

# Greene Metropolitan Housing Authority

## GREENE METROPOLITAN HOUSING AUTHORITY

### NOTICE TO ALL APPLICANTS

It is the policy of Greene Metropolitan Housing Authority (GMHA) to comply fully with all Federal, State and Local non-discrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in Housing and Employment.

GMHA shall not deny any family or individual the opportunity to apply for or receive assistance under any GMHA's housing programs on the basis of race, color, sex, religion, creed, national or ethnic origin, age, familial status, handicap, sexual orientation or disability.

GMHA requests information on a person's race solely in order to comply with Federal equal opportunity record keeping and reporting requirements. We appreciate your cooperation. If you do not answer this question, GMHA staff may need to make assumptions about your race to meet these requirements. Failure to supply this information will not adversely affect your application for housing.

No individual with disabilities shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination because GMHA's facilities are inaccessible to or unusable by persons with disabilities.

Requests for reasonable accommodation from persons with disabilities will be granted upon verification

1. of the disability and
2. that the requested accommodation meets the need presented by the disability.

An applicant or resident who has a disability or handicap for which they think they might need a reasonable accommodation, may request it at anytime in the application process or after admission.





# Greene Metropolitan Housing Authority

## APPLICATION FOR HOUSING ASSISTANCE

**GMHA's MISSION: Committed To Providing Quality Affordable Housing And Services In An Efficient And Creative Manner You are potentially eligible for GMHA housing if your total gross income does not exceed:**

Maximum Income Limits	Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	Family Size 7	Family Size 8
Section 8	\$32,850	\$37,550	\$42,250	\$46,900	\$50,700	\$54,450	\$58,200	\$61,950
Public Housing	\$52,550	\$60,050	\$67,550	\$75,050	\$81,100	\$87,100	\$93,100	\$99,100

**Applications will not be accepted without copies of all family members:**

- Birth Certificates    ● Social Security Cards    ● Pictured ID's for Household members Age 18 or Older.

### HOUSING PROGRAM AND/OR PROGRAMS PLEASE CHECK THE PROGRAM(S) TO APPLY

- Public Housing Program for the elderly, near elderly, disabled individuals (GMHA owns these units)
- Section 8 Program (Units owned by private Landlords)
- Public Housing Program for families with children (GMHA owns these units)

### Household Contact Information

**Head of Household** \_\_\_\_\_  
Name (Print) Social Security Number

**Address** \_\_\_\_\_  
Street City State Zip Email address

**Phone** \_\_\_\_\_  
Hom Cell Work Message

### Household Member(s) Profile

PLEASE LIST ALL FAMILY MEMBERS WHO WILL BE HOUSED WITH YOU AT LEAST 6 MONTHS OF THE YEAR  
 (Please use black or blue ink)

Name (print)	Social Security Number	Date of Birth	Sex M/F	Student Y/N	*Race Code	Hispanic Y/N	Relationship to Head of Household
1							Head of Household
2							
3							
4							
5							
6							
7							
8							

\*Race Code: (1) White (2) Black (3) American Indian or Alaskan Native (4) Asian (5) Hawaiian or Pacific Islander (6) Hispanic



# Greene Metropolitan Housing Authority

## APPLICANT PREFERENCES

Only check preference(s) that apply to you in your current living situation. When requested, you will be asked to provide verification for each preference you have selected. If verification of your selected preference(s) cannot be verified, you will not be eligible for those preference points. Any changes in preferences must be reported immediately. Submission of false information may result in loss of eligibility to participate in the Housing Choice Voucher Program, Public Housing or Yellow Springs Village Greene Program and is punishable under federal law.

- Family** - Applicant, whose household has at least one child; or
- Family** -A single person verifying expected reunification with their child or children within 6 months
- Elderly** - Head, spouse, sole member, is at least age 62;
- Single Pregnant** - A pregnant woman (must provide documentation) - Estimated Due Date: \_\_\_\_\_
- Single Disabled** - A single disabled person (name of disabled household member) \_\_\_\_\_
- Domestic Violence** - Applicant is a victim of actual or threatened physical violence; or is a stalking victim.
- Applicant has been displaced**- Applicant is displaced by inaccessibility of a unit by either a hate crime, landlord no longer leasing due to sale of property, renovation or occupying the unit themselves.
- Substandard Housing**- Living in a unit that is dilapidated, and/or the unit has been condemned. Does not have a usable toilet, and/or a usable bathtub or shower. Does not have electric service or safe electric service, does not have heat (not due to non-payment) or does not have a kitchen.
- Homeless**- A person is considered homeless only when he/she resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings (on the street). Is in an emergency shelter, transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters, an applicant who is spending a brief time in the hospital or other institution. (Up to 30 Days).
- Working/Disabled/Elderly**- Head of household or spouse works at least 20 hours per week for at least 90 days at his/her present job or; sole member or head and spouse is disabled or is age 62 or older.
- Involuntarily Displaced**- Applicant displaced because of fire, natural disaster, or government action
- Near Elderly**- Applicant, who is at least age 50, but not yet age 62
- Paying more than 50% of Income for Rent**- currently paying more than 50% of income for rent and utilities and has for 90 days.
- Overcrowded Household**- Applicant is residing where two or more families reside, or more than two people per bedroom.
- US Veteran**- Applicant can provide a copy of DD-214 as verification that head or spouse is a US Veteran
- Local Concern**- Applicant currently lives and/or works in Greene County or has been offered employment in Greene County.
- Money Management**- Completion of the Money Management course thru the OSU Extension office.

