

# SICHA



## SECTION 8- HOUSING CHOICE VOUCHER RENTAL ASSISTANCE PROGRAM

**REMOVE AND RETAIN THIS PAGE & THE FOLLOWING 6 PAGES FOR YOUR RECORDS. RETURN ALL REMAINING PAGES.**

**THIS IS NOT EMERGENCY HOUSING**

All applications must be **completed in full**, signed by **all adults** and mailed to the address below. **A faxed copy will not be accepted:**

**Southwestern Idaho Cooperative Housing Authority  
377 West Main Street  
Middleton, ID 83644**

When this pre-application is received in our office, your name will be placed on the waiting list for which you have applied. Due to limited funding and the legal process involved to determine your eligibility we can not determine how long it may be until assistance can be provided.

**NOTE:** HUD requires 75% of all vouchers issued be to families in the extremely-low income bracket. Applicants that are above the extremely-low income limit will be issued a voucher only AFTER the 75% target has been achieved. Your name will remain on the waiting list, but you may be skipped indefinitely for income targeting.

During this waiting period it is **essential** that you report changes of address, telephone number, family composition and income status to this office. Failure to report changes may significantly delay the issuance of your voucher. If mail addressed to you is returned by the post office as undeliverable, your name is removed from the waiting list.

Your notification of changes should be mailed to the address shown above.

**THIS OFFICE WILL CONTACT YOU IF ADDITIONAL INFORMATION IS NEEDED.**

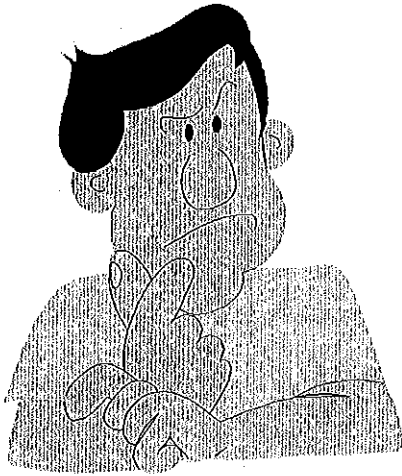
**YOU WILL BE NOTIFIED BY MAIL OF THE DATE AND TIME OF YOUR ENROLLMENT INTERVIEW.**

# SICHA



## **We will be unable to process your application or determine your eligibility without the following information or verifications for each family member on the application**

- \_\_\_\_\_ **Social Security Cards** - For each family member or certification that a number has not been issued. Other acceptable documents (if SSN is provided): An original SSA-issued document, which contains the name and SSN of the individual; or An original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual.
- \_\_\_\_\_ **Verification of Legal Identity** - For every family member (one of the following): official certificate of birth, naturalization papers, church issued baptismal certificate, current - valid driver's license or DMV ID card, U.S. military ID or discharge (DD 214), U.S. passport, employer ID card, adoption papers, custody agreement, Health & Human Services ID, school records
- \_\_\_\_\_ **Verification of Age** - For every family member (if not provided above) - official certificate of birth, US military ID, other documentation from vital statistics, hospital birth certificate, school records or driver's license if birth year is recorded
- \_\_\_\_\_ **I. N. S. verification** - Form I-551, Form I-94, Form 1-688, Form I-688B or receipt of application for replacement document
- \_\_\_\_\_ **Employment information** - statement from employer for all family members employed or 2 current consecutive months of check stubs with name and address of employer (include tips if applicable)
- \_\_\_\_\_ **Social Security Benefits** - a copy of your most recent awards benefits letter. You may request an award letter (proof of income letter) online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by telephoning 1-800-772-1213.
- \_\_\_\_\_ **Child Support** - copy of printout, copies of checks, copy of divorce/custody documents
- \_\_\_\_\_ **Proof of Guardianship of Minor Children** if not your natural born child
- \_\_\_\_\_ **Unemployment Benefits** - monetary determination from Department of Employment
- \_\_\_\_\_ **Veteran Benefits** - monetary determination from Veterans Administration with VA ID#
- \_\_\_\_\_ **Federal tax return (most recent)** - including all W-2's and other attachments
- \_\_\_\_\_ **Assets** - stocks, bonds, CD's, universal life insurance, annuities, trusts, retirement savings including 401 (K), checking and savings (copy of current statements, all pages, all accounts)
- \_\_\_\_\_ **Real Property (sole ownership or joint)** - copy of tax assessment
- \_\_\_\_\_ **Lump Sum** - monetary determination and disbursement record
- \_\_\_\_\_ **Financial Aid for Education** - monetary determination and status of student
- \_\_\_\_\_ **Child care expenses** - receipts with name and address of provider, statement from provider regarding the amount that you pay out of pocket each month
- \_\_\_\_\_ **Medical Expense (paid out of pocket)** - receipts, billing statement or printout with providers name and address
- \_\_\_\_\_ **Medicare approved drug discount card** - send copy or plan statement
- \_\_\_\_\_ **Legal Name Change** - copy of court order, marriage certificate, etc.
- \_\_\_\_\_ **Proof of Disability (if not receiving Social Security)** - name and address of physician
- \_\_\_\_\_ **Other:** \_\_\_\_\_



