

Villa Ro Apartments - Application Packet

<p>Equal Housing Opportunity Apartments for the Elderly and Disabled Public Housing for Families Income-Based Rent</p>	<p>Appliances Furnished Low-Cost Energy Bills Central Heat and Air Conditioning Safe & Secure</p>
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Villa Ro operates as a low-income Housing Authority of the Department of Housing and Urban Development (HUD). The complex is made up of 35 duplex structures (70 apartments), which range in size from one to three bedrooms. Four of our units are equipped for wheelchairs and include handicap showers.

The office and community building is centrally located on our campus. The Community Room is available to tenants as an extension of their living room and features a piano, TV, tables and chairs to accommodate 60, and a fully equipped kitchen.

- Your rent is based on your income. Senior Citizens are able to deduct a portion of their out-of-pocket medical expenses before their rent is calculated.
- Tenants are responsible for their own natural gas and electric bills, but an allowance is made when rent is computed to help defray the cost of utilities. Villa Ro pays all water, sewer, and trash charges.
- Villa Ro is a very friendly, well-maintained and attractive place to live. Our maintenance personnel are diligent in keeping our apartments in tip-top shape and tenants need only call the office for fast maintenance response for repairs.
- We provide families with housing that is safe and affordable. Children will have green spaces in which to play as well as playground areas.
- A coin operated laundry is also available on-site for the use of the tenants who do not have their own laundry equipment.
- Pets are allowed as specified in our pet policy, but only after approval by the administration.
- Villa Ro's many special features make us an appealing choice for retirement living. Villa Ro will not discriminate against any person because of race, gender, religion, color, handicap, familial status, or national origin.
- Lindsborg's Senior Center is very active and provides many services including home delivered meals and transportation.
- Villa Ro offers activities for residents living in our apartments so they have the opportunity to get to know their neighbors and form new friendships.
- Meals-on-Wheels are available to shut-ins in the community.
- The Dala Bus provides local transportation for the citizens of Lindsborg.
- Lawn care and snow removal are provided.
- All apartments offer off-street parking.
- A large grocery store is conveniently located near the Villa Ro campus.
- Our local pharmacy is located only a few blocks from our campus.
- At Villa Ro we care about our residents and we strive to maintain a living experience you will enjoy.



The Lindsborg Housing Authority
 421 E Saline Street • Lindsborg, KS 67456
 Tel: (785) 227-3597 • Fax: (785) 377-5773
www.lindsborghousing.org

APPLICATION FOR TENANCY

PLEASE ANSWER ALL QUESTIONS ACCURATELY (In black or blue ink), WITH COMPLETE INFORMATION AND SIGN WHERE ASKED.
 PLEASE INDICATE YES OR NO. DO NOT USE N/A. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

Tenant's Name _____

Telephone (Home, Work or Cell) _____

Address _____

Email _____

I. FAMILY COMPOSITION

Please list the legal name of YOURSELF and **all persons who will be living with you at least 51% of the time**, including any live-in, full-time care provider (if applicable). We request that you voluntarily share your race or ethnic background. (Your race will not be used in considering your eligibility for housing assistance.) Please choose from the most accurate groups: White (W), African American/Black (B), American Indian/Alaskan Native (N), Asian (A), Hawaiian Native or Other Pacific Islander (P).
If you need additional space for any of the sections/questions, using the same format, write or type the information on a separate piece of paper. Please indicate the section or question you are referring to, and sign and date it.

ADULTS (legal name) (18 or over)	DATE OF BIRTH	Disabled	Hispanic	Race	RELATION TO HEAD OF HOUSEHOLD	GENDER (M/F/O)	SOCIAL SECURITY NUMBER
1.		[]	[]		Head of Household		
2.		[]	[]				
3.		[]	[]				
CHILDREN (name as it appears on SS card)	DATE OF BIRTH	Disabled	Hispanic	Race	RELATION TO HEAD OF HOUSEHOLD	SEX (M/F)	SOCIAL SECURITY NUMBER
1.		[]	[]				
2.		[]	[]				
3.		[]	[]				
4.		[]	[]				
5.		[]	[]				

Are any family members temporarily absent?