***Any changes in preference must be reported immediately***



# Greene Metropolitan Housing Authority

**You must list all information requested in this section because all criminal and rental history will be thoroughly investigated**

1.  **Yes**  **No** Have you or any other family member listed on your application been charged with and/or convicted of a felony or any violent criminal activity (including domestic violence) or has anyone listed on this application ever been charged with and/or convicted of any drug-related activity, or are you or anyone else in your household required by state law to register as a Sex Offender?

Name of adult and/or adults that have charges or convictions: \_\_\_\_\_

**You Will Need To Include a Copy of The Court Disposition For Each Charge and/or Conviction**

List each charge below and court of jurisdiction:

List each conviction, date and court of jurisdiction:

#1 \_\_\_\_\_

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#2 \_\_\_\_\_

2.  **Yes**  **No** Are you presently, or have you or any adult member of your household, ever lived in Subsidized Low Income Housing, Public Housing or Section 8 Housing? If Yes, which Subsidized Housing Agency did you adult and/or adults lived in the subsidized housing? \_\_\_\_\_

**Yes**  **No** Is there a balance owed? If Yes, how much money is owed? \$ \_\_\_\_\_

3.  **Yes**  **No** Have you or any adult member of your household been evicted during the past 12 months from a Subsidized Low Income Housing, Public Housing or Section 8 Program? **If Yes**, where were you evicted from?

\_\_\_\_\_  
*Name of Public Housing or Section 8 Program*

4. **IF YOU ANSWERED YES to questions 2 or 3 above, you must provide the required information below concerning where you live or lived and the move-in and move-out dates to prevent delays processing your application.**

\_\_\_\_\_  
Name of Project or Housing Authority                      Address                      City                      ST                      Zip

\_\_\_\_\_  
Address or Unit # where you lived                      City                      ST                      Zip                      Move-In Date                      Move-Out Date

\_\_\_\_\_  
Name of Project or Housing Authority                      Address                      City                      ST                      Zip

\_\_\_\_\_  
Address or Unit # where you lived                      City                      ST                      Zip                      Move-In Date                      Move-Out Date

5.  **Yes**  **No** Do you have a checking or savings account or do you own any property? If Yes, check the box and/or boxes that apply.  Checking Account  Savings Account  Own Property

## Family Income and Assets

\_\_\_\_\_  
Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income                      \$

\_\_\_\_\_  
Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income                      \$

\_\_\_\_\_  
Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income                      \$



# Greene Metropolitan Housing Authority

## GMHA DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign. Feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because I am a citizen by birth, a naturalized citizen, or a national of the United States.**

### LIST U.S. CITIZENS NAMES HERE

_____	_____
_____	_____
_____	_____
_____	_____

### U.S. CITIZEN SIGNATURES

Signature: _____ Date _____	Signature: _____ Date _____
Head of Household	Spouse
Signature: _____ Date _____	Signature: _____ Date _____
Other Adult Member of the Household	Other Adult Member of the Household

**My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because (check the appropriate box):**

A. I have eligible immigration status and I am 62 years of age or older. Attach proof of age,  Yes  No

B. **If no**, I have eligible immigration status as checked below (see reverse side of this form for explanations. Attach INS document(s) showing eligible immigration status and a signed verification consent form.)

- 1 ( ) Immigrant status under § 101 (a)(15) or 101 (a)(20) of the immigration and Nationality Act (INA)
- 2 ( ) Permanent residence under §249 of INA
- 3 ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA
- 4 ( ) Parole status under §§212(d)(5) of the INA
- 5 ( ) Threat to life or freedom under §243(h) of the INA
- 6 ( ) Amnesty under §245 of the INA.

