



SAUK-SUIATTLE HOUSING DEPARTMENT
5318 CHIEF BROWN LANE
DARRINGTON, WA 98241
PHONE: 360-436-2213
FAX: 360-436-2847

SSIT HOUSING DEPARTMENT

APPLICANT NAME

DATE OF APPLICATION

EMAIL 1

EMAIL 2

HOUSING STAFF RECEIVED BY

DATE RECEIVED

Please specify which programs you would like to apply for

- TBRA DOWN PAYMENT ASSISTANCE HOME REPAIR
 LOW RENT EMERGENCY SHELTER

Please choose your household composition

- ENROLLED SAUK-SUIATTLE ENROLLED IN A DIFFERENT TRIBE

NAME OF TRIBE

- SAUK-SUIATTLE DESCENDANT NON-NATIVE

Please choose one from the following list that best describes your household composition

- Enrolled Veteran Elder
 Enrolled Veteran Disabled
 Enrolled Veteran Homeless
 Enrolled Veteran Rent Burdened
 Enrolled Veteran living in substandard housing
 Enrolled Elder
 Enrolled Disabled
 Enrolled Homeless
 Enrolled Rent Burdened
 Enrolled member living in substandard housing
 Enrolled
 Enrolled in another federally recognized tribe _____

Please keep in mind that you are **NOT ELIGIBLE** if:

- You have any past due accounts with SSIT
- You have been previously evicted from any program administered by SSIT housing or HUD
- If you or ANYONE in your household is a registered sex offender.

FEBRAURY 2022



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Your application will not be processed until its complete. For your application to be considered complete, you must have all required documentation turned in.

- All signatures
- Orca form filled out
- Copy of birth certificates for ALL household members
- Tribal Membership verification
- Copy of Social Security Cards for ALL household members
- Income Verification for ALL household members 18 and over. (Preferably a tax return)
- Any net family assets (stocks, bonds, investments, ETC)
- Expenses:
 - Childcare expenses
 - Elderly or handicap expenses
 - Medical expenses
 - Academic expenses
- Verification of Per capita
- Verification of disability (if applicable)
- Signature of Privacy Act Statement
- Verification of academic enrollment (if applicable)
- Verification of unemployment (if applicable)
- Verification of employment and income

You may return your completed application and required documentation by office drop off, mail, Fax, or email.

Sidney Curnow
Executive Director of Housing
Email: scurnow@sauk-suiattle.com
Phone: (360) 436-2230 Ext. 220

Sharmen Enick-Pizano
Housing Receptionist
Email: senick-pizano@sauk-suiattle.com
Phone: (360) 436-2213
Or: (360) 436-0131 Ext. 263
Fax: (306) 436-2847



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SSIT HOUSING DEPARTMENT
HOUSING APPLICATION

NAME _____

ADDRESS _____

EMAIL _____

LIST ALL HOUSEHOLD MEMBERS

	NAME	RELATION TO HEAD OF HOUSEHOLD	D.O.B	TRIBAL ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER
1.		SELF			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

INCOME

	NAME	WAGES	PENSION	AFDC	SSI	FISHING	GA	Other
1.								
2.								
3.								

TOTAL GROSS ANNUAL INCOME \$ _____



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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ request and authorize the Sauk-Suiattle Indian Tribal Housing Department to obtain any and all information pertaining to my housing application to determine my eligibility for housing assistance. For example: bank financial information, cash assistance of any kind (GA/SSI/SSDI/etc) wage information and tribal enrollment. Please release my information in full to the following entity:

**Sauk-Suiattle Indian Tribal Housing Department
5318 Chief Brown Lane
Darrington, Washington 98241
Fax 360-436-2847**

The purpose of this disclosure is to determine eligibility for housing assistance.

Material to be released – ANY and ALL

My signature indicates that I have read this form. I know that any and all of my information is to be disclosed for determining my housing eligibility.

This consent form does not expire unless I revoke it in writing, I am informed that I may revoke (in writing) this consent at any time.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

AUTHORIZING SIGNATURE

DATE

ADDRESS

PHONE



SAUK-SUIATTLE HOUSING DEPARTMENT
5318 CHIEF BROWN LANE
DARRINGTON, WA 98241
PHONE: 360-436-2213
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SSIT HOUSING DEPARTMENT
VERIFICATION OF UNEMPLOYMENT

Applicant/Tenant Name: _____
Applicant/Tenant Address: _____
Applicant/ Tenant Telephone Number: _____
Social Security Number: _____

The individual named above is an applicant for or receives housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal Regulations require that for the family to be eligible, we must verify the families' income, expenses and other information related to eligibility. The Individual has authorized below your release of the requested information. The information provided will be used to determine the families' eligibility for the program. We are required to complete our verification process in a short time and would appreciate your prompt response. If you have any questions, please feel free to contact the housing office.