[] YES [] NO

Expected date of return: _____

If yes, list the family members and where they are currently residing (address) and why:

II. FAMILY INCOME SUMMARY:

A. Please mark YES or NO to declare if any family member currently receives, has applied for or expects to receive income from each source within the next twelve months. Please list all family members with each type of income.

Income Source:	Yes	No	Name of Family Member	Amount of Gross Income	Name, Address, Phone Number and Fax Number of Employer or source of income
Employment/Wages Please attach three consecutive pay stubs from each employer.	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Tips or bonus pay	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Work Study Wages	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Education Grants	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	Business Name: _____ Please complete a Self-Employment Income Report form and provide copies of your business tax return and business bank statements
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Worker's Comp. (L&I)	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Child Support - Support Enforcement	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	Case No.: _____ County: _____ PIN No.: _____
Child Support - Paying Parent	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	Paying parent(s) name, phone number and address: _____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
S.S.I./Disability	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Public Assistance (TANF)	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Adoption Assistance Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Foster Care Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Rental or Other Property	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Interest Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Gifts or Regular contributions of household goods, money or bills paid	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	List contributor name, phone number and address: _____
Other Income (Income not listed above)	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	

B. Are any family members who are under age 18 employed? YES NO
If yes, please include their employment information above and list their name(s) and date of birth below:

C. Is any household member serving in the Military? YES NO
If yes, please provide below the name of the family member(s) and the military branch they are serving with. Any pay earned by a family member serving in the Armed Forces, due to exposure to hostile fire, will not be used in determining your household's income.

D. Is any family member (18 years or older) in your household claiming NO INCOME? YES NO
If yes, state the name of the family member(s) claiming NO INCOME and have each adult claiming no income complete a Zero Income form. (Zero Income Forms are available upon request.)

E. Have any adult household members who are not currently employed worked for pay within the last 12 months?
If yes, list family member(s), place of employment and months worked: YES NO

F. Does anyone outside of your household pay for any of your bills or give you money? YES NO
If yes, please state their name, address and phone number of the individual or agency below.

G. Is anyone in your household taking part in a **job-training program for pay**? YES NO
If yes, please provide in the space below the name of the family member(s) receiving training and the name of the training program. Also include the mailing address, phone number and the name of the agency representative that we may contact.

III. JOB-TRAINING PROGRAMS

Family Member & Training Program	Complete Mailing Address & Phone Number of Training Agency & Name of Agency Representative
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Family Member's Name

Mailing Address

Training Program

Representative Name

Telephone

IV. PETS

H. Do you have a pet? YES NO

Housing Authority Policy limits the number of pets per household to 1 (one) cat or dog and restricts the breed, size, and weight of dogs and other exotic animals. Animals claimed as service or emotional support animals are subject to additional mandatory certification requirements. If you have a pet, please use a separate sheet of paper and state the type of animal, the breed, height, and weight, and attach the information to this application. Copies of the Pet Policy are available upon request.

IV. RESOURCES & ASSETS

Net Family Assets includes interests, dividends, and other net income of any kind from real or personal property, such as cash, travelers' checks, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds certificates of deposit, and personal property such as coin collections, gems, jewelry, or antiques used for investment. (If uncertain about whether something is considered an asset, please contact your specialist to have your questions answered.)

Where the family has Net Family Assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

I/We (including household minors) own or have a share in one or more of the following. If the answer is **YES** to any of the following items, you may be asked to complete additional forms and/or provide statement copies. If you have a bank or credit union account and your average, ongoing balance exceeds \$999.99, please attach copies of three (3) recent, consecutive statements. Only printouts with bank certification will be accepted if you do not have your statements.

