

## APPLICATION FOR PUBLIC HOUSING & LINCOLN SQUARE

Please return to:

Housing and Redevelopment Authority of Chisholm

519 6<sup>th</sup> St SW Chisholm MN 55719

Hours: Mon-Fri 8:30 a.m. – 4:00 p.m.

**DO NOT FAX APPLICATION PLEASE**



In order to accept your application for processing, you must provide the following documentation:

- **SOCIAL SECURITY CARD or ORIGINAL DOCUMENT showing SSN for each family member**
- **VALID DRIVERS LICENSE, STATE ID CARD or PASSPORT for all family members over 18**

**\*\*\*Please note: Your application WILL NOT BE ACCEPTED without this documentation**

If you or anyone in your family is a person with disabilities and you require specific accommodation in order to fully utilize our programs and services, please contact the Chisholm HRA for the "Request for Reasonable Accommodations."

\*If you are experiencing homelessness, call 2-1-1 and request a VISPDAT assessment.



**APPLICATION FOR PUBLIC HOUSING & LINCOLN SQUARE**

**Please read this 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.**

- x The application must be completed in the handwriting of an adult member of the household. Incomplete applications will not be processed.
- x Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- x Use the full legal name of each person listed on the application as it appears on their social security card.
- x Please print all answers.
- x 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".
- x All yes/no questions must be checked to indicate whether your response is a "yes" or "no".
- x 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.
- x The legal head of household and spouse/cohead (if any) must sign and date the application form.
- x Where indicated on this form, the questions apply to all members of the family listed on the application.
- x 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.
- x Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

**In order to qualify for housing assistance an applicant must:**

- x Be a family as defined in the housing agency's administration plan. The administrative plan is either posted or available at the housing agency office.
- x Meet the HUD requirements on citizenship or immigration status
- x 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 housing agency's office.
- x Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers.
- x Meet student eligibility requirements
- x Pay any money owed to the PHA or any other housing authority
- x Not be subject to lifetime sex offender registration requirements
- x Sign authorization forms so that the PHA can verify the various eligibility requirements
- x 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

**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, services, or activities, please let us know.**

**APPLICATION MUST BE FILLED OUT COMPLETELY &  
ALL APPLICANTS MUST SIGN,  
INCOMPLETE APPLICATIONS WILL BE DENIED**

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

List all persons age 18 or older 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 may live in the unit.

NAME (Last, First, MI)	Relation to Head	US Citizen Y/N	Dis- abled Y/N	Sex M/F	Age	Date of Birth	Soc. Security # or Alien Registration #	*Race Code	*Hispanic Ethnicity Code
	HEAD								

**CHILDREN 17 AND YOUNGER** (List all children who will be living in the home, oldest to youngest.)

NAME (Last, First, MI)	Relation to Head	US Citizen Y/N	Dis- abled Y/N	Sex M/F	Age	Date of Birth	Soc. Security # or Alien Registration #	School Name	*Race Code	*Hispanic Ethnicity Code

**\*RACE CODE:**

- 1. White
- 2. Black
- 3. Asian
- 4. American Indian/Native Alaskan
- 5. Native Hawaiian/Pacific Islander

**\*HISPANIC /ETHNICITY CODE:**

- 1. Hispanic
- 2. Non-Hispanic

**ADDRESS/PHONE INFORMATION:**

**CURRENT ADDRESS/PHONE INFORMATION:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone \_\_\_\_\_

How Long \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Own or Rent \_\_\_\_\_ Utilities Included? Yes \_\_\_ No \_\_\_

**LANDLORD REFERENCES**

Present Landlord Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Rental Period \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Previous Landlord Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Rental Period \_\_\_\_\_ to \_\_\_\_\_ Reason for moving \_\_\_\_\_

**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# \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

2. Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**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(s)? \_\_\_\_\_ State lived? \_\_\_\_\_  
\_\_\_\_\_ State lived? \_\_\_\_\_

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 stipulating any shared custody arrangement of any minor children?  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 If yes, who? \_\_\_\_\_
7. 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? \_\_\_\_\_
8. Is there anyone who will be living in the home who is 18 or over and is a full-time student?  
 Yes  No If yes, who? \_\_\_\_\_
9. Is there anyone who will be living in the home who is attending college (part or full-time)?  
 Yes  No If yes, who? \_\_\_\_\_
10. 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? \_\_\_\_\_

