member have any other kind of medical insurance? ☐ YES ☐ NO
If YES, what is the medical insurance premium \$ _____
3e. Does any household member take prescription medicines on a regular basis? ☐ YES ☐ NO
If YES, what is the monthly amount spent for prescriptions? \$ _____ (attach pharmacy print-off)
3f. Does any household member receive medical assistance through the welfare department? ☐ YES ☐ NO
3g. Does any household member have outstanding medical bills on which you make regular payments? ☐ YES ☐ NO
3h. Do you expect to incur any medical expenses during the next twelve (12) months? ☐ YES ☐ NO
If YES, please explain: _____

SECTION II: SOURCES OF INCOME

PART 1: For each type of income received, give the name of the member who receives the income, and the source of the income (income includes: wages, unemployment benefits, child support, alimony, public assistance such as TANF, Social Security, pension/annuity, organizational contributions, income from assets such as checking or savings accounts, financial aid, wages in the form of cash and all other received forms of income). **List the address of the source and the amount of income that can be expected from the source during the next twelve months. PROVIDE DOCUMENTATION OF ALL SOURCES**

Family Member	Source/Type of Income	Name & Address of Source (Street/City/State/Zip Code)	Yearly Amount	Frequency (Weekly, Monthly etc.)



PART 2:

1. Does any household member have any of the following assets: IRA's, Keogh Plan, Money Markets, Certificates of Deposits or bank accounts? ☐ YES ☐ NO If YES, Please List

List the current value and the person in the household to whom it belongs (for bank accounts include bank name and account number):

Name of Household Member	Type of Account	Value	Bank Name/Account Number

2. Has any household member disposed of any asset or property for less than fair market value during the past two years?

☐ YES ☐ NO If YES, please briefly describe: _____

If no income is reported, please sign here to certify that you and members of your household receive **ABSOLUTELY NO** income:

Signature: _____

INCOME INFORMATION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is any member of your household employed full-time, part-time or seasonally? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Does any member of your household expect to work for any period during the next twelve months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Does any member of your household work for someone who pays him or her in cash? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is any member of your household on leave of absence from work due to a lay-off or medical, maternity or military leave? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does any member of your household now receive or expect to receive unemployment benefits? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Does any member of your household now receive or expect to receive child support payments? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Is any member of your household entitled to child support that he/she is not now receiving? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Does any member of your household now receive or expect to receive alimony/maintenance payments? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Is any member of your household entitled to alimony/maintenance payments that he/she is not now receiving? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Does any member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Does any member of your household receive or expect to receive Social Security or SSI benefits? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Does any member of your household receive income from a retirement, pension or annuity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Does any member of your household receive regular cash contributions from an organization or individuals not living in your unit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Does any member of your household receive income from assets, including interest on checking or saving accounts, interest and dividends from life insurance policies, or certificates of deposit, stocks or bonds, or income from the rental of property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Does any member of your household own real estate or any assets for which there is not income (e.x. non-interest bearing checking accounts, cash etc.)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Has any member of your household sold or given away real property or other assets (including cash) in the past two years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Has any household member received any lump sum payments such as: | | |
| Inheritances | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Lottery Winnings | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Insurance Settlements | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Capital Gains | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Social Security, SSI, Unemployment Compensation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other: (Please Explain): _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION III: RESIDENTIAL HISTORY

1. **Previous Housing Assistance:** Has any member ever lived in any type of federally subsidized housing (including: Public Housing, Section 8, Public Indian Housing, and ALL other forms of federally subsidized housing)? ☐ YES ☐ NO If YES, provide information below:

Former Address: _____

City: _____ State: _____ Zip Code: _____

Housing Authority/Agency's Name: _____ Date Moved in: _____ to _____

Does he/she owe a debt to this housing program? ☐ YES ☐ NO If YES, have arrangements been made to pay it back ☐ YES ☐ NO

2. **Residential History:** Please list the addresses of all places the adults in your household have lived in the past five (5) years, starting with where you are now. Include all permanent residences and temporary places you have stayed. Use additional pages if you need more space. Mailing or other contact information for each residence must be provided. Explain any gaps in the time between addresses in a separate letter and enclose it with your application.



