

Poarch Creek Indians Housing Authority
5811 Jack Springs Road Atmore, Alabama 36502

Telephone Number: (251) 368-9136

Applicant(s) _____
 Address _____

 Email Address _____

Date _____
 Phone No. _____
 Work No. _____

Family Composition

| | List <u>ALL</u> family members who will live or is living in the Home | Relation To Head | Date of Birth | Age | Sex | Social Security Number | Tribal Roll No. |
|----|---|------------------|---------------|-----|-----|------------------------|-----------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |

Anticipated Change in family Composition: _____

Total Family Income

List all earned income and income received by all household members. This included income from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, veteran benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

| Household Member | Earned Income Employer/Telephone# | Unearned Income All Income Sources | Senior Benefits/Per Capita Payment | Total Income |
|------------------|--------------------------------------|---------------------------------------|---------------------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Household Income \$ _____

All applications are good for **one year**. After one year your application is discarded, if this occurs you will need to reapply. It is the applicant's responsibility to update the application. **You are responsible for providing all required information.** If the required information is not provided the application will be considered incomplete.

Warning and Signatures

Title 18, Section 1001, of the United States Code states that a person is guilty of a felony for knowingly and/or willing making false or fraudulent statements to any department or agency of the United States.

Advised of the above, I hereby swear and attest that all of the information provided on this application is true and correct. I also understand that all changes in the household income and family composition must be reported within ten (10) days in writing to the Housing Authority.

Signature of Applicant

Date

Signature of Spouse if Applicable

Date

Signature of Other Household Adult

Date

Housing Staff Member Receiving Application

Date

1. Rental

| | | | |
|--------------------|---|-----|----|
| Homeless | Current Living Arrangements _____ | Yes | No |
| Substandard Living | In adequate: heating or air plumbing wiring | Yes | No |
| Overcrowded Living | How many bedrooms? _____ To how many people _____ | Yes | No |

Answer the following questions:

| | | |
|---|----------|------------|
| Does anyone outside your household pay for any of your bills or give you money? If yes, explain _____ | Yes | No |
| Have you or any household member(s) ever used any names(s) or Social Security Numbers(s) other than the one you currently use? If yes, explain _____ | Yes | No |
| Have you or any household member(s) ever been convicted of any crime other than traffic violations? | Yes | No |
| Have you or any household member ever committed any fraud in an assisted housing program or been requested to repay money for knowingly misrepresenting information for any housing programs? If yes, explain _____ | Yes | No |
| Have you or any family member lived in a Tribal rental unit? If yes, which subdivision: _____ When: _____ | Yes | No |
| **PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION** | | |
| Proof of Income of <u>ALL</u> people listed on application | Received | Incomplete |
| Copy of Tribal ID card on <u>ALL</u> Tribal Members listed on application | Received | Incomplete |
| Copy of Social Security Cards for <u>ALL</u> people listed on application | Received | Incomplete |
| Verification from doctor or Social Security and/or Social Supplemental Security Income award letter must be provided. | Received | Incomplete |
| Copy of Marriage Certificate, if married | Received | Incomplete |
| Copy of Divorce papers showing if you have full or joint physical custody of children | Received | Incomplete |
| Copy of Veteran's Verification (DD214) | Received | Incomplete |
| Written proof of substandard living conditions | Received | Incomplete |
| Written proof of overcrowded living conditions | Received | Incomplete |
| MUST SIGN THE AUTHORIZATION FOR BACKGROUND CHECK | Received | Incomplete |

