



## ALL HOUSEHOLD MEMBERS LISTED ON APPLICATION MUST PROVIDE:

- Social security card
- Birth certificate or proof of citizenship or eligible immigration status
- A driver's license or government issued photo id -is required for all household members 18+

## ELDERLY(62+)/DISABLED APPLICANTS MUST PROVIDE:

- Verification for disabled status  
(social security award letter and/or letter from medical professional attesting to applicants disabled status)

***All requested documents can be emailed to [R.Owens@ghaok.org](mailto:R.Owens@ghaok.org), faxed to 405-282-2884 or brought by the GHA Office to be copied.***





1524 E. Perkins - Guthrie, OK 73044  
 Telephone: 405-282-3246 - Fax: 405-282-2884  
 TTY/TDD: 405-293-9797 www.guthriehousing.org

Office Hours: Mon. through Fri.: 8:00 a.m. – 4:30 p.m.  
 -After Hours by Appointment-

<b>FOR GHA USE ONLY:</b>									
Date Rec'd: ___/___/___	Time Rec'd: ___:___ AM PM	By Initials: _____	Bedroom Size: 0/1	2	3	E/D	DISPL		
___ Added to Written Waiting List		By Initials: _____	___ Added to Software Waiting List		By Initials: _____				
___ To be added to Household/Unit#: _____ - _____			Address: _____			Tenant: _____			

## APPLICATION for ASSISTED HOUSING

**INSTRUCTIONS: Please READ all directions carefully.** Complete this Application for Assisted Housing, and sign as requested. On the Landlord Verification and Police/Criminal Background Verification forms **on pages 6 and 7, only sign and date the forms.** Return the entire packet to GHA **ALONG WITH ANY DOCUMENTS REQUESTED.** When the application is received at GHA, your name will be added to the waiting list. The first step in the approval process will be verification of credit background, criminal background, rental history, and citizenship or eligible immigration status. If these are approved, verifications will then be completed on income information. If at any time your application is denied, you will be notified of the reason(s) for the denial and given instructions on submitting an appeal to request an informal hearing. When the verification process is completed and the application receives final approval, you will receive written notification of the approval. Please call GHA if you have any questions.

**PLEASE PRINT NEATLY IN INK**

<b><u>HEAD OF HOUSEHOLD</u></b>										
Last Name:			First Name:			Middle Initial:		Maiden Name or other Name you have used:		
Mailing Address (include Apt. #)--best place for GHA to reach you by mail:							Social Security Number (SSN): ____ - ____ - _____			
City:				State:			Zip:			
Race Codes: <input type="checkbox"/> White (1) <input type="checkbox"/> Black/African American (2)		<input type="checkbox"/> American Indian/Alaskan Native (3) <input type="checkbox"/> Asian (4)			<input type="checkbox"/> Native Hawaiian/Pacific Islander (5) <input type="checkbox"/> Other (6)			Ethnicity Codes: <input type="checkbox"/> Hispanic (1) <input type="checkbox"/> Non-Hispanic (2)		
Primary Phone: (Include Area Code)				Other Phone: (Include Area Code)			May we text message if necessary to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:					Alternate Phone--Message: (Include Area Code)					

**HOUSEHOLD COMPOSITION:** List yourself first, then other adults, then children under 18 who will live with you. Use the Race and Ethnicity Codes listed below. **Only those listed on this form may live in the unit. All household members listed below must provide a Social Security Card, Birth Certificate or Proof of Citizenship or eligible immigration status. A Driver's License or Government Issued Photo ID is required for household members 18 years of age and older.**

LAST NAME	FIRST NAME	MI	SSN	Relationship to Head of Household	Birth Date mm/dd/yyyy	Sex M/F	Race	Ethnic	Place of Birth	Disabled Y or N	Student Y or N
			- - -	Self	/ /						
			- - -		/ /						
			- - -		/ /						
			- - -		/ /						
			- - -		/ /						
			- - -		/ /						
			- - -		/ /						

**RACE CODES:** 1-White; 2-Black/African American; 3-American Indian/Alaskan Native; 4-Asian; 5-Native Hawaiian/Pacific Islander; 6-Other  
**ETHNICITY CODES:** 1-Hispanic; 2-Non-Hispanic