Current Address: _____ ☐ Family Member

City: _____ State: _____ Zip Code: _____ Date Moved in: _____ Out: _____

Contact Person and position: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Former Address: _____ ☐ Family Member

City: _____ State: _____ Zip Code: _____ Date Moved in: _____ Out: _____

Contact Person and position: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Former Address: _____ ☐ Family Member

City: _____ State: _____ Zip Code: _____ Date Moved in: _____ Out: _____

Contact Person and position: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Former Address: _____ ☐ Family Member

City: _____ State: _____ Zip Code: _____ Date Moved in: _____ Out: _____

Contact Person and position: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Former Address: _____ ☐ Family Member

City: _____ State: _____ Zip Code: _____ Date Moved in: _____ Out: _____

Contact Person and position: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

SECTION IV: CHARACTER REFERENCES

Each applicant family must provide at least five (5) character references. These references should be people who know you and **MUST NOT BE RELATED TO YOU BY BLOOD, ADOPTION OR MARRIAGE**. You **must** supply a **complete name, address and phone number for each reference**. If you do not know this information, either find out what it is or choose a different person as a reference. The Housing Authority staff **will not** make any attempt to contact a reference for which we **do not** receive complete and accurate information. That is the applicant's sole responsibility.

_____ Name of Reference	_____ Street Address, City, State, Zip	_____ Phone Number
_____ Name of Reference	_____ Street Address, City, State, Zip	_____ Phone Number
_____ Name of Reference	_____ Street Address, City, State, Zip	_____ Phone Number
_____ Name of Reference	_____ Street Address, City, State, Zip	_____ Phone Number
_____ Name of Reference	_____ Street Address, City, State, Zip	_____ Phone Number

SECTION V: CRIMINAL HISTORY/ELIGIBILITY

Please answer YES or NO to the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has any household member ever been arrested? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has any household member been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is any household member a Registered Sex Offender? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Has any household member been convicted of manufacture or sale of methamphetamine? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Has any household member been evicted from a federal housing program in the past for lease violation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



6. Has any household member been evicted from a federal housing program in the past 3 years for illegal drug activity? ☐ YES ☐ NO

If you answered YES to any of the above questions, please explain here (list date, charges, and location for all arrests or convictions. List Question Number): _____

SECTION VI: APPLICANT CERTIFICATION

I/We certify that all the information given to the Atchison Housing Authority as part of this application is accurate and complete to the best of my/our knowledge and belief. I/We further certify that the Character References provided in Section IV are not related to me/us by blood, adoption or marriage. I/We understand that false statements or information are punishable under Federal Law. I/We understand that providing false, misleading, and/or incomplete information is grounds for denial of eligibility for the waiting list and termination of tenancy.

Signature of Head of Household: _____	Date: _____
Signature of Spouse/Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Person Assisting Applicant: _____	Date: _____
Agency's Name: _____	Phone: (____) _____

SECTION VII: APPLICANT RELEASE OF INFORMATION AMONG HOUSEHOLD MEMBERS

I/We certify that all the information given to the Atchison Housing Authority as part of this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that providing false, misleading, and/or incomplete information is grounds for denial of eligibility for the waiting list and termination of assistance. I/We understand that by signing this application I/We give the Atchison Housing Authority the right to discuss/release all information related to the application/assistance process with all other adult household members who have signed this application, including but not limited to past credit, residential, criminal and information related to the application/assistance process.

Signature of Head of Household: _____	Date: _____
Signature of Spouse/Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line (800) 424-8590. Revised 10/2003



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INSTRUCTIONS FOR FILLING OUT THE APPLICATION FOR HOUSING ASSISTANCE

There are several important pieces of information that you should know when filling out an application for housing assistance.

The Atchison Housing Authority offers two kinds of housing assistance-Public Housing and Section 8/TBRA Housing Assistance. When you complete this application you are applying for Public Housing. You may apply for Section 8/TBRA by completing that application which can be obtained from our office or by calling our office and requesting an application packet be mailed to you. If you have questions regarding the difference between the programs offered please contact our office at 913-367-3323.

Important Notice: All Atchison Housing Authority Housing is waiting list based; we do not provide emergency housing.

