



Scotland County Public Housing Agency

121 South Cecil Street, Memphis, MO 63555

Phone 660-465-7281 • Fax 660-465-7163 • Relay MO 711

Administered by Northeast Missouri Regional Planning Commission & Rural Development Corporation

APPLICATION PROCESSING

STEPS TO BE FOLLOWED BY ALL APPLICANTS

1. Complete and submit application to the Scotland County PHA office. All adults who plan to live in the unit must sign the application. Social Security cards and birth certificates must be supplied prior to program participation.
2. PHA staff will place applicant's name on the waiting list and process paperwork. This includes verifying income, assets, and if eligible, out-of-pocket medical expenses and child care costs. Should an applicant be receiving social security, they are required to get that information to our office.
3. A letter will be mailed to the applicant once eligibility has been determined.
4. The applicant should call to make an appointment for the briefing of program rules and regulations when they receiving that letter.
5. Applicant will be responsible for returning the **completed** "Request for Tenancy Approval" which is given to them at the briefing.
6. An appointment for the inspection can be established at this time.
7. The PHA inspecting personnel will prepare and mail a copy of the inspection report and a list of repairs to the landlord.
8. A lease up packet will be completed with the applicant and landlord. Please note we cannot do this without making copies of original social security cards and birth certificates of *all* members of the household.
9. Final inspection will be completed if repairs were necessary.

Note: *Please give us the courtesy of making and keeping appointments. Remember the PHA staff members have an obligation to other duties and applicants. They cannot drop what they are doing, at any given moment, to accommodate those who do not adhere to the procedures.*

AREA SERVED: Adair - All of Adair County
(except inside the city limits of Kirksville)
Clark - All of Clark County
Knox - All of Knox County
Schuyler - All of Schuyler County
Scotland - All of Scotland County

Eligibility Factors:

The annual income may not exceed the applicable income limit.

INCOME LIMITS

Persons	1	2	3	4	5	6	7	8
Adair	\$27,200	\$31,050	\$34,950	\$38,800	\$41,950	\$45,050	\$48,150	\$51,250
Clark	\$25,750	\$29,400	\$33,100	\$36,750	\$39,700	\$42,650	\$45,600	\$48,550
Knox	\$25,750	\$29,400	\$33,100	\$36,750	\$39,700	\$42,650	\$45,600	\$48,550
Schuyler	\$24,750	\$28,250	\$31,800	\$35,300	\$38,150	\$40,950	\$43,800	\$46,600
Scotland	\$25,200	\$28,800	\$32,400	\$36,000	\$38,900	\$41,800	\$44,650	\$47,550

PROGRAMS AVAILABLE

Section 8 Voucher Program:

- Assistance goes with the tenant (can be transferred from one rental unit to another with proper procedure).
- Applicants for this program must be placed on a waiting list until a voucher/opening becomes available.
- Applicant is issued a voucher and can request assistance at a rental unit on the normal rental market provided the unit can meet the Housing Quality Standards and has an approvable rent amount.
- Applicant finds rental unit.

WAITING LISTS:

One waiting list is maintained for the following programs:

- 1) Section 8 Housing Choice Voucher Program

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited basis apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

PROCEDURES:

- The PHA has a specific number of vouchers or units available. With all the vouchers or units occupied, a waiting list is maintained. As tenants vacate off the program and vouchers become available, the applicants who have reached the top of the waiting list are offered the open vouchers.
- A vacancy rate (when tenants go off the program) determines when a voucher will become available.
- The PHA cannot predict an exact date when assistance will become available.
- The PHA Director will give you an estimate of when the opening may become available when forwarding an application acceptance letter.
- The PHA will notify applicants by mail when a voucher or unit becomes available. The applicant then has ten (10) days to respond. Failure to respond will force our agency to remove name from waiting list.
- Applicants on the waiting list are required to notify the PHA when a change of household composition or address occurs.

HOW MUCH ASSISTANCE WILL YOU RECEIVE?

The rental assistance amount is based solely on your gross income, assets and eligible deductions. Therefore, it is essential that you submit complete and accurate information on your amount of income and assets. To obtain, or attempt to obtain, housing assistance by committing fraud is a felony and punishable under federal and state law.

Your share of the housing costs (rent and utilities) will be the highest of 10% of your gross income or 30% of your adjusted income (after deductions), whichever is higher, but no less than \$50.00 or more than 40% of your income. You will also pay the difference between the FMR and gross rent of your unit. Rent determination is figured on the payment standard at the time of their lease up. The PHA will pay the remaining balance. The assistance amount cannot be determined until all verifications are obtained. Any amounts discussed are simply estimates. The PHA will notify you in writing of the determination.

The assistance is designated to help you pay for your rent and utilities only. Any other costs, such as security deposits and utility deposits are the tenant's responsibility.

SOCIAL SECURITY NUMBER and BIRTH CERTIFICATE VERIFICATION REQUIREMENTS:

Federal legislation requires applicants to submit verification of social security numbers for all household members regardless of age in the household at the time of assistance with the program.

