



**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.

### INSTRUCTIONS

- This Personal Declaration packet must be **completed and returned by the date given to you** in the enclosed letter.
- Complete this form IN INK.
- Fill out this packet completely.** Do not leave any information blank. If the information does not apply to you, write the word "none" or "N/A".
- Anyone in your household who is age 18 or over** is an adult and must sign each form.
- Income and assets (such as bank accounts) for everyone in your household must be reported.**
- The completed packet must be returned by mail, email, fax, or dropped off at our office.

**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.**

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

<b>If you or members of your household:</b>	<b>Provide:</b>
<p><b>Have assets:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Checking</li> <li><input type="checkbox"/> Savings</li> <li><input type="checkbox"/> Money Market, 401K</li> <li><input type="checkbox"/> "Cash Value"/Whole Life Insurance Policy <b>or</b></li> <li><input type="checkbox"/> Any other banking asset.</li> </ul>	<p><b>If Total Household Assets Are Over \$5,000:</b> Provide copies of six (6) months of current bank statements for all accounts, or current account page for other assets.</p> <p><b>Total Assets Are UNDER \$5,000:</b> Self-Certification may be accepted if total household assets are less than \$5,000.</p> <p>The Department of Housing Services will verify all assets when new adults are added to the household, at admission, when moving to a new unit, and every third year.</p>
<p><b>Have income:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Income from a Job</li> <li><input type="checkbox"/> Unemployment</li> <li><input type="checkbox"/> Child Support</li> <li><input type="checkbox"/> Social Security</li> <li><input type="checkbox"/> Pension</li> <li><input type="checkbox"/> Trust accounts</li> <li><input type="checkbox"/> Family Support paid to you, <b>or</b></li> <li><input type="checkbox"/> Any other income for the household</li> </ul>	<p>Copies of six (6) of your most recent paycheck stubs, copy of benefit award for unemployment, Social Security, Pension or Trust account, Child Support case # or 12 month print out of account from Division of Child Support or signed statement from parent providing support, signed statement from Family member providing support.</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Self Employed or</li> <li><input type="checkbox"/> Own Business</li> </ul>	<p>Copy of last year's federal income tax forms</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Are enrolled in School</li> </ul>	<p>Copy of current financial aid award letter <b>and</b> enrollment showing your credit hours</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay for child care <b>and</b> are employed, seeking employment, or attend school</li> </ul>	<p>Three (3) most recent receipts or canceled checks for child care or a statement from your child care provider. Include complete name, address, and phone number of the child care provider.</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Are age 62+ <b>or</b> are disabled and are reporting Medical Expenses</li> </ul>	<p>Complete the HIPPA Medical Release form in the packet. You must include all requested information <b>or</b> provide current printouts from your medical providers that show your out of pocket medical expenses in the last 12 months ( i.e. doctor visit co-pays, prescriptions, insurance premiums )</p>



# 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@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:

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

Adapted from HUD-1141 (12/2005)

# Personal Declaration

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

## See Instructions Page for completing this form:

1. Complete this form IN INK. 2. Complete all blanks. Write the word "NONE" if the information does not apply. 3. All adult members in the household must sign this declaration to certify accuracy of the information reported.

**Household Composition.** Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race*	Ethnicity*	Disability? (Yes/No)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mailing Address: \_\_\_\_\_  
(Street Address and Apartment, or PO Box)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone /Email: \_\_\_\_\_

If we cannot reach you, do we have your permission to leave a detailed message with this person?  Yes  No

### 1. Household Information. Answer all questions about your household.

- a. **Students.** List all household members who are attending school or college.: **ALL ADULTS MUST PROVIDE COPY OF CURRENT ENROLLMENT**

Student Name	School Name	Full or Part Time?	Financial Aid?	Financial Aid?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

No household members are enrolled in school

**b. Other Household Information.** Please answer the following questions. If you need more space, please use an additional sheet.:

Is there any member of the household who is now temporarily or permanently absent from the home? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

Does any household member under the age of 6 years have an Elevated Blood Lead Level? .....  Yes  No

Do you have any regular overnight guests, or someone who spends more than 2 nights per month? .....  Yes  No  
 If yes, please list guests' names and explain: \_\_\_\_\_

Has any member of the household been convicted of any crime in the previous 12 months? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

Is any member of the household subject to lifetime registration as a Sex Offender? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

Has any member of the household lived in subsidized housing other than with the Department of Housing Services? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

Has any member of the household had a change in citizenship or immigration status? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

**2. Household Income and Assets.** Include all income and assets received or held by all members of the household. *Note: Provide the complete mailing address for employers, including the zip code.*

