



## INITIAL APPLICATION FOR HOUSING ASSISTANCE PERSONAL AND FINANCIAL STATEMENT

THIS INFORMATION IS REQUIRED TO DETERMINE YOUR ELIGIBILITY FOR RENTAL ASSISTANCE. THIS FORM MUST BE COMPLETELY FILLED IN. ALL OF THE INFORMATION ON THIS FORM WILL BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. **IF YOU LIE OR OMIT INFORMATION, YOUR APPLICATION FOR ASSISTANCE WILL BE DENIED.** ALL ADULTS MUST READ AND SIGN THE CERTIFICATION ON PAGE 7 OF THIS FORM.

### I. CONTACT INFORMATION

Full Legal Name of Head of Household as it appears on your Social Security card: \_\_\_\_\_

Name Used when applying for Wait List: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Check here if homeless (If no home address is provided, a mailing address MUST be provided.)

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

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Name and phone number of two (2) relatives or friends that can be contacted in an emergency

Emergency Contact 1:

Name	Daytime Phone	Evening Phone	Relationship
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Emergency Contact 2:

Name	Daytime Phone	Evening Phone	Relationship
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### **LANGUAGE IN WHICH YOU PREFER TO COMMUNICATE:**

**Language:**  English  Spanish  TDD  Other: \_\_\_\_\_

### **OPTIONAL:**

**Race:**  White / Caucasian  Black / African American  Asian  Native American / Alaska Native  
 Native Hawaiian / Pacific Islander  Other: \_\_\_\_\_

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Special Needs:** Does any member of the household require any type of special accommodation in order to communicate with the Housing Authority, receive correspondence from the Housing Authority, or attend meetings at the Housing Authority?

Yes (if yes, please specify): \_\_\_\_\_  
 No

Are you, or any members of your household, a person who is between the ages of 18-62 who wishes to claim disabled status?  Yes  No

## II. HOUSEHOLD COMPOSITION

List **all persons**, who will be 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. List head of household first.

Attach additional sheets if necessary.

<b>Adults (18 or older)</b> Full Legal Name (as it appears on SS card)	Date of Birth (1/9/1970)	Sex (F)	Birthplace (city, state)	Social Security Number (123-45-6789)	<u>Marital Status</u> M – Married W – Widowed S – Separated D – Divorced NM – Never Married
<b>Children (under 18)</b> Full Legal Name (as it appears on SS card)	Date of Birth (7/2/1998)	Sex (M)	Birthplace (city, state)	Social Security Number (123-45-6789)	Percent of time child will live in the unit
					%
					%
					%
					%

**A. 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 Contact

## III. HOUSEHOLD INCOME – ALL INCOME MUST BE REPORTED

### A. Employment Income

Does **ANY** adult (age 18 or older) in your household receive **ANY** of the following types of Employment Related Income?

**Yes**    **No**   Employment Income (wages, salary, commissions, fees, tips, or bonuses), Self-Employment Income (independent contractor, personal business, day labor, odd jobs, etc.), Severance Pay (extra pay given to an employee upon termination of employment) Pension / Retirement (from previous employment, excluding Social Security), Child Support, Court ordered child Support, Disregard for AFDC, Foster or Adoption Benefits, Alimony/Spousal Support, State Unemployment Benefits, Stated Disability Benefits/Workers Compensation, Social Security (SSB), Supplemental Security Benefits( SSI), Veterans Benefits, Cash Aid, TANF, Cal Fresh (AFDC – Assistance to Families with Dependent Children), General Assistance, or Kin Gap.

**IF YES to any of the above**, use the space below to provide information about each person's employment related income. Report all current employment related income for every adult. If any adult has more than one job (or type of employment related income), use additional rows as needed. If you do not know your employer's address, look at a current pay stub. **If self-employed**, use the space below to provide information about your customers and clients. Attach additional sheets if necessary.

Name of Adult	Type of Income	Name of Employer / Address where Employment can be Verified ( <i>If self-employed, list customers / clients</i> )	Phone Number	Amount Paid	<u>How often (weekly, bi-weekly, monthly)</u>

**B. Contributions to the Household**

Does ANYONE outside of your household pay for any of your household bills or expenses on your behalf, or give anyone in your household money or any non-monetary contributions or gifts (such as groceries, products, or services)?

Yes  No

**IF YES**, use the space below to provide information about contributions you receive. Attach additional sheets if necessary.

