



Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

Please notify the Department that you require interpretation services if you do not speak, read or write English. Interpretation may be provided, at no cost to you, in your primary language to help you to understand this notice.

WHAT TO SUBMIT TO COMPLETE YOUR APPLICATION

Carefully complete all enclosed forms and attach required documents. Review your application packet, checking off all the items below, before you turn it in. If anything is missing, it will take longer to process your application.

Include the following items with your completed packet if they apply to you or someone in your household:

VERIFICATIONS

Table with 2 columns: 'If you or members of your household:' and 'Provide:'. Rows include categories like 'Have assets', 'Have income', 'Self Employed or Own Business', 'Are enrolled in School', 'Pay for child care', and 'Medical Expenses'.

PERSONAL DECLARATION (attached) Fill out both pages (front and back) completely – check a Yes or No box for each question and provide additional information where indicated. You and all members who are living in your household who are 18 years of age or older must sign and date the form.

HAWC GENERAL RELEASE OF INFORMATION (attached) You and all members living in your household who are 18 years of age or older must sign and date this form.

DECLARATION OF CITIZENSHIP AND VERIFICATION CONSENT (attached) Complete the section(s) applicable to each household members' immigration status. All adults 18 years of age or older must sign and date.

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS (HUD_52675) (attached) You and all adults 18 years of age or older in your household must sign and date a separate form for each person.

Continued on the back



What to submit to complete your application continued...

PICTURE IDENTIFICATION Attach legible copies for all household members 18 years and older. (Examples: drivers license, state ID card, passport, etc.)

BIRTH CERTIFICATES Attach copies of birth or hospital certificates for all minors in the household.

MUST SUBMIT IN PERSON AT OUR OFFICE You must bring original documentation of your Social Security number and, for non-citizens, original verification of your eligible immigration status to our office for all household members. HAWC staff must see your original documents in person and will make copies of them for you

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING (HUD_92006) (attached) Optional Contact Information for HUD-Assisted Housing Applicants

Please note that new applicants for the HCV Program cannot port out (take your Voucher) to another housing authority. You must lease a unit in HAWC's jurisdiction for at least one year prior to exercising portability.

IF YOU FAX OR EMAIL YOUR PACKET: You must fax/scan both sides of each page and the document must be fully legible. If the faxed or emailed packet is incomplete/unreadable, we will request that you provide the original.

Personal Declaration Household Composition Guide

- **Relation to Head** - How is the household member related to the head of household? Spouse, co-head, other adult, child, or Live In Aid (LIA) are a few examples.
- **Social Security Number** - Each household member must supply a social security number and verify with their social security card. Note, if a member of the household does not have a social security number inform the specialist when turning in the packet.
- **Sex** - While HAWC understands that sex is more than the binary Male / Female, currently HUD requires the demographic to be uploaded in the M/F context. If a member of the households selects a code other than M/F HAWC will note that in our system, but default to HUD as one of the required sex for reporting purposes.
- **Date of Birth** - Use the MM/DD/YYYY format for household members date of birth.
- **Race** - as a federally funded program, HAWC must enter in one of the following Race Demographics into the system: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, or White. List all that apply.
- **Ethnicity** - as a federally funded program, HAWC must enter in the demographics as listed. Check yes or no if the household member ethnicity is Hispanic.
- **Income** - Using the guide in the previous page, identify each income source for all household members regardless of age and the amount received each month. If a household member has more than two sources of income, add a second page.

Example:

► **HOUSEHOLD COMPOSITION AND INCOME** List every person living with you at least 51% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M/F/X)	Date of birth	Race	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'. For types of income, see the instruction page
						Yes	No	
Samson, Joseph	HEAD	(Entered above)	M	7/1/1985	Black		✓	Type: Job \$ 2,100 Type: Child support \$ 800
Sampson, Tina	Child	111-11-1111	F	8/15/2009	Black / Asian		✓	Type: None \$ Type: \$



Personal Declaration Application and Recertification

Head of Household's Social Security number

			-			-			
--	--	--	---	--	--	---	--	--	--

CONTACT INFO
(Head of household)

Write 'NONE' if not applicable

Street address, P.O. Box, or shelter name		City	State	ZIP Code	Homeless at application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile phone number	Other phone number (and type)	E-mail address	What language do you speak at home?		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

1. HOUSEHOLD COMPOSITION AND INCOME *List every person living with you at least 51% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)*

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M / F / X)	Date of birth	Race	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'. For types of income, see the instruction page
						Yes	No	
	HEAD	(Entered above)						Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$

2. CURRENT EMPLOYMENT INFORMATION *(If you need additional space, please attach a separate paper.)*

Yes, someone in my household is employed. Complete the below information. No, no one in my household is employed.

