



## APPLICATION FOR ADDITION TO EXISTING LEASE

**Applicant Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip code)

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Text:** \_\_\_\_\_

**Address of residence you wish to be added:** \_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETE TO CORRECTLY PROCESS YOUR APPLICATION**

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

**Household Composition:**

FULL, LEGAL NAME	Relation to HOH	SOCIAL SECURITY #	DOB Date of Birth	SEX	AGE	RACE	DISABLED	US Veteran/ Spouse of	US CITIZEN	Full time STUDENT
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N

**Alias/Maiden Name:** \_\_\_\_\_

**Household Income:**

HOUSEHOLD MEMBER Full, Legal Name	SOURCE OF INCOME SSI/SSDI, Employer name, etc.	SOURCE Phone and Fax Number	WAGE Hourly	Income Start Date	HOURS WORKED	TOTAL INCOME
					<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /
					<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /
					<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /
					<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /

**Household Assets:**

TYPE OF ASSET	BANK NAME	AMOUNT	TYPE OF ASSET	BANK NAME	AMOUNT
Checking			Cash		
Savings			IRA		
CD'S			Life Insurance		

**Household Expenses:**

TYPE OF EXPENSE	SOURCE	MONTHLY AMOUNT
<i>Physician (Disability Only)</i>		
<i>Pharmacy (Disability Only)</i>		
<i>Attendant Care (Disability Only)</i>		
<i>Childcare</i>		

**Household Members:** All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

1. Has any household member ever rented from the Marquette Housing Commission? Y / N

If yes, Please provide dates of tenancy: \_\_\_\_\_

2. Has any household member ever received assistance from any government housing program at any time in the past? (This includes Section 8, Public Housing, MSHDA, or any State Funded government housing.) Y / N

If yes, Please provide dates of tenancy: \_\_\_\_\_

3. Has any adult member of your household ever been terminated, evicted and/or asked to leave any government-housing program?

If yes, when and why? \_\_\_\_\_

4. Is your household currently homeless? Y / N

If yes, where are you sleeping? \_\_\_\_\_

5. Does any household member have a felony? Y / N

If yes, please explain including date of conviction: \_\_\_\_\_

6. Has any household member been arrested for any crime(s) Y / N

If yes, please explain, include household member and date of offense: \_\_\_\_\_

\_\_\_\_\_

7. Are any household member on probation or parole? Y / N

If yes, why? \_\_\_\_\_

8. Are any household members a registered sex offender? Y / N

*(This information will be verified through the U.S. Department of Justice National Sex Offender Registry)*

9. Do you own any real estate? Y / N

10. Have any household member been evicted by a judge? Y / N

If yes. Please explain, include date of judgement: \_\_\_\_\_

11. Do any household members owe any former landlord money? Y / N

If yes, how much? \_\_\_\_\_

12. Is any household member fleeing domestic violence? Y / N

13. Does the household have a court ordered unification plan with one or more children? Y / N

14. Does any household member have a Medical Marijuana card? Y / N

15. Does any household member need a barrier free unit? Y / N

16. Does all household members plan on keeping your current employment if relocating from another area?  
Y / N / NA

17. Are any of your monthly household expenses paid by another source? Y / N

18. Is your household currently on a lease? Y / N

19. When is your household looking to move? \_\_\_\_\_  
(Date)

20. Does any household member have a pet? Y / N

If yes, how many pets, type and weight? \_\_\_\_\_

21. Do any household members have a service/companion animal? Y / N

22. Does any household member have a vehicle? Y / N

23. Does your household plan to have anyone living with you who is not listed above? Y / N  
*\*This includes any unborn children.*

If yes, please explain: \_\_\_\_\_

24. Do all household members have their **ORIGINAL** Social Security Card? Y / N

25. Do all household members have their **ORIGINAL** Birth Certificate? Y / N

26. Does all household members over 18 years of age have valid photo identification? Y / N

I, \_\_\_\_\_ am requesting to add the applicant to my lease. I understand that by adding this person to my lease, I am responsible for the actions and conduct of all household members.

***Consent: I consent to allow the Marquette Housing Commission to verify my income, assets, and expenses. I also consent to allow MHC to screen for eligibility my credit and criminal history. I certify that the above information is a complete and true statement of family composition, income, employment, and assets to the best of my knowledge and belief.***

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____                 </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			
<b>Signature of Applicant</b>	<b>Date</b>		

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.



**FINAL ELIGIBILITY PROCESS AND REQUIREMENTS:**

Your name is approaching the top of our waiting list. Attached you will find Part 2 of our application. It is important to supply us with your complete 5 year rental history. If you do not have 5 years of rental history or 2 different landlords to contact please indicate what your living situation was and provide us with 3 letters of professional reference.

