
ADDITIONAL DOCUMENTATION CHECKLIST

Permanent information

- ID for all members 18 years of age or older
- Birth certificate for all members or passport
- Social security card for all members
- Declaration 214 (included with the packet)
- Marriage certificate or divorce decree

Income (use the ones that apply)

- Employment- If paid biweekly or semi-monthly, provide last 2 pay stubs; if paid weekly, provide last 4 pay stubs
- Self-Employment- Provide 1099 for the taxes submitted the year prior
- Social Security/ SSI- Most current award letter dated within the last 60 days.
- Veteran Pension- Most current award letter verifying gross benefit amount.
- Unemployment- Most recent notification letter stating amount and frequency or last 60 days of consecutive pay stubs showing gross amount of benefit.
- Worker's compensation- Most current statement and last 60 days of consecutive pay stub
- Foster Care- Most current award letter showing amount.
- Adoption Assistance- Most Recent award letter
- Retirement pension- Most current statement or last 60 days of pay stubs verifying gross amount.
- Alimony- A copy of divorce decree or separation agreement
- TANF/ Food stamps (if applies)- Most recent notice of action.
- Child Support- Copy of court order and payment history of the last 6 months of payment history; if voluntary child support, provide letter from the parent stating the name of the child, the amount, and the frequency of payments.

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Contributions from family members- Notarized letter from family member or friend stating the amount being contributed and the frequency.

Assets (use the ones that apply)

Provide last 3 consecutive months of bank statements if any.

Provide quarterly statement if any member has an IRA, 401K, Money Market Account, CD, Mutual funds, Investment Accounts, and stocks

Provide verification of ownership and value of any property such as land and homes.

Expenses (use the ones that apply)

Childcare for children under the age of 13 due to employment, seeking employment or attending school- Provide verification from Childcare Provided stating child's name, amount, and frequency.

Medical/ Disability out-of-pocket unreimbursed expenses- Pharmacy print out of the last 12 months of expenses, statement of co-pays expected to do for doctor visits, copies of checks or receipts from attendant care provider, billing statement of purchase/ rental of auxiliary apparatus.

OTHER

Student verification for adults 18 years of age or older

Renewal lease (if executed with landlord)

Notice to vacate (if intending to move)



The Lakeland Housing Authority

HCV Family Declaration

Initial Eligibility and Annual Reexamination

1. Name of head of household: _____
2. Name of spouse/co-head*: _____
3. Address, Street, Apt. # and Zip Code: _____
4. Contact Numbers: Home: _____ Cell: _____
Work: _____ Email: _____

HUD requires the PHA to collect race / ethnicity data for the head of household. Check all that apply:

Race of Head of Household: Caucasian/White Asian Hawaiian/ other Pacific Islander
 African American/Black Native American/ Alaskan Native Other: _____

Ethnicity of Head of Household: Hispanic/Latino Non-Hispanic/Non-Latino

The Housing Authority uses HUD's Enterprise Income Verification (EIV) system to validate and verify your information. EIV provides identity information for each family member, as well as information about previous housing assistance and debts owed to any housing agency.

EIV provides the Housing Authority with income information for all family members.

Failure on your part to provide complete and accurate information may result in denial or termination of your assistance.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.



FAMILY INFORMATION

5. List all persons who live in the unit. Include foster children and/or live-in aides (for care of a family member). All boxes must be completed for each member. No one not listed on this form may live in the unit.

	First Name, Last Name	Date of Birth	Sex	Social Security Number	Relation to Head*	Disabled Person**? (Y/N)	Part-time Student? (Y/N)	Full-time Student? (Y/N)
H					Head			
2								
3								
4								
5								
6								
7								
8								
9								

*A family may have a spouse or a co-head, but not both. A co-head is an adult who is treated as a spouse under all regulatory requirements and rules. A family may only have one co-head.

**The PHA asks this question of all applicant families. If a family member is disabled, it may reduce the family's rent amount. In LIPH and other project-based developments, it may qualify the family for a designated development.

