



Housing Authority of the City of Rison

500 Rice Sreet ♦ PO Box 443 ♦ Rison, AR 71665

Phone: (870) 325-7420

Dear Applicant:

We are glad you are considering the Housing Authority of the City of Rison as a place to live. Enclosed with this letter are various documents making up our application packet. Please follow the instructions below when completing these documents:

1. Please fill out the documents using **blue** or **black** ink.
2. ***Answer every question.*** Partially completed applications cause additional time for the verification process to be completed!
3. Make certain every page is signed where indicated.
4. If you receive Social Security or SSI, please provide confirming documentation from the Social Security office.
5. Bring your original Social Security card(s) and birth certificate(s) for each member of the household when you return this application to our office. Also bring with you Picture ID for each member of the household 18 years of age and older.
6. Verification of Income

Please understand that security deposits are nonrefundable. Deposits are required and accepted upon approval and available unit. If you should have a change of plans after paying the deposit, the deposit will **not** be refunded.

No Pets are allowed at the Housing Authority of the City of Rison.

Thank you,

Management



HOUSING AUTHORITY OF THE CITY OF RISON

FOR OFFICE USE ONLY:	
DATE OF APPLICATION:	_____
TIME OF APPLICATION:	_____
SIGNATURE:	_____

APPLICATION FOR OCCUPANCY

IF IT IS DETERMINED THAT YOUR HOUSEHOLD QUALIFIES FOR AN APARTMENT AT THE HOUSING AUTHORITY OF THE CITY OF RISON ON THE INFORMATION PROVIDED ON THIS APPLICATION AND THE INITIAL REVIEW, YOUR APPLICATION WILL BE PLACED ON A WAITING LIST. HOWEVER, IF IN THE FINAL PROCESSING IT IS DISCOVERED THAT YOUR HOUSEHOLD IS NOT ACTUALLY ELIGIBLE AND / OR QUALIFIED YOUR APPLICATION WILL BE REJECTED. WE WILL PROCESS YOUR APPLICATION ACCORDING TO OUR STANDARD PROCEDURES, WHICH ARE SUMMARIZED IN THE RESIDENT SELECTION CRITERIA POSTED IN THE MANAGEMENT OFFICE.

DO NOT LEAVE ANY SELECTIONS BLANK- INSERT N/A IF IT DOES NOT APPLY.

<u>HEAD OF HOUSEHOLD</u>	<u>SPOUSE/CO-APPLICANT</u>
1.NAME: _____	1.NAME: _____
2. CONTACT #: () _____	2. CONTACT #: () _____
3. WORK #: () _____	3. WORK #: () _____

4. Have you, your spouse, or your co-applicant ever been evicted or otherwise removed from rental housing? Yes No

If yes, please provide the rental address, landlord name, date, and reason:

(a) Have there been instances when you have not complied with an occupancy agreement or lease or have had trouble doing so? Yes No. If Yes, please explain.

5. Has any place where you, your spouse, or your co-applicant was living been destroyed or damaged by fire? Yes No. If yes, please provide the rental address and date:

6. Have you ever lived at this complex before? Yes No. If yes, when?

7. Has anyone listed on this application ever applied for an apartment at this complex before? Yes NO. If yes, when?

8. Do you know anyone currently residing at this complex? Yes No If yes, who?

9. Do you receive rental assistance at your current residence? Yes No

10. Have you, your spouse, or your co-applicant ever applied for a government-subsidized apartment before? Yes No. If yes, when and where? _____

11. Household Composition

List all persons, including you, who will reside in the apartment.

Full Name	Relationship	S e x	Birth Date	Soc. Sec. Number
	SELF			

12. Will any of the above household members live anywhere except the apartment?
 Yes No. If yes, explain: _____

13. Are there any other persons who will live in the apartment on less than a full-time basis?
 Yes No. If yes, explain: _____

14. List the name the Non-Custodial Parent(s): _____

15. Will the non-custodial parent(s) be staying with you at any time? Yes No

(a) Where is the non-custodial parent(s) currently living?

16. Has the non-custodial parent(s) been involved in any criminal activity? Yes No

17. If the answer to question 15 or 16 is yes, explain: _____

If your household claims total income at or below \$400.00 per month a monthly expense form is required to be filled out with this application.

