



## BINGHAMTON HOUSING AUTHORITY

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35 Exchange Street, Binghamton, N.Y. 13901-3801. Phone (607)723-9491. Fax (607)722-5031

Jean Westcott, Executive Director

Enclosed are your Recertification forms. *Please be sure to read and follow all instructions.*

Please Fill out, sign and return ALL the forms.

Be sure that ALL household members **18 years of age and older** (*including anyone who will be 18 by the Anniversary of your move in date*) sign the forms in the appropriate places.

**PLEASE DO NOT LEAVE ANYTHING BLANK.**

If something does not apply to you, be sure to mark that area as N/A.

IF you do not sign every document, it will be returned to you and potentially delay your lease renewal.

Any delay in completion of your recertification forms could result in insufficient notice of any rent changes to you.

Failure to comply with the recertification process is a violation of your lease and could be cause for eviction.

Thank you,

Binghamton Housing Authority

Recertification Office



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Jean Westcott, Executive Director

### **IMPORTANT: PLEASE READ AND FOLLOW INSTRUCTIONS ON COMPLETING RECERTIFICATION FORMS**

**FAMILY COMPOSITION SECTION:** beginning with the Head of Household, list **ALL** persons residing in the unit. You must provide the **complete** information requested for each member of the household. Head of Household must sign and date this section. Do not forget to give the address and phone number.

**FAMILY INCOME SECTION:**

**Employment:** You must give the name **and** address of the employers of everyone 18 and over.

**Income:** ALL income must be listed regardless of age of household members. It is extremely important to provide the name(s) and address(s) of the source of all pensions, compensation or other income and also alimony or child support that is received directly from ex-spouse or absent parent.

**Assets:** You must give the name **and** address of the bank or company you have accounts with. DO NOT send original statements-they will NOT be returned. **COPIES OF YOUR RECENT BANK STATEMENTS ARE REQUIRED!!!!** Please send ONE statement per account.

**Expenses-Child care:** You will not be allowed the deduction for out of pocket child care expenses if you do not provide the **complete** name **and** address of your child care provider.

**Expenses-Elderly and/or Disabled:** You will not be allowed the deduction for out of pocket medical expenses if you do not provide the **complete** name(s) **and** address(s) where required. DO NOT send original receipts-they will NOT be returned. Please do not send receipts or statements for services if you have listed the names and addresses of the providers. You will need to send statements and receipts for services such as hearing aids, eyeglasses and medical transportation.

**The Head of Household MUST sign and date all pages.** All other ADULT members must sign and date where required. Anyone who is under 18 but will turn 18 before the effective date of your recertification must sign as well.

**Community Service Exemption Certification:** Each household member 18 to 62 years old **MUST** fill out and sign this form. This includes anyone who is under 18 that will turn 18 before the effective date of your recertification. Each member must sign even if none of the exemptions apply to them, if none apply to that member they must state that. NO ONE will be considered exempt if they do not sign **AND** return the certification or if they do not provide the required information and will be required to complete the community service requirement.

**It is your responsibility to complete these forms in a timely manner. Any incomplete forms will be returned to you to be completed. Any delay in processing your recertification *could* result in non-renewal of your lease and/or eviction.**

If you have any problems filling out or have questions on how to fill out your recertification papers, please call Heather Stevenson, Recertification Clerk, at 723-9491 Ext. 124.

### **REMINDER**

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

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

You are considered to be committing fraud if you sign a form knowing that you provided false or misleading information. The information you provide on housing assistance application and recertification forms **will** be checked. The local housing agency, HUD, or the Office of Inspector General **will** check the income and asset information you provide with other Federal, State, or local governments and with private agencies.

***CERTIFYING FALSE INFORMATION IS FRAUD.***

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SS.

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**FAMILY INCOME: LIST BELOW ALL PERSONS WHO HAVE WORKED IN ANY CAPACITY, FULL OR PART-TIME, IN THE PAST 12 MONTHS**

MEMBER NAME	EMPLOYER NAME AND ADDRESS	GROSS PAY

IS ANY MEMBER RECEIVING	Y / N	MONTHLY AMOUNT	MEMBER NAME(S)	NAME AND ADDRESS OF SOURCE - OR - PROVIDE COPY OF BENEFIT LETTER
PUBLIC ASSISTANCE (CASH)				
FOOD STAMPS				
SOCIAL SECURITY				
SSI				
UNEMPLOYMENT				
COMPENSATION				
PENSIONS				
ALIMONY/CHILD SUPPORT				
OTHER				

DOES ANY MEMBER HAVE THE FOLLOWING ASSETS?	Y / N	CURRENT BALANCE OR VALUE	COPY OF STATEMENT REQUIRED BANK OR COMPANY NAME AND ADDRESS	MEMBERS NAME(S)
SAVINGS ACCOUNT				
CHECKING ACCOUNT				
CERTIFICATE OF DEPOSIT				
IRA RETIREMENT FUND				
STOCKS				
BONDS				
REAL ESTATE				
RECREATIONAL VEHICLES				
OTHER				

**CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE**

I hereby certify that during the two-year (24 month) period preceding the effective date of my examination of eligibility, or continued eligibility, for Public Housing and/or Section 8 Housing Program participation that:

\_\_\_\_\_ **I have not** disposed of any assets for less than Fair Market value.