Type of Contributions or Gifts Received	Name / Address of Person or Agency who Contributes	Phone Number	Amount or Value	How Often (weekly, biweekly, monthly)

## IV. ASSETS – ALL ASSETS MUST BE REPORTED

### A. Bank Accounts

Does ANYONE in your household have any accounts (checking, savings, or other) with a financial institution?

Yes  No

**IF YES to the above**, use the space below to provide account information. **If more than one person is named on an account, please list all account holders.** List only one account on each line. Attach additional sheets if necessary.

Financial Institution / Bank Name and Address	All Name(s) on Account	Account Number	Account Type (Checking, Savings, Etc.)	Current Balance
				\$ _____
				\$ _____
				\$ _____

### B. Investment Accounts / Retirement Accounts / Real Estate Property

1.) Does ANYONE in your household have any of the following?  Yes  No

Certificates of Deposit, Savings Certificates, Money Market Funds, Trust Funds, Special Needs Trusts, Mobile Home, Land, Housing Independent Retirement Account(s)(IRA), Personal Investments (jewels, coins), Lottery Winnings, Insurance Settlements, Whole Life Insurance (with cash value), Lump Sum Inheritance, 410(k) Retirement (that you have access to), Stocks, Bonds, Cash, Self Employed Retirement (Keogh)

**IF YES TO ANY OF THE ABOVE**, use the space below to provide the requested information. Attach additional sheets if necessary.

Financial Institution / Bank Name and Address	Name(s) on Account	Account Number	Account Type (cash, house, etc.)	Estimated Balance / Value
				\$ _____
				\$ _____

2.) Does ANYONE in your household have ANY OTHER ASSET that has not been reported on this form?  Yes  No

**IF YES to the above**, use the lines below to provide information about other assets. Attach additional sheets if necessary.

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### C. Disposal of Assets

In the past two years, has ANYONE in your household sold or given away any type of asset (such as money, bank accounts, house, land, mobile home, real estate property, investment accounts, retirement accounts, life insurance policies, or any other assets)?  Yes  No

**IF YES to the above**, use the space below to provide the requested information. Attach additional sheets if necessary.

Person who had Asset	Type of Asset Sold or Given Away	Value when sold or given away	Amount Received
		\$ _____	\$ _____
		\$ _____	\$ _____

## V. ALLOWANCES

### A. Child Care

Does **ANYONE** in your household have expenses for childcare of a child aged 12 or younger to allow a household member to work, look for work, or further his / her education (academic or vocational)?  Yes  No

**IF YES to the above**, use the space below to provide information about childcare expenses. Please list all agencies, groups, and providers that you pay out of pocket child-care expenses to. Do not include any costs that are reimbursed from an outside agency or person. Attach additional sheets if necessary.

Name of Child	Name and Address of Agency, Group or Provider that you pay for Child Care	Telephone Number	<u>Monthly</u> Cost to Household
			\$ _____
			\$ _____

### B. Medical Expenses and Disability Assistance Expenses

Based on your responses to the following questions, the Housing Authority may contact you for additional information to determine whether or not you are eligible for any allowances. You are not required to answer this question or to reveal any information about the disability status of any household member. However, disability status may have impact on the level of subsidy you could be eligible to receive.

1.) Does the head of household or spouse wish to claim disability status (do not include temporary disabilities)?

Yes  No

2.) Is the head of household or spouse 62 years or older?  Yes  No

a.If yes to question 1 OR 2 above, do you anticipate any unreimbursed (paid out-of-pocket) medical expenses, including medical insurance premiums, in the next 12 months?  Yes  No

3.) Do you anticipate any expenses in the next 12 months for care attendants or medical equipment for a household member with disabilities, to allow that household member or another household member to work?  Yes  No

### C. Student Status

Is **ANY** adult living in your household (age 18 or older) enrolled in any classes at an institution of higher education?

Yes  No

**IF YES to the above**, use the space below to provide information about student status. Attach additional sheets if necessary.

Name of Student	Name and Address of School

## VI. RENTAL HISTORY

1.) Are you currently homeless?  Yes  No Please note, HUD defines homeless in the following way:

- Currently living in a car, on the street, or another place not meant for human habitation
- Currently living in an emergency shelter, transitional housing, safe haven, or hotel/motel paid for by a charitable organization or by federal, state or local government programs
- Currently exiting an institution, including hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less, and where you were living in an emergency shelter or place not meant for human habitation immediately before entering that institution
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence, and with nowhere else to live / lacking the resources or support networks to obtain other permanent housing?

