



SECTION 8 PROGRAM

(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)

WHAT IS SECTION 8 RENTAL ASSISTANCE PROGRAM?

The Section 8 program allows eligible participants to seek housing on the private market in an area of their choice. The participants pay a portion of their income to the landlord for rent, and the Housing Authority subsidizes the remaining portion of Contract Rent by making a payment to the landlord on the participant's behalf. In order to utilize the assistance in another city or state, the participant must be a resident of Great Bend for at least one year.

HOW DO I APPLY FOR SECTION 8 RENTAL ASSISTANCE?

You must complete and submit an application, along with the following documentation for every member of your household:

- **Original** Social Security Cards
- **Original** government issued photo identification
- Income verification
- Child support, Alimony, Legal Separation and Divorce papers

WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?

The basic qualifications for Section 8 rental assistance are that you meet the income guidelines established by the Dept. of Housing & Urban Development. You must be 18 years of age or emancipated, furnish social security number, evidence of citizenship or immigrant status, and other screening criteria will be performed such as criminal background.

STUDENT ELIGIBILITY

If you are a full or part-time student, 24 years of age or younger, single and with no dependents, *you may not be eligible for Section 8*. Please contact the Section 8 department for more information.

WHAT HAPPENS AFTER I COMPLETE AN APPLICATION FOR HOUSING?

Once you have completed the application, you will be placed on the waiting list.

HOW LONG WILL IT BE BEFORE I RECEIVE RENTAL ASSISTANCE?

It is not possible to give you a definite date when rental assistance will be available, however the usual wait time is six months to one year or more. Once your name reaches the top of the waiting list, you will be required to update your information.



HOW MUCH WILL MY RENT BE?

Your rent will be determined by your income; you will pay 30% of your adjusted gross income minus any allowable deductions; or a minimum rent of \$25.00, whichever is greater.

WILL I BE REQUIRED TO PAY A SECURITY DEPOSIT?

Yes, the security deposit you will be required to pay may not exceed the legal limits set by the Kansas Landlord Tenant Act. .

WHAT SHOULD I DO IF ANYTHING CHANGES WHILE I AM ON THE WAITING LIST?

Be sure to notify this office in writing immediately, especially if your phone number or address changes. NOTE: If you move into a public housing unit and wish to remain on the Section 8 waiting list, you MUST notify the program manager, in writing of your address change. This office will not automatically update the waiting list for any other program.

HOW CAN I CONTACT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DIRECTLY?

You may contact the Department of Housing and Urban Development at www.hud.gov or by calling 913-551-6916.



(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)

**NOTICE TO HOUSING CHOICE VOUCHER PROGRAM LANDLORDS/OWNERS/MANAGERS,
PARTICIPANTS AND APPLICANTS AND PUBLIC HOUSING PROGRAM PARTICIPANTS
REGARDING THE VIOLENCE AGAINST WOMEN ACT**

The United States Congress passed the Violence Against Women Act (VAWA) and the Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. This law affects the resident selection, lease provisions that deal with termination and eviction, the termination of assistance or eviction provision in the Housing Assistance Payment (HAP) contract, the Tenancy Addendum, and the housing authority's relationship with the resident. The Department of Housing and Urban Development (HUD) says the law is effective immediately although it has not issued a revised HAP contract incorporating these terms. Therefore the legal relationship between the Great Bend Housing Authority (GBHA), Owners, Applicants and residents, are changed as set out below. Applicants and residents may utilize the attached "certification form" which was created by HUD. The GBHA does not give legal advice to owners, applicants, or residents (program participants). Consult your attorney with questions.

SELECTION OF PARTICIPANTS OR TENANTS

The fact that an applicant for program assistance or a lease applicant is or has been the victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance, or denial of admission to the program if they are otherwise qualified.

LEASE TERMS

An incident or incidents of actual or threatened domestic violence, dating violence, of stalking may not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

TERMINATION OF ASSISTANCE/EVICTION

Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of the tenant's household or any guest or other person under the tenant's control shall not be the cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, or stalking.

The GBHA may terminate assistance and/or the landlord/owner/manager may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members or others without terminating the assistance/evicting of victimized lawful occupants.

The GHBA and or landlord/manager/owner may honor court orders regarding rights of access or control of the property.



Nothing limits the GBHA or landlord/manager/owner from terminating assistance or evicting for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a “more demanding standard” than non-victims.

Nothing prohibits the termination of assistance or eviction if the GBHA or owner/manager/landlord can demonstrate an actual and imminent threat to other tenants or those employees at or providing service to the property if that tenant’s assistance is not terminated or if that tenant is not evicted.

Any other federal, state or local laws that provide greater protections to victims of domestic violence, dating violence, or stalking are not superseded by these provisions.

The GBHA and/or owner/landlord/managers may require certification of the individual or his or her status as a victim of domestic violence, dating violence or stalking in order to qualify for the protections implemented in the statute. Such certifications must be maintained confidentially. The landlord/owner/manager is not required to demand a certification from the resident.