6. Within the past 3 years, has any household member been evicted from federally assisted housing for drug-related criminal activity? Yes No If Yes, complete the below:

Household Member	Address from which Evicted	Date of Eviction	Type of Criminal Activity

The PHA will not assist a family if a household member was evicted from federally assisted housing within the past 3 years for drug-related criminal activity unless the PHA is able to verify that the household member who engaged in the criminal activity has completed an approved supervised drug rehabilitation program, or that the person who committed the crime, is no longer living in the household.



7. Has any family member engaged in the use of illegal drugs in the past 3 months? Yes No
If Yes, complete the below:

Household Member	Illegal Drug	Date of use

The PHA will not assist a family if a household member engaged in the use of illegal drugs in the past 3 months.

8. Has any adult household member committed a violent criminal activity or a drug-related criminal activity in the past 3 years? Yes No
If Yes, complete the below:

Household Member	Criminal Activity	Date of Criminal Activity

The PHA will not assist a family if a household member committed a violent criminal activity or drug-related criminal activity that would be considered a misdemeanor in the past 3 years.

9. Is any adult household member subject to a lifetime sex offender registration requirement in any state? Yes No
If Yes, complete the below:

Household Member	State

HUD prohibits the PHA from assisting any family if a household member is subject to a lifetime sex offender registration requirement.

All adults must sign a consent form allowing the PHA to conduct a criminal background check. The PHA conducts criminal background checks on all adult household members, including sex offender registration checks. Failure to sign criminal background check authorization forms or to report criminal history is grounds for denial / termination of assistance.



INCOME: List all income sources and amounts expected for the next 12 months for all family members. Answer questions completely.

10. Does or will anyone in the family receive any income from **employment** (not including self-employment)? Yes No If Yes, provide 2 pay stubs and complete the below:

Family Member	Employer Name, Address, Phone Number	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	
		\$	
		\$	

11. Does or will anyone in the family receive income from **self-employment** or a family-operated business? Yes No If Yes, provide records and complete the below:

Family Member	Type of Income	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	

- Will this family member pay out of pocket expenses for this self-employment/family-operated business? Yes No If Yes, provide receipts and complete the below:

Family Member	Type of Expense	Amount Paid	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	

12. Does or will anyone in the family receive **Social Security or SSI Benefits**? Yes No

If Yes, provide a benefit award letter dated within 60 days and complete the below:

Family Member	Type of Income	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	
		\$	



13. Does or will anyone in the family receive **regular periodic payments** from annuities, insurance policies, retirement, pensions, disability/death benefits, VA benefits, or other similar amounts?

Yes No If Yes, provide documentation dated within 60 days and complete the below:

Family Member	Type of Periodic Payment	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	

14. Does or will anyone in the family receive **unemployment compensation, state disability compensation, workers' compensation or severance pay**?

Yes No If Yes, provide an award letter or other documentation dated within 60 days and complete the below:

Family Member	Type of Compensation	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	

15. Does or will anyone in the family receive **public assistance benefits (TANF)**?

Yes No If Yes, provide the award letter dated within 60 days and complete the below:

Family Member	Type of Benefit (TANF, SNAP, SAGA, state supplement, etc.)	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	

16. Does or will anyone in the family receive **alimony or child support payments**? Yes No

If Yes, provide court or other official records and proof of receipt and complete the below:

Family Member	Alimony or Child Support?	Court ordered? (Y or N)	Court ordered amount, if any?	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
			\$	\$	
			\$	\$	

Has anyone received irregular payments or no court-ordered child support? Yes No

If yes, provide a statement from the enforcement entity showing you are cooperating with enforcement efforts, or a written statement from the entity assisting you in collection.



17. Does or will anyone in the family receive Foster Care, Adoption Assistance, or KinGAP amounts?
 Yes No If Yes, provide the award letter dated within 60 days and complete the below:

Family Member	Type of Benefit (TANF, SNAP, SAGA, state supplement, etc.)	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		\$	
		\$	
		\$	

18. Does anyone who is not in the assisted family pay any bills (utilities, telephone, insurance, car payments, rent, etc.) for any member of the family? Yes No If Yes, complete the below:

Family Member	Type of Bill	Average Bill Amount	Name and Address of the Person Paying the Bill	Frequency (weekly, bi-weekly, monthly, etc.)
		\$		
		\$		

19. Is any family member receiving regular contributions (food, diapers, clothing, money, etc.) from a person who is not on your lease? Yes No
 If Yes, provide a statement from the provider and complete the below:

Family Member	Type of Contribution	Amount or Value (for non-monetary contributions)	Name and Address of the Provider	Frequency (weekly, bi-weekly, monthly, etc.)
		\$		
		\$		



ASSETS: List all assets held by all family members. Answer all questions completely.
Provide original documentation of all assets dated within 60 days.