*If any of the above listed items are true, please check the box above to indicate that you are currently homeless.*

2.) Have you ever lived in public housing (property owned by a housing authority) or federally subsidized housing?  
 No  Yes

**IF YES to the above**, complete the table below. Attach additional sheets if necessary.

Name at that time (if different) \_\_\_\_\_

Date(s) of occupancy \_\_\_\_\_

Address of unit \_\_\_\_\_

Name of owner / Housing Authority \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3.) Do you or anyone in your household currently owe money to any housing authority or any other agency that provides federally subsidized housing?  No  Yes

**IF YES to the above**, please use the lines below to indicate how much money you owe, who you owe the money to, and why you owe money:

\_\_\_\_\_

\_\_\_\_\_

4.) Have you or any member of your household committed fraud or been requested to re-pay money for knowingly misrepresenting information in a federally subsidized housing program?  No  Yes

**IF YES to the above**, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VII. 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 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 WILL BE VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE ON THIS FORM, OR IF YOU OMIT INFORMATION, YOUR APPLICATION FOR ASSISTANCE WILL BE DENIED.**

**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

## VIII. SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

The following page contains a HUD form which provides you with an opportunity to provide contact information for a person or persons that you may wish the Housing Authority to contact on your behalf. Please note the attached form is OPTIONAL. You are not required to provide the Housing Authority with this information.

Also, please note the following information about the Reason for Contact categories included on the form:

- Emergency – In addition to the attached HUD form, the first page of this form provides you with a space to provide emergency contact information. This information will be used at the discretion of the Housing Authority.
- Unable to contact you – If you are not currently housed in a unit where you are receiving housing assistance and the Housing Authority has no other way to contact you, we may use this information to contact you.
- Termination of rental assistance – If the Housing Authority terminates your rental assistance, we will provide a copy of the termination letter to the individual you request.
- Assistance with recertification process – If you are at risk of termination for failing to provide annual recertification documents, we will provide a copy of the relevant letter to the individual you request.
- Other – You may request that we contact an individual for some “other” reason. Such requests will be considered on a case-by-case basis.

**Please note that you may update, remove, or change this information at any time by contacting the Housing Authority and putting your request in writing.** Additionally, you are not required to provide this information. The following form is purely optional and is provided to you as a courtesy.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

**Signature of Applicant**

**Date**

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

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

**CITIZENSHIP AND ELIGIBLE IMMIGRATION STATUS FORM**

***Initial Applicants***

Each member of the applicant household **must** be listed on this form. Please list household members under the category that describes their citizenship/immigration status. **Your housing assistance application cannot be processed unless all household members are listed on this form.**

**United States Citizen** (Attach proof of citizenship - birth certificate, passport, or naturalization certificate.) The following household members are U.S. citizens:

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**Non-Citizens with Eligible Immigration Status age 62 or over** (attach copies of proof of age documents). *See reverse side of this form for definition of Eligible Immigration Status.*

The following household members are eligible immigrants age 62 or over:

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**Non-Citizens with Eligible Immigration Status under age 62** (attach copies of documentation from the United States Citizenship and Immigration Services (USCIS)

The following household members are eligible immigrants are under the age of 62:

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**Non-Citizens who do not have Eligible Immigration Status:**

The following household members are non-citizens who do not have Eligible Immigration Status, as defined on the reverse of this form: (Non-citizens without Eligible Immigration Status will need to sign an Elect Not to Contend Eligible Immigration Status Form, attached.)

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I further certify that the information above is true, correct, and complete and I understand that the information will be relied upon for purposes of determining assistance for the Section 8 Housing Choice Voucher Program.

**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.**

\_\_\_\_\_  
*Print Name of Head of Household*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reference Number*

## **HOW DO I KNOW IF I HAVE ELIGIBLE IMMIGRATION STATUS?**

The following categories of citizenship and immigration status are eligible for assistance:

❖ Citizens of the United States of America who provide proof of citizenship.

