



Public Housing Application

Thank you for your interest in the Town of Chapel Hill's Public Housing Program. The purpose of this application is to request information that will help us determine your eligibility for our program. If you have any questions, please do not hesitate to contact our staff at 919-968-2850.

Eligibility - Who Can Apply For Public Housing?

Applicants must qualify as a family and/or as an eligible single person. Annual gross income must be within limits as established by HUD for this area. An eligible family is one or more persons who reside in the same household. This includes adults without children; adults with children; or a single individual. An elderly family is one whose head of household, spouse or a single person is at least 62 years old. This may include unrelated elderly, disabled or handicapped persons living together.

The Town of Chapel Hill has implemented preferences for its public housing program. If you wish to claim a preference, please check the preference you wish to claim and provide information to verify the preference as noted on the application.

How To Apply For Public Housing

1. Complete all sections of the application form. Be sure to sign and date the application form.
2. Once approved, your name will be placed on a waiting list based on the date and time your application was received, and local preferences. Chapel Hill's local preferences are families/individuals that are: working, elderly, disabled, homeless, veterans, paying 50% or more of their total income on rent and utilities, domestic violence and involuntarily displaced. Orange County, NC residents have a higher preference and then applicants who reside outside of Orange County, NC will be considered along the same criteria.

How to Appeal

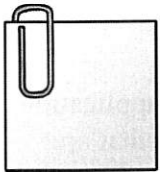
If your application is denied, you may request an appeal by making an appointment to speak with the Housing Director at 919-968-2850.

IMPORTANT NOTE:

- Pre-eligibility checks will be performed to determine if applicants are eligible for placement on the waiting list. These checks may include: criminal background check, debt owed to a public housing agency and/or Section 8 termination. A tenant history check will be conducted on all applicants.
- Criminal history reflecting convictions, pleas and/or judgments related to criminal offenses may be a factor in deciding whether you will be placed on the waiting list. However, it is not the sole criteria. The Housing Department will review all written documentation submitted as well as what is presented

during the pre-eligibility check, including, but not limited to, efforts to rehabilitate or absence of criminal activity since any convictions.

- Factors that may be considered to evaluate criminal history, include, but are not limited to:
 - Applicant's admission;
 - Sentencing records;
 - Probation records.
- A criminal conviction can also satisfy the requirement that the specific criminal activity occurred.
- If a criminal charge results in a deferred prosecution, prayer for judgment, or other plea arrangement, this may be a sufficient basis for establishing that 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 an applicant housing.
- The Housing Director may also request the applicant to submit additional corroborating or exclusionary documents or information that might help determine whether the criminal activity occurred.
- An applicant's criminal history and/or involvement in clearly established criminal activity for which a discretionary exclusion period exists will not automatically result in an applicant being ineligible for housing. It will be decided on a case by case basis and will take into account the above mentioned factors.



Submit copies of the following document with application:

1. Birth Certificates for all family members.
2. Social Security Cards for all family members.
3. Marriage License (if applicable).
4. Verification of all local preferences claimed.
5. DMV License or state issued picture identification for all adult members.
6. Custody and/or guardianship documents of minor child(ren) who are not your birth child(ren).
7. Proof of eligible immigrant status. 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. 24CFR 5.504(b) and 5.520(d).
8. Documentation of dismissal of criminal charges, expungement, drug and alcohol rehabilitation, or completion of probation requirements.

ANY NECESSARY CHANGES TO YOUR APPLICATION MUST BE DONE IN WRITING.



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

HOUSING
 Town of Chapel Hill
 317 Caldwell Street Extension.
 Chapel Hill, NC 27516

phone (919) 968-2850 fax (919) 932-2935
 www.townofchapelhill.org

Public Housing Application

Date: ___/___/___ Time: _____ a.m./p.m.

It is the responsibility of each applicant to notify the Town of Chapel Hill Public Housing Department **in writing within 10 days of the occurrence**, each time changes occur for the applicant family. Changes include, address, income, birth or death of a family member, removal of a family member on your application, loss of a job, etc. **If your application is incomplete, the application will be returned to you. ELECTRONIC (fax, email, etc.) APPLICATIONS ARE NOT ACCEPTED.**

Failure to keep this office informed of any and all changes of address will prevent contact by mail, and will leave us no alternative but to withdraw and remove the application from our waiting list. In this event a new application must be submitted and processed. If a letter is mailed and returned by the post office, the application will be withdrawn.

Part 1: 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.	<u>Head</u>	/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
2.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
3.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
4.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
5.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
6.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
7.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
8.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
9.		/ /			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	

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

Part 2: Residency

Current Street Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: (if different from physical address) _____

City: _____ State: _____ ZIP: _____

What county do you live in?

