



Public Housing Application

Office of Housing and Community
317 Caldwell Street Extension
Chapel Hill, NC 27516
(919) 968-2850
townofchapelhill.org

Thank you for your interest in the Town of Chapel Hill's Public Housing Program. The purpose of this application is to determine your eligibility for our program. If you have any questions, please call us at (919) 968-2850.

Can I Apply For Public Housing?

You can apply if your household's annual gross income is within the limits established for this area by the U.S. Department of Housing and Urban Development (HUD).

Your household must apply as a family. An eligible family is one or more persons who live together, including adults without children, adults with children or a single individual. An elderly family is one with at least one person who is 62 or older and may include unrelated elderly, disabled, or handicapped persons living together.

How Do I Apply?

1. Complete all sections of the application.
2. Sign and date the application.
3. Attach copies of all required documents. If your application is incomplete, we will return it to you. We cannot process incomplete applications.
4. Bring or mail your completed application and all required documents to:
Town of Chapel Hill
Public Housing
317 Caldwell Street Extension
Chapel Hill, NC 27516

At this time, you cannot submit your application by fax or email.

If your application is approved, we will put your name on a waiting list based on the date and time your application was received and [Chapel Hill's local preferences](#).

If your application is denied, you can request an appeal. Call us at (919) 968-2850 to make an appointment with the Housing Director.

ANY CHANGES TO YOUR APPLICATION MUST BE DONE IN WRITING.

Required Documents

1. Original Birth Certificates for all family members.
2. Social Security Cards for all family members.
3. Marriage License (if applicable).
4. Verification of all preferences claimed (see page 5).
5. DMV License or state issued picture identification for all adult family members.
6. Custody and/or guardianship documents of minor child(ren) who are not your birth child(ren).
7. Proof of eligible immigrant status (see page 9). At least one family member must be a citizen, national or noncitizen with eligible immigration status in order for the family to qualify for any level of assistance. Law: 24CFR 5.504(b) and 5.520(d).
8. Documentation of dismissal of criminal charges, expungement, drug and alcohol rehabilitation, completion of probation requirements, or items that are currently being appealed (if applicable).
9. Documentation about neighborhood disturbances, destruction of property, and/or housekeeping violations at prior residences (if applicable).



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What is the Application Approval Process?

Before your household is approved for placement on the waiting list, we review factors about your household that could include the following: criminal history, tenant history, and debt owed to a public housing agency and/or Section 8 termination.

How Will a Criminal History Be Reviewed?

Criminal history within your household may be a factor in whether we can put you on the waiting list. This may include convictions, pleas and/or judgments related to criminal offenses, and/or involvement in clearly established criminal activity for which a discretionary exclusion period exists. **Criminal history will not automatically make your household ineligible for public housing.** We will determine waitlist eligibility case-by-case and take into account things like efforts to rehabilitate, pending appeals, or absence of criminal activity since any convictions.

To determine whether you or someone in your household has a criminal history, we'll consider the following: applicant's admission, sentencing records, probation records or a criminal conviction. A criminal charge that results in a deferred prosecution, prayer for judgment or other plea arrangement may also be a sufficient basis for establishing that criminal activity occurred. We might request additional corroborating or exclusionary documents or information that might help determine whether criminal activity occurred.

A criminal charge that is dismissed for lack of sufficient evidence or lack of probable cause does not provide a sufficient basis that specific criminal activity occurred and cannot be used to deny housing.

What Are Preferences?

The Town of Chapel Hill has "local preferences" for its public housing program. This means we give priority placement on the waiting list to families/individuals who are in one or more of the following categories:

- working,
- elderly,
- disabled,
- homeless,
- US veterans,
- paying 50% or more of their total income on rent and utilities,
- domestic violence survivors or the involuntarily displaced.

Orange County, NC residents have a higher preference than do applicants who reside outside of Orange County, NC. If you live outside of Orange County, you will be considered along the same criteria for the other categories of preferences.