20. Does any family member have any **bank accounts**? Yes No

If yes, complete the below for all family member accounts, including minor children:

Family Member	Type of Account	Name/Address of Financial Institution	Current Balance	Anticipated Income over the next 12 months
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

21. Does any family member have any **other financial investments (such as IRA, 401K, Certificate of Deposit (CD), Mutual Funds, stocks)**? Yes No

If yes, list all financial investments below and provide the most recent statement.

Family Member	Type of Account	Name/Address of Financial Institution	Current Balance	Anticipated Income over the next 12 months
			\$	\$
			\$	\$
			\$	\$

22. Does any family member have access to any trust fund? Yes No

If yes, complete the below and provide the most recent statement.

Family Member	Type of Account	Name/Address of Financial Institution	Current Balance	Anticipated Income over the next 12 months
			\$	\$
			\$	\$
			\$	\$



23. Does any family member have a whole life insurance policy, or other insurance policy with a surrender value available to the family? Yes No

If yes, list insurance policies below and provide documentation showing the surrender value.

Family Member	Type of Account	Name/Address of Financial Institution	Surrender Value
			\$
			\$

24. Does any family member have any personal item held as an investment (such as antiques, cars, coins, or stamp collections)? Yes No

If yes, list all such items below and provide an estimate of value and anticipated income.

Family Member	Nature of Item	Estimated Value	Anticipated Income over the next 12 months
		\$	\$
		\$	\$

25. Does any family member own any real property, such as land, homes, manufactured homes? Yes No

If yes, provide proof of ownership and estimated value and complete the below.

Family Member	Address of Property	Property Value	Amount Owed	Anticipated Income over the next 12 months
			\$	\$
			\$	\$

26. Has any family member disposed of any asset (checking, savings, CD, real property, etc.) for less than fair market value within the previous 2 years? Yes No

If yes, provide documentation and complete the below.

Family Member	Type of Asset	Estimated Property Value	Amount Received	Date of Transaction
			\$	
			\$	



30. Is there a disabled family member? Yes No
 If Yes, does the family pay unreimbursed, out of pocket attendant care expenses or special equipment expenses (wheelchair, wheelchair lift, etc.) that enable any family member to work?
 Yes No If yes, provide the below information, and *provide receipts*.

Disabled Family Member	Type of Expense	Paid to: Name, Address, Phone	Amount Paid	Frequency

The adult family member enabled to work as a result of these expenses is: _____.

31. Please complete the following regarding monthly income and expenses:

Income		Expenses	
List Source	Monthly Amount	List type of Expense	Monthly Amount
		Rent	\$
		Utilities (electric, gas, etc.)	\$
		Food	\$
		Cleaning Supplies	\$
		Paper Supplies	\$
		Personal hygiene items (soap, shampoo, etc.)	\$
		Diapers, formula	\$
		Transportation (gas, insurance, bus, Uber/Lyft)	\$
		Cable/satellite/internet	\$
		Smoking/Vaping	\$
		Entertainment (movies, sporting events)	\$
		Grooming (barber, beautician, hair salon, nails, etc.)	\$
		Clothing, shoes	\$

Sect. 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its jurisdiction and has established penalty of fines and/or imprisonment not to exceed 5 years.



Giving True and Complete Information

I certify that all information provided to the PHA regarding household composition, income, assets and expenses is accurate and complete to the best of my knowledge and belief.

Income/Family Composition Information

I understand I am to notify the PHA in writing within 10 business days of any change of:

- Changes in my household composition (any addition to my family due to birth, adoption, or court awarded custody, or anyone moving out of my unit); and
- All new sources of family income, including returning to work for a previous employer or the resumption of previously suspended or terminated benefits.