The verification must be a social security card or other federally supplied form. Copies of all birth certificates must also be received.

If an applicant is unable to provide verification of the social security number, they will not be assisted until this verification is received.

APPLICATION ACCEPTANCE:

Your application can be accepted and your name placed on the waiting list when the following requirements are met:

- a) The application form is filled out completely and signed by all adults in the household.
- b) The applicant statement form is completed.
- c) Disclosure of all social security numbers.

IF YOU ARE A STUDENT AND APPLYING FOR ASSISTANCE:

Only under the circumstances below can a student of higher learning receive housing assistance:

- 1. Must be at least 24 years old by December 31 of current year in which applicant is applying for housing
- 2. Be married; or
- 3. The student must have a child or other dependent who receive more than half their support from the student and who also live with the student; or
- 4. The student must be enrolled as a graduate or professional student (medicine, dentistry, or law); or
- 5. The student must be a qualified veteran of the U.S. military; or
- 6. The student must be an orphan (parents deceased) or ward of the court or was a ward of the court until age 18; or
- 7. The student must have special and unusual circumstances which can be documented to his or her college financial aid administrators (i.e., abuse in the family, alcoholism, etc.). This is extremely rare and only an experienced financial aid administrator at your college can make this “dependency override.”

**APPLICATION FOR RENTAL ASSISTANCE
SCOTLAND COUNTY PUBLIC HOUSING AGENCY**

APPLICATION GENERAL INFORMATION

Applicant Name _____

Current Address _____

City, State, Zip _____

Home Phone # _____

Head Work # _____

Spouse Work # _____

List Names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the assisted unit.

FULL NAME	RELATIONSHIP	RACE	DATE OF BIRTH	PLACE OF BIRTH	SEX	SOCIAL SECURITY #
	Head of Household					

Ethnicity of Head of Household: Hispanic _____ Non-Hispanic _____

Does anyone live with you now who are not listed above? Yes _____, No _____.

If yes, please explain: _____

Do you plan to have anyone live with you in the future who are not listed above? Yes _____, No _____

If yes, please explain: _____

If a family has a family member with a disability or handicap (per HUD definition), this may qualify the family for additional deductions. Do you feel that you may qualify for the deductions allowed for disability or handicap status? Yes _____, No _____. If yes, list family member(s) who would qualify: _____

List all previous used names of head, spouse or other adults, such as maiden name, previous marriages, aliases, Etc. _____

Your previous address: _____

CURRENT HOUSING STATUS

Do you wish to move? Yes _____, No _____. If yes, explain: _____

Are you being evicted? Yes _____, No _____. If yes, explain: _____

What is your current rent? _____ What utilities do you pay? _____

Are **you currently living in a governmental subsidized unit?** (e.g. (HUD) Public Housing, Section 8, Section 236, or Section 221(d) (3) subsidized unit?) Yes _____, No _____.

Name and Address of rental assistance office: _____

List previous two (2) landlords: Name: _____ Address: _____

Do you consider yourself homeless at time of application? Yes _____, No _____.

INCOME INFORMATION

Please answer each of the following questions. For each “Yes” answer, provide the details in the chart following:

		YES	NO
1	Is any member of your household 18 or over and a full-time student? If yes, whom?		
2	Does anyone receive grants, scholarships or income for educational purposes?		
3	Does any member of your household receive income from a business or self-employment?		
4	Is any member of your household employed, full-time, part-time or seasonally?		
5	Does any member of your household expect to work for any period during the next 12 months?		
6	Does any member of your household work for someone who pays him or her in cash?		
7	Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?		
8	Does any member of your household now receive, or expect to receive unemployment?		
9	Does any member of your family now receive or expect to receive child support?		
10	Is any member of your household entitled to child support that he/she is not now receiving		
11	Does any member of your household now receive or expect to receive alimony?		
12	Is any member of your household entitled to alimony that he/she is not now receiving?		
13	Does any member of your household receive or expect to receive TANF?		
14	Does any member of your household receive or expect to receive food stamps?		
15	Does any member of your household receive or expect to receive benefits from Veterans Administration?		
16	Does any member of your household receive or expect to receive Social Security, SSI or SSD?		
17	Does any member of your household receive or expect to receive income from a pension or annuity?		
18	Does any member of your household receive regular cash contributions from individuals not living in the unit or from other agencies? Explain:		
19	Does any member of your household receive income from assets including interest on checking, savings, dividends from CDs, stocks or bonds, or income from rental or farm property?		
20	Does any member of your household receive or expect to receive any type of income from any source whatsoever not listed above? Explain:		
21	Do others help pay any household bills or personal expenses? If so, who? Which bills? How much?		

For each type of income or help from other persons or agencies, that your household receives, give the source of the income and the amount of income that can be expected from the source during the next 12 months.

FAMILY MEMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSETS INFORMATION

Installment checking and savings accounts (including IRA's, KEOGH and CD's) of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	CURRENT BALANCE

List value of all stocks, bonds, trusts, pension contributions or other assets: _____

Do you own a home or other real estate? Yes _____, No _____.