If the Housing Authority terminates assistance, a resident who claims that the termination is brought because criminal activity directly relating to domestic violence, dating violence or stalking, must provide written certification to the GBHA that they are a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the termination of assistance are bona fide incidents of actual or threatened abuse. This written certification must be provided 14 business days after GBHA requests the certification in writing. For GBHA purposes, the date of the request shall be the date of termination of assistance letter. If the landlord/owner/manager requires a certification, they shall inform the resident of the date the response must be returned, which shall not be less than 14 business days from the date the certification is requested by the landlord/owner/manager. The certification requirement may be compiled with by completing the certification form, which is available at the GBHA office, 1101 Kansas Ave., Great Bend, KS or by calling 620-793-7761. Information provided in the certification form shall be retained in confidence, shall not be retained in confidence, shall not be entered into a shared data base, and shall not be provided to a related entity unless the tenant consents in writing, the information is required for use in eviction proceedings, or its use is otherwise required by law.

FOR QUESTIONS OR MORE INFORMATION:

LYNN A. FLEMING, EXECUTIVE DIRECTOR
GREAT BEND HOUSING AUTHORITY
1101 KANSAS AVE.
GREAT BEND, KS 67530
620-793-7761 FAX 620-793-7790
gbhighrise@sbcglobal.net





APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... **IS FRAUD WORTH IT?**

DO YOU REALIZE...?

- If you commit fraud to obtain assisted housing from HUD, you could be:
- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

DO YOU KNOW THAT...

- You are committing fraud if you sign a form knowing that you provided false or misleading information.
- The information you provide on housing assistance application and recertification forms will be verified.
- The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies.
- Certifying false information is fraud



So Be Careful!

ASK QUESTIONS!

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest.

You must include:

- All sources of income and changes in income (raise or bonus) you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.



Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay especially if you pay in cash.
- Get a written explanation if you are required to pay for anything other than rent (maintenance, utility charges, or fees).

The U.S. Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) is the Department's law enforcement and auditing arm and is responsible for investigating complaints of fraud, waste and mismanagement in HUD funded programs.

REPORTING FRAUD

*Serious allegations of fraud should be reported to your local
HUD Office of Inspector General or to the HUD OIG Hotline at:*

<http://www.hudoig.gov/report-fraud>



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



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).

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.

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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/pih/programs/pih/thiip/iv.cfm>.

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



**APPLICATION FOR ASSISTANCE
GREAT BEND HOUSING AUTHORITY
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the dwelling unit as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

Head of Household Information:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home phone: _____ Work phone: _____ Other Contact: _____

Social Security Number: _____ Date of Birth: _____ Place: _____

Sex	Race	Ethnicity	Marital Status	Citizenship

Race: White; Black/African American; American Indian/Alaskan Native; Asian; Native Hawaiian/Pacific Islander; Mixed
Ethnicity: Hispanic/Latino; Not Hispanic/Latino

If not a U.S. citizen, Immigration status, and Alien Registration Number: _____

Spouse/Other Adult:

Name: _____ Relation to Head of Household: _____

Social Security Number: _____ Date of Birth: _____ Place: _____

Sex	Race	Ethnicity	Marital Status	Citizenship

If not a U.S. citizen, Immigration status, and Alien Registration Number: _____

Household Composition (Under age 18)

First Last Name	Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age

If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name: _____

_____ Where does he/she live? _____

Is the absence temporary or permanent? _____

Does anyone listed above require wheelchair or other accessibility features: Yes No

Does anyone listed above require live-in attendant care: Yes No Attendant's Name: _____

Previous or Present Landlord Information:

Name: _____ Address: _____

Phone Number: _____ how many years rented: _____

Name: _____ Address: _____

Phone Number: _____ how many years rented: _____

Sources of Income

For all people in the household, list each type of income, the address of the source of the income, and the monthly gross amount before any deductions. Income is money from any source received in the form of checks, cash, or credit toward an account.

SOURCE/TYPE OF INCOME	HOUSEHOLD MEMBER PAID	NAME & ADDRESS OF SOURCE (STREET/CITY/STATE)	MONTHLY AMOUNT
Employment Income			
Unemployment Benefits			
Worker's Compensation			
Child Support/Alimony			
TANF/General Assistance			
Social Security/ SSI			
Pension/Annuity/VA Benefits			
Cash Contributions			
Interest/Dividend Income			
Tribal Allotments/Payments			
Student Financial Aid			
Military Income			
Income from Rental Property or other asset			
Regular Contributions or Gifts			
Assets, checking, savings accounts, Certificates of Deposit, Money Markets, IRA's, Annuity or Investments			

Are you entitled to: Child Support Yes \$_____/month No or Alimony Yes \$_____/month No

Do you receive: Child Support Yes \$_____/month No or Alimony Yes \$_____/month No

Assets:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Retirement/Pension Plan	<input type="checkbox"/> Trusts	<input type="checkbox"/> Insurance Settlements	<input type="checkbox"/> Certificate(s) of Deposit
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Stocks	<input type="checkbox"/> Other

Do you have cash assets of less than \$5,000 and expect the annual income from those assets to be less than \$50? YES NO

Child Care and/or Disability Assistance Expense:

1. Do you pay for Child Care for children age 12 or younger while you work or attend school? _____

2. If yes, to whom are expenses paid: _____ How much per month: _____

Address and phone number of Child Care provider: _____

Medical Expenses: (complete only if Head of Household or Spouse is disabled or 62 years of age or older)

Type of Expense (medical insurance, prescription medicine)	Amount	Type of Expense (doctors expense)	Amount
	\$		\$

Has any household member disposed of any asset or property for less than fair market value during the past two years?