Resources:	Yes	No	Name(s) on Account(s)	Cash Value	Bank or Credit Union Name, Address and Account Number
Checking Account(s)	[]	[]		\$	
	[]	[]		\$	
Savings Account/Certificate of Deposit	[]	[]		\$	
	[]	[]		\$	
Money on hand (cash)	[]	[]		\$	
Trust or Annuity Account	[]	[]		\$	
Retirement Fund, IRA, KEOGH, etc.	[]	[]		\$	
Stocks/Bonds/Mutual Funds	[]	[]		\$	
Life Insurance (Whole Life)	[]	[]		\$	
Personal property held as investment assets	[]	[]		\$	
Property on which you are not living	[]	[]		\$	
Real Estate Sales Contract	[]	[]		\$	
Other Resources	[]	[]		\$	

I. Have you or any household member disposed of any asset within the last two years? **YES** **NO**

If yes, please list. You may be asked to complete additional forms and/or provide verification.

J. Does any adult in your household (18 years or older) attend school or college? **YES** **NO**

If yes, please provide the requested information on the next page and attach a copy of their class schedule and a copy of recent Financial Aid Award letter. If additional space is needed, write information on a separate sheet of paper.

V. SCHOOLS OR COLLEGES

FAMILY MEMBER'S NAME & FULL OR PART-TIME	NAME OF SCHOOL OR COLLEGE, MAILING ADDRESS, PHONE NUMBER, & FAX	AMOUNT OF GRANT
Family Member's Name	Name of School or College	\$ _____ Amount of Grant (Financial Aid)
	Address	Telephone
	City, State	Zip Code
Please select one:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Work Study: \$ _____
Family Member's Name	Name of School or College	\$ _____ Amount of Grant (Financial Aid)
	Address	Telephone
	City, State	Zip Code
Please select one:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Work Study: \$ _____

K. Do you pay childcare for any family member under age thirteen (13) or disabled, to allow you to work or go to school?
 If yes, complete the following: **YES** **NO**

VI. CHILDCARE

NAME OF FAMILY MEMBER	NAME, MAILING ADDRESS OF CHILDCARE PROVIDER, PHONE NUMBER, & FAX	AMOUNT PAID TO PROVIDER BY FAMILY
Child's Name	Name of Provider	
\$ _____ Amount Paid (wk / mo)	Address	Telephone
_____ Hours per <input type="checkbox"/> Week <input type="checkbox"/> Month	City, State	Zip Code
Child's Name	Name of Provider	
\$ _____ Hours per <input type="checkbox"/> Week <input type="checkbox"/> Month	Address	Telephone
	City, State	Zip Code

- L. Have you or any family member of your household ever used any names, including maiden name, or Social Security numbers other than the one you are currently using? YES NO

If yes, please explain.

- M. Do you owe any money to any Housing Authority for a damage claim or other purposes? YES NO

If yes, please explain.

- N. Have you or any member of your household been charged with felonious use, sale or distribution of an illegal drug or other criminal activity, including sex offenses, that will show up on a Housing Authority background check?
 YES NO

If yes, please provide an explanation including charges, dates of charges, pending court action and any corrective actions taken.

- O. If head of household or spouse is elderly or disabled, do you pay out-of-pocket medical expenses that exceed 3% of your income for the household? (Insurance, office visit or care attendant co-pays, prescriptions & prescribed over-the-counter medicines or equipment, medically related travel expenses, service animal expenses). YES NO

If yes, please request & complete **Medical Expense Worksheet**.

I understand that:

- A. The information I/we have supplied is subject to verification by state and federal officials or agencies to decide if I/we are eligible for assistance provided by the Housing Authority.
- B. No additional household members (except children born to me or adopted) may join my household unless and until the owner of the rental unit and the Housing Authority have approved the additional member in writing.
- C. I have a duty to report within ten days if any member of the household leaves.
- D. Failure to promptly report household changes may result in a delay of benefits.
- E. False information and statements are grounds for denial of the housing application and/or termination of housing assistance.
- F. I will be required to make retroactive payment for overpaid assistance if I fail to notify the Housing Authority of household changes.
- G. I understand that I may report decreases in income or increases in deductible expenses to the Housing Authority during the year and request a re-evaluation of the amount of the assistance.
- H. I have received a copy of the "Family Obligations Under the Section 8 Rental Assistance Programs" and understand my obligations as a participant in the program. (Form provided at move-in – Section 8 only.)
- I. I have rights under the Violence Against Women Act as described in the flyer provided at move-in and/or sent to me. (The VAWA information form is also available upon request.)
- J. I understand that upon initial signing of the lease and at each annual recertification, the owner must provide an Initial Notice to the tenant of the next annual recertification. This annual/interim recertification form serves as notice that I understand that I will need to report to the property's management office by the date specified by the property's management in the coming year to prepare for the next recertification.