Have you sold or given away real property or other assets in the past two years? Yes _____, No _____.

If yes, what is the current market value of those assets? _____

EXPENSES

Do you pay for childcare, which enables you or another family member to work or go to school?

Yes _____, No _____. If yes, give name and address of care provider, weekly cost and name of family member enabled to work. _____

Handicapped Families Only:

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? Yes _____, No _____. If yes, describe expense: _____

Do you have Medicare? Yes _____, No _____. If yes, what is your medical premium? \$ _____

Do you have any other kind of medical insurance? Yes _____, No _____. If yes, give policy number and agent's name. _____

Do you have any outstanding medical bills on which you are paying? Yes _____, No _____. If yes, please explain. _____

Do you expect to incur any medical expenses during the next 12 months? Yes _____, No _____. If yes, please explain. _____

Criminal History

Have you or any member of your household committed an illegal drug-related, violent criminal activity or other felony? Yes _____, No _____. Whom? _____

If so, in what state: _____, County _____
or municipality _____ are you on record?

Are any adults in the household registered sex offenders? Yes _____, No _____.

If yes, whom? _____

COMMENTS OR ADDITIONAL INFORMATION

APPLICANT CERTIFICATION: I/We certify that the information given to the Scotland County PHA on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for denying or termination of assistance.

Signature of Head of Household

Date

Signature of Spouse/Adult

Date

Adult

Date

Application reviewed by:

Date

Time

APPLICANT STATEMENT

1. I am applying for the following county (s): _____.
2. I feel that the number of bedrooms that would most efficiently serve my needs is: _____.
3. I have read and understand the waiting list procedures.
4. I understand that I am to notify the PHA in writing if any of the following changes occur while I am on the waiting list:
 - **Change of household composition (number of people who will live in assisted housing),**
 - **Change of address**
 - **Change of income**
5. I understand that the PHA will notify me by mail when an opening becomes available.
6. I understand that I will have ten (10) days to respond to claim the opening.
7. I understand that failure to respond within ten (10) days will result in my application being withdrawn from the waiting list.
8. **I understand that social security number birth certificate verification will be required prior to program participation.**

Head of Household

Date

Spouse/Adult

Date

Adult

Date

MEDICAL EXPENSES

The medical expense deduction is permitted only for households in which the head or spouse is at least 62 or disabled (elderly or disabled households).

If the household is eligible for a medical expense deduction, the medical expenses of all family members may be counted (e.g., the orthodontist expenses for a child's braces may be deducted if the household is an elderly or disabled household).

Medical expenses are expenses anticipated to be incurred during the 12 months following certification or reexamination which are not covered by an outside source such as insurance. The medical allowance is not intended to give a family an allowance equal to last year's expenses, but to anticipate regular ongoing and anticipated expenses during the coming year.

PLEASE LIST OUT OF POCKET EXPENSES ONLY

These may include:

- Services of doctors and health care professionals.
- Services of health care facilities.
- Medical insurance premiums

If you have questions whether your expenses are countable, see IRS Publican 502.

PHYSICIANS:

ADDRESSES:

PHARMACY: (only prescription drugs are allowed for these purposes)

INSURANCES:

HOSPITALS:

DENTISTS:

OTHER COSTS:

DECLARATION OF 214, IMMIGRATION, STATUS FORM

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admission Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury¹, that to the best of my knowledge, I and everyone listed below, are lawfully within the United States because (Please check appropriate box):

_____ I am a citizen by birth, a naturalized citizen or a national of the United States: or

_____ I have eligible immigration status and I am 62 years of age or older.²

_____ I have eligible status as checked:

_____ Immigrant status under §101(a) (15) or §101(a) (20) of the Immigration and Nationality Act (INA)³; or

_____ Permanent residence under §249 of INA⁴; or

_____ Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA⁵; or

_____ Parole status under §212(d) (5) on the INA⁶; or

_____ Threat to life or freedom under §243(h) or the INA⁷; or

_____ Amnesty under §245 of the INA⁸.

Instructions to Housing Authority: Following verification status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date it was obtained. A HA signature is not required.

Instruction to Family Member completing form: Print or type first name, middle initial(s), and last name. Place an "x" in the appropriate boxes.

CONSENT: I consent to allow the Scotland Co. PHA to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HA, or both.

Spouse

Family Members under Age 18

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.

² **Eligible immigration status and 62 years of age or older.** For non-citizens 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)(20) of INA.** A non-citizen 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)(15)) and (8 U.S.C. 1101(a)(20)) respectively [immigrant status]. This category includes a non-citizen 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 non-citizen 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 non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C.1157)[refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158)[asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or for fear 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) on INA.** A non-citizen 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 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 non-citizen 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 non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a)[amnesty granted under INA §245A].

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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: 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.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: 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.

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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 and the Housing Agency/Authority (HA)

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

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

SCOTLAND COUNTY PUBLIC HOUSING AGENCY
121 SOUTH CECIL STREET, MEMPHIS MO 63555 660-465-72810

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

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

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

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

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

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

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

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

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

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

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

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

Signatures:

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

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

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

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