- ❑ YOU MUST FILL OUT THE APPLICATION **COMPLETELY**.
- ❑ LEAVE **NO** BLANK SPACES.
- ❑ INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. THEY WILL BE RETURNED TO THE APPLICANT OR SHREDDED.

THE ATCHISON HOUSING AUTHORITY WILL PROCESS ONLY COMPLETE APPLICATIONS. To be complete, the application must have:

A. All forms filled out, including:

1. Atchison Housing Authority Application for Public Housing and Personal Declaration Form
2. Form HUD 9886 A, Privacy Act Forms (One square per adult, two copies)
3. Atchison Housing Authority Application PHA Form
4. Housing Agency Disposal of Asset Certification Form
5. Applicant/Tenant Emergency Contact Form

B. Income and Identification Documents (for all documentation, send **COPIES ONLY**. **DO NOT** send originals):

1. Social Security Cards for **ALL** household members.
2. Birth certificates for **ALL** household members. Other official documentation of identity such as valid driver's license may be substituted for an adult if a birth certificate cannot be provided.
3. You must include documentation of **ALL** income and assets that apply to your household. Documentation may include a letter from employer, if working, or TANF, Social Security, SSI printout if receiving government assistance, letter from Kansas Department of Human Resources if receiving Unemployment Compensation, current documents on child support or alimony, or any other form from the entity which is providing income to the household such as retirement or pension income. Copies of all bank statements for all accounts, or letters from your bank and personal property tax statements are examples of information you must provide in order for us to process your application.
4. Government-Issued photo ID for **ALL** adult household members.

It is important that you double check to make sure your application is complete, all forms signed and dated, and all documentation of identity and income are attached. Incomplete applications will not be accepted.

Persons with disabilities who need assistance completing this application are entitled to request a reasonable accommodation under the Atchison Housing Authority's Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the Atchison Housing Authority offices at 103 South 7th Street, Atchison, Kansas 66002 or by calling 913-367-3323 to request a form.



What We Do When We Receive Your Application:

The Atchison Housing Authority only accepts completed applications. If you turn in an incomplete application, it will be returned to you for completion or shredded if no return address or contact information is provided.

If you owe this agency any past due monies we are unable to process your application.

Once we receive your completed application, we complete local and national background checks. Local and National Background Checks are completed. If there is no possible criminal or otherwise negative history we will review your application for initial eligibility factors, including, but not limited to the following:

1. Family must be within income guidelines.
2. Family must meet the definition of a family.
3. Family member must be U.S. Citizens or have INS documentation of eligible immigration status.
4. Have no family members who, as previous participants in federal housing programs, has been evicted or had their housing assistance terminated for illegal drug activity or program/lease violations in the past 3 years.
5. Family must not owe a debt to a any housing agency.
6. Family must not have committed fraud against a federal housing program.
7. Have no family member with a history of violent or drug-related criminal activity.
8. Family has not provided false or misleading information on a housing application.
9. The head of household and spouse (if applicable) must be at least 18 years old.

After we have determined initial eligibility and you are near the top of the waiting list we begin to verify income sources, assets, benefits, rental history and other items to determine renters suitability. Failure to provide the information necessary to verify these items may result in the application being returned as incomplete.

Within **30** days of receiving your application you will receive notification of denial for housing assistance, request for further information or action or a notification of your placement on the appropriate waiting list. If you receive a denial for housing assistance letter you will be given the information needed in order to request an review with a staff member.

Once you near the top of the waiting list we will arrange an interview with you to complete the application processing failure to attend this interview may result in your name being removed from the waiting list. It is very important that you notify us of any change in phone number, address, contact information and income and asset information if we cannot contact a family the family will be removed from the waiting list.

Please refer to the attached checklist to assure you have completed and attached all necessary information. If you have any questions please contact our office at 913-367-3323.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
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☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Atchison Housing Authority
 103 S. 7th Street
 Atchison, KS 66002

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
 Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Declaration of U.S. Citizenship
Or Non-Citizen With Eligible Immigration Status**

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). **United States Citizen(s)**
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

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

Release of Information

Office of Public and Indian Housing

U.S. Department of Housing and Urban Development

PHA requesting release of Information; (cross out space if none)

| This form cannot be used to request a copy of a tax return. Instead Use

Rev.2/26/25



HOUSING AGENCY DISPOSAL OF ASSETS CERTIFICATION

To meet eligibility and rent determinations it is required by Federal Regulations that the Head of Household and spouse certify in writing as to whether they have disposed of any assets for less than fair market value during the two years preceding the effective date of certification/re-certification of tenant eligibility.