~OR~

❖ Non-citizens with eligible immigration status, as defined below:

1. Non-citizens who are lawfully admitted for permanent residence (Permanent resident, immigrant, special agricultural worker).
2. Non-citizens who entered the US before January 1, 1972, have continually maintained residence since, are not eligible for citizenship, but are determined to be lawfully admitted for permanent residence by the Attorney General.
3. Non-citizens who have been granted refugee status, asylum status, or conditional entry due to persecution based on race, religion, political opinion, or catastrophic national calamity.
4. Non-citizens who are lawfully present for emergent reasons or reasons deemed in the public interest.
5. Non-citizens who are lawfully present due to threat to life or freedom.
6. Non-citizens who are lawfully admitted for temporary or permanent residence due to amnesty.



**HOUSEHOLD MEMBERS WHO ELECT NOT TO  
CONTEND ELIGIBLE IMMIGRATION STATUS**

*Instructions: If one or more members of a family elect not to contend eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance even though no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he/she has eligible immigration status. Please note that the total assistance provided to the household will be prorated (reduced) based on the percentage of family members who elect not to contend eligible immigration status.*

By signing this form, I hereby certify under penalty of perjury, that the person(s) listed below are members of my household, and that each person listed below has elected not to contend that he/she has eligible immigration status.

**Print Names of Household Members Who Do Not Contend Eligible Immigration Status**

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I further certify that the information above is true, correct, and complete and I understand that the information will be relied upon for purposes of determining assistance for the Section 8 Housing Choice Voucher Program.

**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.**

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*Print Name of Head of Household*

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*Signature*

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*Date*

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*Reference Number*

## CRIMINAL BACKGROUND CHECK CONSENT FORM

**Please read all the information on this form to learn how it may affect you. All adults who are applying for assistance, requesting to be added to an existing assisted household, or requesting eligibility redetermination for assistance are required to complete the reverse side of this form.**

The United States Department of Housing and Urban Development (HUD) requires that the Housing Authority establish standards related to criminal history of applicants for federally assisted housing. In most cases, the Housing Authority is required to deny admissions or terminate assistance if any member of your household:

- Is subject to a lifetime sex offender registration requirement.
- Has been evicted from federally assisted housing for drug-related criminal activity in the past three years.
- Has been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing.
- Is currently engaged in the illegal use of a drug.

Some programs, such as Veterans Affairs Supportive Housing (VASH) and Shelter Plus Care (S+C), may have alternate requirements.

The Housing Authority will attempt to verify your household's statuses for the above criteria prior to admission to a Housing Authority program, however, if the Housing Authority learns after admission that any household member fails to meet these standards, you may be terminated from the program. If the Housing Authority finds evidence that would lead to denial of your application or termination of your assistance based on the above criteria, you will be given an opportunity to review the information and appeal the decision.

The Housing Authority will also screen for certain criminal convictions that occurred within the past three years. Please note that if any adult member of your household was convicted of one of the applicable offenses, you **will not** automatically be denied admission to federally assisted housing. You **will** be given the opportunity to provide more information and have a secondary review. Additionally, the Housing Authority **will not** consider the conviction if it occurred more than three years ago or if the conviction has been withdrawn or dismissed. The following criminal offenses may be considered:

- *A violent felony strike* as defined in § 667.5(c) of the Penal Code of California.

In accordance with HUD regulations, each adult member of the household is required to sign this consent form to apply for federally assisted housing. By signing this form, each adult member certifies that they:

- Are not subject to a lifetime sex offender registration requirement. ^
- Have not been evicted from federally assisted housing for drug-related criminal activity in the past three years. \* † ^
- Have not been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.\* ^
- Are not currently engaged in the illegal use of a drug. \* † ^
- Consent to the release of criminal records and/or sex offender registration statuses to the Housing Authority by any law enforcement agency.
- Consent to the Housing Authority receiving criminal records and/or sex offender registration statuses from any law enforcement agency and that the Housing Authority may use the records to comply with HUD regulations and Housing Authority screening policies.

\* Not applicable to the VASH program. † Not applicable to the Emergency Housing Voucher and Stability Voucher programs. ^ Not applicable to the S+C program.

# CRIMINAL BACKGROUND CHECK CONSENT FORM

For information about how this form affects you, please read both sides.

Please be sure to print clearly. Illegible or incomplete information will delay the processing of your application.

Date Stamp

HEAD OF HOUSEHOLD: \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ALL ADULTS AGED 18 YEARS OR OLDER MUST SIGN THIS FORM.** You are responsible for complete and truthful reporting. To comply with HUD's requirements, when you complete this form, you must include ANY names you have been known by.