Name of household member	Name of employer (or self-employed)	Employment start date	Employer's address	Employer's phone number	Employer's fax number

3. BANK ACCOUNTS AND OTHER ASSETS *List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)*

Yes, someone in my household has assets (e.g., bank accounts). No, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
		\$	%		
		\$	%		



Yes **No** Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$ _____

Yes **No** Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.

4. STUDENT INFORMATION List information only for household members who are 18 years old or older. You must report within 10 business days if enrollment falls below full time status.

Yes, an adult in my household is a student. Complete the below information. **No**, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)

5. DEDUCTIONS Do you have expenses that **you pay out of pocket** and anticipate to continue for the next 12 months? (If you need additional space, please attach a separate paper.)

Yes **No** Child Care Expenses for a child under 13: If yes, you must provide verification in order to receive a deduction.

Yes **No** Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form.

Yes **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:

6. OTHER HOUSEHOLD INFORMATION (If you need additional space, please attach a separate paper.)

Yes **No** Is anyone in your household disabled? **If yes**, please list their names:

Yes **No** Has anyone in your household served in the armed forces or is the spouse of someone who has served? **If yes**, please list their names:

Yes **No** Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? **If yes**, explain here and attach a statement from the person stating how often and the amount:

Yes **No** Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? **If yes**, please explain:

Is there any other information you would like us to know about your household?

7. ACCOMMODATIONS If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.

Yes **No** Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?

8. CERTIFICATION I understand my eligibility for rental assistance or on my household's full completion of this form as verified by the Housing Authority of Washington County. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the program.

_____	_____	_____	_____
Head of household signature	Date	Spouse or Co-head signature	Date
_____	_____	_____	_____
Signature of other household member (age 18+)	Date	Signature of other household member (age 18+)	Date
For HAWC Use Only	Background check <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled	Supervisor or designee _____ Date _____



I hereby authorize the Housing Authority of Washington County (HAWC) / The Washington County Department of Housing Services and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. HAWC may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If HAWC makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations. If I participate in the Project-based program, I also authorize HAWC and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized housing. This consent expires 40 months after it is signed.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- References from employers, including wage and salary information, and job performance;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Credit reports;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source (including State Wage Information Collection Agencies, the Division of Child Support, Department of Health and Social Services, etc.) for all family members;
- Immigration status, citizenship status, and legal identity verification;
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private screening contractors;
- Outstanding debts to other housing agencies.

_____	_____	_____
Head of Household (printed name)	Signature	Date
_____	_____	_____
Co-Head, Spouse, Partner, or Other Adult (printed name)	Signature	Date
_____	_____	_____
Other Adult (printed name)	Signature	Date
_____	_____	_____
Other Adult (printed name)	Signature	Date
_____	_____	_____
Other Adult (printed name)	Signature	Date





Authority: This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.

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.

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 HAWC's grievance and Housing Choice Voucher informal hearing procedures.

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 all household members. 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, have and use. Giving the Social Security Numbers of all household members 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, HAWC and any owner (or any employee of HUD, HAWC or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on this form is restricted to the purposes cited on the form. 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, HAWC or the owner responsible for the unauthorized disclosure or improper use.



Statement of Family Obligations

Under the rental assistance programs offered by the Washington County Department of Housing Services, participating families must meet the Family Obligations in order to continue participating in the program. Violation of any obligation may result in termination of assistance. The Family Obligations are:

- 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 supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- 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 by the family 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 comply with lease requirements regarding written notice to vacate to the owner. The family must provide written notice to the PHA at the same time the owner is notified.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit 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.
- The family must not sublease the unit, assign the lease, or transfer 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.
- 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.
- Family members must not 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 and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive Housing Choice Voucher (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 determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Per my signature below, I have read and understand the Family Obligations. (All adults, age 18 and over, must sign).

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Department of Housing Services Language/Alternate Format Designation

The Washington County Department of Housing Services (DHS) wants to provide effective communication and services to all its clients. This includes persons with disabilities, and persons who do not speak English.

The purpose of this form is to gather information to help us serve you better. Note, this form is optional.