**RENTAL HISTORY:** Please list your present/current landlord and their address, and information on your two previous landlords and their **complete mailing addresses**, if applicable. **If you are a student, please include any student housing, both on and off campus. If you DO NOT have any landlords, please list the most recent addresses lived. (Non-Rental)**

Landlord/Complex Name:		Telephone Number:	
Mailing Address:		City, State, ZIP:	
Your Rental Address:		FAX Number:	
Mo./Yr. You Moved In:		Mo./Yr. You Moved Out:	

Landlord/Complex Name:		Telephone Number:	
Mailing Address:		City, State, ZIP:	
Your Rental Address:		FAX Number:	
Mo./Yr. You Moved In:		Mo./Yr. You Moved Out:	

Landlord/Complex Name:		Telephone Number:	
Mailing Address:		City, State, ZIP:	
Your Rental Address:		FAX Number:	
Mo./Yr. You Moved In:		Mo./Yr. You Moved Out:	

**CHARACTER REFERENCES:** Please provide three Character References with **complete mailing addresses**. Character References **must be professional** references, such as teachers, ministers, counselors, current employers, former employers, etc., who know you and **are willing** to provide character information. Character References **CANNOT BE RELATIVES**.

NAME	MAILING ADDRESS, CITY, STATE, ZIP	TELEPHONE	YRS. KNOWN	RELATIONSHIP

**PERSONAL CONTACTS:** Please provide two Personal Contacts. Personal Contacts should be someone who will know how to reach you at all times in the event that we cannot contact you. Personal contacts **CAN BE RELATIVES**.

NAME	MAILING ADDRESS, CITY, STATE, ZIP	TELEPHONE	YRS. KNOWN	RELATIONSHIP

ADDITIONAL QUESTIONS: Please check Yes or No, and give any explanations as requested.	YES	NO
Will you or any household member require a handicap accessible unit?		
Will you or any household member require special accommodations or have any special housing needs? If yes, please specify requirements/accommodations: _____		
Have you or any household member ever been arrested for illegal use of a controlled substance or activities related to alcohol abuse or for violent criminal activity?		
Have you or any household member used any name or social security number other than the one currently being used? If yes, please explain: _____		
Have you or any household member ever lived or currently live in assisted housing? If yes, please list name and address of PHA: _____		
If you have lived in assisted housing, have you or any household member ever received an Earned Income Disallowance (EID)? If yes, who received EID: _____ When: _____ Name of Agency: _____ Address: _____		

ADDITIONAL QUESTIONS: (continued)	YES	NO
Have you ever been evicted or violated your rental agreement or lease?		
Have you or any household member ever committed fraud in a PHA or assisted housing program or been required to repay money for knowingly misrepresenting information for such programs? If yes, please explain: _____		
Have you ever left any public housing agency or assisted housing program owing money? If yes, how much: \$_____ Please explain: _____ If yes, list name of public housing agency: _____		
Are you or any household member subject to a lifetime Sex Offender registration requirement in any state(s)? If yes, who, and which state(s): _____		
Are any of the household members listed age 62 or older as of January 31, 2010, and who do not have a SSN, were they receiving HUD rental assistance at another location on January 31, 2010? <b>Yes No (Check One)</b> If Yes, Please list the Name and address/location: _____		
Please list all states in which you or any household member have resided: _____ _____		

**INCOME SOURCE(S):** Check all that apply for any and all persons listed in Household Composition. **Please provide a copy of Social Security Benefit Letter, Unemployment Compensation Award Letter, Workmen's Compensation Award Letter, and Financial Aid Award Letter & Class Schedule (if applicable).**

<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Income from Assets-see list page 3
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Financial Aid/Scholarships/Grants
<input type="checkbox"/> Social Security	<input type="checkbox"/> Child Support	<input type="checkbox"/> Workmen's Comp	<input type="checkbox"/> Other: _____
<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Alimony	<input type="checkbox"/> Pension/Annuity Income	<input type="checkbox"/> Other: _____