**a. Employment / Job / Self-employment**

<b>Family Member Name:</b>			
<b>Name of Employer:</b>			<b>Your Title:</b>
<b>Complete</b> Employer Address, including zip code:			<b>Telephone:</b>
<b>Start Date of current job:</b>	Wage: \$	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	<b>Hours per week:</b>
<b>Family Member Name:</b>			
<b>Name of Employer:</b>			<b>Your Title:</b>
<b>Complete</b> Employer Address, including zip code:			<b>Telephone:</b>
<b>Start Date of current job:</b>	Wage: \$	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	<b>Hours per week:</b>
<b>Family Member Name:</b>			
<b>Name of Employer:</b>			<b>Your Title:</b>
<b>Complete</b> Employer Address, including zip code:			<b>Telephone:</b>
<b>Start Date of current job:</b>	Wage: \$	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	<b>Hours per week:</b>
<b>Family Member Name:</b>			
<b>Name of Employer:</b>			<b>Your Title:</b>
<b>Complete</b> Employer Address, including zip code:			<b>Telephone:</b>
<b>Start Date of current job:</b>	Wage: \$	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	<b>Hours per week:</b>

**b. Other Types of Household Income.** Fill in ALL blanks.

1. If the information does not apply, write "none" on the line
2. You **MUST** provide a print out of Child Support paid to you by a State Agency **OR**
3. If the absent parent is paying Child Support directly to you, they must provide a written letter including contact information and amount they are paying you per month
4. Attach an additional sheet if you need more space.

FAMILY MEMBER NAME	TYPE OF INCOME	AMOUNT
1.	<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> VA Pension <input type="checkbox"/> Other Pension <input type="checkbox"/> Workers Comp <input type="checkbox"/> TANF (cash assistance) <input type="checkbox"/> SNAP (food assistance) <input type="checkbox"/> Child Support <input type="checkbox"/> Disability OTHER INCOME: _____	\$ _____  <input type="checkbox"/> Per Month <input type="checkbox"/> Per Week <input type="checkbox"/> _____
2.	<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> VA Pension <input type="checkbox"/> Other Pension <input type="checkbox"/> Workers Comp <input type="checkbox"/> TANF (cash assistance) <input type="checkbox"/> SNAP (food assistance) <input type="checkbox"/> Child Support <input type="checkbox"/> Disability OTHER INCOME: _____	\$ _____  <input type="checkbox"/> Per Month <input type="checkbox"/> Per Week <input type="checkbox"/> _____
3.	<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> VA Pension <input type="checkbox"/> Other Pension <input type="checkbox"/> Workers Comp <input type="checkbox"/> TANF (cash assistance) <input type="checkbox"/> SNAP (food assistance) <input type="checkbox"/> Child Support <input type="checkbox"/> Disability OTHER INCOME: _____	\$ _____  <input type="checkbox"/> Per Month <input type="checkbox"/> Per Week <input type="checkbox"/> _____
4.	<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> VA Pension <input type="checkbox"/> Other Pension <input type="checkbox"/> Workers Comp <input type="checkbox"/> TANF (cash assistance) <input type="checkbox"/> SNAP (food assistance) <input type="checkbox"/> Child Support <input type="checkbox"/> Disability OTHER INCOME: _____	\$ _____  <input type="checkbox"/> Per Month <input type="checkbox"/> Per Week <input type="checkbox"/> _____

**List names of all adults (age 18+) in the household with no income:**

The below are adults in the house hold with no income from any source whatsoever, at the present time.

Printed Name of member with no income	Signature of household member	Date
Printed Name of member with no income	Signature of household member	Date
Printed Name of member with no income	Signature of household member	Date

**c. Other Information**

Does any agency or person outside of your household **regularly help you with household expenses or supplies?**  Yes    No  
 If yes, please explain: \_\_\_\_\_

Is your name listed as owner or co-owner on **any vehicle registration?**..... Yes    No

If yes, list model, year, and license plate number for each vehicle (attach extra sheet if necessary):

\_\_\_\_\_

**3. Asset Certification: Complete the form below for the entire household. Include assets of children.**

**A. Mark any of the following that you or family members have:**

Name of Family member with account	Type of Account	Account Number	Name of Bank/Financial Company	Cash Value*	Interest rate/ Dividends
	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings				
	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings				
	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings				
	<input type="checkbox"/> Checking / <input type="checkbox"/> Money Market Account				
	<input type="checkbox"/> Savings / <input type="checkbox"/> Certificate of Deposit				
	<input type="checkbox"/> Savings / <input type="checkbox"/> Certificate of Deposit				
	<input type="checkbox"/> Stocks / <input type="checkbox"/> Bonds				
	<input type="checkbox"/> IRA / Pension Plan / 401(k) <input type="checkbox"/> Other Retirement				
	<input type="checkbox"/> Equity in Real Estate / Land Contracts				
	<input type="checkbox"/> Life Insurance ( <b>Whole Life only, does not include term</b> )				
	<input type="checkbox"/> Lump Sum Receipts (i.e. settlements)				
	<input type="checkbox"/> Capital Investments				
	<input type="checkbox"/> Personal Property held as an Investment**				
	<input type="checkbox"/> Cash on Hand / Safety Deposit Box				
	<input type="checkbox"/> Other (explain):				
<input type="checkbox"/> <b>I/we have no bank accounts or other assets.</b>			<b>Totals:</b>		

\* "Cash value" is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage, early withdrawal penalties, etc. PLEASE NOTE: Certain funds, such as retirement, pensions, trusts, may or may not be fully accessible to you. Include only those amounts that are.

