



204 S.W. Walnut Avenue, Dallas, OR 97338

Phone (503) 623-8387 • Fax (503) 623-6907 • VRS (877) 326-3877

www.wvpha.org

VERIFICATIONS REQUIRED – CERTIFICATION PACKET

FAILURE TO SUPPLY VERIFICATION OF **ALL** INFORMATION PERTINENT TO YOUR HOUSEHOLD, MAY CAUSE A DELAY IN THE PROCESSING OF YOUR ANNUAL CERTIFICATION. A DELAY IN PROCESSING YOUR ANNUAL CERTIFICATION FOR CONTINUED ELIGIBILITY FOR ASSISTANCE, MAY CAUSE A LAPSE IN PAYMENT OF YOUR ASSISTANCE TO YOUR LANDLORD. **ALL HOUSEHOLD MEMBERS 18 YEARS AND OVER MUST SIGN AND DATE ALL FORMS.**

INCOME FOR ALL HOUSEHOLD MEMBERS: Income from all sources **MUST** be reported including but not limited to the income of the head of household, the spouse or co-head, income of all dependents, and the income of temporarily absent household members. Income includes, but is not limited to any of the following sources:

- ❖ Income from Social Security or SSI (copy of Social Security letter for current year)
- ❖ Income from employment (copy of pay stubs for **most recent 3 months**)
- ❖ Income from self-employment (copy of full income tax returns for most recent 3 years)
- ❖ Income of seasonal/sporadic employment (copy of full income tax returns for most recent 3 years)
- ❖ Pensions (Retirement, Military, Veterans, etc.) **for the current year**
- ❖ Child Support and / or Alimony
 - A printout of **12-months of payments** from your Child Support Division
 - Name, address and telephone number of person or entity paying directly to you
 - A copy of a divorce decree or custody documentation
- ❖ Scholarships, grants and student loans (benefit/award letter)
- ❖ Regular cash and non-cash contributions and gifts (such as a written statement from the person(s) giving such contributions or gifts), including, but not limited to:
 - Someone not living with you paying any bills on your behalf (e.g. rent, utilities, charge accounts, insurance, etc.) OR
 - Someone not living with you buying toiletries, supplies, groceries, gas, etc.

ASSETS: Assets from all sources **MUST** be reported. Provide **all** pages of your **ORIGINAL** statements from **ALL** bank accounts for every household member, individual or joint, for the most recent **3 consecutive months** including but not limited to:

Checking Accounts
Savings Accounts

Savings Bonds
IRA / Keogh

Life Insurance Policies
Property Tax Statements

EXPENSES: If you, your spouse or co-head are a person that is 62-years of age or older OR a disabled person, you may be eligible for deductions for your out-of-pocket medical expenses which you pay but are not reimbursed for. Provide the following:

- ❖ A statement from your pharmacy showing your cost for the **most recent 12-months**, if you pay for copays on medications. If at all possible, which lists your cost and does **NOT** list the medication names or dosages.
- ❖ A printout from each medical facility for the **most recent 12-months**, if you are making payments towards outstanding debts, showing your monthly payment amount and the current balance.
- ❖ Current insurance premium statements for all medical, dental, vision, drug plan and/or supplemental insurance policies.

If you, your spouse or co-head pay out-of-pocket costs for daycare expenses for any children under the age of 13, which allows you, your spouse or co-head to work or go to school, you may be eligible for deductions for your daycare costs.

- ❖ Provide a written statement from your daycare provider listing the number of hours per week/month they care for your child/children and the cost per hour, along with their name, address and telephone number.

CERTIFICATION PACKET

PLEASE COMPLETE THESE FORMS IN INK -- PLEASE PRINT CLEARLY. You must use the correct legal name for each member of your household as it appears on their Social Security card(s). All adult members of the household **MUST** sign this form, certifying the information pertaining to them is accurate and complete.

If you require assistance in completing this form, please do not hesitate to contact the Housing Authority.

Head of Household Name: _____
Last First MI

Physical Address: _____
Apt. # City State Zip

Mailing Address: _____
 (If different than physical address)

Telephone Number: _____ Email Address: _____

A. FAMILY COMPOSITION: List head of household first, followed by the names of **ALL** persons who will live in the home as their primary residence during the next 12 months.

- "Relation to HOH", state how related to the head of household. Examples: spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, or other adult, etc.
- "Race" please use one of the following numbers to designate your "Race":

1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; or 5 – Native Hawaiian/Other Pacific Islander. Providing race and ethnic information is optional, will not be used to determine eligibility and is for statistical purposes only.

1. Head of Household

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

2. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

3. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

4. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

5. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

6. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

7. Household

Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

8. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

9. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

10. Household Member

Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation to HOH
Disability Yes () No ()	Full-time Student Yes () No ()	Race	Hispanic/Latino Yes () No ()	Social Security #			Driver License or ID #	

If there are more than 10 household members, please include the same information for the additional members on a blank sheet of paper and attach it to this packet.