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OFFICE USE ONLY

Bedroom Size _____
 Date to PD _____
 APPL# _____
 Disabled _____
 Total Income _____

DATE: ____/____/____ TIME: ____:____ AM / PM

If any of the information on this application changes (address, income, birth or death of a family member, removal of a family member on your application, loss of a job, etc.), **you must notify us in writing within 10 days of the change.**

If you do not notify us of address changes and we cannot contact you by mail, we will have to withdraw and remove your application from our waiting list. If our mail to you is returned by the post office, your application will be withdrawn. **ELECTRONIC (fax, email, etc.) APPLICATIONS ARE NOT ACCEPTED.**

PART ONE: FAMILY COMPOSITION

List all persons who will be living with you (including yourself).

Full Name (as noted on Social Security Card)	Relationship To Head	Date of Birth MM/DD/YY	Age	Sex M/F	Race	Social Security Number
1.	Head	/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
2.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
3.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
4.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
5.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
6.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
7.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
8.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	

Are there any additional family members? Please check here _____ and attach a separate page with application.

Part Two: Residency

Current Street Address

City

State

Zip

What county do you live in?

Home Telephone Number

Email Address

Work Telephone Number

Mailing Address (if different from physical address)

City

State

Zip

Part Three: Demographic & Accommodations

- 1. Ethnicity:** Hispanic ___ Non-Hispanic ___
- 2. What is your principal language?** _____
- 3. Are you a prior Town of Chapel Hill Public Housing resident?** Yes ___ No ___
If yes, what is your former public housing address?

- 4. Marital Status:** Single ___ Married ___ If married, please provide maiden name: _____
Divorced ___ Widowed ___ Separated ___
If you are married, will your spouse live with you? Yes ___ No ___
If not now, will your spouse live with you anytime in the future? Yes ___ No ___
- 5. Do all the children listed on this application live with you?** Yes ___ No ___
If no, please explain:

- 6. Are any family members pregnant?** Yes ___ No ___ If yes, what is the due date? _____
- 7. Do you or any member of your household need a unit with accessible features due to a disability or handicap?** Yes ___ No ___ If yes, what accessibility feature is needed (ex: wheelchair access, etc.)?

- 8. Do you or any member of your family require special living conditions due to a disability or handicap?** Yes ___ No ___ If yes, please describe how we can best assist you:

Part Four: Preference Information

Preference means we give priority placement on the waiting list to applicants who qualify for a specific preference category. **The following information is critical and will determine your position on the waiting list.** Make a checkmark to the left of all the preferences below that apply to you. Attach the required documents listed to the right of any preferences you check so we can verify your selection.

Note: Your position on the “waiting list” is affected by the number of applications we receive that have identified preferences. Your position can change every time we receive additional applications.

SELECTION ORDER

Use the following list if **you currently live IN Orange County, NC.**

Local Preference #1 – Orange County Residents		Required Documents (Please Attach)
<input type="checkbox"/>	Employed	Copies of your 2 most recent pay stubs
<input type="checkbox"/>	Paying 50% of your income for rent and/or utilities (water, gas, and power)	Receipts for 3 months
<input type="checkbox"/>	Involuntarily Displaced	Fire report, Health Department report, etc.
<input type="checkbox"/>	Elderly (62 years or older)	Birth certificate
<input type="checkbox"/>	Homeless	Letter from shelter, Case Management Support Letter, etc.
<input type="checkbox"/>	US Military Veteran	Military Identification Card or DD-214
<input type="checkbox"/>	Disabled (you or someone in your household)	Current award letter
<input type="checkbox"/>	Victim of Domestic Violence	Police Record, Court Record, Violence Center, etc.

Use the following list if you **currently live OUTSIDE of Orange County, NC.**

Local Preference #2 – Outside of Orange County Residents		Required Documents (Please Attach)
<input type="checkbox"/>	Employed	Copies of your 2 most recent pay stubs
<input type="checkbox"/>	Elderly (62 years or older)	Birth certificate
<input type="checkbox"/>	Disabled (you or someone in your household)	Current award letter
<input type="checkbox"/>	Paying 50% of your income for rent and/or utilities (water, gas, and power)	Receipts for 3 months
<input type="checkbox"/>	Involuntarily Displaced	Fire report, Health Department report, etc.
<input type="checkbox"/>	US Military Veteran	Military Identification Card or DD-214
<input type="checkbox"/>	Homeless	Letter from shelter, Case Management Support Letter
<input type="checkbox"/>	Victim of Domestic Violence	Police Record, Court Record, Violence Center, etc.