Kinds of Communication

DHS can communicate with persons who have disabilities in several ways. Check below to tell us how you would like to get information from the DHS:

- I do not need written materials in a different format.
 - I need written materials in the following format:
 - Large Print: **This is 18 point font.**
 - Audiotape: Text is recorded on an audiocassette tape.
 - Braille: Written text is provided in Braille.
 - Electronic format: Written material emailed.
 - Spoken: Written material is read aloud by a DHS employee, in person or over the phone.
 - I need a sign language interpreter.
 - Other (please explain):
-

Your Language

- I speak English and read English and do not need help communicating with the DHS.
 - I speak English, but I need help filling out paperwork.
 - I do not speak or read English, and I need written materials in:
 - Bosnian
 - Cambodian
 - Chinese
 - Korean
 - Laotian
 - Romanian
 - Russian
 - Spanish
 - Vietnamese
 - Other: _____
-

- I do not speak or read English, and I need oral communication in:
 - Bosnian
 - Cambodian
 - Chinese
 - Korean
 - Laotian
 - Romanian
 - Russian
 - Spanish
 - Vietnamese
 - Other: _____
-

I have read this form, or it has been read to me.

Print Name: _____ Date: _____

Signature: _____

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...

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 checked. 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!

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 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.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

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.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

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.

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.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Housing Authority of Washington County HAWC / Department of Housing Services and the Department of Housing & Urban Development (HUD) to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have an eligible immigration status as set forth in 42 U.S.C. Section 1436(a). Please note that not all "legal" statuses are eligible for subsidy.

All adults (18 years and older) in the household must claim their status and sign below. The head of household and/or a responsible adult is required to certify the status of each minor child in the household. All Non-citizens with a subsidy-eligible status are required to sign a Verification Consent Form and present their original I-551 Permanent Resident card or I-94 Arrival/Departure record from the Department of Homeland Security **in person**.

1. Under penalty of perjury, I declare that I am: _____
Head of Household (print clearly)

- A Citizen of the United States
- A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
 - I-551 Permanent Resident Card
 - I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
 - I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
- Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ Social Security # (last 4) _____ Date _____

2. Under penalty of perjury, I declare that I am: _____ Adult? Yes No
Household Member (print clearly) age 18 years or over?

- A Citizen of the United States
- A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
 - I-551 Permanent Resident Card
 - I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
 - I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
- Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ Social Security # (last 4) _____ Date _____

If the Household member is under 18 years of age, the parent or guardian of the member must sign.

3. Under penalty of perjury, I declare that I am: _____ Adult? Yes No
Household Member (print clearly) age 18 years or over?

- A Citizen of the United States
- A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
 - I-551 Permanent Resident Card
 - I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
 - I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
- Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ Social Security # (last 4) _____ Date _____

If the Household member is under 18 years of age, the parent or guardian of the member must sign.

Continue on next page →





WASHINGTON COUNTY OREGON

4. Under penalty of perjury, I declare that I am: _____ **Adult?** Yes No
Household Member (print clearly) *age 18 years or over?*

- A Citizen of the United States
- A Non-Citizen with subsidy-eligible immigration status *(check that you have one of the following to verify your status)*
 - I-551 Permanent Resident Card
 - I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
 - I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation
- Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

If the Household member is under 18 years of age, the parent or guardian of the member must sign.

5. Under penalty of perjury, I declare that I am: _____ **Adult?** Yes No
Household Member (print clearly) *age 18 years or over?*

- A Citizen of the United States
- A Non-Citizen with subsidy-eligible immigration status *(check that you have one of the following to verify your status)*
 - I-551 Permanent Resident Card
 - I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
 - I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation
- Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

If the Household member is under 18 years of age, the parent or guardian of the member must sign.

6. Under penalty of perjury, I declare that I am: _____ **Adult?** Yes No
Household Member (print clearly) *age 18 years or over?*

- A Citizen of the United States
- A Non-Citizen with subsidy-eligible immigration status *(check that you have one of the following to verify your status)*
 - I-551 Permanent Resident Card
 - I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
 - I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation
- Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

If the Household member is under 18 years of age, the parent or guardian of the member must sign.

7. Under penalty of perjury, I declare that I am: _____ **Adult?** Yes No
Household Member (print clearly) *age 18 years or over?*

- A Citizen of the United States
- A Non-Citizen with subsidy-eligible immigration status *(check that you have one of the following to verify your status)*
 - I-551 Permanent Resident Card
 - I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
 - I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation
- Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

If the Household member is under 18 years of age, the parent or guardian of the member must sign.

If your household has more than 7 people, please contact us for additional page

Department of Housing Services
161 NW Adams Ave, Suite 2000, MS 63, Hillsboro, OR 97124-3082
(503) 846-4794 • fax (503) 846-4795 • TTY dial 711
www.washingtoncountyor.gov/housing





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: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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.

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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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 or such other period consistent with State Law.

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, subject to 24 CFR Part 16.
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?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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:

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

Signature

Date

Printed Name

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.