

TENANT INFORMATION FORM

Tenant ID

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if
different than above) _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other _____

E-mail Address _____ ☐ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household
S = Spouse (Married)

K = Co-Head (Not Married)
F = Foster Child/Adult

Y = Youth Under 18
E = Full Time Student Over 18

L = Live-in Aide
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No



TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? ☐ Yes ☐ No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? ☐ Yes ☐ No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? ☐ Yes ☐ No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? ☐ Yes ☐ No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? ☐ Yes ☐ No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? ☐ Yes ☐ No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Asset Information

1. Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? ☐ Yes ☐ No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary



TENANT INFORMATION FORM

Part 3: Income Information

1. Did you file a Federal Income Tax Return last year? ☐ Yes ☐ No

2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? ☐ Yes ☐ No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Attach Additional Sheets if Necessary



TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) ☐ Yes ☐ No
2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? ☐ Yes ☐ No
3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? ☐ Yes ☐ No
4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.**
Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? ☐ Yes ☐ No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------

Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

_____ Date



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:											
Mailing Address:											
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason to Contact: (Check all that apply) <table border="0"><tr><td><input type="checkbox"/> Emergency</td><td><input type="checkbox"/> Assist with Recertification Process</td></tr><tr><td><input type="checkbox"/> Unable to contact you</td><td><input type="checkbox"/> Change in lease terms</td></tr><tr><td><input type="checkbox"/> Termination of rental assistance</td><td><input type="checkbox"/> Change in house rules</td></tr><tr><td><input type="checkbox"/> Eviction from unit</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Late payment of rent</td><td></td></tr></table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

The Notice was provided by the below-listed PHA: City of Pensacola Housing Department PO Box 12910 Pensacola, FL 32521 (850) 858-0350	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i>	
	Signature	Date
	Printed Name:	



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):

City of Pensacola Housing Department
P.O. Box 12910
Pensacola, FL 32521

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.

AUTHORIZATION FOR RELEASE OF INFORMATION TO LANDLORDS

On May 22, 2014, Pensacola City Council approved Pensacola Housing’s adoption of an updated Administrative Plan defining the Housing Department’s policies for administering voucher programs for rental assistance. As part of the updated policies, voucher program applicants and participants should be aware that, upon request, Pensacola Housing will release the following information to prospective landlords the participant has contacted about renting a unit:

- **The names and contact information (phone numbers, email addresses) of the two most recent landlords (if applicable) the voucher holder has previously leased up with while participating in the voucher program.**

By signing the form below, you indicate your understanding that this information may be supplied to your prospective landlords upon their request.

Head of Household Date

Spouse /Co-Head of Household	Date
------------------------------	------

Other Adult _____ **Date** _____

Other Adult _____ Date _____



**NOTICE REGARDING SOCIAL SECURITY
NUMBERS**

Federal and State law require the City of Pensacola to provide written notice when a social security number is being obtained by the City. The City utilizes social security numbers for identification, tax reporting, applications for assistance, income verification, claims handling, or data management purposes only, as required by applicable program requirements under state or federal law, and all federal and state statutes regarding confidentiality and restriction of use are adhered to.

This disclosure is authorized pursuant to Florida Statute 119.071, and no right, benefit or privilege may be denied because of the refusal to disclose a social security account number, unless collection of the social security number is mandated by law or required to be disclosed to provide assistance.

REGARDING YOUR APPLICATION FOR RENTAL ASSISTANCE:

Disclosing your social security number is a federal program requirement. If you do not disclose your social security number, the City of Pensacola Housing Office will be unable to provide assistance.

By signing the form below, you indicate you understand that disclosing social security numbers is a requirement of the program for which you've applied, and that Pensacola Housing's collection of this information is being conducted in compliance with federal and state law.

Head of Household Date

Spouse /Co-Head of Household Date

Other Adult Date

Other Adult Date



Authorization for the Release of Information

Tenant ID

HA requesting release of information:

City of Pensacola Housing Department
PO Box 12910
Pensacola, FL 32521

(850) 858-0350
12/23/2024

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 and 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	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

Document ID: 12437261354

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.