EMERGENCY CONTACT: Please list the closest relative(s) not living with you. These would be the first person(s) you would like to be contacted in case of emergency.

Contact Name	Relationship	Mailing Address	Phone Number

B. ADDITIONAL HOUSEHOLD INFORMATION:

- Indicate if any adult household member(s) have ever used a different first or last name(s);

Current Name: _____ Previous Name: _____

- Has your family size changed since your last recertification? [] YES [] NO
- Do you expect any changes of family size in the next 12 months? [] YES [] NO

If yes, who will you request to add or remove? _____

- Do you currently have any children who are temporarily placed out of your home? [] YES [] NO
- Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger? [] YES [] NO
If yes, list the name(s) of the household member(s): _____
- Have any household member(s) been arrested or convicted of any crime in the last five years? [] YES [] NO
If yes, please indicate the name of the family member(s): _____
Please indicate the date(s) and what occurred: _____

- Have any household member(s) ever been convicted of the manufacture or production of methamphetamines on the premises of Federally assisted housing? [] YES [] NO
If yes, who: _____ When: _____
- Is any household member currently using illegal drugs, this includes marijuana? [] YES [] NO
(Under Federal law, marijuana is treated like every other controlled substance.)
- Are any household member(s) subject to registration under a state sex offender program? [] YES [] NO
If yes, who: _____

C. INCOME INFORMATION: The U.S. Dept. of Housing and Urban Development (HUD) allows West Valley Housing Authority access to its Enterprise Income Verification (EIV) System, which provides WVHA with income data for all residents, whether you report it here or not. If you fail to report all household income, you may lose your assistance and be required to repay what your rent should have been since the start of the income.

Does any household member have income (such as those listed below)? Check the appropriate box for each income source that applies to your household:

- Wages, salaries, overtime or tips from employment
- Net business income from self-employment
- Income from a Federal, state or local job training program
- Social Security, annuities, whole life insurance policies, retirement funds, pension or veterans / disability / death benefits
- Unemployment and disability compensation, worker's compensation and severance pay
- Regular contributions or gifts received from organizations or persons not residing in your home
- Payments made on your behalf directly to your landlord or utility companies from persons not residing in your home
- Armed Forces pay
- Student financial assistance that is more than tuition
- Welfare assistance (TANF)
- Alimony or child support payments
- Payments received for the care of foster children residing in your home

If any box is checked, please indicate the type, source and amount of income for each household member in the spaces below:

Household Member Name	Type of Income	Name & Address of Income Source	Amount	Frequency Circle One
			\$	Week Month Year
			\$	Week Month Year
			\$	Week Month Year

			\$	Week	Month	Year
			\$	Week	Month	Year
			\$	Week	Month	Year
			\$	Week	Month	Year
			\$	Week	Month	Year

D. ASSETS: All household members. An asset is something of value that can be converted to cash.

1. Do you own or have any interest in real estate and/or a mobile home? [] YES [] NO
2. Have you sold or disposed of any asset or real estate in the last 2 years? [] YES [] NO
If yes, details: _____
3. Do you own any stocks, bonds, treasury bills, Certificates of Deposit or money market funds? [] YES [] NO
4. Are there trust funds available to any member of your household? [] YES [] NO
If yes, please provide trust fund name and address: _____
5. Do you or any household members have any type of bank account(s)? [] YES [] NO
6. Do you have over \$5,000 in assets? [] YES [] NO
If yes, please submit 3 consecutive months bank statements.

If yes to any of the above, please list each account below using a separate line for each account.

Household Member Name	Type of Account (checking, saving, etc)	Bank Name	Average Balance	Interest Earned
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

E. EXPENSES:

Childcare:

- Do you have childcare expenses for a child under the age of 13? [] YES [] NO
If yes, does this childcare allow a household member to be able to go to work or school? [] YES [] NO

Disability Assistance:

- Do you pay for a care attendant or equipment for a household member with disabilities? [] YES [] NO
Does this expense allow the person with disabilities or someone in the home to work? [] YES [] NO
If yes, list the name(s) of the household member: _____

Medical Expenses: Complete this section ONLY if the head of household, spouse, co-head, or domestic partner are 62 years of age or older or are disabled. If not, skip to section F. CERTIFICATION STATEMENT

Do you or any member of the family pay for or anticipate paying for any of the following items over the next 12 months?

- | | |
|-------------------------------------|----------------|
| Medical Insurance Premiums | [] YES [] NO |
| Long term care insurance | [] YES [] NO |
| Out of pocket prescription expenses | [] YES [] NO |
| Other anticipated medical expenses | [] YES [] NO |

If yes to any of the above, please list on the next page and provide printouts or receipts for each expense.