\_\_\_\_\_ **I have** disposed of the asset(s) described below:

The asset(s) I/we disposed of was/were: \_\_\_\_\_

The fair market value of the asset(s) I/we disposed of was/were: \_\_\_\_\_

The amount(s) received for the asset(s) I/we disposed of was/were: \_\_\_\_\_

**EXPENSES: IT IS YOUR RESPONSIBILITY TO PROVIDE COMPLETE INFORMATION**  
**Deductions for expenses will not be calculated if information is incomplete!**

Do you have out of pocket child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? \_\_\_\_yes \_\_\_\_no. If yes, provide name, address and phone number of child care provider: \_\_\_\_\_

What is your monthly out of pocket expense for child care? \$ \_\_\_\_\_

**(THE FOLLOWING ARE FOR ELDERLY AND/OR DISABLED TENANTS ONLY)**

Do you have out of pocket medical expenses? \_\_\_\_yes \_\_\_\_no. If yes, please list below.

Prescriptions? Monthly amount \$ \_\_\_\_\_ Name & address of pharmacy(s) \_\_\_\_\_

Doctor bills? Monthly amount \$ \_\_\_\_\_ Name & address of doctor(s) \_\_\_\_\_

Hospital bills? Monthly amount \$ \_\_\_\_\_ Name & address of hospital(s) \_\_\_\_\_

Medical insurance or prescription plan cost? Monthly amount \$ \_\_\_\_\_ Name & address of insurance company(s) or plan provider(s) \_\_\_\_\_

Spend Down program with DSS? Monthly amount \$ \_\_\_\_\_

You can also claim other medical expenses such as hearing aids, eyeglasses and medical transportation by providing copies of statements of charges.

**PERSONAL INFORMATION:**

Has any member of your household ever been convicted of a crime (not traffic violations)? YES \_\_\_\_\_  
NO \_\_\_\_\_ If yes, who and  
explain: \_\_\_\_\_

Is anyone expecting a baby? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, who and when? \_\_\_\_\_

Do you anticipate any changes in your family composition? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any member of your household now serving in the military service? If yes, who? \_\_\_\_\_  
\_\_\_\_\_

Does any family member claim eligibility or benefits based on a disability? \_\_\_\_\_ yes \_\_\_\_\_ no.  
If yes, who? \_\_\_\_\_

Does any member require special accommodations? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, who and what  
accommodations? \_\_\_\_\_

\*\*\*\*\*  
**WARNING!** TITLE 18 SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY  
OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT  
OR AGENCY ABOUT ANY MATTER WITHIN ITS JURIDICITION.

**NOTICE:** ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY  
FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE INFORMATION OR ENTER FRAUD (AND  
ANY ACT OF PROVIDING ASSISTANCE TO SUCH ATTEMPTS) IS A CRIME UNDER NEW YORK STATE  
CODE.

**NOTICE:** THE QUALITY HOUSING AND WORK RESPONSIBILITY ACT OF 1998 REQUIRES THAT ALL  
NON-EXEMPT (SEE DEFINITIONS) PUBLIC HOUSING ADULT RESIDENTS (18 OR OLDER) CONTRIBUTE  
EIGHT (8) HOURS PER MONTH OF COMMUNITY SERVICE (VOLUNTEER WORK) OR PARTICIPATE IN  
EIGHT (8) HOURS PER MONTH OF TRAINING, COUNSELING, CLASSES OR OTHER ACTIVITIES THAT HELP  
AN INDIVIDUAL TOWARD SELF SUFFICIENCY AND ECONOMIC INDEPENDENCE. THIS IS A  
REQUIREMENT OF THE PUBLIC HOUSING LEASE.

**AFFIRMATION:** BY MY/OUR SIGNATURE(S) BELOW I/WE CERTIFY THAT I/WE HAVE READ AND  
ACKNOWLEDGE THE ABOVE WARNINGS AND NOTICES, AND THAT I/WE HAVE PROVIDED ALL THE  
INFORMATION REQUIRED AND REQUESTED IN ORDER TO COMPLETE THE RECERTIFICATION IN A  
TIMELY MANNER, AND THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE TO THE  
BEST OF MY/OUR KNOWLEDGE.