Part Five: Income Information

Are you or any family member listed on the application employed? Yes No

If yes, please complete the information below and attach your 2 most recent pay stubs. If not, skip to the income chart below it.

Name of Person Employed	Employer Name, Address and Phone Number	Start Date	Amount of Gross Income			# Of Work Hours Per Week
			Monthly	Weekly	Hourly	

Please put a checkmark beside other sources for income in your household and fill out the information to the right of any source you check.

	Income Source	Recipient	Monthly Amount
<input type="checkbox"/>	Public Assistance (TANF)		
<input type="checkbox"/>	Child Support		
<input type="checkbox"/>	Social Security Benefits		
<input type="checkbox"/>	Disability Benefits (SSI)		
<input type="checkbox"/>	Retirement Benefits		
<input type="checkbox"/>	Pension		
<input type="checkbox"/>	Survivor Benefits		
<input type="checkbox"/>	Unemployment Benefits		
<input type="checkbox"/>	Workers Compensation		
<input type="checkbox"/>	SNAP (Food Stamps)		
<input type="checkbox"/>	Other: _____		

Other Comments:

Part Six: Other Information

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO INTENTIONALLY MAKE FALSE STATEMENTS OR MISREPRESENTATION ON THIS APPLICATION.

1. **Have you ever used more than one Social Security Number?**
 Yes No If yes, what is the other number? _____
2. **Do you currently owe any money to any housing assistance program (ex. Public Housing, Section 8, etc.)?**
 Yes No If yes, what is the name of the agency? _____
NOTE: If you owe money to any housing assistance program, you must pay the balance before we can accept your application.
3. **Have you ever received documentation about your conduct as it relates to neighborhood disturbances, destruction of property, or housekeeping violations at prior residences?**
 Yes No If yes, please explain and attach all relevant documentation: _____

4. **Have you ever committed fraud in any housing assistance program or were requested to repay money for knowingly misrepresenting information to such housing programs?**
 Yes No If yes, please explain: _____

5. **Have you, or any family member listed on the application, engaged in illegal drug activity, including the use, possession, sale, manufacture or distribution of a controlled or counterfeit substance (examples; heroin, marijuana, codeine, and other illegal drugs)?**
 Yes No If yes, please explain and attach documentation of disposition (outcome) and completion of rehabilitation: _____

6. **Have you or any family member listed on the application been convicted of any criminal activity?**
 Yes No If yes, please explain and attach documentation of disposition (outcome) of case: _____

7. **Have you or any family member listed on the application ever been convicted of the manufacture or production of methamphetamine (speed)?**
 Yes No If yes, please explain and attach documentation of disposition (outcome) of case: _____

8. **Are you or any family member listed on the application subject to lifetime registration as a sex offender?**
 Yes No *If yes, you are not eligible for public housing assistance.*
9. **Have you or any family member listed on the application ever abused or showed a pattern of abuse of alcohol or drugs?**
 Yes No If yes, please explain and provide documentation such as rehabilitation certification: _____

10. **If you have no income, how will you pay for utilities (gas, water & power), rent, and maintain an apartment?**

11. **How did you hear about our program?**

Family Certification and Background Check Authorization

- ➔ I/We certify that the information on this application and given to the Town of Chapel Hill Public Housing Department is accurate and true.
- ➔ I/We understand that giving false statements or information is punishable under Law (Federal and State) and is grounds for denial or termination of housing assistance.
- ➔ I/We understand that it is my/our responsibility to notify the Town of Chapel Hill Public Housing Department **in writing** of a change in income or employment status. I/We understand that any changes in family composition due to birth, death, adoption, or court award custody must be reported.
- ➔ I/We understand that any attempt, or assistance to attempt, to obtain Public Housing, any rent subsidy or rent reduction by providing false information, impersonation, failure to disclose or other fraudulent act, is a crime.