**TOTAL MONTHLY GROSS INCOME:** List each household member who receives income, the source(s) of the income, and the amount(s):

HOUSEHOLD MEMBER	SOURCE(S) OF INCOME	AMT. OF MONTHLY INCOME
		\$
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL MONTHLY HOUSEHOLD INCOME</b>	\$

**OTHER SOURCES OF INCOME PAID BY SOMEONE NOT IN HOUSEHOLD:** Someone—an organization or an individual, not in my household--pays my bills or gives me money for the items checked below. **A notarized allowance letter will be required from organizations or individuals paying bills or providing money to the household.**

<input type="checkbox"/> Rent	<input type="checkbox"/> Water	<input type="checkbox"/> Auto Payment	<input type="checkbox"/> Toiletries
<input type="checkbox"/> Electricity	<input type="checkbox"/> Sewer	<input type="checkbox"/> Insurance	<input type="checkbox"/> Clothing
<input type="checkbox"/> Gas	<input type="checkbox"/> Trash	<input type="checkbox"/> Laundry	<input type="checkbox"/> Internet
<input type="checkbox"/> Cable/Satellite TV	<input type="checkbox"/> Food	<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Telephone

**CONTACT INFORMATION OF ANYONE PROVIDING OTHER INCOME AS INDICATED ABOVE:**

NAME	ADDRESS	TELEPHONE	AMOUNT	FREQUENCY
			\$	
			\$	

**PETS:** Do you have a pet? \_\_\_ N \_\_\_ Y Type of pet: \_\_\_ Cat \_\_\_ Dog \_\_\_ Bird \_\_\_ Other: \_\_\_\_\_  
If dog, what is breed? \_\_\_\_\_ Weight: \_\_\_\_\_ Height (paw to shoulder): \_\_\_\_\_

**EMPLOYMENT INFORMATION:** List information for current employer(s) of all household members:

EMPLOYER/COMPANY NAME	MAILING ADDRESS, CITY, STATE, ZIP	# OF HR. PER WK.	WAGE PER HR.	DATE FROM	DATE TO

**LIST ALL ASSETS OWNED FOR ALL HOUSEHOLD MEMBERS:** \_\_\_\_\_

**TOTAL VALUE OF ALL HOUSEHOLD/FAMILY ASSETS:** \$ \_\_\_\_\_

**INCOME RECEIVED FROM ASSETS:** \$ \_\_\_\_\_ per \_\_\_\_\_ (Week, Month, Year, etc.)

**BANK ACCOUNT/ASSET INFORMATION:** Please complete information below for all accounts for all household members

BANK NAME	MAILING ADDRESS, CITY, STATE, ZIP	TYPE OF ACCOUNTS (Check all that apply & list balance)	
		<input type="checkbox"/> Checking \$ _____ <input type="checkbox"/> CD \$ _____ <input type="checkbox"/> Other: _____ \$ _____	<input type="checkbox"/> Savings \$ _____ <input type="checkbox"/> IRA \$ _____ <input type="checkbox"/> Other: _____ \$ _____
		<input type="checkbox"/> Checking \$ _____ <input type="checkbox"/> CD \$ _____ <input type="checkbox"/> Other: _____ \$ _____	<input type="checkbox"/> Savings \$ _____ <input type="checkbox"/> IRA \$ _____ <input type="checkbox"/> Other: _____ \$ _____
		<input type="checkbox"/> Checking \$ _____ <input type="checkbox"/> CD \$ _____ <input type="checkbox"/> Other: _____ \$ _____	<input type="checkbox"/> Savings \$ _____ <input type="checkbox"/> IRA \$ _____ <input type="checkbox"/> Other: _____ \$ _____

**STATEMENT OF ASSETS:** I and/or my spouse \_\_\_ have \_\_\_ have not disposed of, assigned, or transferred, any assets within the past two (2) years. If assets have been disposed of, assigned, or transferred, complete the information below.