\*\* Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

**B. Within the past two (2) years, have you sold or given away any assets (including cash, real estate, etc.) for more than \$1,000 below its fair market value?**

**Yes.** I/we sold or gave away assets that totaled \$ \_\_\_\_\_ **OR**

**No.** I/we did not sell or give away any assets for less than their fair market value.

**C. Certification**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of rental assistance/lease agreement.

\_\_\_\_\_  
Signature of Head of Household Printed Name Date Signed

\_\_\_\_\_  
Signature of Other Adult Printed Name Date Signed

\_\_\_\_\_  
Signature of Other Adult Printed Name Date Signed

\_\_\_\_\_  
Signature of Other Adult Printed Name Date Signed

**4. Household Expenses**

**Child Care:**

- Do you have **child care costs** for minor children age 12 and under in the household?  Yes  No  N/A
- If YES, what is the full monthly cost? \$  N/A
- Do you pay the full amount on your own?  Yes  No  N/A
- If no, who helps pay your child care costs? And how much?  State Agency  Other \$
- Does this child care allow you to be currently employed or actively seeking employment?  Yes  No  N/A
- Does this child care allow you to be currently enrolled in school?  Yes  No  N/A

Who provides child care for you? Please list the full name and mailing address of your child care provider:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Medical Expenses:**

To Qualify... If the head of the household or spouse is 62 years of age or older, or a person with disabilities, you may complete this next section to have your household medical expenses considered in the determination of your housing benefits. All members of the household age 18 and over who have medical expenses should sign this form if their medical expenses are to be considered.

- 1. Are you or your spouse age 62 or older? .....  Yes  No
- OR**
- 2. Are you or your spouse a person with disabilities? .....  Yes  No

**If you answered NO to both of the above questions, you do not qualify for this expense review. Continue on page 6.**

**If you answered YES to one or both of the above questions, continue on this page.**

**Are your Family Medical Expenses:**

- Paid out of pocket and not covered by insurance? (This would include co-pays that are paid by you or another person in your household.) .....  Yes  No
- Recurring / on-going expense or on a payment plan? .....  Yes  No
- Current charges paid within the past 12 months? (Accounts must not be in collections) .....  Yes  No
- Prescribed by a medical professional (including "Over the Counter" items)? .....  Yes  No

**If you believe you qualify for medical expenses, please do the following:**

- 1. Provide current account printouts from the medical providers / clinics showing what you have paid out of pocket within the past 12 months. (*best way to verify expenses*)
- 2. If you have "Over the Counter" expenses, you must provide a letter from your medical professional showing the prescribed over the counter items and at least three (3) months of receipts showing what you have been paying for the items. (these need to be on-going expenses)
- Or**
- 3. Complete the HIPAA Authorization form on the next page and we will send a verification request to only the providers listed

**Service Animal Expenses:**

If you are a person with a disability and are requesting a review for expenses related to a service animal you will need to have a completed **Reasonable Accommodation** that verifies you are a person with disabilities

**If approved you will need to provide the following:**

- At least 3 months of receipts showing what you pay for animal related expenses (food, supplies...)
- Current print outs of expenses paid to a vet or clinic (within the last 12months) – ***If it applies to you***
- Current print outs of expenses paid to a trainer or facility for on going training (within the last 12months) – ***If it applies to you***

## **HIPAA Compliant Authorization to Disclose Health Information**

By signing this form, I authorize **the health care providers listed below** to disclose any information requested concerning the cost of my medical treatment to the Washington County Department of Housing Services (DHS). The DHS may use this information only for the purpose of verifying my eligibility for and/or the amount of my housing assistance.

I understand that I have the right to revoke this authorization at any time by notifying DHS in writing at 111 NE Lincoln, Room 200-L, Hillsboro, Oregon 97124-3082. I understand that the revocation is only effective after it is received and logged by DHS. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation

**Unless revoked in writing by me, this Authorization will expire six (6) months from the date of my signature below.**

I understand that my health care providers cannot disclose the requested information without my signature on this Authorization, and that my signing or refusal to sign this authorization will not affect my ability to receive treatment from my health care providers.

I understand that I am entitled to receive a copy of this authorization.