PLEASE CHECK ONE OF THE BOXES BELOW:

For Head of Household:

1. ☐ I certify that I have not disposed of any assets for less than fair market value in the past two years.
2. ☐ I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: _____

DATE DISPOSED OF ASSET: _____

AMOUNT RECEIVED FOR ASSET: \$ _____

MARKET VALUE OF THE DISPOSED ASSET: \$ _____
(at the time of disposition)

X _____

Head of Household

Date

For Spouse or Other Adult Household Member:

1. ☐ I certify that I have not disposed of any assets for less than fair market value in the past two years.
2. ☐ I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: _____

DATE DISPOSED OF ASSET: _____

AMOUNT RECEIVED FOR ASSET: \$ _____

MARKET VALUE OF THE DISPOSED ASSET: \$ _____
(at the time of disposition)

X _____

Spouse or Other Adult Household Member

Date



ATCHISON HOUSING AUTHORITY**103 SOUTH 7TH STREET****ATCHISON, KS 66002****Purpose:**

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-income Rental Indian Housing
 Low-Income Public Housing
 Mutual Help Homeownership Opportunity Program
 Rental Assistance Program (RAP)
 Rent Supplement
 Section 8 Housing Assistance Payments Program

Section 23 and 10(c) Leased Housing
 Section 23 Housing Assistance Payments
 Section 202
 Section 221(d)(3) Below Market Interest Rate
 Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered:

Child Care Expenses
 Credit History
 Criminal Activity
 Family Composition
 Employment, Income, Pensions, and Assets
 Federal, State, Tribal, or Local Benefits

Handicapped Assistance Expenses
 Identity and Marital Status
 Medical Expenses
 Social Security Numbers
 Residences and Rental History

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions
 Courts
 Law Enforcement Agencies
 Credit Bureaus
 Employers, Past and Present
 Landlords
 Welfare Agencies

Providers of:
 Alimony
 Child Care
 Child Support
 Credit
 Handicapped Assistance

Handicapped Assistance
 Medical Care
 Pensions/Annuities
 Schools and Colleges
 U.S. Social Security Administration
 U.S. Department of Veteran's Affairs

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management
 U.S. Social Security Administration

U.S. Department of Defense
 U.S. Postal Service

State Employment Security Agencies
 State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

Signatures:

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Original is retained by the Requesting organization

Release of Information

Office of Public and Indian Housing

U.S. Department of Housing and Urban Development

Application Form PHA

PHA requesting release of Information; (**cross out space if none**)
 address, name of contact person and date)

ATCHISON HOUSING AUTHORITY**103 SOUTH 7TH STREET****ATCHISON, KS 66002**

This form cannot be used to request a copy of a tax return. Instead Use I (Full
 IRS Form 4506, Request for a Copy of Tax Form



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Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-income Rental Indian Housing	Section 23 and 10(c) Leased Housing
Low-Income Public Housing	Section 23 Housing Assistance Payments
Mutual Help Homeownership Opportunity Program	Section 202
Rental Assistance Program (RAP)	Section 221(d)(3) Below Market Interest Rate
Rent Supplement	Turnkey III Homeownership Opportunities Program
Section 8 Housing Assistance Payments Program	

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered:

Child Care Expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment, Income, Pensions, and Assets	Residences and Rental History
Federal, State, Tribal, or Local Benefits	

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions	Providers of:	Handicapped Assistance
Courts	Alimony	Medical Care
Law Enforcement Agencies	Child Care	Pensions/Annuities
Credit Bureaus	Child Support	Schools and Colleges
Employers, Past and Present	Credit	U.S. Social Security Administration
Landlords	Handicapped Assistance	U.S. Department of Veteran's Affairs
Welfare Agencies		

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management	U.S. Department of Defense	State Employment Security Agencies
U.S. Social Security Administration	U.S. Postal Service	State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

Signatures:

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Original is retained by the Requesting organization

Application Form PHA



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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: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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 or such other period consistent with State Law.

