HOUSING AUTHORITY OF THE CITY OF BANGS

406 E Spencer
Bangs, Texas 76823
(325) 752-6522

Karen Baker Reynolds
Executive Director

Email – Karen@bangsha.net
Fax - (325)998-0237 cell

Dear Applicant:

The Housing Authority of the City of Bangs wishes to thank you for your interest in our program. In order to expedite the application process, we must have all the following information which applies to you and/or you family members. Forms for the required information are available in our office upon request.

1) Copies of birth certificates, social security cards, and driver's license for all family members expected to reside in the apartment. Copies can be made for you in our office. (Birth certificates and social security cards are mandatory) For Non-citizens, immigration status must be determined with proof.
2) Proof of income. A printout of benefits if you are a recipient of social security, SSI, TANF, VA, etc. must be returned with the application. If employed, verification must be obtained from your employer. If you receive child support, a signed verification or printout from the Attorney General must be provided.
3) A signed verification of childcare costs from your childcare provider, if applicable.
4) Proof of medical expenses (if elderly or disabled) This includes printouts for prescription medications, doctor bills, supplemental health insurance, Medicare, or other medical expenses paid out of pocket.
5) Additional information may be requested at the time of your interview.
6) All requested information must be returned with your application, or it will be considered incomplete and will not be placed on the waiting list.

NOTE: PLEASE UNDERSTAND THAT THIS INFORMATION IS ONLY FOR DETERMINING ELIGIBILITY AND DOES NOT ESTABLISH THE DATE AND TIME OF YOUR APPLICATION AND STANDING ON OUR WAITING LIST. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

BANGS HOUSING AUTHORITY
406 E Spencer
Bangs, Texas 76823
Telephone/Fax: 325-752-6522 Email: Karen@bangsha.net

APPLICATION FOR PUBLIC HOUSING (NOT VALID FOR HOUSING VOUCHER PROGRAM)

INSTRUCTIONS: PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

1. This application for Bangs Housing Authority.
2. To be qualified for admission to public housing an applicant must:
   a) Be a family as defined in PHA's Admissions and Continued Occupancy Policy;
   b) Meet the HUD requirements on citizenship and immigration status;
   c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD;
   d) Provide documentation of Social Security numbers for all family members;
   e) Meet or exceed the Applicant Selection Criteria;
   f) Pay any money owed to PHA or any other housing authority;
   g) Not have had a lease terminated by a PHA in the past 12 months;
   h) Be able and willing to comply with the PHA Lease;
   i) Not have any family members engaged in any criminal activity that threatens the life, health, safety or right to peaceful enjoyment of the premises by other residents and not have any family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, they will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant may not be permitted to reapply for 12 months.
5. Applicants with disabilities may see assistance with completion of the application at the address above.
6. PHA will conduct a criminal record check on all applicants aged 17 years and older.

The Bangs Housing Authority is an Equal Housing Provider

EQUAL HOUSING OPPORTUNITY

THIS SECTION FOR OFFICE USE ONLY	
Date: _____	Received By: _____
Time: _____	Bedroom Size: _____

APPLICATION FOR ADMISSION

HOUSING AUTHORITY OF THE CITY OF BANGS

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understand this document we will provide assistance. You must notify this office to arrange for assistance.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All people aged 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any blank sections of the application. If that section does not apply to you, write N/A.

1. APPLICANT INFORMATION:

Name of Head of Household: _____ Mailing Address: _____ Daytime Phone: _____

Name of Relative: _____ Mailing Address: _____ Daytime Phone: _____

II. HOUSEHOLD COMPOSITION

Race of Head of Household (check one)
[ ] White
[ ] Black/African American
[ ] American Indian/Alaskan Native
[ ] Asian
[ ] Native Hawaiian/Other pacific Islander

Ethnicity (check one)
[ ] Hispanic or Latino
[ ] Not Hispanic or Latino

Adults (age 18 & over) Last, First MI	Relation to Head	Sex M/F	Social Security Number	Elderly/Disabled	Date of Birth	Place of Birth

Children (under age 18) Last, First MI	Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name & Address of Absent Parent (not living with child

Which of the following do you claim? (check one)

_____ I am a citizen, naturalized Citizen or National of the United States
_____ I am a non-citizen with eligible immigration status.
_____ I am a non-citizen without eligible immigration status.
_____ Pending verification

In case of emergency contact:
Name: _____

Address: _____ Telephone: _____
Street City State Zip

Does anyone in your household require special accommodation due to a disability? _____