A. Walker Subdivision (Pensacola, FL)

| | | | |
|--|--|------------|----|
| Homeless | Current Living Arrangements _____ | Yes | No |
| Substandard Living | In adequate: heating or air plumbing wiring | Yes | No |
| Overcrowded Living | How many bedrooms? _____ To how many people? _____ | Yes | No |
| Does anyone outside your house hold pay for any of your bills or give you money? If yes, Explain. _____ | Yes | No | |
| Have you or any house hold member (s) ever been convicted of any crime other than traffic violations? If yes, Explain. _____ | Yes | No | |
| Have you or any household member ever committed any fraud in a housing program or been requested to repay money for knowingly misrepresenting information for any housing programs? If yes, explain. _____ | Yes | No | |
| Have you or any family member lived in a tribal rental unit? If yes, which subdivision: _____ When: _____ | Yes | No | |
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| Verification from doctor or Social Security and/or Social Supplemental Security Income award letter must be provided. | Received | Incomplete | |
| Copy of Marriage Certificate, if married | Received | Incomplete | |
| Copy of Divorce papers showing if you have full or joint physical custody of children | Received | Incomplete | |
| Copy of Veteran's Verification (DD214) | Received | Incomplete | |
| Written proof of substandard living conditions | Received | Incomplete | |
| Written proof of overcrowded living conditions | Received | Incomplete | |
| MUST SIGN THE AUTHORIZATION FOR BACKGROUND CHECK | Received | Incomplete | |

B. Moniac Townhouses

| | | |
|--|-----------------|-------------------|
| Homeless | Yes | No |
| Substandard Living In adequate hearing ___ plumbing ___ wiring ___ | Yes | No |
| Overcrowded Living How many bedrooms _____ to how many people _____ | Yes | No |
| Does anyone outside your house hold pay for any of your bills or give you money? If yes, Explain. _____ | Yes | No |
| Have you or any house hold member (s) ever been convicted of any crime other than traffic violations? If yes, Explain. _____ | Yes | No |
| Have you or any household member ever committed any fraud in a housing program or been requested to repay money for knowingly misrepresenting information for any housing programs? If yes, explain. _____ | Yes | No |
| Have you or any family member lived in a tribal rental unit? If yes, which subdivision: _____ When: _____ | Yes | No |
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| Copy of Marriage Certificate, if married | Received | Incomplete |
| Copy of Divorce papers showing if you have full or joint physical custody of children | Received | Incomplete |
| Copy of Veteran's Verification (DD214) | Received | Incomplete |
| Written proof of substandard living conditions | Received | Incomplete |
| Written proof of overcrowded living conditions | Received | Incomplete |
| MUST SIGN THE AUTHORIZATION FOR BACKGROUND CHECK | Received | Incomplete |
| MUST HAVE A CREDIT SCORE OF 550 OR HIGHER | | |
| NO PETS WILL BE ALLOWED | | |

II. Renovation Loan

(All work must be performed on primary residence)

| | | |
|---|-----------------|--------------------|
| Amount Requested \$ | | |
| Description any/all of Improvements: _____ | | |
| Work to be performed by: _____ Contractor _____ Self | | |
| If Contractor, Please provide the Contractor's information (including address and phone number): | | |
| Company Name: | Address: | Telephone Number: |
| | | Cell Phone Number: |
| Company Owner: | | Fax Number: |
| | Email address: | |
| Materials to be furnished by: _____ | | |
| **PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION** | | |
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| Copy of Tribal ID card on ALL Tribal Members listed on application | Received | Incomplete |
| Copy of Social Security Cards for ALL people listed on application | Received | Incomplete |
| Copy of your Home Owners Insurance | Received | Incomplete |
| Copy of Deed/Lease (If manufactured home, copy of the Title or other proof of ownership) | Received | Incomplete |
| Copy of Marriage Certificate, if married | Received | Incomplete |
| You are required to pay a Land Restriction fee upon approval of application. Fee depends on State. | Received | Incomplete |
| MUST HAVE A CREDIT SCORE OF 550 OR HIGHER | | |

III. Rehabilitation Assistance

Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying: _____

Please give detailed directions to the house to be rehabilitated:

| | | | |
|-----|---|-------------------------|-------------------|
| 1. | To your knowledge have you received assistance through the Housing Improvement Program (HIP) for this house, or have you or anyone in your household ever received HIP assistance? If yes, indicate amount \$ _____ for whom: _____ when: _____ | Yes | No |
| 2. | If repair assistance is needed, do you own or rent the home? | Own | Rent |
| 3. | If renting, is the owner Indian? | Yes | No |
| 4. | Type of Sewer System? (Please circle one.) City Sewer, Septic Tank, Chem. Toilet, Outhouse, and Other. If other please describe. _____ | | |
| 5. | Water Source? (Please Circle One.) City Water, Private Well, Community Water Tank, or Other. If other please describe: _____ | | |
| 6. | Number of Bedrooms? _____ House Size: (Square Feet) _____ | | |
| 7. | What year was home built? | | |
| 8. | Has any structural damage occurred to the home in the past 5 years? | Yes | No |
| 9. | What type of Heating and Cooling System is in the home? (Please circle one.) Gas Furnace, Oil Furnace, Fireplace, Radiant Heat, and/or Electric Heat and Air | | |
| 10. | Bathroom facilities in existing house: | | |
| | Facility | | |
| | Flush Toilet | Yes | No |
| | Bathtub | Yes | No |
| | Sink/Lavatory | Yes | No |
| 11. | Do you own the land on which the home is located? If you do not own the land on which the home is located provide the name and contact information of the owners: | Yes | No |
| 12. | If you do not own the land, do you have leasehold interest? If yes, explain | Yes | No |
| 13. | If you do not own the land, do you have a land use permit? If yes, explain | Yes | No |
| 14. | If you do not own the land, do you have indefinite assignment or joint ownership? If yes explain | Yes | No |
| 15. | What is the current Status of the land? | Fee | Tribal Fee |
| | | Individual Trust Land | Native/Restricted |
| 16. | What is the current Status of the land? | Tribal Trust Land | Public Domain |
| | | Individually Restricted | Other: |
| 17. | What is the current Status of the land? | Tribally Restricted | |
| 18. | Do you own any other house not occupied by your family? If yes where is the house located: Who Occupies it: | Yes | No |
| 19. | Do you live in a house built with Housing and Urban Development (HUD) funds? | Yes | No |
| 20. | If so, is the house still under the operation of an Indian Housing Authority? | Yes | No |
| 21. | If you are requesting assistance for a new housing unit, have you applied for assistance from the Indian Housing Authority? If yes, provide date of application: | Yes | No |
| 22. | If you are requesting assistance for a new housing unit, have you applied for assistance from the Section 184 Program? If yes, provide date of application: | Yes | No |
| 23. | If you are requesting assistance for a new housing unit, have you applied for assistance from any other program? If yes, provide date of application: _____ What program? | Yes | No |
| 24. | Does anyone in your family, who is a permanent resident listed on this application, have severe health problems, handicap or permanent disability? If yes, please provide name of family member | Yes | No |
| 25. | Add a brief description of their condition. (You may be required to include a physician's certification, Social Security or Veterans Affairs determination, or similar determination. _____) | | |

| | | | |
|---|-----------------|--|-------------------|
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| Copy of Tribal ID card on ALL Tribal Members listed on application | Received | | Incomplete |
| Copy of Social Security Cards for ALL people listed on application | Received | | Incomplete |
| Copy of payment history for the past 6 months on a Utility Bill | Received | | Incomplete |
| Copy of your Home Owners Insurance | Received | | Incomplete |
| Copy of Deed/Lease (If manufactured home, copy of the Title or other proof of ownership) | Received | | Incomplete |
| A copy of Marriage Certificate, if married | Received | | Incomplete |
| You are required to pay a Land Restriction fee upon approval of application. Fee depends on State. | | | |

IV. Heating and Cooling Loan Program

| | | |
|--|----------------|--------------------|
| Amount Requested \$ | | |
| Description of Improvements : _____ | | |
| Please provide Contractor's name and Contractor's name and contact information (including address and phone number): | | |
| Company Name: | Address: | Telephone Number: |
| | | Cell Phone Number: |
| Company Owner: | | Fax Number: |
| | Email address: | |
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| Copy of Tribal ID card on <u>ALL</u> Tribal Members listed on application | Received | Incomplete |
| Copy of Social Security Cards for <u>ALL</u> people listed on application | Received | Incomplete |
| Copy of Marriage Certificate, if married | Received | Incomplete |
| Copy of Deed/Lease or (If manufactured home, copy of the Title or other proof of ownership) | Received | Incomplete |