I authorize the Housing Authority of the County of Santa Cruz to use this information and my fingerprints to obtain criminal activity reports and lifetime sex offender registration reports. I understand the Housing Authority may use National Credit Reporting, which links to a national database, to screen my application for admission and assess my continued eligibility for assistance in housing programs.

Name <i>(please print clearly)</i>	Signature	Today's Date	Names Previously Used	SSN (if no SSN, write N/A)	Birthdate



**Current Physical Address:**

***For Administrative Use Only:***

<p>1. Req. _____ Rec. _____ Conf#: _____</p> <p>2. Req. _____ Rec. _____ Conf#: _____</p> <p>3. Req. _____ Rec. _____ Conf#: _____</p>	<p><b>Program:</b></p> <p><input type="checkbox"/> S8 (SC, Holl)   <input type="checkbox"/> EHV     <input type="checkbox"/> Mainstream</p> <p><input type="checkbox"/> VASH     <input type="checkbox"/> S+C     <input type="checkbox"/> SV</p> <p><input type="checkbox"/> Mod Rehab   <input type="checkbox"/> Brommer   <input type="checkbox"/> Merrill</p> <p><input type="checkbox"/> ModRehab SRO   <input type="checkbox"/> Tierra Alta   <input type="checkbox"/> Casa Pajaro</p>	<p><b>Status:</b></p> <p><input type="checkbox"/> Add HH member   <input type="checkbox"/> New</p> <p><input type="checkbox"/> Live-in-Aide     <input type="checkbox"/> Port-in</p> <p>Submitted by: _____</p>
<p>CBC Approved   <input type="checkbox"/> Yes   <input type="checkbox"/> No   By: _____   Date: _____</p>		



2160 41<sup>st</sup> Avenue, Capitola, California 95010-2040 Telephone: (831) 454-9455, Hollister: (831) 637-0487  
Fax: (831) 469-3712, TDD (831) 475-1146  
www.hacosantacruz.org

**AUTHORIZATION TO RELEASE INFORMATION**

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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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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.



2160 41st Avenue | Capitola, California 95010 | Tel: 831.454.9455 | Fax: 831.469.3712 | www.hacosantacruz.org  
Also serving Hollister and San Juan Bautista | Tel: 831.637.0487

### **Mainstream- Non-Elderly Disabled Preference**

Please read carefully and submit with your application.

The Housing Authority of the county of Santa Cruz has Mainstream vouchers available for applicant families on the Housing Choice Voucher (section 8) with a non-elderly disabled household member. If you think you may qualify for these vouchers, please complete this form, and submit with your Initial Application for Housing Assistance.

1. Is any family member in your household, **at least age 18 and under age 62**, who wishes to claim disabled status (Please see reverse page for HUD's Disabled definition)?  
Yes \_\_\_ No \_\_\_ \*\*Please be advised this information will be verified upon receipt of this form.

**If the answer to question #1 is yes, please answer question 2-4. If the answer is NO, you do not need to complete this form.**

#### **2. Information about the Disabled Household member:**

Name \_\_\_\_\_

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

3. If yes to question #1, is any of the following applicable to the non-elderly disabled adult:

Transitioning out of institutional care     At serious risk of institutionalization  
 Homeless     At risk of homelessness

4. To expedite the verification process, please list the Name and Address of doctor, other health care professional, or social worker with medical or professional knowledge of the person's disability. **Please do not provide any medical details of your condition.**

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**If there are NO non-elderly disabled adults in your household composition, you do not need to complete this form.**

Please return this completed form with your application to: The Housing Authority of the County of Santa Cruz, 2160 41st Avenue, Capitola, CA 95010

You may fax it to (831) 469-3712 or Email to [Waitlist@hacosantacruz.org](mailto:Waitlist@hacosantacruz.org)

If you have questions, please see our website at [www.hacosantacruz.org](http://www.hacosantacruz.org) or contact our Information Center at (831) 454-5950.

**Eligibility for Mainstream Non-Elderly Disabled Vouchers in either Santa Cruz County or San Benito County:**

**The US Department of Housing and Urban Development (HUD) defines non-elderly person with disabilities:**

A person 18 years of age or older and less than 62 years of age, and who:

- (i) Has a disability, as defined in 42 U.S.C. 423;
- (ii) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
  - (A) Is expected to be of long-continued and indefinite duration.
  - (B) Substantially impedes his or her ability to live independently, and
  - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
- (iii) Has a developmental disability as defined in 42 U.S.C. 6001.