If yes, specify requirements: _____

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household members for them or another family member to work? _____ If yes, itemize: _____

III. TOTAL HOUSEHOLD INCOME:

List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker's Compensation, Unemployment benefits, retirement benefits, TANF, Veteran's benefits, alimony, babysitting, rental property income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? _____
Does anyone help you pay bills regularly? Yes _____ No _____
If yes, who? _____ How often? 3 _____ How much? _____

IV. ASSETS

Do any household members have or receive income from assets: (check all that apply)

- [ ] Real Estate
- [ ] Stocks/Bonds
- [ ] Savings Accounts
- [ ] Company Retirement
- [ ] Pension Fund
- [ ] Insurance Settlements
- [ ] Certificate of Deposit
- [ ] Trusts
- [ ] Checking Account
- [ ] Other:_____

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? _____ If yes, what? _____What was its' market value _____

How much did you actually receive _____

V. CHILDCARE AND MEDICAL INFORMATION

Do you pay for Child Care for children age 12 or younger while you work or attend school? _____

If yes, Name of Child Care Provider: _____ How much per month? _____

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) Back-up info required.

Medical Expense	Yearly Total	Medical Expense	Yearly Total

Previous Landlord: _____ Address: _____ Phone: _____

Have you or any household member ever lived in public housing or received housing assistance? Yes ___ No____

If yes, under whose name _____

Where? _____ Date: From _____ to _____

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes _____ No ____ If yes, where? _____
How much _____

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes _____
No _____ If yes, with whom? _____
How much? _____

Have you or any household member ever used any other name or social security number than the one used on this application? Yes _____ No _____. If yes, list: _____

Are you or any household member required to report to a probation or parole officer? Yes _____ No _____

Have you or any household member ever been arrested for drug or alcohol related activity, or violent criminal activity? Yes _____ No _____. If yes, give name of household member _____
Explain_____

Do You own a vehicle(s)? Yes _____ No _____
If yes, list: Make: _____ Model: _____ Color: _____ Tag # _____

Do you own a pet? Yes _____ No _____ If yes, please list type of animal. _____
Size of pet. _____ inches tall. Weight. _____ Spayed or neutered? Yes _____ No _____
Shots up to date? Yes _____ No _____. Veterinarian records must be attached.

APPLICANT/TENANT CERTIFICATION

All family members age 18 and over should review the information listed on this application and MUST sign below.

I/We do hereby attest that all the information* given to the Housing Authority of the City of

on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority with 14 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

I/We understand that this application is valid for six (6) months unless renewed or updated by the applicant.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE
SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD	DATE
SIGNATURE OF OTHER ADULT	DATE

*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9886.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.

Bangs Housing Authority

406 E Spencer
Bangs, TX 76823
325-752-6522

Dear Applicant

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

a. Public and Indian Housing Programs

b. Section 8 Housing Assistance Payments programs

c. Sections 235 and 236 of the National Housing Act

d. Section 101 / Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your household members for whom you are seeking housing assistance. To do this you should:

One – Complete Form One – "Household Summary Sheet" attached to list all household members who will reside in the assisted unit.

Two – Have Form Two – "Household Member Declaration" completed for each household member (including yourself) who is listed on "Form One – Household Summary Sheet". For example – if there are 10 people listed on the Summary Sheet, you should have 10 completed and signed copies of the Household Member Declaration. The form has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each declaration.

Three - Return the completed forms and any other forms and/or evidence to the Housing Authority within seven (7) days.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached forms or determining the type of documentation required, please contact the Housing Authority Office.

KBR

Also, if you are unable to provide the required documentation by the date indicated above, you should immediately contact the Housing Authority office and request an extension, using "Part C. Request for Extension" of Form Two – "Housing Member Declaration". Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your household are eligible for assistance, your household may be eligible for a proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have information regarding your eligibility for assistance.

To complete the forms attached, submit Form One – "Household Summary Sheet", Form Two – "Household Member Declarations" and any other necessary forms and/or evidence to the Housing Authority. Remember, the completed forms and/or evidence should be returned to the Authority within seven (7) days.

Thank you for your cooperation and assistance.

Karen Baker Reynolds
Executive Director

Form One - Household Summary

1. Name of Head of Household	2. Date Printed	3. No. in Household
		0

Instructions: In the space provided below list all household members. Everyone who will reside or resides in the unit must be listed.

Each person listed should complete Form Two "Household Member Declaration". If there are four (4) members listed below – then four (4) completed and signed "Household Member Declaration" forms should be returned.