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, subject to 24 CFR Part 16.
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?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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.

This Notice was provided by the below-listed PHA:

Atchison Housing Authority
103 South 7th Street
Atchison, KS 66002

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

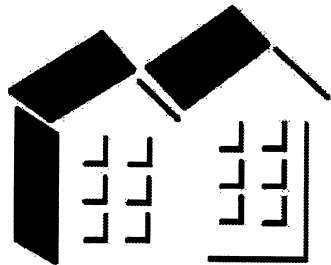
Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/eiv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Atchison Housing Authority
 103 S. 7th Street
 Atchison, KS 66002

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
 Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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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 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. 07/31/2021

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

Atchison Housing Authority
103 South 7th Street
Atchison, KS 66002

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.

HARDSHIP EXEMPTION/MINIMUM RENT

The Atchison Housing Authority has set the minimum rent at \$50.00 per month. If a family is unable to meet the minimum rent requirement it is the responsibility of the family to obtain and complete a Hardship Exemption Request form. If the family returns the completed request for a hardship exemption, the Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A. A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State, or local assistance program;
2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
3. When the income of the family has decreased because of changed circumstances, including loss of employment;
4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
5. When a death has occurred in the family.

B. **No hardship.** If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.

C. **Temporary hardship.** If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will be not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.

D. **Long-term hardship.** If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.

E. **Appeals.** The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

Applicant Signature

Applicant Signature

SMOKE FREE ADDENDUM TO APPLICATION FOR HOUSING

- The Atchison Housing Authority, due to Federal Regulation, is required to institute a Non-Smoking Policy. Effective October 1, 2017 all move-ins and internal transfers will be required to sign a Non-Smoking affidavit. All existing tenants will be required to adhere to the non-smoking policy by the Spring of 2018.

I, _____, an applicant(s) for housing assistance from the Atchison Housing Authority, agree(s) and acknowledge(s) that the premises available for rent through the Atchison Housing Authority have been designated as a smoke-free living environment.

The term "smoking" means inhaling, exhaling, using or carrying any lit cigar, cigarette, pipe or other tobacco product or similar lighted product in any manner or in any form.

I further understand:

1. I am responsible to inform my family and any guests (whether invited or uninvited) of the no-smoking policy. This policy applies to everyone including residents, guests, visitors, service personnel and housing authority employees who visit, live or work at any housing authority property.
2. Household members and/or guests shall not smoke anywhere in the unit or the building where the dwelling unit is located or in any of the common areas or on adjoining grounds of such building if those areas are within 25 feet of the building.
3. There can be no smoking within 25 feet of any housing authority building.

I further acknowledge that current tenants residing in the complex under a prior lease and policy will not be immediately subject to the No-smoking Policy.

If I have any questions or need any item clarified, I can contact the management at anytime.

Applicant Signature

Date

Applicant Signature

Date

VIOLENCE AGAINST WOMEN ACT (VAWA)

What Applicants, Tenants, Owners and Landlords Need to Know

Applicable to Public Housing, Section 8 Housing Choice Voucher & Project-Based Housing Programs, USDA Rural Housing properties, LIHTC properties, McKinney-Vento Homeless Programs, HOME Investment Partnerships Program, Section 221(d)(3) BMIR, Section 236 Rental Programs, Housing Opportunities for Persons with AIDS (HOPWA), Section 202 Supportive Housing for the Elderly & Section 811 Supportive Housing for Persons with Disabilities

(This information meets notification requirements of the federal Violence Against Women Reauthorization Act of 2013)

WHO IS PROTECTED BY VAWA (VIOLENCE AGAINST WOMEN'S ACT)?

VAWA applies to all applicants, tenants and affiliated individuals in the covered programs listed above. VAWA covers all victims of domestic violence, dating violence, sexual assault, and stalking. Protection is for the entire household with exception of the abuser or perpetrator. Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims, as well as lesbian, gay, bisexual and transgendered persons, as well as female victims of such violence.

