



GLENWOOD HRA

GLENHAVEN MANOR

507 5th Street SE
Glenwood, MN 56334
Phone: 320-634-3655
glnwdhra@gmail.com

Dear Applicant:

Thank you for your inquiry regarding Glenhaven Manor in Glenwood, MN. Glenhaven Manor is a public housing project funded through the Department of HUD - all units are one-bedroom town-home style (entrance from outside). There are income restrictions (see attached income limit chart) and rent is based upon 30% of a household's adjusted income. Adjustments to gross income include \$400 standard deduction for elderly (62 years and older) or disabled. Income from assets includes actual income earned from the asset (e.g. interest on savings, etc.) except for assets exceeding \$5,000, it's the greater of actual asset income or .81% of assets (HUD imputed rate).

Utilities included in the rent are electricity, water/sewer, garbage, and heat. Current charge for cable TV is \$30.00 per month which is paid directly to Glenhaven Manor as we receive a lump-sum billing for the whole project. Cable service will be ending March 1st. Telephone and internet is up to each individual resident. Each resident moving into an apartment is **not allowed to smoke in their apartments**. Pets are allowed but only in accordance with our Pet Policy. The Pet Policy limits the number of pets to two and there is a \$200 per pet deposit required. The damage deposit is \$300.

Enclosed per your request is an application packet for your reference. The waiting list is organized with preferences first to elderly/disabled persons, next is near elderly (50 years and older), and then all others. If you have any questions, do not hesitate to contact me at 320-634-3655.

Sincerely,

HOUSING AND REDEVELOPMENT AUTHORITY
OF GLENWOOD, MN

A handwritten signature in black ink that reads "Hailey Rostad". The signature is written in a cursive style.

Executive Director

A handwritten name in black ink that reads "Hailey Rostad". The name is written in a cursive style.



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APPLICATION FOR ADMISSION

Name: _____ **Date:** _____ **Time** _____
Address: _____ **Race:** _____
City/State/Zip Code: _____ **Hispanic:** Yes _____ No _____
Telephone: Home _____ Work _____ Cell _____
Friend or relative to contact if we are unable to reach you: _____
Phone: _____

Family Composition: (List all household members who live or will live in the unit. Indicate if any member is a full-time student or foster child.)

LAST NAME, FIRST, MIDDLE INITIAL	RELATIONSHIP TO HEAD	SEX	BIRTH DATE	SOCIAL SECURITY NUMBER	BIRTHPLACE (CITY/STATE/COUNTRY)
			/ /		
			/ /		
			/ /		

INCOME: (List all income for household members. Include full and part-time employment, self-employed earnings, unemployment, welfare, social security, SSI, pensions, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental property, earned income tax credits, Armed Forces Reserve income, scholarships and/or grants, net income from operation of a business, etc.)

HOUSEHOLD MEMBER #	SOURCE OF INCOME	GROSS INCOME
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

ASSETS: (Check "yes" or "no" on all the following lines. If "yes" enter the amount or value of the assets, and the current income from the asset.)

	<u>Yes</u>	<u>No</u>	<u>Amount/Value</u>	<u>Int. Rate/Div.</u>	<u>Institution</u>
Cash on hand over \$100	_____	_____	_____	_____	_____

Checking Accounts	_____	_____	_____	_____	_____
Savings Accounts	_____	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____	_____
Certificates of Deposit	_____	_____	_____	_____	_____
Annuities	_____	_____	_____	_____	_____
Money Market Funds	_____	_____	_____	_____	_____
IRA Accounts	_____	_____	_____	_____	_____
	<u>Yes</u>	<u>No</u>	<u>Amount/Value</u>	<u>Int. Rate/Div.</u>	<u>Institution</u>

Stocks/Bonds/Mutual Funds	_____	_____	_____	_____	_____
U.S. Savings Bonds	_____	_____	_____	_____	_____
Contract for Deed	_____	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____	_____
Business Assets	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

Have you disposed of any assets for less than Fair market value in the past two years?

No _____ Yes _____

If yes, date of disposal _____ Amount received _____

Fair Market Value at time of disposal \$ _____

MEDICAL EXPENSES: (Complete this section only if head of household or spouse is elderly, disabled, or handicapped.)

	Yes	No
Do you receive Medicare benefits?	_____	_____
Do you receive medical assistance through welfare?.....	_____	_____
Do you pay for additional medical insurance?..... (Blue Cross/AARP, etc.)	_____	_____
Are all of your medical expenses covered by insurance or outside sources?	_____	_____
If "no", indicate which expenses are paid by you:		
Prescription drugs	_____	_____
Outstanding medical bills.....	_____	_____
Other: _____	_____	_____
_____	_____	_____

Do you have any expenses for attendant care or special apparatus for a disabled or handicapped household member that is necessary for a household member to be employed? (Do not consider expenses paid to a family member or expenses reimbursed by outside sources).....