**PART B: 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? .....  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 any crime? .....  Yes  No  
 If yes, how many times? \_\_\_\_\_ What crime(s)? \_\_\_\_\_
3. Is any household member a subject to lifetime sex offender registration?.....  Yes  No  
 If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
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(s). \_\_\_\_\_  
 \_\_\_\_\_
6. Has any household member received rental assistance in public housing or HCV (Section 8)?  Yes  No  
 If yes, when? Year(s) \_\_\_\_\_ Housing Agency Name \_\_\_\_\_  
 Under what name? \_\_\_\_\_ Who was Head of Household? \_\_\_\_\_
7. Does any household member have any type of criminal charges pending?  Yes  No  
 If so, list the pending charges \_\_\_\_\_

**PART C: 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) .....  Yes  No
  - Compensation for personal services? .....  Yes  No
  - Income from the operation of a business or profession? .....  Yes  No
  - Interest, dividends or other income from real or personal property? .....  Yes  No
  - Payments from Social Security? .....  Yes  No
  - Payments from annuities? .....  Yes  No
  - Payments from insurance policies? .....  Yes  No



- Payments from retirement funds? .....  Yes  No
- Payments from pensions? .....  Yes  No
- Payments from disability benefits compensation other than Social Security? .....  Yes  No
- Payments from death benefits? .....  Yes  No
- Lump sum payments for the delayed start of periodic payments? .....  Yes  No
- Unemployment compensation? .....  Yes  No
- Worker's compensation? .....  Yes  No
- Severance pay? .....  Yes  No
- Public assistance payments (i.e. GA, MSA, DWP)? .....  Yes  No
- MFIP payments? .....  Yes  No
- Alimony payments? .....  Yes  No
- Child support payments? .....  Yes  No
- Regular contributions or gifts from anyone? .....  Yes  No
- Money from self employment? .....  Yes  No
- Regular or special military pay or Veteran's benefits? .....  Yes  No
- Financial assistance to attend school .....  Yes  No

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 (Employer Name or type of income ie: SSI, MFIP, GA, etc.)	Gross Amount \$	Frequency – (Circle one)		
			Week	Month	Year

**PART D: 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
- Direct Express/Debit card .....  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
- Any other type of capital investment? .....  Yes  No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

**Have you disposed of any assets for less than Fair Market Value in the past two years?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of disposal \_\_\_\_\_

Fair Market Value at the time of disposal \$ \_\_\_\_\_



How many bedrooms do you need? (Note: Chisholm HRA has guidelines determined by family size. You can opt for a smaller apartment, but not a larger one.)

- ..... Efficiency
- ..... 1 Bedroom
- ..... 2 Bedroom
- ..... 3 Bedroom
- ..... 4 Bedroom

Are you or any other member of your household currently being subsidized under any government program for housing assistance? (HUD, Section 8, Voucher Program, Public Housing, etc.)

Who? ..... Where? .....

Has any member of the household ever lived in public housing? .....Yes ..... No

Has anyone in the household every been evicted? ..... Yes ..... No

If Yes, ...

Who? ..... Where? .....

When? .....

Does any member of the household owe money to a past or present landlord?

..... Yes ..... No

If yes, who? .....

Amount owed? .....



**PART E: INFORMATION ABOUT HOUSEHOLD EXPENSES**

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

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

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? \$ \_\_\_\_\_

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities)  Yes  No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). .....  Yes  No

If yes, what is the anticipated monthly cost? \$ \_\_\_\_\_

**Medical Expenses** (These questions **only** apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? .....  Yes .....  No
- Medicare premiums? .....  Yes .....  No
- Long term care insurance? .....  Yes .....  No
- Out of pocket prescription expenses? .....  Yes .....  No
- Past due medical bills? .....  Yes .....  No
- Other anticipated medical expenses? .....  Yes .....  No
- Do you receive Medical Assistance? .....  Yes .....  No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

**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 ten (10) days**) if any member 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 and my landlord. 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 Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
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