TO BE COMPLETED BY AGENCY

This certifies that the family identified above receives financial assistance:

Case Name: _____ Case Number: _____

Start Date: _____ Close Date: _____

Weekly Amount: _____

Do you expect any change in payment in the near future? No Yes (if yes, please explain):

Other Income (if applicable) _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

AUTHORIZING SIGNATURE DATE

ADDRESS

PHONE



SAUK-SUIATTLE HOUSING DEPARTMENT
5318 CHIEF BROWN LANE
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SSIT HOUSING DEPARTMENT

VERIFICATION OF EMPLOYMENT

The individual named below is an applicant for housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I _____ Authorize
_____ to release any
Information requested below regarding my employment and compensation.

TO BE COMPLETED BY AGENCY

- Start date of employment _____ Position _____
- Date of termination (if applicable) _____
- This position is classified as Full time Part time Seasonal Temporary
- Current rate of pay \$ _____ Per Hour Week Month
- Current rate of overtime pay \$ _____
- Number of hours employee normally works per week _____
- Anticipated amount of overtime hours per week _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

AUTHORIZING SIGNATURE

DATE

ADDRESS

PHONE



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SSIT HOUSING DEPARTMENT
VERIFICATION OF GENERAL WELFARE

The individual named below is either an applicant or is named on an application for housing assistance, which is subsidized through the department of housing and urban development. Federal regulations require that in order for the family to be eligible, we must verify each family members income. The individual named below has authorized you to release the requested information. The information you provide will only be used for determining the family's eligibility for the SSIT housing program. We are required to complete our verification process in a very short time period and thus appreciate your prompt response.

NAME

ENROLLMENT #

TRIBE NAME

TRIBE ADDRESS

D.O.B

SS#

PHONE #

FAX #

PLEASE RETURN TO:

Sauk-Suiattle Indian Tribal Housing Department
5318 Chief Brown Lane
Darrington, Washington 98241
Fax 360-436-2847

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

AUTHORIZING SIGNATURE

DATE

ADDRESS

PHONE



SAUK-SUIATTLE HOUSING DEPARTMENT
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SSIT HOUSING DEPARTMENT
VERIFICATION OF ACADEMIC ENROLLMENT

NAME _____

ADDRESS _____

EMAIL _____

PHONE NUMBER _____

The individual named below is either an applicant or is named on an application for housing assistance, which is subsidized through the department of housing and urban development. Federal regulations require that in order for the family to be eligible, we must verify each family members income. The individual named below has authorized you to release the requested information. The information you provide will only be used for determining the family's eligibility for the SSIT housing program. We are required to complete our verification process in a very short time period and thus appreciate your prompt response.

I _____, hereby authorize _____
To release the information requested below.

NAME _____

DATE _____

The above person is enrolled in school: Full time Part time Other, please describe _____

For the following quarter: Spring Fall Winter Summer

Hours / per week attending classes _____ Amount of financial aid awarded \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

AUTHORIZING SIGNATURE _____

DATE _____

ADDRESS _____

PHONE _____



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SSIT HOUSING DEPARTMENT
VERIFICATION OF CHILDCARE EXPENSES

NAME OF CHILD IN DAYCARE	D.O.B
NAME OF CHILD IN DAYCARE	D.O.B
NAME OF CHILD IN DAYCARE	D.O.B
NAME OF CHILD IN DAYCARE	D.O.B
NAME OF CHILD IN DAYCARE	D.O.B

I _____ hereby authorize the release of information regarding any and all information related to financial responsibility for daycare services for the above-named children. This release of verification is effective upon signature and for one (1) year after this date.

NAME OF APPLICANT _____ DATE _____

NAME OF DAYCARE _____

ADDRESS _____

Monthly amount paid OUT OF POCCKET by the applicant is \$ _____
Approximate date childcare expenses begun _____
Are there any additional costs that this facility requires a family to pay out of pocket? \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

AUTHORIZING SIGNATURE _____ DATE _____

ADDRESS _____

PHONE _____



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5318 CHIEF BROWN LANE
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**SSIT HOUSING DEPARTMENT
HANDICAP-DISABILITY VERIFICATION**

NAME OF APPLICANT _____ DATE _____

DR NAME _____

ADDRESS OF DR'S OFFICE _____

The applicant named above stated that he/she has a handicap. Federal regulations require that we verify handicap/disability status of an applicant that is applying for Federal Housing Assistance.

I _____ hereby authorize the release of information regarding any and all information related to the above-named applicant. This release of verification is effective upon signature and for one (1) year after this date.

NAME OF APPLICANT _____ DATE _____

DOES DOES NOT have a disability or handicap as defined below.

Approximate date handicap/disability begun _____

Does the above person have special accessibility requirements? Please explain _____

HANDICAPPED PERSON: A person having physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live independently, and (c) is of such a nature that such ability could be improved by more suitable housing conditions.