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Carefull!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

## DENIAL OF ASSISTANCE

### MANDATORY DENIAL OF ASSISTANCE [24 CFR 982.553(a)]

HUD requires the PHA to deny assistance in the following cases:

- Any member of the household has been evicted from federally-assisted housing in the last 3 years for drug-related criminal activity.
- The PHA determines that any household member is currently engaged in the use of illegal drugs.
- The PHA has reasonable cause to believe that any household member's current use or pattern of use of illegal drugs, or current abuse or pattern of abuse of alcohol, may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Any household member has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing
- Any household member is subject to a lifetime registration requirement under a state sex offender registration program

### OTHER PERMITTED REASONS FOR DENIAL OF ASSISTANCE

HUD permits, but does not require, the PHA to deny assistance for the reasons discussed in this section.

#### **Criminal Activity [24 CFR 982.553]**

HUD permits, but does not require, the PHA to deny assistance if the PHA determines that any household member is currently engaged in, or has engaged in during a reasonable time before the family would receive assistance, certain types of criminal activity.

#### PHA Policy

If any household member is currently engaged in, or has engaged in any of the following criminal activities, within the past three years, the family will be denied assistance.

*Drug-related criminal activity*, defined by HUD as the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or use the drug [24 CFR 5.100].

*Violent criminal activity*, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [24 CFR 5.100].

Criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity (including but not limited to gang related criminal activity); or

Criminal activity that may threaten the health or safety of property owners and management staff, and persons performing contract administration functions or other responsibilities on behalf of the PHA (including a PHA employee or a PHA contractor, subcontractor, or agent).

#### **Previous Behavior in Assisted Housing [24 CFR 982.552(c)]**

HUD authorizes the PHA to deny assistance based on the family's previous behavior in assisted housing:

#### PHA Policy

The PHA **will not** deny assistance to an otherwise eligible family because the family previously failed to meet its obligations under the Family Self-Sufficiency (FSS) program or the Welfare to Work voucher program.

The PHA **will** deny assistance to an applicant family if:

The family does not provide information that the PHA or HUD determines is necessary in the administration of the program.

The family does not provide complete and true information to the PHA.

Any PHA has terminated assistance under the program for any member of the family in the prior three (3) years for failure to complete an annual reexam, engaging in violent or drug related criminal activity, serious or repeated lease violations, unit abandoned/vacated with no notice, non-compliance with program requirements, failure to report income or eviction.

Any family member has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.

The family owes rent or other amounts to any PHA in connection with the HCV, Certificate, Moderate Rehabilitation, public housing programs or other federally subsidized housing program, unless the family repays the full amount of the debt prior to being selected from the waiting list.

If the family has not reimbursed any PHA for amounts the PHA paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease, unless the family repays the full amount of the debt prior to being selected from the waiting list.

The family has breached the terms of a repayment agreement entered into with the PHA, unless the family repays the full amount of the debt covered in the repayment agreement prior to being selected from the waiting list.

The PHA **may** deny assistance to an applicant family if:

Any family member has been evicted from federally-assisted housing in the last five years.