ASSET DISPOSED, ASSIGNED OR TRANSFERRED	ACTUAL VALUE ON DATE DISPOSED, ASSIGNED OR TRANSFERRED	ACTUAL AMOUNT RECEIVED	DATE DISPOSED, ASSIGNED OR TRANSFERRED	HOW WAS VALUE DETERMINED

<b>INCOME DEDUCTIONS:</b> Check Yes or No. Give explanations as requested. Proof of expenses will be required.	YES	NO
Do you pay someone to care for your child/children under the age of 13 while you work, seek work, or attend school? If yes, how much do you pay? \$ _____ per _____ (week, month, etc.) Name of Child Care Provider: _____ Address: _____		
Do you pay someone to care for a handicapped person(s) in your household while you work, seek work, or attend school? If yes, how much do you pay? \$ _____ per _____ (week, month, etc.) Name of Attendant: _____ Address: _____		
Do you pay for any equipment for any household person(s) with disabilities necessary to permit that person or someone else in the household to work? If yes, how much do you pay for the equipment? \$ _____		
<b>ELDERLY/DISABLED ONLY:</b> Do you pay any medical expenses (insurance premiums, prescriptions, doctors, medical mileage/transportation costs etc.) that are not reimbursed? If yes, how much do you pay for these expenses? \$ _____ per _____ (week, month, etc.)		

**VEHICLE INFORMATION:** List all vehicles you have below. Insurance Verification will be required for all vehicles.

MAKE	MODEL	YEAR	COLOR	TAG#	TAG EXPIRATION DATE

**DISCRIMINATION STATEMENT:** In accordance with the Dept. of Housing and Urban Development, the U. S. Department of Agriculture, and all applicable Federal and State laws, Guthrie Housing Authority does not discriminate on the basis of race, color, national origin, age, disability, sex, marital status, religion, political beliefs, sexual orientation, or familial status in the admission, access, treatment, or employment in its federally assisted programs and/or activities. (Not all prohibited bases apply to all programs). To file a discrimination complaint, call the Department of Housing and Urban Development at 1-800-669-9777 (voice) or 1-800-927-9275 (TDD), or for Multi-Family projects, write the USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W. Washington, D.C. 20250-9410 or call 1-800-795-3272 (voice) or 1-202-720-6382 (TDD). GHA is an equal opportunity provider and employer.

**APPLICANT CERTIFICATIONS: Each household members 18 years of age and older must read & initial in a space at the end of each certification statement.**

**GIVING TRUE AND COMPLETE INFORMATION**

I certify that all information provided on this Application for Assisted Housing, including Household Composition, Income, Assets, etc., is accurate and complete to the best of my knowledge. I understand that knowingly providing false statements or information, or withholding required information, is punishable under Federal and State law, and that providing false statements or information, or withholding required information, is grounds for denial of housing assistance, termination of housing assistance, and termination of tenancy, and restitution of any housing assistance obtained under such false information. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any representative or agent of a department or agency of the United States. Anyone who does so shall be fined up to \$10,000 or imprisoned up to 5 years, or both.

INITIALS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**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 for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

INITIALS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**U. S. CITIZENSHIP NOTIFICATION AND CERTIFICATIONS**

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be pro-rated, denied, or terminated following appeals and the informal hearing process.

INITIALS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PERMISSION TO RELEASE INFORMATION**

I, the undersigned individual, authorize and give permission for Guthrie Housing Authority to contact any person, business, organization, or agency which GHA deems necessary to verify income, financial assets, expenses, credit history, criminal background, rental history, or other pertinent information in order to determine eligibility for participation for federal housing assistance and determination of rent.

INITIALS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**COOPERATION**

This Application for Housing Assistance does not obligate you or Guthrie Housing Authority in any way, nor is eligibility for assistance determined from only the information on this application alone. I understand that any information provided by me is subject to verification. I also understand that after verification by GHA, this information will be electronically submitted to the Dept. of Housing and Urban Development or its agent, on Form HUD-50058 (Family Report), and that HUD-9886, Right of Information/Federal Privacy Act Notice, describes additional uses of the information I have submitted on this application. I understand that I am required to notify GHA immediately in writing of any changes in my address, telephone number, email address, employment status, income, and changes in household composition, and to respond to any correspondence (mail or email) within the time allocated. I understand that failure or refusal to do so may result in my application being delayed or cancelled, and my name removed from the waiting list. I understand that additional documentation may be required for further approval prior to the time that housing is made available. I also certify that the housing made available to me will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying GHA immediately in writing. I will not sublease any housing made available to me. I also understand that as a resident of public housing, I am required by law to contribute eight (8) hours of Community Service per month unless I am exempt because of age, disability, employment, or participation in a Self-Sufficiency program.