The following applicable documents must be returned along with Part 2 of our application. All documents must have your name and the name of the source on it. **Please be aware, additional documentation may be requested.**

**Income Sources:**

	Last 4 paystubs from employment
	SSI/Disability Letter
	Social Security Letter
	Last 3 months child support activity
	Unemployment letter
	Tribal payments
	Death benefit letter
	DHS benefit letter (Food assistance, cash assistance, state SSI)
	Financial aid award

**Assets:**

	Bank statements
	IRA statement
	Whole or Universal life insurance amount

**Expenses:**

	Last 12 months medical expenses (physician, pharmacy, specialist) (families with disabilities only)
	Last 12 months disability expenses (families with disabilities only)
	Attendant care expenses (families with disabilities only)
	Childcare expenses

**Eligibility:**

	Most recent child custody agreement
	Detailed school schedule (fulltime students over 18 years of age)
	Proof of Pregnancy
	<b>Original</b> signed Social Security Cards for all household members
	<b>Original</b> Birth Certificates for all household members
	<b>Original</b> Photo Identification for all household members 18 years of age or older
	Dog/Cat, Proof Vaccinations, Cert of good health, Proof of Spay/Neutering, Dogs Only; NOT to exceed 30lbs, Proof of current city license. (See backside of this form for Pet Policy) PET FEE \$150 non-refund fee due at Lease-up
	Service/Support Animal: Need to complete MHC Request for a Service/Support animal Accommodation

**Failure to provide all requested information will delay the final eligibility process.**

Please call and make an appointment to drop off part 2 and all required information. We will go through a questionnaire to determine if any further documents are needed. The final eligibility process will not begin until your application has been completed and all documents we requested have been submitted. The final eligibility process includes a landlord reference check, background check and any necessary 3<sup>rd</sup> party verification of income, assets and/or expenses.

Once we have made a determination we will contact you and let you know.

Please call our office if you have any questions about the application.

**Dear Applicant,**

***Please KEEP this page as a tool to assist with gathering the needed documents required to process your application.***



## PET POLICY

1. The Marquette Housing Commission allows the common household pets listed below:
  - **Dog: Not to exceed 30 pounds** in weight and 18 inches high at the withers. Must be spayed or neutered. Puppies must be spayed/neutered at the earliest age possible. No attack or fight trained dogs permitted.
  - Cats: Must be neutered or spayed and declawed or have a scratching post. Kittens must be spayed/neutered at the earliest age possible.
  - Birds: Canary, parakeet, finch and other species that are normally kept in cages. All birds must be in a cage when outside the resident's home. Birds of prey are not permitted.
  - Fish: In tanks or aquariums, not to exceed 20 gallons in capacity. Poisonous or dangerous fish are not permitted.
  - Rodents: Rabbits, hamsters, ferrets, gerbils, rats and mice permitted.
  - Reptiles: Lizards, Iguanas, Turtles, or Frogs only permitted. Tenant may have two of any one reptile.
  - Exotic pets, such as snakes, monkeys, game pets, etc. are not permitted.
- a. **Tenants will be assessed a \$150 pet fee for a dog or cat only.** No pet fee will be assessed for other pets. The pet fee shall be paid in full prior to the pet's admission to the residence. The fee is to be paid at the offices of either Pine Ridge Apartments or Lake Superior Village.
2. A household may have one dog or one cat and/or some combination of the other pets as defined below. In addition to the one dog or cat, the family may have one other pet allowed by this policy. If the household does not own a dog or cat, the household is permitted two pets of other types allowed and identified in this policy. No household may have more than one rabbit, hamster, gerbil, ferret, mouse or rat. They may have one gerbil and one rabbit, or any combination thereof.
3. Every pet must be registered upon admission and annually during the tenant's annual recertification period. Registration requires the following:
  - Annually**
  - Proof of current license (dogs only)
  - Proof of inoculations
  - Certificate of good health from a vet
  - Proof of spaying/neutering
  - Photograph of pet
4. Dogs and cats must be inoculated as required by veterinarians for the following:
  - Rabies every three years
  - Distemper annually
5. All families who have a pet must designate annually a person to serve as the pet's custodian when the head of household will be absent from the unit. If you are unable to designate a pet custodian you will not be permitted to have a pet.
6. All apartments must be kept free of pet odors and maintained in a clean and sanitary manner.
7. All fur-bearing pets must wear flea collars at all times or be on flea prevention medication.
8. All pets must be on a leash when not in the owner's home and on MHC property. Leash must be no longer than 4' and dogs must be appropriately and effectively restrained and under the control of a responsible individual at all times. At no time may the animal be tied where it can get into a neighbor's yard.
9. Cats and rabbits must be provided with a litter box and be litter box trained. Litter must be cleaned on a daily basis, disposing of waste in a plastic bag tied securely and placed in the trash.
10. Every dog and cat must wear a tag containing the owner's name, address and phone number (if applicable) and a valid rabies tag.
11. Residents will not be allowed to pet sit or to house a pet without fully complying with this policy including payment of the pet fee.
12. No dog houses will be permitted.
13. No pet shall be tied up or left unattended in the common areas or outside of the building(s) (such as the day care center or youth center) at any time on Housing Commission property.
14. At no time will pets be allowed in common areas except when leaving or entering resident's apartment.
15. A **\$25.00 per offense** clean up charge will be charged to the family for pet waste found in buildings or on Housing Commission property.
16. Any pet that causes any bodily injury to any resident, guest, visitor or MHC staff member shall be immediately and permanently removed from the premises without prior notification. The tenant will not be permitted to obtain another pet.
17. Pet owners are liable for any damages caused by their pet.
18. Residents who violate the Pet Policy as it relates to dogs and cats, will no longer be permitted to have a dog or cat unless they come into compliance with said policy within 7 days of notice by the MHC. Should tenant again violate the pet policy, they will no longer be permitted to have pets and could be subject to eviction.
19. If the pet poses a nuisance, such as but not limited to, excessive noise, barking, whining, digging or running loose, which is disruptive to others, owner will remove the pet from the premises within 14 days of a request to do so by the Marquette Housing Commission or face eviction.
20. Unregistered pets or pets not in compliance with this policy must be removed within seven (7) calendar days of notice by the MHC.
21. Residents must meet all obligations outlined in this Pet Policy prior to move-in or prior to obtaining the animal. Partial documentation or payment will not be accepted.
22. Violations of this Pet Policy shall be treated as a violation of the MHC Dwelling Lease Agreement.