I understand I must request PHA and landlord approval to add any household member to my unit.

I understand I must notify the PHA in writing when all family members will be absent for the unit for more than 30 calendar days. This notice must be provided to the PHA at the start of this extended absence.

Recertification/Inspection Notice

I understand that failure to participate in the reexamination process or the inspection process is grounds for termination of assistance.

No Duplicate Residence or Assistance

I certify that the assisted unit will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while in this program. I will not sublease my assisted residence. I understand I must provide written notification to the PHA of my intent to vacate my subsidized unit.

Cooperation

I understand I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits and verify my circumstances. This includes attending scheduled meetings/inspections and completing and signing required forms. I understand failure to do so may result in denial or termination of assistance.

Criminal and Administrative Actions for False Information

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

Head of Household Printed Name

Signature

Date

Spouse/Co-head Printed Name

Signature

Date



FAMILY OBLIGATIONS

Failure to abide by family obligations may result in termination of assistance. Obligations are also listed on the family's voucher and in the PHA's Administrative Plan.

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit as the family residence. This must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.
- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- If the PHA has given approval, a foster child or a live-in aide may reside in the unit.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity or in abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state, or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA has approved as a reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]

THE LAKELAND HOUSING AUTHORITY

PART 14 – CRIMINAL HISTORY / SCREENING

Complete this section for ALL household members. If you answer YES to any of the questions in this section, please provide the full name, dates, charges, city and state in the space provided below. Your answers will be verified on a case-by-case basis and you may be asked for additional information as support. Violations of family obligations and/or program regulations, including providing false information, are grounds for termination of assistance.

- A. *Have you or any member of your household ever been arrested, charged or convicted for any drug-related criminal activity?* NO YES
- B. *Have you or any member of your household ever been arrested, charged or convicted for any violent criminal activity in which you or they used, attempted to use, or threatened to use physical force against a person or property of another?* NO YES
- C. *Have you or any member of your household ever been arrested, charged or convicted for any sex-related criminal activity?* NO YES
- D. Are you or any member of your household, including minors, subject to a lifetime registration under a State Sex Offender Registration Program? NO YES
- E. Are you or any member of your household currently on probation or parole? NO YES
- F. *Have you or anyone in your household been terminated from a housing program within the last 5 years?* NO YES

INSTRUCTIONS: Head of Household must read and sign below.

BY SIGNING BELOW, I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF FLORIDA, THAT THE FOREGOING IS TRUE AND CORRECT. I HAVE READ THE INSTRUCTIONS AND UNDERSTAND THAT ANY FALSE STATEMENTS ARE SUFFICIENT AND GOOD CAUSE FOR TERMINATION OF MY HOUSING ASSISTANCE AND MAY ALSO SUBJECT ME TO FURTHER LIABILITY OR ACTIONS.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Print Full Name– Head of Household

 _____
Signature – Head of Household

Date

THE LAKELAND HOUSING AUTHORITY

PART 15 – STATEMENT OF FAMILY OBLIGATIONS

All information requested by this agency is required to determine initial and/or continued eligibility for participation in the program. You must follow all obligations if you wish to remain eligible for housing assistance.

I. Reporting Requirements – *The Family must report all changes within 10 days from the event*

1. Report all sources of income and assets accurately. Income means all amounts, monetary or not. Asset incomes mean any amounts derived from assets to which any family member has access.
2. Complete an Interim Examination Form within ten (10) working days if any change in household members or size (this includes foster children and live-in aides), sources of income/assets, work or home phone number.
3. Notify Lakeland Housing when a household member reaches the age of 18 as his/her income must be included in the family's income.
4. Supply any documentation that Lakeland Housing determines to be necessary within five (5) working days. This includes: a) social security cards, b) evidence of citizenship or eligible immigration status, c) signed authorization for the release of information forms, and d) information for use in a regularly scheduled reexamination or interim of family income and composition.
5. Promptly notify Lakeland Housing and the owner when the family is away from the unit for more than twenty (20) days.
6. Use the assisted unit for residence by the family members named on the lease only. The unit must be the family's only residence. Supply any information requested by Lakeland Housing to verify that the family is living in the unit.

