



ANNUAL RECERTIFICATION PACKET

YOUR ANNUAL RECERTIFICATION IS REQUIRED FOR CONTINUED ASSISTANCE.

THIS INFORMATION IS REQUIRED TO CALCULATE THE AMOUNT OF RENT YOU PAY. THIS FORM MUST BE COMPLETELY FILLED IN. ALL OF THE INFORMATION ON THIS FORM MAY BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. **IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD.** ALL ADULTS MUST READ AND SIGN THE CERTIFICATION ON PAGE 7 AND THE AUTHORIZATION ON PAGE 8 OF THIS FORM.

I. CONTACT INFORMATION

Full Legal Name of Head of Household: _____

Phone Numbers: home _____ work _____ cell _____ other _____

Home Address: _____

Mailing Address: _____

Email Address (if applicable): _____

II. CURRENT HOUSEHOLD COMPOSITION

List **all persons**, (including any live-in aide) who are currently living in your household as their primary residence. If you are in shared housing (renting part of a house or apartment) do not include co-occupants who are not part of your household. Attach additional sheets if necessary. Changes in household composition must be requested by completing the Application to Add New Member or the Request to Remove Members from the Household form, available on our website at www.hacosantacruz.org, in our office, or by calling our Information Center at (831) 454-5955 or by using the Online Portal on www.hacosantacruz.org.

A. Adults (age 18 or older) Full Legal Name as appears on Social Security Card (Sample: Sue Ann Smith)	Date of Birth (01/09/1970)	Relation to Head of Household (Spouse)
	/ /	Head of Household
	/ /	
	/ /	
	/ /	

A. Children (under 18 years) Full Legal Name as appears on Social Security Card (Sample: John Matthew Smith)	Date of Birth (01/09/1970)	Relation to Head of Household (Son)	Name / Address of School or Pre-School (Harbor High, Santa Cruz)	Does Child live in your home more than 50% of the time?
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Family Members Not Living With You - List absent parents of children under age 18, ex-spouses of divorced or separated household members, and minor children of any household members who are not listed above. Attach additional sheets if necessary.

Name	Relationship	Address	Phone Number	Date of Last

III. HOUSEHOLD INCOME - ALL INCOME MUST BE REPORTED

1. Is anyone in your household Employed or receiving funds from an employer? Yes No

If Yes – Provide the following:

- List household member names: _____
- List name of employer(s): _____
- Provide 3 most current consecutive pay stubs (one must be dated within 30 days of this letter)

2. Is anyone in your household Self-Employed? Yes No

If Yes – Provide the following:

- Most recent federal income tax return
- If you do not file taxes, then provide a profit and loss statement and include the name of the Household member

3. Does anyone in your household receive Social Security or Supplemental Security Income? Yes No

If Yes – Provide the following:

- The current SSB gross amount: \$ _____
- The current SSI / SSDI gross amount: \$ _____
- Current statement of benefits letter from Social Security Administration.
- If you have an overpayment deduction: Benefits letter should include the current overpayment balance and current monthly overpayment deduction.

To obtain a benefits letter, call the Social Security Administration **1-800-772-1213** or visit their website at www.ssa.gov.

4. Does anyone in your household receive a Pension or Veterans Benefits? Yes No

If Yes – Provide the following:

- Current Award Letter or Benefits Letter.
- For Pension, provide a current statement

5. Does anyone in your household receive State Disability/Unemployment/Workers Compensation? Yes No

If Yes – Provide the following:

- Current Award Letter or current pay stubs. Pay stubs must include amount and frequency.

6. Does anyone in your household receive Cash Aid, Welfare Assistance, TANF, CAL WORKS, and/or General Assistance? Yes No

If Yes – Provide the following:

- Current Benefits Letter or all pages of Notice of Action
- If you have an overpayment deduction: Benefit letter should include current overpayment balance and current monthly overpayment deduction.
- If your family is not receiving the full grant for your family size: Benefit Letter should include the reason.

7. Does anyone in your household receive Alimony/Child Support? Yes No

If Yes – Provide the following:

- Current 12-month printout of alimony or child support payments.
- Documentation of child support may be printed from the Department of Child Support Services website at www.childsup.ca.gov.
- If payment is received directly from provider, submit letter verifying amount and frequency of payments. Letter should be signed, dated and provide contact information from provider.