A family member has engaged in or threatened violent or abusive behavior toward PHA personnel.

## **SCREENING**

PHAs are authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission to the HCV program. This authority assists the PHA in complying with HUD requirements and PHA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. In order to obtain access to the records the PHA must require every applicant family to submit a consent form signed by each adult household member [24 CFR 5.903].

### PHA Policy

The PHA will use the Idaho Supreme Court Data Repository to perform a criminal background check for every adult household member.

PHAs are required to use HUDs Enterprise Income Verification (EIV) System in its entirety to reduce administrative and subsidy payment errors [24 CFR 5.233].

### PHA Policy

The PHA will use HUDs EIV Existing Tenant Search report to screen for duplicate subsidy for every adult household member. The search results will be maintained in the applicants file. If an applicant is identified as already receiving assistance, the applicant will be advised of the match and be given the opportunity to explain and/or provide documentation that he/she is not still assisted, i.e. copy of current lease, notice of key return for prior subsidized unit. If necessary the PHA will contact the current PHA to confirm current tenancy status. The PHA will coordinate admission with the current PHA to avoid admitting the family into the program while the family is already assisted.

The PHA will use HUDs Debts Owed to PHAs & Terminations repository to screen for families that owe a debt to any PHA nationwide; and/or left a PIH program under negative circumstances, for every adult household member. The search results will be maintained in the applicants file. If the search turns up a positive result the PHA will provide the applicant a copy of the Debts Owed & Termination Report. The family may not be admitted into the program until the debt is paid in full to the PHA that is owed the outstanding amount.

### **STUDENTS ENROLLED IN INSTITUTIONS OF HIGHER EDUCATION [24 CFR 5.612 and FR Notice 4/10/06]**

Section 327 of Public Law 109-115 and the implementing regulation at 24 CFR 5.612 established new restrictions on the eligibility of certain students (both part- and full-time) who are enrolled in institutions of higher education.

If a student enrolled at an institution of higher education is under the age of 24, is not a veteran, is not married, does not have a dependent child, and is not a person with disabilities receiving HCV assistance as of November 30, 2005, the student's eligibility must be examined along with the income eligibility of the student's parents. In these cases, both the student and the student's parents must be income eligible for the student to receive HCV assistance. If, however, a student in these circumstances is determined independent from his/her parents in accordance with PHA policy, the income of the student's parents will not be considered in determining the student's eligibility.

The new law does not apply to students who reside with parents who are applying to receive HCV assistance. It is limited to students who are seeking assistance on their own, separately from their parents.

### **INFORMAL REVIEWS**

When the PHA makes a decision that has a negative impact on a family, the family is often entitled to appeal the decision. For applicants, the appeal takes the form of an informal review; for participants, or for applicants denied admission because of citizenship issues, the appeal takes the form of an informal hearing.

Informal reviews are provided for program applicants. An applicant is someone who has applied for admission to the program, but is not yet a participant in the program. Informal reviews are intended to provide a "minimum hearing requirement" [24 CFR 982.554], and need not be as elaborate as the informal hearing requirements. (Federal Register Volume 60, No. 127, p 36490).

#### **Decisions Subject to Informal Review**

The PHA must give an applicant the opportunity for an informal review of a decision denying assistance [24 CFR 982.554(a)]. Denial of assistance may include any or all of the following [24 CFR 982.552(a)(2)]:

- Denying listing on the PHA waiting list
- Denying or withdrawing a voucher
- Refusing to enter into a HAP contract or approve a lease
- Refusing to process or provide assistance under portability procedures
- Denial of assistance based on an unfavorable history that may be the result of domestic violence, dating violence or stalking.

Informal reviews are *not* required for the following reasons [24 CFR 982.554(c)]:

- Discretionary administrative determinations by the PHA
- General policy issues or class grievances
- A determination of the family unit size under the PHA subsidy standards
- A PHA determination not to grant approval of the tenancy
- A PHA determination that the unit is not in compliance with the HQS
- A PHA determination that the unit is not in accordance with the HQS due to family size or composition

#### PHA Policy

The PHA will only offer an informal review to applicants for whom assistance is being denied. Denial of assistance includes: denying listing on the PHA waiting list; denying or withdrawing a voucher; refusing to enter into a HAP contract or approve a lease; refusing to process or provide assistance under portability procedures.