II. Maintenance of Unit – *The family must:*

1. Maintain the unit in a clean, sanitary and safe condition. Allow Lakeland Housing to inspect the unit at reasonable times and after reasonable notice. If Lakeland Housing believes that there are illegal activities or unauthorized individuals residing in unit, we have the right to make periodic unscheduled housing inspections.
2. Report needed repairs promptly to the manager or owner. If repairs are not made, contact Lakeland Housing inspector.
3. Pay utility bills and supply and maintain appliances that the owner is not required supplying under the lease.
4. Abide by all terms of the lease the family signed with the owner. The family is responsible for behavior of guests and visitors. Show consideration for neighbors.

III. Prior to Moving – *The family must:*

1. If you plan on moving to another unit with your voucher or staying in the current unit without housing assistance; you must notify Lakeland Housing and owner (in writing) thirty (30) days in advance. Give Lakeland Housing a copy of any owner eviction notice.
2. Call your Eligibility Worker to arrange for a transfer briefing. In order to move to another unit, the family must attend a transfer briefing; leave the current unit clean, free of damages (other than damage from ordinary wear and tear) and owing no rent to the owner. If you owe money to Lakeland Housing, no transfer voucher will be issued.

IV. Certificate and Voucher Violations – *The family must not:*

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity of the premises.
5. Sublease the unit or assign the lease or transfer the unit. Nor give out keys, store the belongings of others or allow non-family members to use your address to receive mail.
6. Receive Section 8 Housing Choice Voucher housing assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Receive Housing Choice Voucher assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the household, unless the unit has been approved by the Lakeland Housing as reasonable accommodations for disabled families.
8. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
9. Offer or pay owner any money other than the amount authorized by Lakeland Housing.
10. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity of the premises.
11. Rent a unit from a relative. Situations in which the tenant is severely disabled will be reviewed.
12. Fail to vacate the unit at lease end if the owner does not choose to renew.
13. Engage in threatening, abusive or violent behavior toward Lakeland Housing staff.
14. Become delinquent in the repayment of any debt owed Lakeland Housing.

PART 17 – FAMILY MEMBER/HOUSEHOLD CERTIFICATION

INSTRUCTIONS: All members of the household, 18 years and older must read and sign below.

BY SIGNING BELOW, I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF FLORIDA THAT THE FOREGOING IS TRUE AND CORRECT. I HAVE READ THE INSTRUCTIONS AND UNDERSTAND THAT ANY FALSE STATEMENTS ARE SUFFICIENT AND GOOD CAUSE FOR TERMINATION OF MY HOUSING ASSISTANCE AND MAY ALSO SUBJECT ME TO FURTHER LIABILITY OR ACTIONS.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.



_____	_____	_____
Head of Household (print name)	Signature	Date
_____	_____	_____
Spouse (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date

REMINDERS

- You, and all members over the age of 18, must sign.
- All supporting documents must be submitted with this packet as requested throughout the application.
- Packet must be Post Marked by the due date listed on the 1st page.
- All questions must be answered. Incomplete or illegible applications will be returned and your assistance may be terminated.

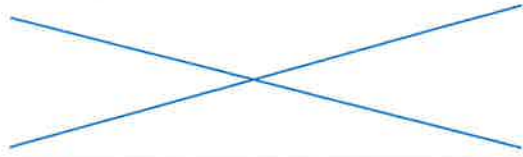
THE LAKELAND HOUSING AUTHORITY

PART 18 – AUTHORIZATION FOR THE RELEASE OF INFORMATION

PHA requesting release of information:

The Lakeland Housing Authority
 430 Hartsell Ave
 Lakeland FL

This consent form expires fifteen (15) months after signed.



Authority: 42 E.S. C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, medical or child care allowances, credit, and criminal activity. HUD and the HA need this information to verify your eligibility 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 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 information it obtains in accordance with any applicable State privacy laws. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent From: 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.

Failure to Sign Consent From: Your failure to sign the consent from 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 information review and hearing procedures.