Part A. Listing of All Household Members

Mbr. No.	Relationship to Head	Family Member Name (Last Name; First Name, Middle Init.)	Sex (M or F)	Date of Birth	*For PHA Use Only*	
					Declaration	Date Verified
Head	**Self**					
02						
03						
04						
05						
06						
07						
08						
09						
10						

Part B. Head of Household Certification

I hereby certify the information contained on this form and related Household Member Declarations are true, accurate and complete to the best of my knowledge.

x _____ x _____

Signature of Head of Household | Date

Part C. Housing Authority Information

1. Please return completed forms to:	2. To be completed by Housing Authority
Bangs Housing Authority **406 E Spencer** **Bangs, TX 76823** **325-752-6522**	**Date Due Back** **Date Received:** _____ **Verification Necessary:** ☐ Yes ☐ No

3. Date Verified	4. Prepared by:	5. Reviewed and Approved by:

KBR

Form Two - Household Member Declaration

Short Form

1. Name of Head of Household	2. Member Number and Date Printed 01 -

Instructions One of these forms (Household Member Declaration) should be completed for each and every household member listed on Form One – Household Summary. The member number in box 2 above should agree with this household member's number in Part A of the summary form.

Part A. Household Member Information

3. Name (Last; First MI)		8. Relation To Head
4. Sex (M or F)	5. Date of Birth	9. Admission Number (if applicable - this 11-digit number can be found on INS Form I-94, Departure Record)
6. Social Security Number (if applicable)		
7. Nationality (Enter the foreign nation or country to which you owe allegiance. This is normally, but not always the country of birth.)		10. Alien Registration No. (if applicable)
		11. Save Verification No. (PHA Use Only - if applicable)

Part B. Family Member Declaration

I, _____ **hereby declare, under penalty of perjury, that I am:**

(Print or type first name, middle initial, last name)

Review the blocks below and complete either block 1, 2 or 3

1. ☐ **a citizen or national of the United States. (no further information is required)**

2. ☐ **a noncitizen with eligible immigration status. (additional information will be required)**

3. ☐ **not contending eligible immigration status. I understand that I am not eligible for financial assistance.**

If this form is completed on behalf of a child, the adult who will be responsible for the child should sign and date the form.

x _____ x _____

Signature of Family Member or Adult **Date**

☐ Check here if adult signed for a child.

Form Two - Household Member Declaration

Short Form

1. Name of Head of Household	2. Member Number and Date Printed 01 -

Instructions One of these forms (Household Member Declaration) should be completed for each and every household member listed on Form One – Household Summary. The member number in box 2 above should agree with this household member's number in Part A of the summary form.

Part A. Household Member Information

3. Name (Last; First MI)		8. Relation To Head
4. Sex (M or F)	5. Date of Birth	9. Admission Number (if applicable - this 11-digit number can be found on INS Form I-94, Departure Record)
6. Social Security Number (if applicable)		
7. Nationality (Enter the foreign nation or country to which you owe allegiance. This is normally, but not always the country of birth.)		10. Alien Registration No. (if applicable)
		11. Save Verification No. (PHA Use Only - if applicable)

Part B. Family Member Declaration

I, _____ **hereby declare, under penalty of perjury, that I am:**

(Print or type first name, middle initial, last name)

Review the blocks below and complete either block 1, 2 or 3

1. ☐ **a citizen or national of the United States. (no further information is required)**

2. ☐ **a noncitizen with eligible immigration status. (additional information will be required)**

3. ☐ **not contending eligible immigration status. I understand that I am not eligible for financial assistance.**

If this form is completed on behalf of a child, the adult who will be responsible for the child should sign and date the form.

x _____ x _____

Signature of Family Member or Adult **Date**

☐ Check here if adult signed for a child.

Form Two - Household Member Declaration

Short Form

1. Name of Head of Household	2. Member Number and Date Printed 01 -

Instructions One of these forms (Household Member Declaration) should be completed for each and every household member listed on Form One – Household Summary. The member number in box 2 above should agree with this household member's number in Part A of the summary form.