INITIALS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SIGNATURES: Signatures are required for all household members 18 years of age and older.**

Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Household Member: \_\_\_\_\_

Date: \_\_\_\_\_

Household Member: \_\_\_\_\_

Date: \_\_\_\_\_

Household Member: \_\_\_\_\_

Date: \_\_\_\_\_



**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):Guthrie Housing Authority - 1524 E Perkins - Guthrie OK 73044  
Jennifer K Ricker, Executive Director

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 you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

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

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

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

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



**Guthrie Housing Authority**  
**1524 E. Perkins Ave, Guthrie, OK 73044**  
**Telephone: 405-282-3246 • Fax: 405-282-2884**  
**TDD: 405-293-9797**  
[www.guthriehousing.org](http://www.guthriehousing.org)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Public Housing, Project Based Section 8 Programs and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Guthrie Housing Authority (GHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and violation of my lease or housing authority policies.

**INFORMATION COVERED:**

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested but are not limited to:

**Identity/Martial Status/Employment/Income/Assets/Residences/Rentals Activity/Childcare  
 Allowances/Credit/Criminal Activity**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

**Previous Landlords (including Public Housing Agencies)/Past & Present Employers/Law Enforcement  
 Agencies/Retirement Systems/Courts & Post Offices/Child Care Providers/Child Support Providers/Alimony  
 Support Providers/Utility Companies/Schools/Colleges/Welfare Agencies/State Unemployment  
 Agencies/Banks/Financial Institutions/Credit Providers/Social Security Administration/Veterans  
 Administration/Insurance Providers**

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree that HUD or GHA may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the GHA may in the course of its duties, exchange such automated information with other Federal, State, or Local Agencies, including but not limited to State Employment Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp agencies.

**CONDITION:**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the HA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_

**Head of Household**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Other Adult/Spouse**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

*In accordance with the Dept. of Housing and Urban Development and all applicable Federal and State laws, GHA does not discriminate on the basis of race, sex, color, religion, marital status, familial status, national origin, age, pregnancy, disability, ancestry, or sexual orientation in the access to, admission into, or employment in, housing programs or activities. To file a discrimination complaint, call the Fair Housing and Equal Opportunity Oklahoma City Field Office - Phone:(405) 609-8435 or TTY: (800) 877-8339.*



GHA is an equal opportunity provider and employer.







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**Telephone: 405-282-3246 - Fax: 405-282-2884**  
**TDD: 405-293-9797 [www.guthriehousing.org](http://www.guthriehousing.org)**

**POLICE/CRIMINAL BACKGROUND VERIFICATION**

Police Department/Agency: **GUTHRIE POLICE DEPARTMENT**

Date: \_\_\_\_\_

Federal law requires Guthrie Housing Authority to verify criminal information about all persons living in or applying for housing at Guthrie Housing Authority. Specifically, GHA wishes to avoid housing people involved in criminal activity that would adversely affect the health, safety, or welfare of other tenants. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any persons listed below. Your prompt return of this information will be appreciated. If you have questions, please call Guthrie Housing Authority at (405) 282-3246.

*Jennifer K. Ricker*

Jennifer K. Ricker, GHA Executive Director

\*\*\*\*\*

**APPLICANT/TENANT'S PERMISSION TO RELEASE INFORMATION**

I, the undersigned individual, authorize and give permission to Guthrie Housing Authority to contact any person, business, organization, or agency which GHA deems necessary to verify criminal background in order to determine eligibility for housing assistance and determination of rent.

**IMPORTANT NOTE:** A Police/Criminal Background Verification is required for all family members over the age of 18 who will be living in the unit.

