



## Request to Add a Household Member

Case Coordinator:

Anyone you list as a household member must use the subsidized unit as their primary residence (at least 51% of the time). All adults must have an acceptable criminal background, cannot owe any housing authority money, and, if s/he previously participated in a federally subsidized housing program, must have an acceptable compliance history. All adult additions must be approved in writing by your landlord and by the Housing Authority of Jackson County before the additional person can move in.

Head of Household _____	Social Security Number _____
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### Step 1: Landlord Permission *(for adult additions only)*

I agree to the addition of this person to the current lease I have with the above-named voucher holder.

_____	_____
Landlord Name	Phone number
_____	_____
Landlord Signature	Date

### Step 2: Required Attachments for All Additions

*For all additions:*

- Legal ID (Current, valid driver's license for adults or certificate of birth for minors)
- Original Social Security number verification
- Declaration of Citizenship or Immigration Status
- Non-citizens: Original Homeland Security I-551 or annotated I-94

*Additional forms for adult additions:*

- HAJC Release of Information
  - Obligations of the Family
  - Debts Owed and Terminations (52675)\*
- \*Note: Each Adult Must Sign Their Own 52675 Form Obtain Additional Forms From Front Desk**

### Step 3: ADULT #1 *(continued next page if needed)*

Addition's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Phone Number \_\_\_\_\_ Emergency Contact & Phone \_\_\_\_\_

SS Number \_\_\_\_\_ Are you disabled?  YES  NO Race/ethnicity  Hispanic  Not Hispanic

List all income received and attach 60 days' worth of verification (for example, paystubs or letter from employer):

Type _____	Source _____	Monthly Amount _____	\$ _____
Type _____	Source _____	Monthly Amount _____	\$ _____

List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):

Type _____	Financial institution _____	Current value _____	\$ _____
Type _____	Financial institution _____	Current value _____	\$ _____

Are you a student?  YES  NO If YES, attach verification of enrollment status, tuition and financial aid

Have you ever been convicted of a felony?  YES  NO If yes, please explain: \_\_\_\_\_

Do you have a lifetime sex offender registry requirement?  YES  NO

Do you own a house/mobile?  YES  NO Are you part or full owner of a house/mobile or any other property?  YES  NO

## ADULT #2

Addition's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

SS Number \_\_\_\_\_ Are you disabled?  YES  NO Race/ethnicity  Hispanic  Not Hispanic

List all income received and attach 60 days' worth of verification (for example, paystubs or letter from employer):

Type \_\_\_\_\_ Source \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Source \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):

Type \_\_\_\_\_ Financial institution \_\_\_\_\_ Current value \$ \_\_\_\_\_

Type \_\_\_\_\_ Financial institution \_\_\_\_\_ Current value \$ \_\_\_\_\_

Are you a student?  YES  NO If **YES**, attach verification of enrollment status, tuition, and financial aid

Have you ever been convicted of a felony?  YES  NO If yes, please explain:

Do you have a lifetime sex offender registry requirement?  YES  NO

Do you own a house/mobile?  YES  NO Are you part or full owner of a house/mobile or any other property?  YES  NO

## ADULT #3

Addition's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

SS Number \_\_\_\_\_ Are you disabled?  YES  NO Race/ethnicity  Hispanic  Not Hispanic

List all income received and attach 60 days' worth of verification (for example, child support history, paystubs or letter from employer):

Type \_\_\_\_\_ Source \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Source \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):

Type \_\_\_\_\_ Financial institution \_\_\_\_\_ Current value \$ \_\_\_\_\_

Type \_\_\_\_\_ Financial institution \_\_\_\_\_ Current value \$ \_\_\_\_\_

Are you a student?  YES  NO If **YES**, attach verification of enrollment status, tuition, and financial aid

Have you ever been convicted of a felony?  YES  NO If yes, please explain:

Do you have a lifetime sex offender registry requirement?  YES  NO

Do you own a house/mobile?  YES  NO Are you part or full owner of a house/mobile or any other property?  YES  NO

## MINOR #1

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

SS Number \_\_\_\_\_ Disabled?  YES  NO Race/ethnicity  Hispanic  Not Hispanic

## MINOR #2

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

SS Number \_\_\_\_\_ Disabled?  YES  NO Race/ethnicity  Hispanic  Not Hispanic

## MINOR #3

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

SS Number \_\_\_\_\_ Disabled?  YES  NO Race/ethnicity  Hispanic  Not Hispanic

### Step 4: Medical Expense Deductions for Elderly & Disabled Households Only

*Must be a qualifying member of your household have out-of-pocket medical expenses on a regular basis. Provide 12 months history of payments or invoices showing monthly premium amount. You may ask your doctor or pharmacist for a 12-month payment history.*

Name of Household Member	Expense Type (Co-pay, Rx etc.)	Payments Made To	Amount Paid Monthly	Doctor/Prescriber
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

### Step 5: Childcare Deduction

*Attach a statement from the provider that includes any subsidies and/or co-pays.*

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

Provider Phone \_\_\_\_\_ Your co-pay \$ \_\_\_\_\_ Per  Week  Month

I certify the above information is true and the additional household member will reside in the subsidized unit at least 51% of the time. I acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addition's signature (if an adult)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addition's signature (if an adult)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addition's signature (if an adult)

\_\_\_\_\_  
Date

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## DECLARATION OF CITIZENSHIP STATUS

*This declaration must be completed for each family member.* All adults, 18 years of age or older, must sign their own declaration. The declaration for children, under 18 years of age, must be signed by an adult member of the family residing (or who will reside) in the assisted housing unit and who is responsible for the child.

UNDER PENALTY OF PERJURY, I DECLARE THAT:

\_\_\_\_\_  
FAMILY MEMBER NAME

- Citizen or National of the United States
- Noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status of the family member listed above.
- Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ADULT'S SIGNATURE REQUIRED

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UNDER PENALTY OF PERJURY, I DECLARE THAT:

\_\_\_\_\_  
FAMILY MEMBER NAME

- Citizen or National of the United States
- Noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status of the family member listed above.
- Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

\_\_\_\_\_  
FAMILY MEMBER NAME:

- Citizen or National of the United States
- Noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status of the family member listed above.
- Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADULT'S SIGNATURE REQUIRED

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UNDER PENALTY OF PERJURY, I DECLARE THAT:

\_\_\_\_\_  
FAMILY MEMBER NAME:

- Citizen or National of the United States
- Noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status of the family member listed above.
- Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADULT'S SIGNATURE REQUIRED

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UNDER PENALTY OF PERJURY, I DECLARE THAT:

\_\_\_\_\_  
FAMILY MEMBER NAME:

- Citizen or National of the United States
- Noncitizen with eligible immigration status. I understand that I must provide documentation of the eligible status of the family member listed above.
- Choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADULT'S SIGNATURE REQUIRED



## GENERAL RELEASE OF INFORMATION

**Authority:** This release of information is in addition to the HUD-9886 Authorization for the Release of Information/Privacy Act Notice

**Who May sign the consent form – (General Release of Information 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.

**Failure to sign consent form - (General Release of Information 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 HAJC's grievance and Housing Choice Voucher informal hearing procedures.

**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 (42U.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 (42U.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 is mandatory, and not provided 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, HAJC, and any owner (or any employee of HUD, HAJC or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited on the form. Any person 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 the relief, as may be appropriate, against the officer or employee of HUD, HAJC or the owner responsible for the unauthorized disclosure or improper use.



GENERAL RELEASE OF INFORMATION

I hereby authorize Housing Authority of Jackson County (HAJC) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. HAJC may use this release to make inquires or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If HAJC makes any negative determination(s) based upon the information obtained, I will have the opportunity to contest such determinations, if I Participate in the Project-based or Mod-Rehab program, I also authorize HAJC and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized. This consent expires 15 months after it is signed.

- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- References from employers, including wage and salary information and job performance;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Credit reports;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verifications;
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private contractors;
- Outstanding debt to other housing agencies
- I consent to authorize the Oregon Child Support Program, Department of Justice, and any district attorneys providing Title IV-D services, to release records relating to my child support case. This is for the purpose of verifying the amount of child support I am entitled to receive and/or to obtain a record of payments I have received. This permission is granted to verify my eligibility for housing assistance;
- Verification of medical expenses.

Head of Household (printed name)	Signature	Date
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Co-Head, Spouse, Partner or Other Adult (printed name)	Signature	Date
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Other Adult (printed name)	Signature	Date
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Other Adult (printed name)	Signature	Date
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Other Adult (printed name)	Signature	Date
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## Obligations of the Family

THE PURPOSE OF THIS DOCUMENT IS TO CLARIFY THESE OBLIGATIONS SO THE FAMILY CAN CLEARLY UNDERSTAND WHAT IS EXPECTED. IF YOU HAVE ANY QUESTIONS REGARDING THE OBLIGATIONS THAT ARE OUTLINED BELOW, PLEASE ASK YOUR CASEWORKER. PLEASE UNDERSTAND THAT YOUR FAILURE TO FULFILL THESE PROGRAM OBLIGATIONS MAY RESULT IN THE TERMINATION OF PROGRAM BENEFITS AND CRIMINAL PROSECUTION. FOR YOUR BENEFIT AND PROTECTION, PLEASE READ THE FOLLOWING:

- A. When the family's unit is approved and the Hap contract is expected, the family must follow the rules listed below in order to continue participating in the housing voice voucher program.
- B. The family must:
1. Supply any information that the Housing Authority of Jackson County or HUD determined to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
  2. Disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information.
  3. Supply any information requested by the Housing Authority of Jackson County to verify the family is living in the unit or information related to family absence from the unit.
  4. Promptly notify the Housing Authority of Jackson County in writing when the family is away from the unit for an extended period of time in accordance with Housing Authority of Jackson County policies.
  5. Allow the Housing Authority of Jackson County to inspect the unit at reasonable times and after reasonable notice.
  6. Notify the Housing Authority of Jackson County and the owner in writing before moving out of the unit or terminating the lease.
  7. Use the assisted unit for a residence by the family. The unit must be the family's only residence.
  8. Promptly notify the Housing Authority of Jackson County in writing of the birth, adoption, or court-awarded custody of a child.
  9. Request the Housing Authority of Jackson County written approval to add any other family member as an occupant of the unit.
  10. Promptly notify the Housing Authority of Jackson County in writing if any family member no longer lives in the unit.
  11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
  2. Commit any serious or repeated violation of the lease.
  3. Commit fraud, bribery, or any other corrupt or criminal act in connection with the programs.
  4. Engage in drug-related criminal activity or other violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
  5. Sublease or let the unit or assign the lease or transfer the unit.
  6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal State, or local housing assistance program.
  7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
  8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the Housing Authority of Jackson County has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
  9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

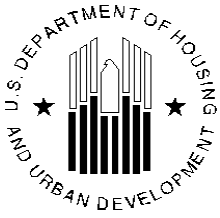
By its signature, the family agrees to fulfill the program responsibilities noted above and understands that failure to do so may result in permanent loss of housing assistance eligibility, and criminal prosecution. Further, as the signer of this document, I acknowledge that I have read, or had read to me in a language I understand, the above responsibilities and obligations and I agree to accept them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## 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 record keeping 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 06/30/2026.

#### **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:**

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

**Signature**

**Date**

**Printed Name**

## Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

Housing Authority of Jackson County  
2251 Table Rock Road, Medford OR 97501

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection unless the collection displays a valid control number.