8. Does anyone in your household receive Payments for a Foster or Adoptive Child? Yes No

If Yes – Provide the following:

- Current Award Letter

9. Does anyone outside your household pay for any of your bills or expenses? Does anyone in your household receive any gifts and contributions? Yes No

If Yes – Provide the following:

- Letter from provider verifying amount and frequency. Letter should be signed, dated and include contact information of provider.

10. Does anyone in your household receive any other income that has not been reported above including gifts of money, stipends, or any other income? Yes No

If Yes – Please list: _____

IV. ASSETS - ALL ASSETS MUST BE REPORTED

11. Does anyone in your household have a Checking or Savings Account? Yes No

If Yes – Provide the following:

- All pages of Current Statement. Statement **must** include:
Name of Account Holder, Account number and current balance, Bank Name and Address, Date

12. Does anyone in your household have a Trust Fund or Special Needs Trust? Yes No

If Yes – Provide the following:

- Name and address of Trustee: _____

13. Does anyone in your household have a 401K, IRA, Stocks, Bonds, Money Market, Self Employed Retirement (any other type of investment)? Yes No

If Yes – Provide the following:

- All pages of Current Statement to include:
Name of Account Holder, Account number and current balance, Bank Name and Address, Date

14. Does anyone in your household have \$1,000 or more in Cash? Yes No

If Yes - Provide amount: \$ _____

15. Does anyone in your household own a house, land or a mobile home? Yes No

If Yes – Provide the following:

- Most recent Property Tax Bill
- Most current Mortgage Statement

16. Does anyone in your household have personal investments (jewels, counts), lottery winnings, insurance settlements, whole life insurance (with cash value), lump sum inheritance Yes No

If Yes – List Value and type of investment:

- Type of investment: _____
- Total Value: \$ _____

17. Does anyone in your household have any other assets that has not been reported above? Yes No

If Yes – Please list and include the name of the Household member : _____

V. ALLOWANCES (Optional): *If left blank you will not receive a deduction*

18. Does anyone in your household have out-of-pocket Child Care (not reimbursed) Yes No

If Yes – Provide the following:

- Child Care receipts or invoice from last 3 months
- or**
- Letter from provider verifying amount you pay and frequency. Letter should be signed, dated and include contact information of provider.

19. Is anyone in your household a full-time-student? Yes No

If Yes – Provide the following:

- Computer printout with student's name, school name, date and number of units.
For example: Current class schedule, Current registration statement

DISABILITY ALLOWANCE: *You do not have to answer questions about the disability status of any household member. Permanent disability status may reduce your rent portion.*

20. Is the head of household or spouse a person with a permanent disability? Yes No Decline to Answer

21. Is the head of household or spouse 62 years or older? Yes No Decline to Answer

22. If yes to #20 or #21 above, do you think you will have any unreimbursed (paid out-of-pocket) medical expenses, including medical insurance premiums in the next 12 months? Yes No Decline to Answer

23. In the next 12 months, do you think you will have any expenses for care attendants or medical equipment for a household member with disabilities, to allow that household member or another household member to work include the name of the Household member? Yes No Decline to Answer

ADDITIONAL INFORMATION

24. Is anyone in your household participating in an economic self-sufficiency or other job training? Yes No
If Yes – Provide the following:

- List household member names: _____

24a. IF YES TO QUESTION 24: Has anyone in your household recently received an increase in employment earnings during participation in an economic self-sufficiency or other job training? Yes No

25. Has anyone in your household recently received an increase in employment earnings after being unemployed for 1 year or longer, OR after earning less than \$3,750 in the past year? Yes No

If Yes – Provide the following:

- List household member names: _____

26. Has anyone in your household recently received an increase in employment earnings during or within 6 months after receiving assistance from TANF or Welfare to Work? Yes No

If Yes – Provide the following:

- List household member names: _____

VI. CRIMINAL HISTORY

Federal regulations require the Housing Authority to review the criminal background of applicants and tenants, and terminate participation of some participants based on their criminal history. **THE HOUSING AUTHORITY RESERVES THE RIGHT TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ANY AND ALL APPLICANTS / TENANTS TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BELOW AND TO COLLECT ANY ADDITIONAL INFORMATION DEEMED NECESSARY BY THE HOUSING AUTHORITY.**