**Applicant** **Social** **Date of**  
**Name Printed:** \_\_\_\_\_ **Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR POLICE DEPARTMENT USE ONLY**

Using the numbers below, please indicate whether any person(s) listed below have been arrested for or convicted of any crimes relating to the following:

- |                                                  |                                           |
|--------------------------------------------------|-------------------------------------------|
| 1. Homicide/Murder                               | 8. Child Abuse/ Domestic Violence         |
| 2. Rape or Child Molesting                       | 9. Public Intoxication/Drunk & Disorderly |
| 3. Burglary/Robbery/Larceny/Theft                | 10. Receiving Stolen Goods                |
| 4. Threats or Harassment                         | 11. Fraud                                 |
| 5. Destruction of Property/Vandalism             | 12. Prostitution                          |
| 6. Assault or Fighting                           | 13. Disorderly Conduct                    |
| 7. Drug Trafficking/Use/Possession/Manufacturing | 14. No Record Found                       |

Crime No.	Description	County / Jurisdiction	Date of Offense	Status/Disposition
			____/____/____	
			____/____/____	
			____/____/____	
			____/____/____	
			____/____/____	
			____/____/____	

**Additional Comments:**

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Signature

Date

Name & Title of Person Completing this form (Print)

Telephone & FAX Number

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **\*\*208 (a) (6), (7) and (8).\*\*** Violations of these provisions are cited as violations of 42 USC **\*\*408 (a) (6), (7) and (8).\*\***

**DISCRIMINATION STATEMENT:**

In accordance with the Dept. of Housing and Urban Development and all applicable Federal and State laws, Guthrie Housing Authority does not discriminate on the basis of race, color, national origin, age, disability, sex, marital status, religion, political beliefs, sexual orientation, or familial status in the admission, access, treatment, or employment in its federally assisted programs and/or activities. (Not all prohibited bases apply to all programs). To file a discrimination complaint, call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590 or local Fair Housing Hotline at 1-866-677-7541.



*"This Institution is an equal opportunity provider and employer."*





## LANDLORD VERIFICATION

### APPLICANT/TENANT'S PERMISSION TO RELEASE INFORMATION

I, the undersigned individual(s), authorize and give permission for Guthrie Housing Authority to contact my current and previous landlords to verify my rental history in order to determine eligibility for housing assistance.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note to Applicant/Co-Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

### FOR LANDLORD USE ONLY

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

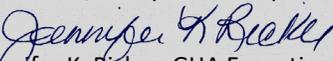
Last 4 SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Last 4 SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

The person(s) listed above have applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page.

Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

  
 Jennifer K. Ricker, GHA Executive Director

The applicant(s) were a tenant at the following address: \_\_\_\_\_

Dates of applicant's tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Names of adult members of the household: \_\_\_\_\_

#### PLEASE CIRCLE YOUR RESPONSE TO THE FOLLOWING:

Are you a relative or friend of the applicant? If yes, describe the relationship: _____	YES	NO
Did the tenant keep the unit clean, safe, and sanitary?	YES	NO
Did the tenant keep tenant-supplies utilities in service?	YES	NO
Did the tenant or any of the tenant's household members engage in any criminal activity including drug-related criminal activity, or have a pattern of drug/alcohol abuse?	YES	NO
Did the tenant's pay rent on time? If no, was there any reason given: _____ Amount of monthly rent: \$ _____ # of times tenant was late with rent: _____	YES	NO
Was the tenant ever evicted for nonpayment of rent or other lease violations?	YES	NO
Did the tenant get along with other tenants/neighbors?	YES	NO
Would you accept this person as a tenant again? If no, why: _____	YES	NO
Does tenant owe for unpaid rent, damages, other charges, etc.? If yes, how much? _____ For what reason(s): _____	YES	NO
Did tenant or household member ever receive Earned Income Disallowance-EID? If yes, who: _____ Start Date: _____ End Date: _____ How many months at 100%: _____ 50%: _____	YES	NO

**Additional Comments:**

Signature

Date

Name & Title of Person Completing this form (Print)

Telephone & FAX Number

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

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*"This Institution is an equal opportunity provider and employer."*



## DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive housing assistance, each applicant for, or recipient of housing assistance must be lawfully within the U.S. Please read this Declaration of Citizenship Status carefully, sign and return to the Guthrie Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. **IMPORTANT NOTE:** A Declaration of Citizenship Status is required for all family members who will be living in the unit.