#### **Notice to the Applicant [24 CFR 982.554(a)]**

The PHA must give an applicant prompt notice of a decision denying assistance. The notice must contain a brief statement of the reasons for the PHA decision, and must also state that the applicant may request an informal review of the decision. The notice must describe how to obtain the informal review.

#### **Scheduling an Informal Review**

#### PHA Policy

A request for an informal review may be made orally or in writing, by the close of the business day, no later than 10 business days from the date of the PHA's denial of assistance. If the family is being denied due to income ineligibility, the family will be given 30 days to request and informal review.

**PLEASE INDICATE THE COUNTY FOR WHICH YOU ARE APPLYING:**

ADAMS \_\_\_ BOISE \_\_\_ CANYON \_\_\_ N/A \_\_\_ ELMORE \_\_\_ GEM \_\_\_ OWYHEE \_\_\_  
PAYETTE \_\_\_ WASHINGTON \_\_\_ VALLEY \_\_\_

**SOUTHWESTERN IDAHO COOPERATIVE HOUSING AUTHORITY**  
377 E. Main St., Middleton, ID 83644  
Ph: 208-585-9325

For Office Use Only

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

**PRE-APPLICATION FOR SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

ALL ADULT MEMBERS OVER 18 MUST SIGN AT THE END OF THIS FORM, CERTIFYING THAT THE INFORMATION IS CORRECT. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Applicant's name \_\_\_\_\_ Phone to be reached \_\_\_\_\_

This phone belongs to \_\_\_\_\_ Phone owner's relationship to you \_\_\_\_\_

Current Street Address: \_\_\_\_\_, City, State, Zip \_\_\_\_\_

Race of Head of Household: (Check one – used for statistical purposes only)

- White  Black/African American  American Indian/Alaskan Native  
 Asian  Native Hawaiian/Other Pacific Islander

Ethnicity of Head of Household (Check one – used for statistical purposes only)

- Hispanic or Latino  Not Hispanic or Latino

**Mailing address (if different from above)**

Mailing street address: \_\_\_\_\_, City, State, Zip \_\_\_\_\_

Whose address is this? \_\_\_\_\_ Relationship to you \_\_\_\_\_

**PLEASE PRINT. ALL INFORMATION MUST BE TRUE AND COMPLETE.**

**I. HOUSEHOLD COMPOSITION:** List ALL persons who will be living with you as follows: Head of Household, Spouse if any, all other adults (18 or older) in order by age, all minor children, in order by age.

Member #	Last name	First name	MI	Date of Birth	Relationship	SSN
Head						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

\*Is the head of household or spouse a person with disabilities?  Yes  No

\*Please identify any special housing needs your household has: \_\_\_\_\_

**II. LIST WAGE INFORMATION FOR ALL CURRENTLY EMPLOYED FAMILY MEMBERS –**

Member #	Annual Income	Employer Name & Address

\*These questions are asked only for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

**III. OTHER HOUSEHOLD INCOME.** List all other household income received by every person living in your household. This includes unemployment compensation, child support, Social Security, SSI, disability payments, H & W TAFI payments, workman's compensation, retirement benefits (pensions, etc), veteran's benefits, rental property income, alimony or separate maintenance, interest payments, contributions or gifts from friends or relatives to help with living expenses, and all other income from any source.

Member #	Type of Income	Income amount	How often is the income received?		
			Weekly	Monthly	Annually

**IV. FAMILY ASSETS.** List all assets of household members, including bank savings accounts, checking accounts, certificates of deposit, IRA's, retirement accounts, 401K's, stocks, bonds, real estate, etc.