REFERENCES:

Have you or any member of your household lived in any subsidized housing?

Yes _____ No _____ If yes, list address below:

_____ **Period of time:** _____ **to** _____

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes _____ No _____ If yes, explain below:

Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes _____ No _____ If yes, explain below:

Have you had utility service in your name at a previous address: Yes _____ No _____ If yes, list utility company name and your previous address below:

Please list the following information on rental units where you have lived for the past five (5) years or other places where you have lived for the past five (5) years. Please list in chronological order (most recent to the oldest).

Address of Unit: _____
Owner's Name: _____
Owner's Address: _____

Date occupied: From _____ To _____ Owner Tel. No. _____

Address of Unit: _____
Owner's Name: _____
Owner's Address: _____

Date occupied: From _____ To _____ Owner Tel. No. _____

Address of Unit: _____

Owner's Name: _____

Owner's Address: _____

Date occupied: From _____ To _____ Owner Tel. No. _____

Address of Unit: _____

Owner's Name: _____

Owner's Address: _____

Date occupied: From _____ To _____ Owner Tel. No. _____

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information* given to the Housing and Redevelopment Authority of Glenwood, Minnesota (aka Glenwood HRA and Glenhaven Manor) on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or other Adult Household Member

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot line at 800-424-8590.

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



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FEDERAL PRIVACY ACT NOTICE

for the
Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and
Public and Indian Housing Programs

PURPOSE: Household income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the household must pay toward rent and utilities.

USE: HUD uses household 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 furnished. HUD or a Public Housing Agency/Indian Housing Authority may conduct a computer match to verify the information you provided. 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 Public Housing Agency/Indian Housing Authority, including all social security numbers assigned and used by you, and all other household members age six (6) years and older. Giving the social security numbers of all household members six (6) years of age and older is mandatory, and failure to provide 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.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the Public Housing Agency/Indian Housing Authority: the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household member at least six (6) year old.

I read this Federal Privacy Act Notice in its entirety on _____ (date).

Signature of Head of Household or Spouse: _____.

Printed / Typed Name: _____.

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

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

- 2/ **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) of 101 (a)(20) of INA.** A non citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non citizen admitted under §§210 or 210A of the INA (8 U.S.C. 11160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182 (d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995, HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Sign and date at bottom of page. Place and "X" in the box below the signature of the signature is by the adult residing in the unit who is responsible for Child.



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CRIMINAL RECORD SEARCH CONSENT

TO: _____ RE: _____
County Sheriff Name (Last, First, Middle and Maiden/Alias)

Attn: Record's Department _____
Social Security Number Date of Birth

Driver's License Number

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.
Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances, which would require the owner to verify information that is over 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature Date

THIS SECTION TO BE COMPLETED BY ADMINISTRATIVE/RECORDS OFFICE

The Glenwood Housing and Redevelopment Authority is requesting information for the purpose of admission for housing. Please answer the following questions pertaining to the individual listed above.

- Any serious or repeated criminal activity over the past three (3) years? Yes No
If yes, Date(s) of offense(s): _____
Nature of crime: _____
- Any felony convictions in the past five (5) years? Yes No
If yes, Date(s) of offense(s): _____
Nature of crime: _____
- Any drug related activity? Yes No
If yes, Date(s) of offense(s): _____
Nature of crime: _____
- Any criminal activity which included the use of firearms or weapons? Yes No
If yes, Date(s) of offense(s): _____
Nature of crime: _____

5. Any gang related activity? Yes No
 If yes, Date(s) of offense(s): _____
 Nature of crime: _____
6. Any fraud convictions for Public Assistance, etc? Yes No
 If yes, Date(s) of offense(s): _____
 Nature of crime: _____
7. Is this person subject to a registration requirement under a State sex offender registration program? (Any Registration Level) Yes No If yes, Dates of registration: _____ Level: ____
8. Has the person been incarcerated within the past three (3) years? Yes No
 If yes, Date(s) of incarceration _____
 Nature of crime: _____
9. Are there any pending charges? Yes No
 If yes, Date(s) of offense(s): _____
 Nature of crime: _____
10. Are there any warrants outstanding? Yes No
 If yes, which city/count: _____
 Nature of crime: _____
11. Is this person currently on probation? Yes No
 If yes, where: _____
 Nature of crime: _____

Any comments: _____

Signature _____
 Print your name _____ Title _____
 Company Name _____
 Date _____ Address _____
 Tel. # _____ Fax # _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA 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 verification 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 PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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 10/31/2019.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

GLENWOOD HOUSING AND
REDEVELOPMENT AUTHORITY
507 5TH STREET SOUTHEAST
GLENWOOD, MN 56334

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

Signature

Date

Printed Name

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

GLENWOOD HOUSING AND REDEVELOPMENT AUTHORITY

507 5TH STREET SOUTHEAST

GLENWOOD, MN 56334

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.