_____ Head of Household Signature	_____ Date	_____ Spouse Signature	_____ Date
_____ Other Adult Signature	_____ Date	_____ Other Adult Signature	_____ Date
_____ Other Adult Signature	_____ Date	_____ Other Adult Signature	_____ Date
_____ Other Adult Signature	_____ Date	_____ Other Adult Signature	_____ Date



## BINGHAMTON HOUSING AUTHORITY

35 Exchange Street, P.O. Box 1906, Binghamton, NY 13902 . Phone (607) 723-9491 . Fax (607) 722-5031  
Jean Westcott, Executive Director

### RELEASE OF INFORMATION

#### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to **THE BINGHAMTON HOUSING AUTHORITY**, any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Public Housing and/or to obtain or enforce a judgment affiliated with my public housing tenancy. I understand and agree that this authorization or the information obtained with its use will be used by the **BHA** in conjunction with my public housing tenancy.

#### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Previous landlords (including Public Housing Agencies)	Past and present employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers & Credit Bureaus
Law Enforcement Agencies	Medical & Child Care Providers	Utility Companies

#### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization or a photocopy of the authorization shall be valid as the original and no restrictions shall be placed upon this authorization by virtue of the date of this authorization.

Signatures:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## ADDITIONAL ADULT CERTIFICATION

The Binghamton Housing Authority Lease Agreement and Tenant Handbook state that no adult person(s) other than those listed on the lease and application shall live/stay in the unit other than on a temporary basis not to exceed 14 cumulative days per year. If any guest or visitor stays more than 3 days at a time, the Tenant must notify the Authority in writing. This is to insure that the monthly rent is accurately calculated according to the total monthly income of the household unit.

If an adult person(s) not listed on the lease and application shall stay/live in the unit during the term of the lease, I understand that they must be approved by Binghamton Housing Authority. I realize that failure to do this could result in an eviction, and possible theft and fraud charges under state and federal law.

I understand the above statement. There is no other adult living/staying in the unit, other than those named on the lease and application.

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Head of Household

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Date

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BHA Official/Representative

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Date



## **APPLICANT/TENANT CERTIFICATION**

### **Giving True and Complete Information**

I certify that all the information provided on household composition, income family assets, and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

### **Reporting Changes in Income or Household Composition**

I know I am required to report immediately in writing any change in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

### **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### **No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

### **Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings and completing and signing need forms. I understand failure or refusal to so may result in delays, termination of assistance, or eviction.

### **Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

### **Signature of All Household Adults**

- 1) \_\_\_\_\_ Date \_\_\_\_\_
- 2) \_\_\_\_\_ Date \_\_\_\_\_
- 3) \_\_\_\_\_ Date \_\_\_\_\_
- 4) \_\_\_\_\_ Date \_\_\_\_\_
- 5) \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT FOR RELEASE OF CRIMINAL CONVICTION RECORDS

The Binghamton Housing Authority is authorized to obtain criminal conviction records from a law enforcement agency. The Authority may use criminal conviction records to screen applicants in accordance with HUD regulations, enforce lease provisions, or in connection with eviction proceedings. In the screening of applicants, the Authority shall perform criminal history background checks in the State of New York, where the housing is located, and in any other states where household members are known to have resided. This screening includes but is not limited to, review of lifetime registration of sex offender status and convictions for drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.

By execution of the consent form, an adult household member consents that:

- Any law enforcement agency may release criminal conviction records concerning the household member to a PHA in accordance with HUD regulations:
- The PHA may receive the criminal conviction records from a law enforcement agency and may use the records in accordance with HUD regulations.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**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 HA's 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 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.

Uses 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 \$5000.

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.

## HUD – 9886 Authorization for Release of Information/Privacy Act Notice

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)

PHA requesting release of information; (Cross out space if none)

Binghamton Housing Authority  
PO Box 1906  
36 Exchange Street  
Binghamton, NY 13901

**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; (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.

**Use 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 the 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 member joining the household or whenever members of the household become 18 years of age.

And Urban Development

Office of Public and Indian Housing

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

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) leasing 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.

## Supplemental and Optional 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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.

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**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.



## HUD-9887/A Fact Sheet

### Verification of Information Provided by Applicants and Tenants of Assisted Housing

*Please complete and return*

#### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

#### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

#### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

#### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):

**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HUD to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date



## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

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Name of Applicant or Tenant (Print)

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Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

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Name of Project Owner or his/her representative

---

Title

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Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.





## 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.

This Notice was provided by the below-listed PHA:

BINGHAMTON HOUSING AUTHORITY  
35 EXCHANGE ST/PO BOX 1906  
BINGHAMTON, NY 13902

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

Signature

Date

Printed Name

Please Complete and return  
EMERGENCY INFORMATION FORM

Please print or type the following information:

Name \_\_\_\_\_ SITE & APT. \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

=====

List person to be contacted in the event of an emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

=====

Church and Clergy Person (Optional) \_\_\_\_\_

=====

Do you have any of the following?