Member #	Type of Asset	Name of Bank or Verifying Source	Account #	Value of Asset
				\$
				\$
				\$
				\$

**V. MISCELLANEOUS INFORMATION**

1. Do you or any household member own (or co-own) any real estate? ..... Yes [ ] No [ ]  
If 'Yes', list the value \_\_\_\_\_
2. Have you sold or given away any real estate or other assets, in the last 2 years, valued at over \$1000.00? ..... Yes [ ] No [ ]  
If 'Yes' what was sold, and what was the value? \_\_\_\_\_
3. Does anyone outside of your household pay any of your bills or give you money? ..... Yes [ ] No [ ]  
If 'Yes' who? \_\_\_\_\_, how much? \$ \_\_\_\_\_, and how often? \_\_\_\_\_
4. Are there any full-time students 18 years of age or older in your household? ..... Yes [ ] No [ ]  
If 'Yes' who? \_\_\_\_\_ Do they receive financial aid? \_\_\_\_\_
5. Are you or any family member currently enrolled in a Federal, State or Local Training Program?  
.....Yes [ ] No [ ]  
If 'Yes' explain \_\_\_\_\_
6. Have you or any other household member ever lived in any other unit where help with the rent was given through a rental assistance program? (Subsidized rent) ..... Yes [ ] No [ ]  
If 'Yes' list where and when \_\_\_\_\_  
Name of Housing Authority or Owner \_\_\_\_\_  
Were you evicted? When? \_\_\_\_\_ For what reason? \_\_\_\_\_
7. Do you currently owe this or any other housing authority for unpaid rent or damages? Yes [ ] No [ ]  
If 'Yes' which housing authority? (Name & Address) \_\_\_\_\_
8. Have you or anyone else in your household been arrested or convicted of drug-related criminal activity in the past three (3) years?.....Yes [ ] No [ ]  
If 'Yes' explain \_\_\_\_\_
9. Have you or anyone else in your household been arrested or convicted of violent criminal activity in the past three (3) years?..... Yes [ ] No [ ]  
If 'Yes' explain \_\_\_\_\_
10. Are you or any household members listed on any state sex offender's registry? ..... Yes [ ] No [ ]  
If 'Yes' explain \_\_\_\_\_
11. Are there any household members temporarily or permanently absent? ..... Yes [ ] No [ ]  
If 'Yes' explain \_\_\_\_\_

You must provide the name and address of your current and previous landlord:

Current: \_\_\_\_\_

Previous: \_\_\_\_\_

**READ THE FOLLOWING CERTIFICATION AND NOTICE CAREFULLY BEFORE SIGNING**  
**APPLICANT CERTIFICATION NOTICE**

I certify that all information given to SICHA regarding household composition, income, assets, allowances, personal background and deductions is accurate and complete to the best of my knowledge and belief.

I understand that I am required to report in writing all changes of address and/or all changes in household composition, income and assets of any household member to SICHA within ten (10) business days of the change. Failure to report all income is committing fraud. I understand that false statements or information are punishable under Federal Law.

I understand that I cannot add any person to my household, unless he/she has first completed an application, and has been fully approved in writing by SICHA, except for the legally documented birth or adoption of a child.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

ALL ADULT HOUSEHOLD MEMBERS (AGE 18 AND OLDER) MUST SIGN THIS FORM

\_\_\_\_\_  
Signature of Head of Household      Date

\_\_\_\_\_  
Signature of Spouse      Date

\_\_\_\_\_  
Signature of other member over 18      Date

\_\_\_\_\_  
Signature of other member over 18      Date

\_\_\_\_\_  
Signature of other member over 18      Date

\_\_\_\_\_  
Signature of other member over 18      Date

# Authorization for the Release of Information

Tenant ID

PHA requesting release of information:

Southwestern Idaho Cooperative  
 Housing Authority  
 377 East Main Street  
 Middleton, ID 83644  
 Ofc. #(208) 585-9325

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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
_____	_____	_____
Spouse	Date	Other Family Member over age 18
_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18
_____	_____	_____
		Date

**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 this form is restricted to the purposes cited above. 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.

**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 review and hearing procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

# DECLARATION OF CITIZENSHIP

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

## Part 1: Applies to All Family Members

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

**One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.**

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
			<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

**Warning** - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

**NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.**

**Part 2: Applies to Noncitizen Family Members Only**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**Head of Household Certification**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

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

**Consent to Verify Eligible Immigration Status**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.