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

I, \_\_\_\_\_ certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because *(please check the appropriate box below)*:

- I am a citizen by birth, a 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<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed Verification Consent Form.
- Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>; or
- Permanent residence under §249 of INA<sup>4</sup>; or
- Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>5</sup>; or
- Parole status under §§212(d)(5) of the INA<sup>6</sup>; or
- Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
- Amnesty under §245A of the INA<sup>8</sup>.

\_\_\_\_\_  
Signature of Applicant/Family Member

\_\_\_\_\_  
Date

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

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

Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

- 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, imprisoned for not more than five years, or both.**

The following footnotes pertain to noncitizens who declare 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 who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3 Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 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 §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 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 §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6 Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7 Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8 Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

## VERIFICATION CONSENT FORM ELIGIBLE IMMIGRATION STATUS

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Guthrie Housing Authority (GHA) and the Department of Housing & Urban Development (HUD) to ensure that housing assistance is made available only to persons who are U.S. Citizens, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have "eligible immigration status." The law requires all applicants for or recipients of housing assistance who claim to have "eligible immigration status" to sign a consent form authorizing GHA and HUD to verify the information supplied with the U.S. Department of Immigration and Naturalization Services (INS).

**Purpose:** This information is required to determine eligibility for housing assistance.

**Use of the Information Obtained:** The information supplied to document eligibility for housing assistance may be released by Guthrie Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, (1) HUD, as required by HUD, and (2) the INS for the purpose of establishing eligibility for housing and not for any other purpose. However, neither GHA nor HUD is responsible for the further use or transmission of the evidence or other information by the INS.

**Who Must Sign This Consent Form?** *Each non-citizen in the household who is applying for or currently receiving housing assistance and claims "eligible immigration status" must sign below.* Adults, age 18 years or older, must sign for themselves. In the case of minor children (under 18 years old), the form must be signed by the head of household and/or adult member who is responsible for each minor child.

**Failure to Sign the Consent Form:** Failure to sign this consent form may result in the denial of eligibility for or termination of housing assistance. Denial of eligibility or termination of housing assistance is subject to GHA's hearing process.

**Consent:** I authorize GHA to request and obtain verification from the INS of the information I have supplied regarding my immigration status. I certify that the information given is true and correct to the best of my knowledge. I understand that GHA cannot use this information to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand that I must be given an opportunity to contest the determination with the INS or GHA, or both. Eligible immigration status shall be released only to the INS for purposes of establishing eligibility for housing assistance and not for any other purpose.

Applicant	Date	Spouse/Co-Applicant	Date
Other Adult (over age 18)	Date	Other Adult (over age 18)	Date

**Consent for Minor Children:** I certify that I am the head of household and/or the adult family member responsible for the minor children listed below. I authorize the Guthrie Housing Authority to request and obtain verification from the INS of the information supplied regarding their immigration status. List minor children:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

(This consent form expires 15 months after signed)



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Guthrie Housing Authority OK055 & OK56R000002 1524 E Perkins Ave  
Name of Property Project No. Address of Property

Guthrie Housing Authority Section 515 & Public Housing  
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# STUDENT ELIGIBILITY FOR PUBLIC HOUSING ASSISTANCE

(All post-secondary student applicants must complete this form)

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

Initial Certification     Recertification (Annual or Interim)    Effective Date: \_\_\_\_\_

You have applied to live in an apartment that is governed by the Housing and Urban Development (HUD) Public Housing Program. This program has guidelines for the eligibility of students in a non-parental/guardian household. We must determine your eligibility prior to your admittance into public housing. We must also re-determine your eligibility status each year you remain in the unit.

**STUDENT DEFINITION:** An individual is considered a student if they attend an institution of higher education which is defined as follows: "Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities."

YES    NO    UNSURE

        I am a student as per the definition above. (If you checked NO, skip to the **CERTIFICATION** section below.)

