



1305 East First Avenue #1  
 Indianola IA 50125  
 P 515.961.1073  
 F 515.961.1077

## Section 8 Housing Choice Voucher Program

Warren County Housing Authority's (WCHA) Section 8 Housing Choice Voucher (HCV) Program helps people pay rent to a landlord in Warren County, Iowa.

*WCHA Office is closed to the public and  
 open by appointment only Tuesday – Friday 8:00 A.M. – 4:30 P.M.  
 (515) 961-1073*

Applications and documents can be returned via drop box, located at Warren County Housing Authority and by U.S. Postal.

1. Meet HUD's income guidelines
  - a. Section 8 Income Maximums

Number of Persons in Family			
1	2	3	4
\$36,550.00	\$41,750.00	\$46,950.00	\$52,150.00

2. Veteran Preference
3. Warren County, IA Preference

### Remember to submit the following items with your application:

- Picture Identification for all household members
- Social Security Cards for all household members
- Birth Certifications for all household members
- Proof of Income for all adults
- Bank Statements for all household members
- \* This Includes **all** Cash Apps such as [but not limited to] Venmo, Facebook, Square Cash, Apple Pay, etc. and **all** Money Cards & Prepaid Debit Cards such as [but not limited to] Green Dot, Chime, Direct Express, etc.*
- Verification from the Department of Defense or Veterans Affairs confirming veteran status (if applicable)
- Verification that you live or work in Warren County, IA (if applicable).
- \* This Includes current lease, current utility bill or mail from State or Federal Agency or Paystub from employer*

Those who do not submit all required documents listed above within 14 days of turning in their application will be **removed from the waiting list.**

You must notify WCHA of any change while on the waiting list. This includes; income, family composition and most importantly contact information. If you do not respond promptly to any WCHA letters, you will be **removed from the waiting list.**

Warren County Housing Authority  
**PRELIMINARY TENANT  
APPLICATION**

**OFFICE USE ONLY** - PROGRAM INFORMATION

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

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

*BELOW INFORMATION TO BE COMPLETED BY APPLICANT – PLEASE USE PEN.*

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

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

NAMES AND PHONE NUMBER WHERE YOU MAY BE REACHED IF WE ARE UNABLE TO CONTACT YOU AT THE ABOVE PHONE NUMBERS. YOU MUST COMPLETE **BOTH** LINES.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Household Members: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Utilities you pay: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# REQUEST FOR LOCAL PREFERENCE

ELIGIBLE APPLICANTS WILL BE ASSIGNED TO THE WAITING LIST ACCORDING TO DATE AND TIME OF APPLICATION AND PREFERENCE STATUS DETERMINED BELOW

I \_\_\_\_\_, request the Warren County Housing Authority (WCHA) to consider my application for a local preference.

**Veteran Preference:** *This preference applies to Veteran families. WCHA defines "veteran" as a Head of Household that was honorable discharge or who is currently on active duty with the following branches of services: Army, Navy, Air Force, Marines, Coast Guard and National Guard (if deployed during war). This preference also includes the spouse of a veteran who is currently on active duty, or the surviving spouse of a veteran.*

*\* Documentation from the Department of Defense or Veterans Affairs will be required confirming veteran status.*

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**Warren County Preference:** *This preference applies to those who either live or work in Warren County, IA.*

*\* Documentation confirming proof of residency &/or employment is required. Acceptable items showing proof of residency in Warren County would be a current lease, current utility bill or mail from a State or Federal Agency. Acceptable items showing proof of employment in Warren County would be a paystub.*

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I certify that the above and/or attached information is true and correct to the best of my knowledge and belief. I understand that false statements or information are grounds for denial of this request. I also understand that intentionally incorrect and/or withheld information is considered fraud and is punishable under federal law.

I further understand should my circumstances change prior to or should I be found ineligible for this request prior to the WCHA issuing a Voucher, I will be placed on the non-preference Waiting List in my original slot.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **OFFICE USE ONLY** – PREFERENCE INFORMATION

Date of Documentation Received: \_\_\_\_\_

Preference Granted: YES NO Preference Category \_\_\_\_\_

Date & Time Preference Granted/Denied \_\_\_\_\_

Reason for Approval/Denial \_\_\_\_\_

WCHA Official Signature \_\_\_\_\_

# HOUSEHOLD COMPOSITION

LIST ALL PERSONS WHO WILL LIVE IN THE RENTAL UNIT WHILE YOU ARE ON THIS PROGRAM. LIST HEAD OF HOUSEHOLD FIRST.

\*GROUP IDENTIFICATION -ETHNICITY IS **REQUIRED** FOR STATISTICAL PURPOSES SO THAT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT MAY DETERMINE THE DEGREE TO WHICH ITS PROGRAMS ARE UTILIZED BY MINORITY FAMILIES. (WHITE, BLACK, AMERICAN INDIAN OR NATIVE ALASKAN, HISPANIC, ASIAN/PACIFIC ISLANDER, OTHER

Full Name: First, Middle, Last	Date of Birth	Birth Place (City, State, County)	Age	Sex	Relationship	Disabled (Y or N)	Ethnicity	Social Security Number	Veteran (Y or N)
					HEAD OF HOUSEHOLD				

## INCOME

SOME OF THE ITEMS ON THE FOLLOWING PAGES MAY NOT APPLY TO YOUR SITUATION. IF AN ITEM DOES NOT APPLY, PLEASE WRITE N/A IN THE SPACE PROVIDED

Employment Income: List **all** full and/or part-time employment for **all** household members. Include any self-employed earnings.