Responsibilities of the Family

As a participant in the City of Pensacola's Section 8 Housing Choice Voucher Program, I understand that I must comply with the following responsibilities and obligations:

- 1. I understand that any changes in my household income (decrease or increase) must be reported in writing to my Housing Specialist within ten (10) business days of the change. Changes in household composition must be approved in advance.**
- 2. I understand that my lease is for one (1) year and that I cannot vacate my unit for one (1) year. I further understand that if I intend to move after the first year of my Lease, I must give written notice to my Housing Specialist (minimum 30 days) and to the Landlord, as stated in my Lease.**
- 3. I understand that I must fulfill all obligations as stated on my Housing Choice Voucher and that any violation of my voucher, the Family Obligations, the Tenancy Addendum or the Lease may result in eviction by the Landlord and/or termination from the Housing Choice Voucher Program.**
- 4. I understand that I must comply with the rules set forth by my Landlord and that it is my responsibility to keep my dwelling unit clean and sanitary, and that any damages resulting from misuse by my family or guests are my responsibility.**
- 5. I understand that any non-emergency problems I have with my dwelling unit must first be reported to my Landlord, by phone, and then in writing, and then I will forward a copy to my Housing Specialist. No tenant request inspections will be scheduled without this procedure. Once the items have been repaired the landlord is responsible to schedule a re-inspection.**
- 6. I understand that only the person or persons listed on my lease are permitted to live in my dwelling unit and that any reports of unauthorized person(s) living in the unit may be investigated. I understand that if I allow unauthorized persons to reside in my dwelling unit, I may be evicted and/or terminated from the Program.**
- 7. I understand that I must request permission from my Housing Specialist for absences from the unit exceeding sixty (60) days. Authorized absences may include, but are not limited to: prolonged hospitalization, death in the family, other absences that are deemed necessary by the PHA.**
- 8. I understand that if I move into a unit without approval of the Housing Department, I will be responsible for any rent due until a contract is executed by the Housing**

Department with the Landlord.

9. I understand that the rent is due as stated in my lease. I also understand that I may be charged with late fees according to the lease. Late rent payments may impact the Landlord's decision about whether to renew my lease. In addition, I understand that if I am evicted from my Section 8 unit for any reason during the term of any lease, the Housing Department may terminate my assistance as well.

10. I understand that Minimum Housing Quality Standards require that all units have gas and/or electric, water, sewer and trash service connected in the head of household's name at all times(unless provided by the Landlord and stated as such in the HAP Contract.) I understand that if I am responsible for any of these services, disconnection will result in the termination of my housing assistance.

11. I understand that if I fail to reimburse the City of Pensacola Housing Department for any overpayment resulting from unreported income, my housing assistance will be terminated.

12. I understand that the Housing Department is required to review my household income and composition each year. I agree to provide the Housing Department with all information requested by the Housing Specialist as well as appear for my annual recertification appointments. I understand that my unit must be inspected annually or biennially, EVEN IF I PLAN ON MOVING FROM THE UNIT. I understand that if my unit fails inspection all repairs must be completed, the unit reinspected, and passed within 30 days. I understand that failure to complete all yearly recertification requirements will result in the termination of my housing assistance. I will also cooperate with requested interim examinations and/or quality control inspections between annual review periods.

13. I understand my benefits may be terminated if I or any member of my household engages in drug related criminal activity or in any violent criminal activity, which includes any felony criminal activities that have as one of their elements the use, attempted use, or threatened use of physical force against the person or property of another.

14. I understand that my benefits will be terminated permanently if I am convicted of manufacturing or producing methamphetamines in a federally-assisted unit, OR for any duration of time that I am required to register as a sex offender. This may also be applicable to other household members.

I have read and understand the obligations and responsibilities listed above regarding my participation in the voucher program, and I and my family agree to abide by the rules and

regulations as stated by my Landlord and the Pensacola Housing Department.

Head of Household _____ Date _____

Spouse /Co-Head of Household _____ Date _____

Other Adult _____ Date _____

Other Adult	Date
-------------	------



Obligations of the Family

A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.

B. The family must:

1. Supply any information that the Housing Agency (HA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the HA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.
5. Allow the HA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the HA and the owner in writing before moving out of the unit or terminating the lease (A minimum 30 days in advance is required).
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the HA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request HA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the HA in writing if any family member no longer lives in the unit.
11. Give the HA a copy of any owner eviction notice.
12. Pay utility bills and supply appliances that the owner is not required to supply under the lease. If applicable, the PHA may make utility reimbursement payments to your utility company on your behalf. You will still be responsible and must pay the balance of the amount due each month.

C. Any information the family supplies must be true and complete.

D. The family (including each family member) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corruption or criminal act in connection with the program.
4. Participate in illegal drug or violent criminal activity.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive Housing Choice Voucher tenant-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

Other Adult _____ Date _____