18. Income from employment

HH Member	Place of Employment	Employer Phone Number	Supervisor	Est. Tot. Earn. Coming year \$

19. Income from all other sources

HH Member	Source of Income or Household support	Contact Person Name and Phone Number	Total received per year

20. Assets

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, and real estate:

HH Member	Description of Asset	Est. Current Value	Est. Annual Income from Assets

21. Rental History

Please enter the information requested for your current address and the two most recent prior addresses within the past 5 years. Enter only your residences at the age of 18 years old and older

Current Street Address	City, State, and Zip	Monthly Rent	Name rented under
Landlord Name	Landlord Phone #		
Names of Household Members		Reason for moving	
Move-in Date Security Dep. \$			
Do you have an executed lease agreement at the above address?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Street Address	City, State, and Zip	Monthly Rent	Name rented under
Landlord Name	Landlord Phone #		
Names of Household Members			
Move-in date		Move out date	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for moving		
Previous Street Address	City, State, and Zip	Monthly Rent	Name rented under
Landlord Name	Landlord Phone #		
Names of Household Members			
Move-in date		Move out date	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for moving		

22. Allowances/ Expenses

(a) Dependent Deduction: Enter the names of all household members (other than Head, co-head, or spouse) who are :

(1) 18 or older and full-time student

(2) 18 or older and disabled or handicapped

(b) List amount you pay for the care of household members under age 13 to permit an adult family member(s) to work or go to school:

\$ _____ per _____.

(c) List amounts you pay for care or apparatus on behalf of an handicapped/disabled family member to permit an adult family member to work:

\$ _____ per _____.

(d) Is any person listed on this application considered elderly, handicapped, or disabled? Yes No

(e) Does anyone in your household request for reasonable accommodation (ex. Wheel Chair ramp or lower cabinets)? Yes No

If yes, what accommodation? _____

(f) Elderly/ Disabled households qualify for a medical expense deduction. If your household qualifies to claim this deduction, check here: and indicate the medical expenses you anticipate for the coming year: \$ _____

INCOME & RESIDENT RENT CALCULATION WORKSHEET (THIS BOX IS FOR OFFICE USE ONLY)

Family Member	Source	Rate & Frequency	Annually
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL			\$

1. _____ Annual Income

2. Dependent Deduction

_____ (A) Enter the number of family members other than head, spouse, foster children and live-in aids who are either, under 18 or 18 or older and either a full-time student, or disable.

_____ (B) $2a \times \$480 = \text{Dependent Deduction.}$

3. Childcare Expenses

_____ (A) Enter the cost of care for family members under age 13 paid so that either an adult family member can work, or further his/her education.

_____ (B) **Total Childcare Allowance**

4. Disabled or Elderly Allowance

(A) Does the family include a disabled or elderly individual? (YES / NO)

If "No" SKIP THIS SECTION

\$400 for any disable or elderly family member. This allowance is provided to any family whose, head, spouse, or sole member is at least 62 years of age **OR** is handicapped/disabled.

(ONLY ONE DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR)

_____ (A) **Total Disabled or Elderly Allowance**

5. Medical Expenses And/ Or Assistance For Any Elderly Or Disabled Family Member.

_____ (A) Enter Total non-reimbursed expenses for this category

_____ (B) Multiply The Annual Gross Income (A) X 0.3

_____ (C) **Total Medical / OR Assistance Expenses**

Does anyone in your household request for reasonable accommodation (ex. Wheel Chair ramp or lower cabinets)? (YES / NO)
If yes, what accommodation? _____

THIS SHEET IS FOR OFFICE USE ONLY

Flat Rates Available As Follows:

- 0 Bedrooms: \$434.00
- 1 Bedrooms: \$442.00
- 2 Bedrooms: \$583.00
- 3 Bedrooms: \$735.00
- 4 Bedrooms: \$873.00

Utility Allowance Available As Follows:

- 0 Bedroom: \$ 74.00
- 1 Bedroom: \$ 89.00
- 2 Bedroom: \$ 105.00
- 3 Bedroom: \$ 122.00
- 4 Bedroom: \$ 146.00

Annual Income	
\$480.00 Per Dependent	
\$400.00 For Elderly	
Medical	
Child Care	
Total Deductions	
Adjusted Income	
30% of Adjusted Income	
Divided by 12 Months	
Utility Allowance	
Tenant Rent	

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION:

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 United States Government. HUD and any owner (or any employee of HUD 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 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 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). ** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8). I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination of housing assistance or termination of tenancy.