Authorization to discuss my housing participation:

You have the right by law to include as part of your application for housing, the contact information for a family member, friend, 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 at any time. You are not required to provide this information.

I/We do hereby authorize the Lindsborg Housing Authority and its staff to speak with the person or agency listed below to assist with the Recertification or moving processes. This person or agency (example: BHR, SSMH, a family member, refugee center, etc.) assisted me with paperwork, etc., and/or has knowledge of my circumstances:

Name: _____ Relationship to Family: _____

Telephone: _____ Agency: _____

Email: _____

Name: _____ Relationship to Family: _____

Telephone: _____ Agency: _____

Email: _____

Reason to Contact:

- Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent
- Assist with Recertification Process Change in lease terms Change in House Rules Other

Authorization and signature of all adult household members:

Everyone who is over 18 or will be 18 within the next three months must sign all forms.

Declaration and signature:

I/We have read (or had explained to me/us) and understand the information in this document. I/We declare under penalty of perjury, information I/we have supplied for the Housing Authority is true, correct, and complete to the best of my/our knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of housing benefits as well as an overpayment recovery. I/We understand that I/we will be terminated and criminally prosecuted if benefits are distributed because of willfully false statements made by me/us or willfully failing to report information to the Housing Authority.

Signature of Head of Household Date Signature of Other Adult Date

Signature of Other Adult Date Signature of Other Adult Date

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: 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.

DOCUMENTATION TO BE SUBMITTED WITH APPLICATION

Copy of Social Security card for all persons on the application

Copies of Birth Certificate for all persons listed on application

Driver's License with picture

Documentation of income

- Retired Persons:
 - o Social Security Award Letter (most recent)
- Disabled Persons:
 - o SSI Award Letter (most recent)
- Employed Persons:
 - o 3 recent check stubs
 - o Most recent tax return
- Other:
 - o Court ordered child support, if applicable
 - o Regular donations or allowances given to you to assist with your rent, utilities, groceries, or gas, etc.

If you are 62.5 years old or older or are disabled, you may deduct certain out-of-pocket medical expenses. Such medical expenses may include:

- Medicare premiums
- Health Insurance premiums
- The cost of prescription medications or apparatus
- Eyecare expenses
- Dental expenses
- Medical equipment

Documentation should include copies of invoices, bills, receipts and/or your current Social Security Award letter outlining any medical expenses regularly deducted from your Social Security.

IF ANY OF THE CRITERIA BELOW PERTAIN TO YOU, YOU MAY NOT BE ELIGIBLE FOR PUBLIC HOUSING.

1. HISTORY OF RECENT SERIOUS CRIMINAL ACTIVITY

Includes cases in which a member of the family who is expected to reside in the household was or is engaged in prostitution, possession or sale of illegal substances (as defined in Section 102 of the Controlled Substance Act, 21 U.S.C.802), or other serious criminal activity, provided that the involvement in such activity shall not be grounds for ineligibility.

2. PATTERN OF VIOLENT BEHAVIOR

Includes evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupation of neighbors

3. CONFIRMED DRUG ADDICTION

Includes evidence of confirmed drug addiction such as a record of more than one arrest for possession or use heroin or other narcotics, or report from a probation officer, a social agency, or a family itself to the effect that the individual is addicted. In cases where the confirmed addict is undergoing follow-up treatment by a professional agency after discharge from an institution, the application shall not be considered ineligible.