## APPLICATION FOR PUBLIC HOUSING PART II

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

### **ALL INFORMATION MUST BE COMPLETE TO CORRECTLY PROCESS YOUR APPLICATION**

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

**Rental History – Please provide 5 years of rental/living history. Attach another page if necessary.**

1 Your **PRESENT** address \_\_\_\_\_ How Long? \_\_\_\_\_  
City, State, & Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord's address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Names of People on Lease \_\_\_\_\_  
Were you evicted by Landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain** \_\_\_\_\_

2 Your Previous address \_\_\_\_\_ How Long? \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord's address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Names of People on Lease \_\_\_\_\_  
Were you evicted by Landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain** \_\_\_\_\_

3 Your Previous address \_\_\_\_\_ How Long? \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Landlord's address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Names of People on Lease \_\_\_\_\_  
 Were you evicted by Landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_

**If no rental history, please provide a statement as to the reason(s) why.**

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I/We, the applicant (s) named above, certify under penalty of perjury that the information given to the Marquette Housing Commission regarding household composition, family characteristics and preference status, is accurate and complete to the best of my/our knowledge. Further, I/We understand that any falsification, misrepresentation or concealment of information by me can result in a denial of application or eviction from any dwelling unit obtained from the Housing Commission and are punishable according Title 18, Section 1001 of the United States Code. In addition, I/We understand that this is not an entitlement program and that program participation is contingent upon compliance with the rules and regulations of the Public Housing process and the recertification process once assisted.

*Consent: I consent to allow the Marquette Housing Commission to verify my income, assets, and expenses. I also consent to allow MHC to screen for eligibility my credit and criminal history. I certify that the above information is a complete and true statement of family composition, income, employment, and assets to the best of my knowledge and belief.*

Please Sign your name on the line that applies to your desired role in the household:

Spouse/Co-Head \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_



# 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)

Marquette Housing Commission

Pine Ridge Apartments

316 Pine Street

Lake Superior Village

125 Dobson Place

Marquette MI 49855

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 HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

PHA-owned rental public housing

Turnkey III Homeownership Opportunities

Mutual Help Homeownership Opportunity

Section 23 and 19(c) leased housing

Section 23 Housing Assistance Payments

HA-owned rental Indian housing

Section 8 Rental Certificate

Section 8 Rental Voucher

Section 8 Moderate Rehabilitation

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

**Signatures:**

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

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**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.

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**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.



DECLARATION OF CITIZENSHIP  
OR ELIGIBLE IMMIGRATION STATUS

I, \_\_\_\_\_ certify,  
(Print or type first name, middle initial, last name)

under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box) :

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2; or
- I have eligible immigration status as checked below (see next page for explanations). Attach INS document (s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§ 101 (a) (15) or 101(a) (20) of the INA 3;
  - Permanent Residence under § 249 of INA 4;
  - Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 of the INA 5;
  - Parole Status under §§212 (d) (5) of the INA 6;
  - Threat to life of freedom under Section 243 (h) of the INA 7;
  - Amnesty under §245A of the INA 8;

\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Date)

Check box if an adult is signing for a minor.

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.  
Footnotes pertaining to noncitizens who have eligible immigration status in one of the following categories:
2. Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under §§ 101 (a) (15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by Section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8U.S.C. 1101 (a)(20) and 1101 (a) (15), respectively (immigrants). This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status.
4. Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259).
5. Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under Section 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158) (asylum status); or as a result of being granted conditional entry under Section 203 (a) (7) of the INA (U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity.
6. Parole status under §§212 (d) (5) of the INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) (parole status).
7. Threat of life or freedom under section 243(h) of the INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)).
8. Amnesty under §245A of the INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a).