27. Have you or any members of your household been arrested in the past 12 months? Yes No

If Yes – Provide the following:

Name	Date of Arrest	Type	Description of Crime
	/ /	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	

Comments: _____

28. Have you or any members of your household been required to register as a sex offender in the past 12 months? Yes No

If Yes – Provide the following:

Name	Date of Arrest	Type	Description of Crime
	/ /	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	

CERTIFICATIONS

ALL ADULT HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST READ AND PERSONALLY SIGN THIS STATEMENT. NO ONE, INCLUDING PARENTS AND SPOUSES, MAY SIGN ON BEHALF OF ANY ADULT.

1. I do hereby swear and attest that all of the listed information is true, complete, and correct.
2. I understand that false information or statements or omission of information are punishable under federal law.
3. I understand that false statements or false information are grounds for termination of housing assistance.
4. I understand the following items regarding changes to my household composition, income, and other information.
 - a. I understand that all new household members must be approved in writing by the Housing Authority prior to moving in to the assisted unit.
 - b. I understand that I must report any household members leaving the assisted unit in writing within 14 calendar days.
 - c. I understand that I must report all changes (including increases and decreases) in household income and assets in writing within 14 calendar days.
 - d. I understand that I must report all changes in address and telephone number in writing within 14 calendar days.
5. I understand that if I do any of the following, I may lose my rental assistance:
 - a. Fail to fulfill my obligations to submit my eligibility and annual recertification documents on time
 - b. Fail to attend or be on time for my recertification appointment(s), or any other Housing Authority appointment(s)
 - c. Fail to make my unit available for the annual Housing Quality Standards inspection at the appointed time
 - d. Fail to comply with any program responsibilities, including obligations listed on my voucher or in my lease.
 - e. Commit program fraud (for example not reporting income, unauthorized people in the unit, and any other type of program fraud)
6. I understand that all members of my household are prohibited from any activity (including criminal activity and / or the use of drugs or alcohol) that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
7. I understand that I will be required to repay all rental assistance overpaid on my household's behalf due to fraud.

WARNING - TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

ALL OF THE INFORMATION ON THIS FORM MAY BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD.

<i>x</i>			
	Print Head of Household Name	Signature of Head of Household	Date
<i>x</i>			
	Print Name	Signature of Other Adult	
<i>x</i>			
	Print Name	Signature of Other Adult	
<i>x</i>			
	Print Name	Signature of Other Adult	



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AUTHORIZATION TO RELEASE INFORMATION

I/We hereby give my/our consent to have the Housing Authority of the County of Santa Cruz obtain any and all information deemed necessary to determine or redetermine my/our eligibility for housing assistance. Therefore, I/we authorize the release of any of the information described below, as requested by the Housing Authority of the County of Santa Cruz.

I/We understand that this release of information includes the collection of information regarding my/our employment, Unemployment Insurance Benefits, any and all other benefits, child support and spousal support, bank accounts, any other income, asset or household information. Additionally, I/we give my/our consent to have the Housing Authority verify any childcare expenses, medical expenses, disability assistance expenses, full time student status and disability status, and criminal history.

I/we understand that this information may be disclosed to local public agencies and law enforcement for the purposes of ensuring program integrity and to prevent the misuse of public funds.

I/we understand that this information will be kept confidential and is being requested for the purpose of determining my/our eligibility for housing assistance.

I also authorize this form to be photocopied and used as an original.

ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN.

This consent form expires 3 years following the end of program participation

x	_____	_____	_____
	Print Head of Household Name	Signature of Head of Household	Date
x	_____	_____	
	Print Name	Signature of Other Adult	
x	_____	_____	
	Print Name	Signature of Other Adult	
x	_____	_____	
	Print Name	Signature of Other Adult	



Before you return your Annual Packet....

- | | | |
|--|------------------------------|-----------------------------|
| Did I answer all the questions in the Annual Packet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did all Adults sign Page 7 of the annual packet and the HUD Authorization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did I include original documents of all required verifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer “no” to any of the above:

- Your rental assistance may be terminated effective 07/01/2020
- You will be responsible to pay the full contract rent (insert \$) to your Landlord

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(l)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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