4. RAPE OR SEXUAL DEVIATION

Includes individuals who have been involved as offenders in rape, indecent exposure, sodomy, carnal abuse and impairing the morals of a minor. Exception is permitted in the case of an individual under 16 years of age when he/she was involved in such offense and evidence from a reliable source shows that the individual may be considered rehabilitated.

5. INITIATED THREATS

Behaving in a manner indicating an intent to assault employees or others tenants of the Housing Authority.

6. ABANDONMENT OF A DEWLLING

Failure to provide notice of any kind to a previous landlord and leaving property unattended. Former tenants or participants of any project or programs owned or operated by the Housing Authority are ineligible for admission to any such program or project of the Housing Authority until such time as the recorded debt is paid in full.

7. INTENTIONALLY FALSIFYING AN APPLICATION FOR LEASING

Includes giving false information regarding family income, size, and/or utilization of an alias on the application for housing.

8. RECORD OF SERIOUS DISTURBANCES OF NEIGHBORS, DESTRUCTION OF PROPERTY OR OTHER DISRUPTIVE OR DANGEROUS BEHAVIOR.

Consists of patterns of behavior which endanger the life, safety, morals, or welfare of other persons by physical violence, gross negligence or irresponsibility; which damage the equipment or premises in which the applicant resides; or which seriously disturb neighbors or disrupt sound family and community life, including the applicant's inability to adapt to living in a multi-family settings. Includes neglect of children which endangers their health, safety or welfare; terminations by courts of tenancy in previous housing on the grounds of nuisance or objectionable conduct or frequent loud which have resulted in serious disturbance to neighbors.

9. GROSSLY UNSANITARY OR HAZARDOUS HOUSEKEEPING

Included the creation of a fire hazard through such acts as hoarding of rags and papers; severe damage to premises and equipment. If it is established that the family is responsible for the condition; seriously affecting neighbor by causing infestation, foul odors, or serious neglect of the premises. This category does not include families whose housekeeping is found to be superficially unclean or to lack orderliness, which such conditions do not create a problem for neighbors.

10. APPLICANT'S CREDIT HISTORY AND RECORD AS A TENANT

11. DESTRUCTION OF PROPERTY

12. DISREGARD FOR RULES OF OCCUPANCY AND RIGHTS OF OTHERS

13. IF SINGLE, WHETHER THE PERSON IS CAPABLE OF LIVING INDEPENDENTLY

14. DISCLOSURE OF SOCIAL SECURITY NUMBERS IS MANDATORY OF ALL HOUSEHOLD MEMBERS OF AN APPLICANT WHO IS SIX (6) YEARS OF AGE AND ABOVE

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):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

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

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

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

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

DECLARATION OF SECTION 214 STATUSES

Alien Certification & Registration

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance, must be lawfully within the United States. Please read the Declaration statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States.
- I have eligible immigration status and I am 62 years of age or older. Attach proof of age.¹
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigration status under §§101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA)ⁱⁱⁱ
 - Permanent residence under §249 of the INA^{iv}
 - Refugee, asylum or conditional entry status under §§207, 208 or 203 of the INA^v
 - Parole status under §212(d) (5) of the INA^{vi}
 - Threat to life or freedom under §§243(h) of the INA^{vii}
 - Amnesty under §A of the INA^{viii}

Signature of Family Member

Date

- Check box on left if signature is of an adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: _____ Date: _____

DECLARATION OF SECTION 214 STATUSES

Alien Certification & Registration

ⁱ Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

ⁱⁱ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

ⁱⁱⁱ Immigrant status under §101(a) (15) or 101(a) (20) of the INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(1) (20) of the immigration and nationality Act (INA), as an immigrant, as defined by §101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

^{iv} Permanent resident under §249 of the INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained resident in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*]

^v Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980 because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

^{vi} Parole status under §212(d) (5) of the INA. A non citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

^{vii} Threat of life or freedom under §243(h) of the INA. A noncitizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*Threat to life or freedom*].

^{viii} Amnesty under §245A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].