Household Member Name	Type of Expense (childcare, doctor, prescription, etc.)	Company Name	Address	Monthly Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

F. CERTIFICATION STATEMENT: I/We certify the following: (please read and initial each statement)

- _____ Each household member 18 years and older has read and signed the Authorization for Release of Information/Privacy Act Notice and understands that it gives the HA access to government sources of income information such as HUD’s EIV and that the HA will use that information to calculate household income and rent.
- _____ The information given to the HA regarding household size, income, allowances and deductions is accurate and complete to the best of my/our knowledge and belief.
- _____ I/we understand that I/we are required to notify the HA in writing within 10 days of any change in income.
- _____ I/we understand that I/we are required to notify the HA in writing within 10 days if any member of the family moves out of the unit, and that I/we cannot permit anyone else to move into the unit without prior written approval of the HA.
- _____ I/we understand that I/we must notify the HA in writing of any changes to the household due to birth, adoption or court-awarded custody.
- _____ I/we also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt, is in essence committing fraud, which is a crime under Federal and State law.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Housing Discrimination: The HA and Federal law prohibit housing discrimination based on race, color, religion, sex, national origin, age, familial status or disability. If you believe you have been denied housing based on any of those factors, you may call the Office of Fair Housing and Equal Opportunity at (800) 669-9777

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.



APPLICANT / TENANT CERTIFICATION

NOTIFICATION: The information you have previously provided will be kept as confidential as possible. However, you should be aware that the information reported to the West Valley Housing Authority may be seen by someone other than the Housing Authority staff. (i.e. an auditor)

GIVING TRUE AND COMPLETE INFORMATION: I/We certify that all the information provided to the West Valley Housing Authority on household composition, income, family assets, allowances and deductions, is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are grounds for termination of housing assistance or tenancy.

REPORTING ON PRIOR HOUSING ASSISTANCE: I/We certify that I/We have disclosed where I/We received any previous Federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/We did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE: I/We certify that the assisted unit will be my/our principal residence and that I/We will not obtain duplicate Federal housing assistance while I/We are on this program. I/We will not live anywhere else without notifying the Housing Authority immediately in writing, as well as my/our landlord. I/We will not sub-lease my/our assisted residence.

COOPERATION: I/We know I/We are required to cooperate in supplying all information needed to determine my/our eligibility, level of benefits, or to verify my/our true circumstances. Cooperation includes attending scheduled meetings and completing and signing needed forms. I/We understand failure or refusal to do so may result in delays, termination of assistance or eviction from tenancy.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION: I/We understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, income or inaccurate information is grounds for denial or termination of housing assistance and/or termination of tenancy.

After verification by West Valley Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 or Form HUD-50059 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic media tape. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 800-669-9777.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER ARE REQUIRED TO SIGN THIS FORM

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date





Housing Authority and Urban Renewal
Agency of Polk County

204 S.W. Walnut Avenue, Dallas, OR 97338

Phone (503) 623-8387 • Fax (503) 623-6907 • VRS (877) 326-3877

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WEST VALLEY HOUSING AUTHORITY BASIC AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, business, or individual to release to WEST VALLEY HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Low-income Public Housing, and/or other WEST VALLEY HOUSING AUTHORITY administered housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding myself or members of my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- *Identity and Marital Status *Employment, Income, and Assets *Medical Expenses or Child Care Allowances
- *Residences and Rental Activity *Credit and/or Criminal Activity *Ability to comply with rental agreement

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending upon specific program requirements) include but are not limited to:

- | | | |
|----------------------------------|--|--|
| Previous Landlords | Northwest Human Services | Past & Present Employers |
| Public Housing Agencies | Oregon Dept. of Human Services-CPS | Banks & other Financial Institutions |
| Courts & U.S. Post Offices | Oregon Dept. of Human Services-SS | Polk County Mental Health |
| Schools & Colleges | Oregon Dept. of Human Services-CS | Polk County Mental Health-Addiction Services |
| Law Enforcement Agencies | Marion County Mental Health | Utility Companies |
| Veterans Administration | Northwest Senior & Disability Services | Welfare Agencies |
| State Unemployment Agencies | Polk County Behavioral Health | Credit Providers & Credit Bureaus |
| Social Security Administration | Polk County Community Corrections | Life Insurance Companies |
| Medical and Child Care Providers | Investment Companies | |
| Retirement System | Local Mental Health Agencies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

_____ Signature of Head of Household	_____ Printed Name	_____ Date
_____ Signature of Spouse / Co-Head	_____ Printed Name	_____ Date
_____ Signature of Other Adult	_____ Printed Name	_____ Date
_____ Signature of Other Adult	_____ Printed Name	_____ Date

Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

WEST VALLEY HOUSING AUTHORITY
204 SW WALNUT AV
DALLAS OR 97338

PHA 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.