- **DISABLED PERSON:** A person who is any of the following: A person who has a disability as defined in section 223 of the Social Security Act. (42 U.S.C. 423)
- A person who has a physical, mental, or emotional impairment that:
- Is expected to be of long continued and indefinite duration;
- Substantially impedes his or her ability to live independently; and
- Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

DEVELOPMENTALLY DISABLED PERSON: (42 U.S.C. Section 6001(7)). A person with a severe chronic disability that (a) is attributed to mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two (22); (c) is likely to continue indefinitely; (d) results in a substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and (e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

AUTHORIZING SIGNATURE _____ DATE _____

ADDRESS _____

PHONE _____



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FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Sauk-Suiattle Indian Tribe Housing Department at application or re-examination. HUD will collect the information on Form HUD-5008. The data it will collect includes name, sex, birthday, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental/house payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We are also required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD assisted Housing Department. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal, or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 USC 3543 requires applicants and residents to give the Authority the SSN's of household members at least six (6) years old. If you are receiving housing assistance and you have been issued or use SSN's and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your assistance.

I HAVE READ THE FEDERAL PRIVACY ACT STATEMENT

NAME _____

DATE _____

Check One: Investigative Reports Co-Signer Mini Super-Mini Orca Killer Whale

\$ Non-Refundable Investigative Fee



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: Unit # Rent Amount

Applicant's Complete Name: Date of Birth:

SSN# DL#/State issued:

Tel# Email Address:

Other Occupant's Name, Age & Relationship:

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: Y N

Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

Street City State Zip Apt # Name of Apts How Long (Mo/Da/Yr) From To Pymts / Rent Pd To Amt Landlord/Mgmt Co. Address Tel# Rent/Own/Lease Email:

PRIOR ADDRESS (Required Entry)

Street City State Zip Apt # Name of Apts How Long (Mo/Da/Yr) From To Pymts / Rent Pd To Amt Landlord/Mgmt. Co. Address Tel# Rent/Own/Lease Email:

Current Employer Tel# Supervisor

Dept / Attached to Occupation Rank

Hire Date Monthly Salary Full Time Part Time

Address Suite City State/Zip

Prior Employer Tel#

Dept / Attached to Occupation Rank

Hire Date Monthly Salary Full Time Part Time

Address Suite City State/Zip

- Additional income (Interest Child Support, Etc) Bank Acct# Branch Tel# Pets? Yes No If yes, number, size, and type(s) Disability status and require special accommodations?

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever had wages garnished? Yes No If Yes, when was last time garnished and what did you owe causing garnish? (Give debt details):

Ever been taken to court for owing money? Yes No

If Yes, to whom did you owe money? (Provide details: Name of company, amount owed, location of courthouse):

Ever had a judgment filed against you for money owed? (Give details):

Ever been evicted or refused to pay rent? Yes No Ever been Charged or Convicted of a Crime? Yes No

If yes to any of the above, give details: What is the nature of the offense? What County (ies) and State(s)?

When?

Ever used any other name(s)? Yes No If yes, list name(s)

Are you or any other household member a Registered or Unregistered Sex Offender? Yes No

What other states have you live d in?

Ever had bedbugs or any other infestation? Yes No If yes, what type of infestation:

Do you or any other household member smoke? Yes No

Have you or any other household member filed bankruptcy? Yes No If yes, when:

Auto/Year/Make/Lic# 1) 2)

Emergency Contact Address Tel#

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

Ph #: (360) 436-2213 Fx #: (360) 436-2847 qbowen@sauk-suitttle.com

Sauk-Suitttle Indian Tribe

Orca Information, Inc. Phone: 360-588-1633 / 800-341-0022 Fax: 360-588-1189 / 800-522-6722



Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2020

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., 120 E. George Hopper Rd, Suite 108, Burlington, Washington 98233, Ph: 360-588-1633. I certify that to the best of my knowledge all statements are "true and complete". I further authorize ORCA Information, Inc. to obtain Credit Reports, Employment References (including verifying salary), Court Records and Character References, Mode of Living, and Rental References as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application.

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

You have the right to obtain a free copy of the consumer report in the event of a denial or other adverse action, and to dispute the accuracy of information appearing in the consumer report. The consumer reporting agency:

Orca Information, Inc.
120 E. George Hopper Road, Suite 108
Burlington, WA 98233
Phone 800-341-0022 Fax 800-522-6722

I also understand Orca Information's role is to provide background information to landlord/property manager. Orca Information does not make the decision to lease/rent or take any adverse action. Decision to lease/rent remains with the property manager/landlord.

Applicant's Name (please print)

Applicant's Signature

Date of Authorization

Manager's/Assistant Manager's Signature

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. 07/31/2021

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)