I have the right to refuse to sign this authorization. I understand the potential exists for the information used or disclosed pursuant to this Authorization to be re-disclosed by the recipient and no longer be protected by federal law.

I have reviewed and understand this Authorization.

Signature of Head of Household	Printed Name	Date Signed
Signature of Other Adult	Printed Name	Date Signed

**Instructions:** List all Health Care Providers whom you have paid out of pocket in the past year and you would like Housing to contact to verify your household's medical expenses. Do not list health care providers whose services are covered entirely by insurance. **NOTE – we will not contact providers for expenses you list at \$0 cost, or if the name and full mailing address is not provided.**

Type of Expense:	Name of Household Member with this expense	Name of the Provider and Complete Mailing Address	Phone/Fax Number	Amount YOU Pay/Paid
<input type="checkbox"/> Medical Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				\$ _____ <input type="checkbox"/> On going Co-Pay
<input type="checkbox"/> Medical Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				\$ _____ <input type="checkbox"/> On going Co-Pay
<input type="checkbox"/> Medical Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				\$ _____ <input type="checkbox"/> On going Co-Pay
<input type="checkbox"/> Medical Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				\$ _____ <input type="checkbox"/> On going Co-Pay

**If you have more health care providers than you can list here, please make a copy of this sheet, or contact the Department of Housing Services for additional copies.**



**5. Certification.** All adult members in the household must sign this declaration to certify accuracy of the information reported.

**Giving True and Complete Information:** I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge.

**Reporting Changes in Income or Household Composition:** I know I am required to report immediately in writing any changes in income and household size. I understand the rules and regulations regarding guests/visitors and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance:** I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that if I have received previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance:** I certify that the dwelling unit will be my principal residence and I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Department of Housing Services in writing. I will not sub-lease my assisted residence.

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

**Criminal and Administrative Actions for False Information:** I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

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

By my signature below, I do hereby swear and attest that all of the information reported on this form about me and my household is true and correct, and I have read and agree to the certifications contained in this form. I also understand that all changes in household members or income must be reported to the Department of Housing Services in writing, immediately.

X  
\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**Continue to Next Page >**

## 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

## Authorization for the Release of Information

**All adult family members must read and sign this form.**

### By signing below:

I/we hereby authorize the Washington County Department of Housing Services and its staff to contact any agencies, sources, offices, groups, or organizations to obtain any information or materials which are deemed necessary to determine my eligibility to participate in its program(s).

### General Information (i.e. income sources, assets, school enrollment, others):

I/we hereby authorize any and all agencies, sources, offices, groups, or organizations contacted by the Washington County Department of Housing Services and its staff to cooperate fully and divulge all information requested.

### Employment Division Records:

Furthermore, I/we authorize the Employment Division of the State of Oregon to release to the Washington County Department of Housing Services information from my records on file with the Employment Division.

### Immigration Records:

This authorization form also hereby acknowledges that evidence of eligible immigration status for members of my household may be released by the Washington County Department of Housing Services to (1) US Department of Housing and Urban Development (HUD) as required by HUD, and (2) Immigration and Naturalization Service (INS) for purposes of verification of immigration status. HUD may release evidence of eligible immigration status only to INS for purposes of establishing eligibility for financial assistance.

### Health Information:

If I or my spouse or co-head is an elderly person or a person with disabilities, I also authorize the Washington County Department of Housing Services to contact any health care providers I have identified for the purpose of verifying my household's medical expenses.

### Expiration of Authorization:

For the purpose of obtaining health-related and medical information, this authorization expires in six (6) months unless revoked in writing by me.

For the purpose of obtaining information other than health and medical information, this authorization does not expire unless revoked in writing by me.

**Copies of this document may be used for any and all of the purposes described above with the same force as an original.**

All adults (18 and over) in the household must sign:

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

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

This consent form expires 15 months after signed.

**Signatures:**

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

Washington County, Oregon  
Department of Housing Services  
111 NE Lincoln, Suite 200-L  
Hillsboro, Oregon 97124  
(503) 846-4794 · Fax: (503) 846-4795 · TTY: (503) 846-4793  
www.co.washington.or.us/housing

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

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

PHA-owned rental public housing Turnkey III Homeownership Opportunities Mutual Help Homeownership Opportunity Section 23 and 19(c) leased housing Section 23 Housing Assistance Payments HA-owned rental Indian housing Section 8 Rental Certificate Section 8 Rental Voucher Section 8 Moderate Rehabilitation

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

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



## ***What You Should Know about EIV***

### **A guide for Applicants and 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.

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](http://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/ph/rhiip/uiv.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 read this guide. I understand that a copy of this guide will be provided to me upon request.**

---

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Spouse/Other Adult \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Other Adult \_\_\_\_\_ 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.

### 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 is saved as "plain text" on a CD-ROM or 3.5" floppy disk.
    - 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: \_\_\_\_\_