Sources of Information: The group or individuals that may be asked to release the authorized information include but are not limited to:

- ✓ Previous Landlords (including Public Housing Agencies)
- ✓ Courts and Post Offices
- ✓ Schools and Colleges
- ✓ Law Enforcement Agencies
- ✓ Support and Alimony Providers
- ✓ Past and Present Employers
- ✓ Welfare Agencies
- ✓ State Unemployment Agencies
- ✓ Social Security Administration
- ✓ Medical and Child Care Providers
- ✓ Veterans Administration
- ✓ Retirement Systems
- ✓ Banks and other Financial Institutions
- ✓ Credit Providers and Credit Bureaus
- ✓ Utility Companies
- ✓ US Citizen and Immigration Services
- ✓ CA State Sex Offenders Database

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted programs. I understand that HA's that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

Signatures:



SIGNATURE (Head of Household)

Date

Social Security Number (if any) of Head of Household

Spouse

Date

Other Family Member over the age of 18

Date

Other Family Member over the age of 18

Date

Other Family Member over the age of 18

Date

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 from unauthorized disclosures or improper uses of information collected based on the consent form. Use of information collected based on this form is restricted to the purpose 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 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.

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.

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

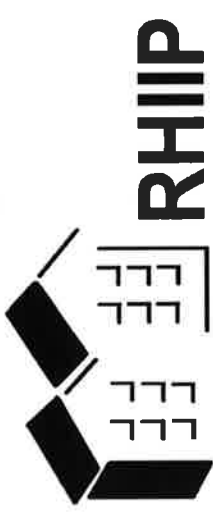
Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

LAKELAND HOUSING AUTHORITY

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hotrot/irs/ir/hudvdm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature _____

Date _____



LAKELAND HOUSING AUTHORITY

OMB No. 2577-0266 Expires 04/30/2013



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

April 26, 2010

Form HUD-52675

LAKELAND HOUSING AUTHORITY

OMB No. 2577-0266 Expires 04/30/2013

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

<p>Lakeland Housing Authority</p> <p>430 Hartsell Ave</p> <p>Lakeland FL</p>
--

I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name



April 26, 2010

Form HUD-52675

LAKELAND HOUSING AUTHORITY

OMB Control # 2502-0581
Exp. (07/31/2012)

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.



Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Form HUD- 92006 (05/09)



ABSENT PARENT INFORMATION

To be completed if one or more parents are absent from the home

Name of child(ren): _____
Name of Absent Parent for this child(ren): _____
Absent Parent Address: _____
City, State, Zip: _____ **Phone:** _____
Your marital status with this Absent Parent:
 Married **Separated** **Divorced** **Never Married**
Amount of Child Support Received: \$ _____ **Per** _____
Was it Court Ordered? **Yes** **No**
Child Support Case Number: _____
Are you Paid Directly? _____
Comment: _____

Name of child(ren): _____
Name of Absent Parent for this child(ren): _____
Absent Parent Address: _____
City, State, Zip: _____ **Phone:** _____
Your marital status with this Absent Parent:
 Married **Separated** **Divorced** **Never Married**
Amount of Child Support Received: \$ _____ **Per** _____
Was it Court Ordered? **Yes** **No**
Child Support Case Number: _____
Are you Paid Directly? _____
Comment: _____

Name of child(ren): _____
Name of Absent Parent for this child(ren): _____
Absent Parent Address: _____
City, State, Zip: _____ **Phone:** _____
Your marital status with this Absent Parent:
 Married **Separated** **Divorced** **Never Married**
Amount of Child Support Received: \$ _____ **Per** _____
Was it Court Ordered? **Yes** **No**
Child Support Case Number: _____
Are you Paid Directly? _____
Comment: _____

Name of child(ren): _____
Name of Absent Parent for this child(ren): _____
Absent Parent Address: _____
City, State, Zip: _____ **Phone:** _____
Your marital status with this Absent Parent:
 Married **Separated** **Divorced** **Never Married**
Amount of Child Support Received: \$ _____ **Per** _____
Was it Court Ordered? **Yes** **No**
Child Support Case Number: _____
Are you Paid Directly? _____
Comment: _____

I understand that the information that I have provided above is TRUE and COMPLETE.

Tenant Signature

Date