INFORMATION FOR APPLICANTS of COVERED HOUSING PROGRAMS

(Covered programs are listed above)

A Public Housing Agency (PHA) owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission. To qualify for public housing or housing choice voucher assistance all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- meet criminal background screening criteria;
- have no outstanding debt to any PHA; and
- meet all other local PHA screening criteria including;
- providing Social Security numbers for all household members.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence, sexual assault or stalking, ask if the PHA gives this preferences. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

INFORMATION FOR PUBLIC HOUSING AND PROJECT BASED PROGRAMS PARTICIPANTS

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. THE PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence, sexual assault or stalking based solely on such an incident or threat.

THE PHA, an owner or landlord may deny, remove or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity, repeated lease violations or good cause.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are victim of domestic violence, dating violence, sexual assault or stalking, and that the actual or threatened abuse meets the requirements set forth in VAWA. Such certification must indicate the name of the perpetrator. If you do not provide the requested certification within 14 business days, your request may be denied your assistance may be terminated.

INFORMATION FOR PARTICIPANTS OF THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence, sexual assault or stalking May move even if the lease has not ended. You must be able to verify the move is necessary as a means of protecting the health and/or safety of a family member who is or has been the victim of such crimes and who reasonable believes he/she is threatened with imminent harm if he/she remains in the current rental unit.

If the perpetrator is a member of the household, he/she must be removed from the original voucher and will not receive a new voucher. Such a move does not relieve the family of any financial obligations under the original lease.

THE PHA, an owner or landlord may deny, remove or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity, repeated lease violations or good cause.

DOCUMENTATION

When processing a request by a victim for protection under VAWA, the PHA may request certification or written evidence to demonstrate that the violence occurred. Forms that are acceptable include: a completed HUD-50066, a document signed by a mental health professional or a third-party or other evidence such as police reports and court records. All certifications must include the name of the perpetrator if the name is known and safe to provide.

If you do not provide the requested certification within 14 days after receiving a written request for the information, your request for relief may be denied.

CONFIDENTIALITY

Any information provided pursuant to the Violence Against women act (VAWA) shall neither be entered into any shared database nor provided to any related entity except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law. All information including the fact that an individual is a victim, must be kept confidential by the PHA, Owner, or manager.



National
Background
Information



Federal Bureau of Investigations (FBI) Notification of Applicant Privacy Rights

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, (Agency Name) Atchison Housing Authority will provide you with the opportunity to complete or challenge the accuracy of the information in the record. You are allotted 90 days to correct or complete the record, or decline to do so; before we can deny your application for Applicator (CA or QA) Certification based upon the information contained in the criminal history record.

The procedures for obtaining a change, correction, or updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how the review and challenge your FBI criminal history record can be found at www.fbi.gov under "Services" and then "Identity History Summary Checks" or by calling 304.625.5590.

Full Legal Name: _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

By signing below, I affirm that I have read and understand the information contained herein.

Applicant Signature: _____ Date: _____

Requesting Entity: Atchison Housing Authority

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Note: This privacy act statement is located on the back of the FD-258 fingerprint card.

SIGNATURE	DATE
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This document must be retained by the Entity.

Noncriminal Justice Privacy Rights

The Public Housing Agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should submit a written records challenge request to the FBI's CJIS Division at the following address:

FBI CJIS Division

Attention: Correspondence Group

1000 Custer Hollow Road

Clarksburg, WV 26306

Your written request should clearly identify the information that you believe to be inaccurate or incomplete. Please be sure to include copies of any available proof or supporting documentation to substantiate your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having jurisdiction over the arrest or the office prosecuting the offense. The Correspondence Group will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with jurisdiction over the data, the FBI will make appropriate changes and notify you of the outcome. Record challenges submitted to the FBI are processed in the order in which they are received.

Challenge Sex Offender Registration.

Life-Time Sex Offender Registrant-The California Department of Justice (DOJ) provides an e-mail service for registrants to contact the registry with questions, concerns, or information. You can send an e-mail to the DOJ meganslaw@doj.ca.gov. *The California Department of Justice cannot provide legal advice to registered sex offenders on any matter pertaining to their registration status.*

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).