Home Telephone Number: ()

Work Telephone Number: ()

Email Address:

Part 3: Demographic and 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, please state your former public housing address: _____
- 4 Marital Status: Single _____ Married _____ If married, please provide maiden name: _____
 - a. Divorced _____ Widowed _____ Separated _____
 - b. If you are married, will your spouse live with you? (Y/N): _____
 - c. If not, do you intend for your spouse to live with you anytime in the future? _____
- 5 Do all the children listed on this application live with you? _ Yes _ No If no, please explain.

- 6 Are any family members pregnant? _____ If yes, please state 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, please state the accessible feature needed (ex. wheelchair access, etc.)

- 8 Do you or any member of your family require a reasonable accommodation due to a disability or handicap? _ Yes _ No If yes, please describe accommodation required.

Part 4: Preference Information

The following information is critical and will determine your position on the waiting list. Please check all of the preferences below that apply to you. If you wish to claim a preference, you may need to provide additional documentation before the preference can be applied.

SELECTION ORDER

Local Preference #1 – Orange County Residents

- Employed – **Attach a copy of your 2 most recent pay stubs**
- Paying 50% of your income for rent and/or utilities (water, gas, and power) – **Receipts for 3 months**
- Involuntarily Displaced - **Documentation Required (fire report, report from Health Dept., etc.)**
- Elderly (62 years or older) – **Birth Certificate Required**
- Homeless - Documentation Required (letter from shelter, Case Management Support letter, etc.)
- US Military Veteran - Documentation Required (Military Identification Card or DD-214)
- Disabled - **Are you or someone in your household disabled?** If yes, provide current award letter.
- Domestic Violence - **Documentation Required (Police Record, Court Record, Violence Center, etc.)**

Local Preference #2 - Outside of Orange County Residents – same as above

- A. Applicants who are working, disabled, elderly and/ or homeless
- B. Applicants paying 50% of their income for rent and/or utilities
- C. Applicants who are Involuntarily Displaced
- D. Applicants who are US Military Veterans
- E. Applicants who are a victim of Domestic Violence

Part 5: Income Information

1. 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.**

			AMOUNT OF GROSS INCOME			# Hours Work Per Week
NAME OF PERSON EMPLOYED	EMPLOYER NAME, ADDRESS AND PHONE NUMBER	START DATE	MONTHLY	WEEKLY	HOURLY	

INCOME SOURCE	YES	NO	RECIPIENT	MONTHLY AMT
Public Assistance (TANF)				
Child Support				
Social Security Benefits				
Disability Benefits (SSI)				
Retirement Benefits				
Pension				
Survivor Benefits				
Unemployment Benefits				
Workers Compensation				
SNAP (Food Stamps)				
Other :				

Comments: _____

Part 6: 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, name of agency. _____ **NOTE: If you owe money to any housing assistance program, the balance must be paid before we can accept an application.**
- 3) Have you ever received written documentation pertaining to your conduct as it relates to neighborhood disturbances, destruction of property, or housekeeping violations at prior residences? Yes No
If Yes, please explain and provide all relevant documentation. _____

4) Have you <u>ever</u> committed fraud in any housing assistance program or were requested to repay money for knowingly misrepresenting information to such housing programs? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain and provide documentation of disposition and completion of rehabilitation. _____ _____
6) Have you or any family member listed on the application been convicted of any criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain and provide documentation of disposition (outcome) of case. _____ _____
7) Have you or any family member listed on the application <u>ever</u> been convicted of the manufacture or production of methamphetamine (speed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, you are not eligible for public housing assistance.
8) Are you or any family member listed on the application subject to lifetime registration as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, you are not eligible for public housing assistance.
9) Have you or any family member listed on the application <u>ever</u> abused or showed a pattern of abuse of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> 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
CRIMINAL BACKGROUND CHECK AUTHORIZATION**

- I/We certify that the information provided on this application and given to the Town of Chapel Hill Public Department is accurate and true.
- I/We understand that false statements or information are punishable under Law (Federal and State) and is grounds for denial or termination of housing assistance.
- I/We understand that is it my/our responsibility to notify the Town of Chapel Hill Public Housing Department IN WRITING of a change in income or employment status. I understand that any changes in family composition due to birth, death, adoption, or court award custody must be reported.
- I 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 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:** _____

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).

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, 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.

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.

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

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 reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that 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: 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/ Privacy Act Notice

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

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

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date) TOWN OF CHAPEL HILL DEPARTMENT OF HOUSING 317 Caldwell Street Extension Chapel Hill, North Carolina 27516	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
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Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18 Date	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18 Date	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.