# HOUSING & REDEVELOPMENT AUTHORITY OF CHISHOLM



**519 Sixth Street S.W.  
Chisholm, MN 55719  
Phone 218-254-2656  
EHO**



## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### I hereby give permission for:

AEOA                       Previous Landlords                       SLC Social Services

Legal Aid                       Range Women's Advocates                       SLC Probation

Range Transitional Housing                       Physician/Health Care Provider

Other \_\_\_\_\_

### To release written or verbal information regarding:

Disability Status and Recommended Accommodation                       Program Participation Status

Rental History                       Current Housing Status/Issues

Other \_\_\_\_\_

**I understand that information pertinent to this situation can be shared by either agency.  
This release is valid for a one-year period unless I revoke it in writing earlier.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# **HOUSING & REDEVELOPMENT AUTHORITY OF CHISHOLM**



**519 Sixth Street S.W.  
Chisholm, MN 55719  
Phone 218-254-2656  
EHO**



## **RELEASE OF INFORMATION**

Organizations Requesting Release of Information

### **Purpose**

The above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

### **Authorization**

The undersigned hereby authorize the release of any information including documentation and other materials pertinent to eligibility for a participation under any of the following programs:

- Low-Income Rental Public Housing
- Bridges Rental Assistance
- Loan Programs
- Family Self Sufficiency (FSS) Programs

The undersigned hereby authorizes the above-named organization to obtain information about me or my family that is pertinent to eligibility for, anticipation of eligibility for, or continued occupancy in assisted housing programs.

Authorize only the Chisholm Housing Authority to obtaining information on wages or unemployment compensation from State Employment Security Agencies.

Information covered may include but is not limited to the following:

- Child Care Expenses
- Credit History/Criminal History
- Family Composition
- Employment Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers/Incomes
- Residences and Rental History
- These forms cannot be used to request a copy of tax returns. Instead, use IRS form 4506.

**Individuals or Organizations That May Release Information**





Any individual or organization including any governmental organization may be asked to release information. For example; information may be requested from:

- Banks and other Financial Institutions
- Courts, Law enforcement Agencies and Credit Bureaus
- Correctional Facilities
- Employers, Past and Present
- Landlords, Past and Present
- Legal Aid
- Police Departments
- Probation Officers
- Mental Health Centers
- Work Force Center
- Range Transitional Housing
- St Louis County Social Services

Providers of:

- Alimony, Child Care, Credit
- Handicapped Assistance Medical Care
- Pensions/Annuities
- Legal Aid
- Schools/Colleges
- Department of Corrections/Regional Corrections
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

I agree that the Chisholm Housing Authority may conduct computer-matching programs with other governmental agencies including Federal, State, Tribe, or local agencies.

If the HRA suspects criminal activity on site this information will be reported to law enforcement. I understand that if upon inspection, illegal drugs or traces of illegal drugs are discovered in residences, law enforcement will be informed. HRA or representative thereof, will be authorized to enter unit to begin remediation of said illegal substances and the cost for these remediation services will be passed on to resident.

### **Conditions**

I agree that the photocopies of these authorizations may be used for the purpose stated above for a period of fifteen (15) months from the date signed below.

If I do not sign this authorization, I also understand that my housing assistance or loan program may be declined or terminated.

---

Signature of Head of Household

---

Date



**DECLARATION OF CITIZENSHIP STATUS (SECTION 214)**

**NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the 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 evidence of proof of age 2/; 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 a signed verification consent form.
  - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - Permanent residence under §249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - Parole status under §§212(d)(5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

- 2/ **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.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(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.
- 4/ **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*].
- 5/ **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 on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **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*].
- 7/ **Threat to life or freedom under §243(h) 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*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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), HA must enter INS/SAVE Verification Number and date that it was obtained. A 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" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**  
 HOUSING & REDEVELOPMENT AUTHORITY  
 OF CHISHOLM, MN  
 519 SW 6th Street  
 Chisholm, MN 55719  
 (218)254-2656

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

Signature  
 Printed Name

Date



Housing and Redevelopment Authority  
of Chisholm, Minnesota

519 SW 6th St  
Chisholm, MN 55719  
Telephone: (218) 254-2656



Landlord Reference For

Permission for Release of Information: Chisholm, HRA is authorized to disclose to all my previous landlords or housing providers that I have applied for Public Housing and to ask any questions relative to my past tenancies. This authorization expired one year from the date of my signature.