YES NO If YES, please briefly describes: _____

PLEASE answer YES or NO to the following questions:

1. Has ANY household member EVER been arrested or issued a citation for ANY reason? YES NO
(bad checks, DUI, no liability insurance, theft, driving without a license, battery, assault, etc.)
2. Has ANY household member EVER been convicted of ANY misdemeanor or felony? YES NO
3. Is ANY household member on any State's Sexual Predator List? YES NO
4. Has ANY household member EVER been convicted of manufacture or sale of methamphetamine? YES NO

If you answered YES to any of the above questions, please explain here by giving question number, date, charges, location , name of federal housing provider,);

(Examples: #1 12/01/1998 DUI Lawrence, KS, #3 12/15/2003 Topeka, KS Topeka Housing Authority)

Has ANY household member ever lived in any type of federally subsidized housing? YES NO If YES, list below:

Former Address: _____ City: _____ State: _____ Zip: _____

Housing Authority/Agency's Name: _____ Date moved in: _____ Date moved out: _____

Does ANY member owe a debt to this housing program? YES; NO.

If YES, have arrangements been made to pay it back? YES NO

CERTIFICATION (All adults must sign)

I/we certify that the information given to the Great Bend Housing Authority on this Preliminary Application is accurate and complete to the best of my/our knowledge. I/we understand that false statements or information is punishable under Federal Law and is grounds for denial of eligibility, termination of housing assistance and termination of tenancy. Under of penalty of perjury I/we do hereby certify to the information provided in this Certification of Eligibility and Personal Declaration of Information.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Head of Household: _____ Date: _____

Signature of Other Adult Member: _____ Date: _____

Please go over this form and be sure it is filled in completely, incomplete applications will not be processed.

**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 (full address, name of contact person, and date):

Great Bend Housing Authority
1101 Kansas Ave.
Great Bend, KS 67530

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.



**AUTHORIZATION FOR RELEASE OF INFORMATION
ALL ADULTS (18 & OVER) MUST READ & SIGN THIS FORM**

PURPOSE

The Great Bend Housing Authority (GBHA), herein after referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/We authorize the release of any information, including documentation and other materials, necessary to verify eligibility for our participation under any housing assistance program administered by the housing authority.

I/We authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for our participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

I/We agree that photocopies of this authorization may be used for the purpose stated herein.

INQUIRES MAY BE MADE ABOUT:

- | | | |
|---------------------------------|---|--|
| Child Care Expenses | Law Enforcement Records | Family Composition |
| Handicapped Assistance Expenses | Probationary Records | Social Security Numbers |
| Credit History | Medical Expenses | Employment, Income, Pension & Assets |
| Identity and Marital Status | Educational, vocational & training services | Residences and Rental History |
| Criminal History & Activity | Social Services | Federal, State, Tribal or Local Benefits |
| Community Support Assistance | Employment Services | Welfare Services |

INDIVIDUAL OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

- | | |
|--|--|
| Banks & Other Financial Institutions | PROVIDERS OF: |
| Local/State/Federal Courts | Alimony |
| Local/State/Federal Law Enforcement Agencies | Child Care |
| Credit Bureaus | Child Support |
| Employers Past & Present | Credit |
| Schools and Colleges | Disability and/or Handicapped Assistance |
| Landlords | Medical Care Services |
| Local Community Services Agencies | Pensions Annuities |
| Utility Companies | Mental Health Services |
| State Welfare Agencies | Substance Abuse Treatment |

CONDITIONS:

I/We agree that permission to release information for the purpose stated above will remain in effect as long as I/We remain a participant in GBHA housing programs or a resident in a GBHA unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/We understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the GBHA.

PRINT NAME _____ **PRINT NAME** _____

SOC SEC # _____ **SOC SEC #** _____

DATE OF BIRTH _____ **DATE OF BIRTH** _____

ADDRESS _____ **ADDRESS** _____

SIGNATURE _____ **SIGNATURE** _____

DATE _____ **DATE** _____

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

I am a citizen by birth, a naturalized citizen or a national of the United States;
OR

I have eligible immigration status and I am 62 years of age or older. (attach evidence of proof of age);
OR

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); OR

Permanent residence under 249 of INA; OR

Refugee, asylum, or conditional entry status under #207, 208 or 203 of the INA; OR

Parole status under #212(d) (f) of the INA; OR

Threat to life or freedom under #243(h) of the INA; OR

Amnesty under #254 of the INA.

Signature

Date

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date# _____

WARNING: 18 USC 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a 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.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen 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.

Permanent residence under 249 of INA: A noncitizen 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 (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 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 or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen 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 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen 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 or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

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.

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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.