SIGNATURE AND DATE OF HOUSEHOLD ADULTS REQUIRED:

HEAD OF HOUSEHOLD: _____ DATE _____

SPOUSE: _____ DATE _____

ADULT HOUSEHOLD MEMBER: _____ DATE _____

REQUEST FOLLOWING INFORMATION:

REMARKS:

INTERVIEWER SIGNATURE: _____

TITLE: _____

REVIEWED BY: _____

TITLE: _____

THIS BOX IS FOR OFFICE USE ONLY

Date of Received: _____
 Time Received: _____

Date Completed: _____
 Time Completed: _____

Working Family Preference: _____
 Qualified Date: _____

23. Criminal Activity

Examples of Criminal Activity include but are not limited to:

- | | |
|------------------------------------|-------------------------------------|
| 1. Homicide/Murder | 8. Child abuse/domestic violence |
| 2. Rape or child molesting | 9. Public intox./drunk & disorderly |
| 3. Burglary/Robbery/Larceny | 10. Receiving stolen goods |
| 4. Threats or Harassment | 11. Fraud |
| 5. Destruct. Of Prop. /Vandalism | 12. Prostitution |
| 6. Assault or fighting | 13. Disorderly conduct |
| 7. Drug trafficking/use/possession | |

(a) Have you or any family members listed on this application ever been involved in any criminal activity that might adversely affect the health, safety, or welfare of other residents if it happened at the Property? Yes No

(b) Can and will all household members avoid being involved in any criminal activity on or near this apartment complex? Yes No

(c) Do you or any other member of your household currently use any illegal drug or other illegal controlled substance? Yes No

(d) Have you or any member of your household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? Yes No

If the answer to any part of question #23 is yes, explain:

List any other names used by persons listed under question #11:

Note: A national criminal background check will be conducted on all persons age 18+ listed as a household member.

24. Other Lease Compliance Issues

(a) Do you or any family member have a current substance abuse problem that would interfere with your ability to comply with the Property's lease?

Yes No If Yes, please explain. _____

(b) Whom should be contacted to verify your ability to comply with a lease?

Statements by All Adult Household Members

_____ I/We certify that all information given in this application and any addendum thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

_____ I/We authorize the housing authority of the city of GOULD to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.

_____ I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition while active on the waiting list.

_____ I/We have been notified that the Resident Selection Criteria, which summarizes the procedures for processing applications, is posted in the management office.

_____ I/We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, and security deposits.

_____ I/We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, also to include rental references and criminal background inquiries.

Date

Signature of Head of Household

Date

Signature of Spouse/ Co-Head/ Co-Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

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 United States Government. HUD and any owner (or any employee of HUD 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 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 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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)	
<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.	

Signature of Applicant	Date
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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.

WAITING LIST ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE TENANT SELECTION CRITERIA, A COPY OF THE HUD RIGHTS AND RESPONSIBILITIES HANDBOOK, A COPY OF THE HUD FACT SHEET, A COPY OF THE EIV AND YOU BROCHURE, A COPY OF DO YOU HAVE A SOCIAL SECURITY NUMBER? (SSN) AND A COPY OF THE HUD FRAUD PREVENTION HANDOUT FOR THE HOUSING AUTHORITY OF THE CITY OF GOULD. I UNDERSTAND IT IS MY RESPONSIBILITY TO READ THE CRITERIA AND TO DETERMINE IF I FEEL I AM ELIGIBLE FOR RESIDENCY AT THE HACD. I UNDERSTAND THAT ALL INFORMATION I PROVIDE ON MY APPLICATION, OR IN MY APPLICATION PACKET, WILL BE VERIFIED PRIOR TO MY BEING OFFERED AN APARTMENT AT THE HACD.

I FURTHER ACKNOWLEDGE THAT I AM AWARE THAT IT IS GROUNDS FOR AUTOMATIC REJECTION IF I PROVIDE FALSE DATA ON MY APPLICATION, OR FAIL TO RETURN ALL REQUIRED DOCUMENTS.

ACKNOWLEDGED THIS _____ DAY OF _____, _____.

APPLICANT

DATE

APPLICANT

DATE

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

HOUSING AUTHORITY OF THE CITY OF RISON
500 RICE STREET ♦ PO BOX 443
RISON, AR 71665
(870) 325-6169

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(1)(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.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form HUD-9886 (7/94)