Tenant/applicant(s) Name: \_\_\_\_\_

Address of property rented: \_\_\_\_\_

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

Please answer the following questions:

- Circle one
1. The applicant stated that he/she had rented from \_\_\_\_\_ to \_\_\_\_\_ at the address provided above.  
Is this true? Yes No
  2. Does (did) the applicant pay rent on time?  
If no, how many times late? \_\_\_\_\_ Average number of day's late \_\_\_\_\_  
Yes No
  3. Was the housekeeping acceptable? Yes No
  4. Would you rent to this person again? Yes No

---

  5. Are you a relative of the applicant? Yes No
  6. Were there any violations of the lease which did or could have led to an eviction? Yes No
  7. Were pets kept on the property in violation of the lease? Yes No
  8. Did the applicant's family or guests damage the property in anyway? Yes No
  9. Were there any disturbances of peace and quiet on the premises? Yes No
  10. Was there any criminal activity by the applicant(s) that you were aware of? Yes No
  11. Did the applicant permit persons other than those on the lease to live on the premises? Yes No
  12. Did the applicant give any false information that you were aware of? Yes No
  13. Did the applicant(s) leave owing any money for past due rent or damages? Yes No

---

  14. If the applicant has moved out:  
Was proper notice to vacate given? Yes No  
Was the property left in good condition? Yes No  
What forwarding address was given when they left? \_\_\_\_\_

---

15. What previous address did the applicant give to you when they applied for housing with you?  
\_\_\_\_\_

If you answered "No" to questions 1-4 or 14, or "Yes" to questions 5-12, please explain on the backside.  
Thank you for your assistance. Your cooperation helps us ensure our current tenants will have new neighbors who are also lease compliant and will reduce the cost of operating public housing.

Landlord/Managing Agent Signature  
Landlord name and address:

Please Print (Landlord/Managing Agent)  
Phone number: \_\_\_\_\_

**CRIMINAL HISTORY INQUIRY**

LAW ENFORCEMENT DEPT. ST. LOUIS COUNTY

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

CITY, STATE, ZIP: DULUTH, MN

I authorize you to furnish the information requested below to the Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time but that to do so may affect my application for admission/continued occupancy. This authorization expires one year from date signed.

**SIGNATURE:** X **DATE:** X

**THIS FORM MAY BE PHOTOCOPIED AS NEEDED FOR ONE YEAR AFTER DATE SIGNED.**

FULL NAME:

First, Middle, & Last X

ADDRESS: X

X

SOCIAL SECURITY #: X DATE OF BIRTH: X

**APPLICANT - DO NOT WRITE BELOW THIS LINE  
PROVIDE ABOVE INFORMATION AND RETURN TO CHISHOLM HRA**

Using the numbers below, please indicate whether the above applicant has been arrested for or convicted of any crimes relating to the following two years prior to date of signature above.

- 1. Homicide/murder
- 2. Sex Offender
- 3. Rape or child molesting
- 4. Burglary/robbery/larceny
- 5. Threats or harassment
- 6. Destruction of Property/Vandalism
- 7. Assault or fighting
- 8. Disorderly conduct
- 9. Drug manufacturing/sale/distribution
- 10. Drug use/possession with intent
- 11. Child abuse/domestic violence
- 12. Public intox, drunk & disorderly
- 13. Receiving stolen good
- 14. Fraud
- 15. Prostitution

CRIME #	STATUS/DISPOSITION

Please attach a copy of police report

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for your cooperation.

CHISHOLM HOUSING & REDEVELOPMENT AUTHORITY  
519 SW 6TH STREET - CHISHOLM, MN 55719, 218-254-2656

# HOUSING & REDEVELOPMENT AUTHORITY OF CHISHOLM



## Housing and Redevelopment Authority of Chisholm Tennessee Warning Notice

### What is a Tennessee warning notice and when is it required?

You are receiving this notice because the Housing and Redevelopment Authority of Chisholm collects private and or confidential data from you and about you. We are required to give you this Tennessee warning notice under Minnesota Statutes 13. The purpose of this notice is to allow you to make an informed decision about whether to give data about yourself to the Chisholm HRA. We may not collect data on or about you unless the collection is necessary to carry out our duties under a program that is authorized by law.

