

# APPLICATION FOR PUBLIC HOUSING

Erica Christianson - Executive Director

Telephone: (402) 365-7288

**The Housing Authority  
Of the  
City of Deshler, Nebraska 68340-0146**

313 Willard St. P.O. Box 146  
Sunset Manor Parkview Heights



PHA USE ONLY

Time \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT INFORMATION

**Please read the following carefully before completing the application form!**

**If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.**

- The application **must be** completed in the handwriting of the head of household. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, or speak or understand English can seek assistance with the completion of the form at the housing authority office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. **DO NOT** leave any questions blank. If a question does not apply to you such as "what is your telephone number," and you do not have a telephone, write "none".
- All yes/no questions **MUST** be checked to indicate whether your response is a "yes" or "no"
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application
- The information that you provide on this application must be true and complete. **It is a violation of federal and state criminal law to make false statements on an application for housing assistance.** If you do not understand a question, please ask your housing representative.
- Be advised that the PHA (public housing authority) will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.

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### **In order to qualify for Public Housing an applicant must:**

- Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- Provide documentation of Social Security numbers for all household members except non-contending persons.
- Pay any money owed to the PHA or any other housing authority.
- Not to be subject to lifetime sex offender registration requirements.
- Sign authorization forms so that the PHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

#### **Americans with Disabilities Act**

**We need your help to ensure all of our programs, services, and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, service or activities, please let us know.**

**The Deshler Housing Authority is an Equal Housing Provider**

## APPLICATION FOR PUBLIC HOUSING

### PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons **age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form.

NAME	RELATION TO HEAD	US CITIZEN Y/N	DISABLED? Y/N	SEX M/F	DATE OF BIRTH	SSN or ALIEN REGISTRATION #
1.	<b>HEAD</b>					
2.						
3.						
4.						
5.						

For the head of household and spouse/cohead only, please provide the information below

Current address:	phone number	Driver's licence #/ State/ exp. date	Make/Model of Car	License Plate #

### CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest

NAME	RELATION TO HEAD	US CITIZEN Y/N	DISABLED? Y/N	SEX M/F	DATE OF BIRTH	SSN or ALIEN REGISTRATION #	SCHOOL NAME

### RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

<b>Race: Check the appropriate race. (More than one category can be entered if applicable.)</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<b>Ethnicity: (Check the appropriate ethnicity.)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

Answer the following questions about all members of the household:

1. Has any adult who will live in the home previously lived in a State other than this State?  Yes  No  
 If yes, which family member? \_\_\_\_\_ State lived? \_\_\_\_\_  
 \_\_\_\_\_ State lived? \_\_\_\_\_

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2. Does anyone other than an adult who will live in the home share custody of any of the children listed?  
 Yes  No If yes, who? \_\_\_\_\_
3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?  Yes  No If yes, who? \_\_\_\_\_
4. Is anyone who will be living in the home expecting a child?  
 Yes  No If yes, who? \_\_\_\_\_
5. Is there anyone not listed on the application who is temporarily absent from the home?  
 Yes  No If yes, who? \_\_\_\_\_
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?  Yes  No
7. Is there anyone who will be living in the home who is over 18 or over and a full-time student?  
 Yes  No If yes, who? \_\_\_\_\_
8. Has anyone who will be living in the home ever used another name, other than the one they are using now?  
 Yes  No If yes, who? \_\_\_\_\_
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services?  
 Yes  No If yes, who? \_\_\_\_\_
- What do they require? \_\_\_\_\_

**CONTACT INFORMATION:** *List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.*

1. **Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_
2. **Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

## PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

*List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.*

1. **Current Landlord:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**How long have you lived here?** \_\_\_\_\_
2. **Previous Landlord:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**How long did you live here?** \_\_\_\_\_
3. **2<sup>nd</sup> Previous Landlord:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

How long did you live here? \_\_\_\_\_

4. 3<sup>rd</sup> Previous Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

How long did you live here? \_\_\_\_\_

## PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

*These questions apply to you and all of the members of your household*

1. Has any household member ever been arrested for any crime (include misdemeanors and DUI/DWI)?.....  Yes  No  
If yes, how many times? \_\_\_\_\_ Please explain. (Include when arrested, where arrested, and the reason for the arrest. Attach a separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has any household member ever been convicted of a crime? (Include all misdemeanors, DUI/DWI, and traffic violations)?  
 Yes  No If yes, how many times? \_\_\_\_\_ What crimes? \_\_\_\_\_

3. Is any household member subject to lifetime sex offender registration? .....  Yes  No  
If yes, who? \_\_\_\_\_

4. Is any household member currently using illegal drugs?  Yes  No If yes, who? \_\_\_\_\_

5. Has any household member ever been evicted from any type of housing? .....  Yes  No  
If yes, explain when, where and for what reason. \_\_\_\_\_

6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons?  
 Yes  No If yes, explain: \_\_\_\_\_

7. Has any household member received rental assistance in public housing or HCV?.....  Yes  No  
If yes, when? Year(s) \_\_\_\_\_ Housing Agency Name \_\_\_\_\_  
Under what name? \_\_\_\_\_ Who was Head of Household? \_\_\_\_\_  
Do you owe any money to that housing authority? \_\_\_\_\_

8. Is the applicant or anyone in the family displaced by a Natural Disaster such as flood, hurricane, tornado, earthquake, etc?  Yes  No If yes, please provide a name and phone number of a person who can verify this:

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9. Is the applicant or anyone in the family displaced by governmental action through no fault of their own?  Yes  No  
If yes, please provide the name and phone number of a person who can verify  
this: \_\_\_\_\_

10. Is the applicant or family displaced by domestic violence?  Yes  No If yes, please provide the name and phone  
number of a person who can verify this: \_\_\_\_\_

### PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY

*(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)*

1. Did you or any family member file a federal income tax return for the past year?.....  Yes  No  
If yes, who? \_\_\_\_\_

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the  
next twelve (12) months?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Wages, salaries, tips, fees, or commissions from an employer? (full or part time) .... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compensation for personal services.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income from the operation of a business or profession.....                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payments from Social Security.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payments from annuities.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payments from insurance policies.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payments from retirement funds.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payments from pensions.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lump-sum payments for the delayed start of periodic payments (ex: Soc. Security)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unemployment compensation.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability compensation.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Worker's compensation.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Severance pay.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Welfare assistance payments.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TANF payments.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alimony payments.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child support payments.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regular contributions or gifts from anyone.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Money from self employment.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regular or special military pay.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regular contributions from anyone.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Financial assistance to attend school.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency- (Circle One)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

### PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

*(An asset is something of value that can be converted to cash)*

1. Do you or any family member own or have access to any of the following?
- Savings account?  Yes  No      Checking account?  Yes  No  
 Certificate of Deposit?  Yes  No      Money Market account?  Yes  No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?
- Stocks?  Yes  No      Bonds?  Yes  No  
 Real Property Land?  Yes  No      Trust Funds?  Yes  No  
 Pensions?  Yes  No      Individual retirement accounts?  Yes  No  
 Inheritances?  Yes  No      Life insurance policies?  Yes  No
- Explain any "yes" answers below

Family Member Name	Type of Asset	Account Number	Value

### PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger?.....  Yes  No

Minor's name	Care provider name	Care provider address	Care provider phone number	Amount paid monthly

2. Is any portion of these childcare expenses reimbursed from an outside agency or person?.....  Yes  No  
 If yes, how much is reimbursed per month? \$ \_\_\_\_\_





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## Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing **within 10 days** if any members of the family moves out of the unit and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption, or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under federal and state law.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Cohead

\_\_\_\_\_  
Date

## Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of PHA Representative

\_\_\_\_\_  
Date

**The Housing Authority  
of the  
City of Deshler, Nebraska 68340-0146**

313 Willard St. P.O. Box 146  
Sunset Manor Parkview Heights



Dear Applicant:

Special considerations in federally assisted housing are authorized by law to persons who meet all required qualifications. In order to process DHA applications, we need to perform a criminal background check.

The information will be kept strictly confidential and used only for the purpose of classification and establishing eligibility for assisted housing.

**To read the full description of this policy, see the Admissions and Continued Occupancy Policy of the Housing Authority of the City of Deshler, Section 8.3, Suitability**

Please Fill Out The Information Below:

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAIDEN NAME/OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OTHER ADDRESSES (if available): \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Deshler Housing Authority to perform any/all needed background/criminal records checks as per DHA policy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice of Right to Reasonable Accommodation

If you have a disability and as a result of your disability you need:

- A change in the rules or policies to give you an equal opportunity to take part in or use the facilities of the public housing program.
- A change in the way we communicate with you or give you information,
- A modification to your public housing unit, or
- A transfer to another public housing unit,

you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 10 calendar/working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information if you think that will help.

If you need help filling out a ***Request for a Reasonable Accommodation*** for or if you want to give us your request in some other way, we can help you.

You can get a ***Request for a Reasonable Accommodation*** form at the DHA office.

***Note: All information you provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the public housing program.***

## Request for a Reasonable Accommodation

Name \_\_\_\_\_ TDD/ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

1. The following member of my household has a disability (*defined below as a physical or mental impairment that substantially limits one or more life activities or a record of having or being regarded as having such an impairment*):

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

2. As a result of this disability, I am requesting the following specific accommodation:  
(*check one more boxes below*)

A change in my apartment or other part of the housing development (*please specify*):

\_\_\_\_\_  
 A change in the following rule, policy, or procedure (*please specify*):  
(*Note: A change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.*)

\_\_\_\_\_  
 Other (*please specify--for example, a change in the way the housing authority communicates with you*):

3. The request for reasonable accommodation is necessary so that I (or my family member) can (*please specify*):

4. I authorize the housing authority to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the housing authority may contact the following licensed professional: (*Note: You may also bring this form directly back to the housing authority.*)

Name \_\_\_\_\_

Title \_\_\_\_\_

Agency, Facility, or Institution (if any) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

*I understand that the information obtained by the housing authority will be kept completely confidential and used solely to make a determination on my accommodation request.*

Please call Erica Christianson, housing authority director, at 402-365-7288 if you have any questions.

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



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

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

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

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

Signature \_\_\_\_\_

Date \_\_\_\_\_

December 2005  
form HUD-1141

(12/2005)

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Deshler Housing Authority  
PO Box 146  
Deshler, NE 68340  
Erica Christianson, Executive Director

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

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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





**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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

**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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**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.

**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.
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?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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.

<p>This Notice was provided by the below-listed PHA:</p> <p style="text-align: center;"><b>Deshler Housing Authority PO Box 146, Deshler NE 68340</b></p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
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