Household Member	Employer Name & Complete Address	Gross Earnings	Average hours per week
		\$ _____/hr. OR \$ _____/mo.	_____
		\$ _____/hr. OR \$ _____/mo.	_____
		\$ _____/hr. OR \$ _____/mo.	_____

# INCOME CONT.

Other sources of Income: Examples include Family Investment Program (FIP), Social Security, Social Security Disability, Supplemental Security Income (SSI disability), pensions, disability compensations (Workers' Compensation) unemployment compensation, interest, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarship and/or grants, ongoing monthly gifts (expenses) paid by others.

Household Member	Source of Income	Amount
_____	_____	\$ _____ per/ _____
_____	_____	\$ _____ per/ _____
_____	_____	\$ _____ per/ _____

## ASSETS

Household Member	Name & Complete Address of Bank	Account Number	Balance
<b>Checking Account</b>	_____	_____	_____
	_____	_____	_____
<b>Savings Account</b>	_____	_____	_____
	_____	_____	_____
<b>Savings Certificate</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Other:** Includes **all** Cash Apps such as [but not limited to] Venmo, Facebook, Square Cash, Apple Pay, etc. and **all** Money Cards & Prepaid Debit Cards such as [but not limited to] Green Dot, Chime, Direct Express, etc.

# ASSETS CONT.

LIST BELOW ANY LIFE INSURANCE POLICIES THAT YOU MAY HAVE AND THE **COMPLETE** NAMES AND **COMPLETE** ADDRESSES OF THE INSURANCE COMPANIES.

Policy Number	Name & Address of Company
_____	_____
_____	_____

# EXPENSES

Child Care Expenses: *If you pay for child care list provider's name (s), address (es) and telephone number (s). If paid for by Promise Jobs or other governmental assistance please note.*

Name of Child	Name, Phone & Address of Provider	Amount
_____	_____	\$ _____ per/ _____
_____	_____	\$ _____ per/ _____
_____	_____	\$ _____ per/ _____

**FILL OUT THIS PAGE ONLY IF YOU ARE 62 OR OLDER,  
OR DISABLED, OR HANDICAPPED.**

Which household member (s), if any, is receiving Medicare benefits? \_\_\_\_\_  
\_\_\_\_\_

Which household member (s), if any, is receiving Title XIX (Medicaid) benefits? \_\_\_\_\_  
\_\_\_\_\_

Do you pay for any medical/hospitalization insurance? (Blue Cross, Blue Shield, etc.) If so, list name of subscriber and covered individual (s). Also list name & complete address of company if other than BC/BS.

\_\_\_\_\_

If this is a payroll deduction, how much is deducted and how often? \_\_\_\_\_  
\_\_\_\_\_

If paid directly by you, indicate amount of premium and how often paid. \_\_\_\_\_  
\_\_\_\_\_

Do you expect any health care expenses within the next 12 months which won't be covered by insurance?

\_\_\_\_\_

If a member of your household is disabled or handicapped, please list the name of the person and the nature of his/her handicap/disability.

\_\_\_\_\_

Health & Medical Expenses (not covered by insurance): *If you have made payments for on-going health & medical expenses over the last 12 months (this includes: medical bills & prescription drugs) not covered by insurance, please list the pharmacies & provider's name (s) and address (es).*

Household Member	Name & Address of Source	Amount
_____	_____	\$ _____ per/ _____
_____	_____	\$ _____ per/ _____
_____	_____	\$ _____ per/ _____

# PROGRAM INFORMATION

YOU **MUST** ANSWER THESE QUESTIONS.

Have you every applied for or participated in a rental assistance program? YES NO

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

How did you hear about the program?: \_\_\_\_\_

Have you disposed of any assets within the past two years?: YES NO

Do you owe money to any other Public Housing Agency? YES NO

Have you ever committed fraud in connection with any federal program? YES NO

Have you or any member of your household ever been convicted of a crime other than a minor traffic violation? YES NO

Have you or any member of your household ever been arrested for any crime other than a minor traffic violation? YES NO

Have you or any member of your household ever been arrested or convicted of dealing, using or manufacturing illegal drugs? YES NO

Have you or any member of your household ever been convicted of a sex crime? YES NO

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## **ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or agency of the United States as to any matter within its jurisdiction.

Please return applications to:

Warren County Housing Authority  
1305 East First Ave. #1  
Indianola, IA 50125

Questions? Please call:

(515) 961-1073



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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.



## 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 04/30/2023.

#### **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:**

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

**Signature**

**Date**

**Printed Name**

# 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)

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.

# FULL NONDISCRIMINATION STATEMENT

"In accordance with Federal civil rights law and US. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA 's TARGET Center at (202) 720-2600 (voice and T1')? or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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