Part A. Household Member Information

3. Name (Last; First MI)		8. Relation To Head
4. Sex (M or F)	5. Date of Birth	9. Admission Number (if applicable - this 11-digit number can be found on INS Form I-94, Departure Record)
6. Social Security Number (if applicable)		
7. Nationality (Enter the foreign nation or country to which you owe allegiance. This is normally, but not always the country of birth.)		10. Alien Registration No. (if applicable)
		11. Save Verification No. (PHA Use Only - if applicable)

Part B. Family Member Declaration

I, _____ **hereby declare, under penalty of perjury, that I am:**

(Print or type first name, middle initial, last name)

Review the blocks below and complete either block 1, 2 or 3

1. ☐ **a citizen or national of the United States. (no further information is required)**

2. ☐ **a noncitizen with eligible immigration status. (additional information will be required)**

3. ☐ **not contending eligible immigration status. I understand that I am not eligible for financial assistance.**

If this form is completed on behalf of a child, the adult who will be responsible for the child should sign and date the form.

x _____ x _____

Signature of Family Member or Adult **Date**

☐ Check here if adult signed for a child.

Form Two - Household Member Declaration

Short Form

1. Name of Head of Household	2. Member Number and Date Printed
	01 -

Instructions One of these forms (Household Member Declaration) should be completed for each and every household member listed on Form One – Household Summary. The member number in box 2 above should agree with this household member's number in Part A of the summary form.

Part A. Household Member Information

3. Name (Last; First MI)		8. Relation To Head
4. Sex (M or F)	5. Date of Birth	9. Admission Number (if applicable - this 11-digit number can be found on INS Form I-94, Departure Record)
6. Social Security Number (if applicable)		
7. Nationality (Enter the foreign nation or country to which you owe allegiance. This is normally, but not always the country of birth.)		10. Alien Registration No. (if applicable)
		11. Save Verification No. (PHA Use Only - if applicable)

Part B. Family Member Declaration

I, _____ **hereby declare, under penalty of perjury, that I am:**

(Print or type first name, middle initial, last name)

Review the blocks below and complete either block 1, 2 or 3

1. ☐ **a citizen or national of the United States. (no further information is required)**

2. ☐ **a noncitizen with eligible immigration status. (additional information will be required)**

3. ☐ **not contending eligible immigration status. I understand that I am not eligible for financial assistance.**

If this form is completed on behalf of a child, the adult who will be responsible for the child should sign and date the form.

x _____ x _____

Signature of Family Member or Adult **Date**

☐ Check here if adult signed for a child.

OMB Control Number: 2577-029

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 202

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):

Bangs Housing Authority, 406 E Spencer, Bangs, TX 76823 - Karen Baker Reynolds, E.D.

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.

GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE

The **Housing Authority of the City of Bangs** 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 in the PHA's Housing Program.

I authorize the **Housing Authority of the City of Bangs** to obtain information about me or my family that is pertinent to eligibility for or participation in the PHA's Housing Programs.

INFORMATION COVERED

Inquiries may be made about:

Child Care Expenses, Identity and Marital Status, Credit History, Medical Expenses, Family Composition, Pensions and Assets, Residences and Rental History – Landlord reference, Handicapped Assistance Expenses, Food Stamp Eligibility, TANF Verification

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:

Tenant Tracker
Courts
Handicapped Assistance
Credit Bureaus
Medical Care Providers
Landlords
Pensions/Annuities Providers of
Schools and colleges
Alimony
US Dept. of Veterans Affairs
Child Care
Utility Companies
Child Support
Department of Human Services
Welfare Agencies
Bank Institutions

CONDITIONS

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses. I/We agree that photocopies of this authorization may be used for the purposes stated above.

Signature Date _____

Signature Date _____

Signature Date _____

Penalties for Misusing this Consent: Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the Unity States Government. HUD and any owner (or any employee of HUD of 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning and 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number ore contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Entrance Acknowledgment

Community Services and Self-Sufficiency Requirement (CCSR)
Certification For Non-Exempt Individuals

Entrance Acknowledgment / CCSR Certification

(to be completed and signed by all household members over 17 years of age)

I / We have received and read the Community Services and Self Sufficiency Requirement (CCSR). I/We understand that as residents of public housing, I / We are required by law to contribute 8 hours per month or 96 hours over the course of a year of community service or participate in an economic self-sufficiency program. I / We further understand that if not exempt, failure to comply with CCSR is grounds for lease nonrenewal. My / Our signature(s) below certifies I have received notice of this requirement at the time of initial program participation.

	Resident's Name (printed)	Resident's Signature	Date Signed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

KBR

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 record keeping 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 06/30/2026.

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, retroactiverent (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:	**I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:**
Bangs Housing Authority **406 E Spencer** **Bangs, TX 76823**	**Signature** **Date** **Printed Name**