V. Senior Emergency Program

| | | |
|--|----------------|--------------------|
| Amount Requested \$ | | |
| Description of Improvements: _____ | | |
| Please provide Contractor's name and Contractor's name and contact information (including address and phone number): | | |
| Company Name: | Address: | Telephone Number: |
| | | Cell Phone Number: |
| Company Owner: | | Fax Number: |
| | Email address: | |
| **PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION** | | |
| Proof of Income of <u>ALL</u> people listed on application | Received | Incomplete |
| Copy of Tribal ID card on <u>ALL</u> Tribal Members listed on application | Received | Incomplete |
| Copy of Social Security Cards for <u>ALL</u> people listed on application | Received | Incomplete |
| Copy of your Home Owners Insurance | Received | Incomplete |
| Driver's License for Seniors | Received | Incomplete |
| Copy of Marriage Certificate, if married | Received | Incomplete |
| Verifiable Proof of Handicap or Disability | Received | Incomplete |
| Copy of payment history for the past 6 months on a Utility Bill | Received | Incomplete |
| Copy of Deed/Lease (If manufactured home, copy of the Title or other proof of ownership) | Received | Incomplete |

VI. TAHO

A. Present Housing Conditions and Need:

| | | |
|---|-----------------|-------------------|
| Without Housing: | Yes | No |
| a.) Reason: | | |
| b.) Present Living Arrangements: | | |
| Living Under Substandard Housing Conditions: | Yes | No |
| a. Dwelling structurally Unsafe | Yes | No |
| b. No Running water in dwelling | Yes | No |
| c. No usable/flushing toilet in dwelling | Yes | No |
| d. No installed Usable Tub/Shower in dwelling | Yes | No |
| e. No operating sink or proper stove connections in kitchen | Yes | No |
| f. Inadequate or no electric wiring system in dwelling | Yes | No |
| g. Inadequate or unsafe heating/cooling system in dwelling | Yes | No |
| h. Overcrowded: Number of BR's _____ Number of people: _____ | Yes | No |
| i. Single family dwelling occupied by 2 or more families: | Yes | No |
| Other conditions and factors of housing needs (Specify): _____ _____ | | |
| Monthly amount now paying for rent and utilities \$ _____ | | |
| Veteran: Yes _____ No _____ 1. Branch of Service: _____ 2. Years of Service: _____ | | |
| Disabled head, spouse, or single-person application: Yes _____ No _____ 1. Member Disabled: _____ 2. Nature and extent of disability: _____ | | |
| Physically handicapped head, spouse, or single-person application: Yes _____ No _____ 1. Member Disabled: _____ 2. Nature and extent of disability: _____ | | |
| **PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION** | | |
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| Copy of Tribal ID card on ALL Tribal Members listed on application | Received | Incomplete |
| Copy of Social Security Cards for ALL people listed on application | Received | Incomplete |
| Letter From Cultural /Archives on ALL Indian Descent | Received | Incomplete |
| Current Years Tax Return | Received | Incomplete |
| Verifiable Proof of Handicap or Disability | Received | Incomplete |
| Copy of Marriage Certificate, if married | Received | Incomplete |
| Copy of Veteran's Verification (DD214) | Received | Incomplete |
| Copy of deed where you want to build | Received | Incomplete |
| Written proof of substandard living conditions | Received | Incomplete |
| Written proof of overcrowded living conditions | Received | Incomplete |
| MUST HAVE A CREDIT SCORE OF 550 OR HIGHER | | |

VII. Replacement Home

(Tribal Seniors & Tribal Disabled Only)

Provide a brief description of the problems you feel are condemning the home making it "Beyond Repair."

Please give detailed directions to the home:

| | | | |
|-----|---|------------|-----------|
| 1. | Are you a Tribal Senior age 55 years or older? | Yes | No |
| 2. | Are you a Tribal Disabled Person over 21 years of age? | Yes | No |
| 3. | To your knowledge have you received assistance through any Housing Program resulting in the replacement or construction of a new home within the last twenty (20) years? If yes, indicate date _____ for whom: _____ | Yes | No |
| 4. | To your knowledge do you have any delinquent accounts with the Tribe, its departments, authorities, commissions or other entities? | Yes | No |
| 5. | Is home located in the five county service areas? Alabama: Baldwin, Escambia, Mobile, or Monroe County; and in Florida: Escambia County | Yes | No |
| 6. | Do you own the land on which the home located? | Yes | No |
| 7. | Have you owned the home for at least the past five (5) years? | Yes | No |
| 8. | Has any structural damage occurred to the home in the past 5 years? | Yes | No |
| 9. | Was damage filed under insurance claim? | Yes | No |
| 10. | Was claim denied? | Yes | No |
| 11. | Was claim approved? | Yes | No |
| 12. | Is the dwelling structurally unsafe? | Yes | No |
| 13. | Do you live in a house built/bought with Federal funds? | Yes | No |

****PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION****

| | | |
|--|-----------------|-------------------|
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| Copy of Tribal ID card on ALL Tribal Members listed on application | Received | Incomplete |
| Copy of Social Security Cards for ALL people listed on application | Received | Incomplete |
| Verifiable Proof of Handicap or Disability | Received | Incomplete |
| Copy of Marriage Certificate, if married | Received | Incomplete |
| Copy of Deed to the Home and Deed to the Land (If manufactured home, copy of the Title or other proof of ownership) | Received | Incomplete |
| Copy of payment history for the past 12 months on a Utility Bill | Received | Incomplete |
| Copy of your Homeowners Insurance, if applicable | Received | Incomplete |
| Copy of Insurance Claim Denial letter, if applicable | Received | Incomplete |

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any Investigator bearing this release, or a copy thereof, within one (1) year of its date, to obtain any information from schools, credit bureaus, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, medical, driving record history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name) _____

Full Name (Printed) _____

Other Names Used: _____

Date and Place of Birth: _____

Social Security Number: _____

Today's Date : _____

Current Address: _____

Telephone Number: _____

PRIVACY ACT NOTICE

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by the Indian Child Protection and Family Violence Prevention Act (Public Law 101-630) and the Crime Control Act of 1990 (Public Law 101-647). The purpose of the requested information is to determine your suitability in working with children. We will protect it from unauthorized disclosure. The information will be provided to Tribal personnel who have need for the information in the performance of their official duties. While conducting the investigation, the information may be disclosed to appropriate Federal, Tribal, State, or foreign law enforcement.

NOTICE REGARDING FALSE STATEMENT

A false statement on any part of your application may be grounds for not hiring you, or terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

If additional room is needed, attach a separate sheet labeled with the corresponding sections. Applicant Initials: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Requesting Agency:

Poarch Band of Creek Indians
5811 Jack Springs Road
Atmore, AL 36502

DISCLOSURE

The Federal Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Reform Act of 1996, (Title II, Subtitle D, Chapter I, of Public Law 104-208), permits the procurement of consumer credit reports for certain limited purposes, provided that the agency requesting the report makes a clear and conspicuous disclosure to the applicant that the report may be obtained for those specific purposes and obtains the applicant's written authorization for the credit report.

In accordance with the Fair Credit Reporting Act, you are being informed that Poarch Band of Creek Indians may obtain a consumer credit report on you for purposes of determining your eligibility for certain Housing Department programs. Before taking any adverse action based in whole or in part on the report, the Poarch Band of Creek Indians will provide you with a copy of the report and a summary of your rights concerning same. The information from the report will not be used in violation of any applicable Tribal, federal, or state law or regulation.

AUTHORIZATION

I acknowledge the receipt of the above disclosure and authorize the above named entity to obtain a consumer credit report on me for the limited purposes stated above. The authorization is valid for a period of one (1) year, unless revoked by me in writing earlier. I hereby release all parties from any liability that may result from any investigation conducted and/or the release of information to the Poarch Band of Creek Indians.

Applicant's Name

Spouse's Name- if applicable

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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by the Indian Child Protection and Family Violence Prevention Act (Public Law 101-630) and the Crime Control Act of 1990 (Public Law 101-647). The purpose of the requested information is to determine your suitability in working with children. We will protect it from unauthorized disclosure. The information will be provided to Tribal personnel who have need for the information in the performance of their official duties. While conducting the investigation, the information may be disclosed to appropriate Federal, Tribal, State, or foreign law enforcement.

NOTICE REGARDING FALSE STATEMENT

A false statement on any part of your application may be grounds for not hiring you, or terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Applicant's Social Security Number

Spouse's Social Security Number-- if applicable

Applicant's Signature

Spouse's Signature

Date

Date

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.

| | | | |
|--|---------------|--|---------------|
| _____ 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 (7/94)