### LIST NON-CITIZENS NAMES HERE

_____	_____
_____	_____
_____	_____
_____	_____

### NON-CITIZEN SIGNATURES

Signature: _____ Date _____	Signature: _____ Date _____
Head of Household	Spouse
Signature: _____ Date _____	Signature: _____ Date _____
Other Adult Member of the Household	Other Adult Member of the Household



# Greene Metropolitan Housing Authority

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing an false fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both. The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age older or who will be 62 years of age or older and receiving assistance under Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

1. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act 9(INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §210 or 210A of the INA (8 U.S.C.1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
2. **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8U.S.C. 1259) [*amnesty granted under INA249*].
3. **Refugee, asylum, or conditional entry status under §207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*], or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution of account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entrystatus*].
4. **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a Result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §of the INA (8 U.S.C. 1182(d)(5)[*parole status*].
5. **Threat to life of freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. As a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life orfreedom*].
6. **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (U.S.C. 1255a)[*amnesty granted under INA 245A*].

Greene Metropolitan Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained.

# \_\_\_\_\_ Date \_\_\_\_\_



# Greene Metropolitan Housing Authority

## APPLICANT/TENANT CERTIFICATION

### GIVING TRUE AND COMPLETE INFORMATION:

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed my Application and/or the HUD form 50058 or 50059, whichever applies to me, and certify that the information shown is true and correct.

### REPORT CHANGES IN INCOME, HOUSEHOLD COMPOSITION AND CRIMINAL ACTIVITY:

I know I am required to report immediately in writing any changes in income; arrests and/or convictions for any type of criminal activity including domestic violence, possession of drugs; and/or any drug related activity; and any changes in the household size, when a person moves in or out of the unit and failure or refusal to do so may result in ineligibility for applicants.

### REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I understand that any monies owed GMHA from a previous tenancy must be paid in full prior to admission. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

### COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, eviction or ineligibility for applicants.

### CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance, termination of tenancy or ineligibility for applicants.

**Warning:** "PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*"

**Head of Household, Spouse and all members of Household 18 and over must sign and date**

1) \_\_\_\_\_

\_\_\_\_\_  
Date

2) \_\_\_\_\_

\_\_\_\_\_  
Spouse  
Date

3) \_\_\_\_\_

\_\_\_\_\_  
Date

4) \_\_\_\_\_

\_\_\_\_\_  
Date



# Greene Metropolitan Housing Authority

Appl#: \_\_\_\_\_

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

\*\*\*\*\*

### PURPOSE:

Greene Metropolitan Housing Authority (GMHA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

### AUTHORIZATION:

I authorize the release of any information (documentation and related materials) pertinent to eligibility for the following programs: Public Housing, Section 8 and Yellow Springs Village Green Housing Assistance.

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, these assisted housing programs.

I authorize only GMHA to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

### INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses/Credit History/Criminal Activity/Family Composition/Employment/ Income/ Pensions and Assets/Federal, State, Tribal or Local Benefits/Handicapped Assistance Expenses/Identity and Marital Status/Medical Expenses/Social Security Numbers/ Residences and Rental History

### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions/Courts/Law Enforcement Agencies/Credit Bureaus/Employers, Past and Present/ Landlords/ Professional & Community References/Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities/Schools and Colleges/U.S. Social Security Administration/U.S. Department of Veterans Affairs/Utility Companies/Welfare Agencies

### CONDITIONS:

I agree that photocopies of this authorization may be used for the purposes stated above.

***If I Do Not Sign This Authorization, I Also Understand That My Housing Assistance May Be Denied***

Sign \_\_\_\_\_ Date \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
*HEAD OF HOUSEHOLD* *SPOUSE*

\_\_\_\_\_  
*PRINT NAME* *S.S.#* *PRINT NAME* *S.S.#*

Sign \_\_\_\_\_ Date \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
*OTHER ADULT MEMBER OF THE HOUSEHOLD* *OTHER ADULT MEMBER OF THE HOUSEHOLD*

\_\_\_\_\_  
*PRINT NAME* *S.S.#* *PRINT NAME* *S.S.#*

**Warning:** "PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*"



## Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

**PHA or IHA requesting release of information:** Greene Metropolitan Housing Authority  
538 N. Detroit Street  
Xenia, Ohio 45385

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

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

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

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

### Sources of Information to be Obtained

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

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

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

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



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

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

**Signatures:**

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

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

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

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



# Greene Metropolitan Housing Authority

OMB Control # 2502-0581  
Exp. (02/28/2019)

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.

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**Signature of Applicant**

**Date**

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

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

Form HUD- 92006 (05/09)