### Under the Minnesota Government Data Practices Act you have the right to know:

#### **A. The purpose and Intended Use of the Information the HRA Collects**

The purposes and uses of the information we collect about you are:

- 1) To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing program.
- 2) To enable us to establish the level of rent you must pay in accordance with federal law.
- 3) To assist the HRA in maintaining or upgrading the housing stock, and/or
- 4) To enable the HRA to comply with legal requirements governing its and other agencies legislative mandates.

#### **B. Your Rights When Supplying Information**

The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended and by the Minnesota Housing and Redevelopment Authority Act, MS 462.11 et. Seq. While you have the right to refuse to supply information we request, if you do not provide the information requested, the HRA may not be able to provide you with housing assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the Chisholm HRA's Responsible Authority, Jerome Culliton, Executive Director.

#### **C. Who Has Access to the Private Information we Collect About You?**

Depending upon the housing program and as authorized by state, local and federal law, the information we maintain may be shared with:

- 1) U.S. Department of Housing and Urban Development (HUD)
- 2) HRA employees and contractors or volunteers
- 3) Health care and human services agencies, area social services agencies, and school districts. Health care professionals who assist the HRA in assessing and maintaining the required level of independent capability for tenancy in public housing.
- 4) Emergency personnel
- 5) Utility companies
- 6) US Census Bureau
- 7) Federal, State and/or local auditors
- 8) Other Federal, State or local agencies as may be required by law.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with county, state, local, or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of that data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor.

Unless otherwise authorized by state or federal law, government agencies with who we share private information must also treat the information as private. Other non-government agencies with who we share private information must likewise treat that information as private. With limited exceptions, a government entity may not collect, store, use or disseminate private or confidential data for any purpose other than those specified in Tennessee warning notice, or per section 13.05, subdivision 4. If an agency fails to give the Tennessee warning notice, the agency may not use or store the information received for any purpose.

If, after giving a Tennessee warning notice and collecting data from you, the Chisholm HRA wishes to use the data differently than it described, or wishes to release the data to a different entity or person other than as described in this notice, the Chisholm HRA would need to obtain informed consent from you.

**D. Who has access to the confidential information we collect about you?**

Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and our attorney. Only the HRA and our attorney and those persons authorized by local, state, or federal law may have access to the information. You do, however, have the right to know if information about you has been classified as confidential.

**E. What information do you have access to?**

You or your authorized representative or guardian may request to be shown information about yourself that is maintained by the HRA and that is classified as private. There is no cost for this service, but there may be a charge for copies in which you would like made. According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six (6) months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you have been collected.

**F. How can you contest the accuracy or completeness of information in your file?**

Write to us describing the nature of your disagreement. Send this information to:

Housing and Redevelopment Authority of Chisholm  
Attn: Jerome Culliton  
519 SW 6<sup>th</sup> St  
Chisholm, MN 55719

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Practices Act.

This is to acknowledge that I have read and understand the above information:

Signature

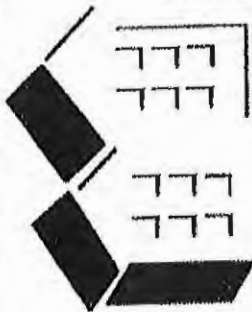
Signature

Date

Date



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



**RHIP**  
RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## *What You Should Know About EIV*

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

### What is EIV?

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

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

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

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

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

### What is the EIV information used for?

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

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

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

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

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

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

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

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

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

### What are my responsibilities?

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

February 2010

OVER →

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/office/pih/eiv/eivinfo.htm>.

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

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

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

Signature

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



# 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)

Housing and Redevelopment Authority of Chisholm  
519 6th St SW  
Chisholm, MN 55719

Joseph Hiller Executive Director  
218-254-2656

~~HA 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:

- PIA-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.





# 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 Carefull

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