Respiratory Apparatus (oxygen) Yes/No

Lifeline Yes/No

Pacemaker Yes/No

Hearing Aid Yes/No

Wheelchair Yes/No

Aide Service Yes/No

Provider Name \_\_\_\_\_



=====

In case of vacated unit or death, please list responsible party to remove your personal property from the apartment and sign an intent-to-vacate form on your behalf.

On your death, only the person(s) listed below will be allowed access into your apartment.

Name \_\_\_\_\_ Same as above emergency contact \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Same as above emergency contact \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

The information below, is given voluntarily, it is not a requirement

List all Medications:

	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage
	Dosage



List all Allergies:


Is there any other information we should know in the event of an emergency?


Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

--

*Please complete and return*

**EMERGENCY EVACUATION ACCESSIBILITY CONSENT FORM**

According to the U.S. Department of Housing and Urban Development, the Binghamton Housing Authority is to inform residents that with the resident's consent, they will provide information to the fire department that identifies residents with special needs in case of an emergency evacuation.

The resident can decide whether they want the Binghamton Housing Authority to provide this information to the fire department. The Binghamton Housing Authority may share this information with the local fire and police departments provided consent is given.

\_\_\_\_\_ A member of my household named \_\_\_\_\_  
**REQUIRES** special assistance in the event of an emergency evacuation, and I hereby **CONSENT** to allow the Binghamton Housing Authority to share this information with the local fire and police departments.

\_\_\_\_\_ A member of my household **DOES NOT REQUIRE** special assistance in the event of an emergency evacuation, and therefore I **DO NOT CONSENT** to allow the Binghamton Housing Authority to share this information with the local fire and police departments.

**Tenant Signature:** \_\_\_\_\_

**Tenant Name (Please Print)** \_\_\_\_\_

**Apartment #** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SITE MANAGEMENT OFFICE :**

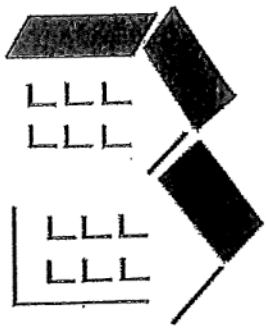




*\* Each Adult  
must Sign \**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RHIP**

**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

***What You Should  
Know About EIV***

**A Guide for Applicants & Tenants of  
Public Housing & Section 8 Programs**

**What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

**What information is in EIV and where does it  
come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

**What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only one home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

**Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.***

**What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB, income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website, at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identify Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/dhcr/oig/programs/pbi/ivlvcfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## BINGHAMTON HOUSING AUTHORITY

35 Exchange Street, Binghamton, N.Y. 13901-3801. Phone (607)723-9491. Fax (607)722-5031

Jean Westcott, Executive Director

### Community Service Exemption Certification

**EACH AND EVERY HOUSEHOLD MEMBER MUST COMPLETE THIS FORM. This includes anyone that will be at least 18 years of age by the 1<sup>st</sup> of the recertification month.**

**ANYONE NOT COMPLETING THIS FORM OR THAT DOES NOT PROVIDE REQUIRED VERIFICATION WILL BE CONSIDERED NON-EXEMPT AND WILL BE REQUIRED TO PROVIDE VERIFICATION OF COMPLETED COMMUNITY SERVICE REQUIREMENT**

- ( ) I am 62 or older (*no verification required*)
- ( ) I have a disability that prevents me from working (**VERIFICATION REQUIRED: complete name and address of Doctor that can verify disability HOWEVER no verification needed if you are receiving SS disability or VA pension disability**)
- ( ) I am the caretaker of a disabled adult who is a resident of Public Housing (**VERIFICATION REQUIRED: must request Caretaker Verification form from the office**)
- ( ) I am working at least 20 hours per week (**VERIFICATION REQUIRED: must provide pay stubs with complete name and address of employer**)
- ( ) I am participating in a Welfare To Work Program and/or receiving SNAP (**VERIFICATION REQUIRED: must provide a letter from the agency or budget worksheet.**)
- ( ) I am receiving TANF **and** am participating in a required economic self-sufficiency program or work activity (**VERIFICATION REQUIRED: must provide verification from the funding agency that you are complying with job training or work requirements**)
- ( ) I am a full-time student (**VERIFICATION REQUIRED: must provide a verification letter from school on school letterhead showing complete name and address of school**)
- ( ) I am currently enrolled in a GED Program (**VERIFICATION REQUIRED: must provide verification letter from the school that student is meeting satisfactory attendance on school letterhead showing complete name and address of school**)
- ( ) None of the above apply and I acknowledge that I am not exempt

Signature of Applicant/Resident

Date signed

.....  
BHA USE ONLY

Verification of Exemption determined by documents/forms \_\_\_\_\_

Occupancy/Recertification

Date