By signing below, I/We agree that all the statements above are true and authorize the Town of Chapel Hill Public Housing Department to obtain a Criminal Record Background Check to verify the information I submitted in this application process. **All adult members must sign below.**

Head of Household Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Other Adult Member Signature: _____ Date: _____

Other Adult Member Signature: _____ Date: _____

Non-Discrimination Notice

The Town of Chapel Hill Housing Department does not discriminate on the basis of age, race, color, sex, religion, national origin, familial status or disability, in compliance with the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll-Free Hot Line at 1-800-424-8590 (within the Washington, DC Metropolitan Area, call 426-3500).

Immigration Status: Declaration of Section 214 Status

NOTICE TO APPLICANTS AND TENANTS

In order to be eligible to receive federal housing assistance, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Town of Chapel Hill Public Housing Department office. Please feel free to consult with an immigration expert of your choice prior to completing this form.

What Does This Mean?

This section explains that only people lawfully in the United States are eligible to receive housing assistance. If you have question about whether you are eligible or how to answer the following questions, you should consult an immigration expert.

I, _____, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because: *(please check appropriate box)*

- I am a citizen by birth, a naturalized citizen, or a national of the United States.
OR
- I have eligible immigration status and I am 62 years of age or older. *(attach proof of age)*
OR
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under 1001(a) (15) or 101(a)(20) of the INA
OR
- Permanent residence under #249 of INA
OR
- Refugee, asylum, or conditional entry status under #207, 208, or 203 of the INA
OR
- Parole status under #212(d)(f) of the INA
OR
- Threat to life or freedom under #243(h) of the INA
OR
- Amnesty under #245A of the INA

Signature of Family Member

Date

- Check box if the above family member is responsible for a child named on statement above.

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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

See next page for footnotes and instructions

Office Use Only

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Immigration Status: Footnotes and Instructions

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

- ➔ **Eligible immigration status and 62 years of age or older:** For noncitizens 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.
- ➔ **Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen 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 noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.
- ➔ **Permanent residence under 249 of INA:** A noncitizen 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].
- ➔ **Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen 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].
- ➔ **Parole status under 212(d)(5) of INA:** A noncitizen 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].
- ➔ **Threat to life or freedom under 245(a) of INA:** A noncitizen 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].
- ➔ **Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].
- ➔ **Instructions to Housing Authority (HA):** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An 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 page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

Authorization for the Release of Information and Privacy Act Notice

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

PHA requesting release of information:
(Full address, name of contact person, and date)

**TOWN OF CHAPEL HILL
DEPARTMENT OF HOUSING
317 Caldwell Street Extension
Chapel Hill, North Carolina 27516**

Authorization for the Release of Information

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.**

This section explains why you have to sign this form.

This section explains what information you are giving permission for us and HUD to collect about you.

This section explains how we and HUD are allowed to use your information and how we are not allowed to use it.

Continued on Next Page

Authorization for the Release of Information and Privacy Act Notice

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

Authorization for the Release of Information Continued

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.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form HUD-9886 (7/94)

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.

This section explains who has to sign this form.

This section explains what happens if you don't sign.

This section further explains how we and HUD are allowed to use your information and how we are not allowed to use it.

Authorization for the Release of Information and Privacy Act Notice

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

Authorization for the Release of Information Continued

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	
Spouse	Date
Other Family Member Over Age 18	Date
Other Family Member Over Age 18	Date
Other Family Member Over Age 18	Date
Other Family Member Over Age 18	Date
Other Family Member Over Age 18	Date
Other Family Member Over Age 18	Date

Authorization for the Release of Information and Privacy Act Notice

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

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.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form HUD-9886 (7/94)

This section explains what allows us to request certain information.

This section explains why we need the information we are collecting.

This section explains who else may see the information we are collecting about you and your family.

This section explains what happens if you do not provide the required information.

This section explains what problems we will have for failing to use your information correctly.