## STEP 1: Financial Support--PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

1. **I WILL RECEIVE** financial support from my parent(s) or guardian(s), or other adult. (Must provide notarized, written and signed certification of amount of support received from parent(s), guardian(s), or other adult per month.)
2. **I WILL NOT RECEIVE** financial support from my parent(s), guardian(s), or other adult. (Must provide notarized, written and signed certification that parent(s), guardian(s), or other adults will not be providing any financial support.)

## STEP 2: Separate Household--PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

1. **I HAVE ESTABLISHED** a household separate from my parent(s) or guardian(s) for at least one year prior to this application for public housing assistance. (Must provide copy of leases/utilities in your name of one year prior to date of application.)
2. **I HAVE NOT ESTABLISHED** a household separate from my parent(s) or guardian(s) for at least one year prior to this application for public housing assistance.

## STEP 3: IRS Dependency

1. **I WAS CLAIMED AS A DEPENDENT** by my parent or legal guardian on their latest IRS Tax Return. (All applicants must provide a copy of their latest IRS Tax Form 1040 EZ, 1040A, or 1040, and the 1st page of your parent or legal guardian's IRS Tax Return showing dependents.)
2. **I WAS NOT CLAIMED AS A DEPENDENT** by my parent or legal guardian on their IRS Tax Return. (All applicants must provide a copy of their latest IRS Tax Form 1040 EZ, 1040A, or 1040, and the 1st page of your parent or legal guardian's IRS Tax Return showing dependents.)

## STEP 4: DEPT. OF EDUC. INDEPENDENT STUDENT DEFINITION/REQUIREMENTS--PLEASE CHECK ALL THAT APPLY:

YES    NO

1. I am age 24 or older. (Must provide proof of age such as a birth certificate or driver's license.)
2. I am an orphan or ward of the court or was a ward of the court until age 18. (Must provide appropriate court documents.)
3. I am a veteran of the United States Armed Forces. (Must provide valid proof of service or veteran's status.)
4. I am a graduate or professional student. (Must provide enrollment/acceptance into graduate program or professional studies).
5. I am married. (Must provide a marriage license or certificate.)
6. I have legal dependents, other than a spouse, who live with me and I provide more than half their support. (Must provide child's birth certificate or other valid proof of dependency, i.e. income tax return.)
7. I am a student with special and unusual circumstances and have been determined to be independent by a Financial Aid Administrator. (Must provide official documentation of independent status from Financial Aid Administrator.)

Please list all sources of financial assistance received from the school, any providers of grants or scholarships, parents/guardians, or other adults, associations, etc. This includes any assistance from public or private sources. In addition, an official copy of your Financial Aid Award Letter, and your current class schedule must be provided. \_\_\_\_\_

**CERTIFICATION OF INFORMATION:** I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.	

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

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

**This Notice was provided by the below-listed PHA:**

Guthrie Housing Authority  
1524 E Perkins Ave.  
Guthrie OK 73044

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

**Signature**

**Date**

**Printed Name**

***All head or co-head applicants  
who identify as  
Elderly (62 & older) and/or  
Disabled  
Must complete the following  
forms***



U.S. Department of Housing and Urban Development

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

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Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

**U.S. Department of Housing and Urban Development**  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**-CITIZENSHIP DECLARATION-**

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
  - (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
    - (a) "Admitted as Refugee Pursuant to section 207";
    - (b) "Section 208" or "Asylum";
    - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
    - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
  - (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
    - (a) A final court decision granting asylum (but only if no appeal is taken);
    - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
    - (c) A court decision granting withholding or deportation; or
    - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  - (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
  - (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**
-

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If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

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**-VERIFICATION CONSENT FORM-**

**INSTRUCTIONS:** Complete this format for each noncitizen family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

- 1,      The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
  
- 2,      The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a.      HUD, as required by HUD; and
  
  - b.      The DHS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO FAMILY:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

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**-OWNER'S FAMILY SUMMARY-  
For Office Use Only**

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*

**DISCRIMINATION STATEMENT:**

In accordance with the Dept. of Housing and Urban Development and all applicable Federal and State laws, Guthrie Housing Authority does not discriminate on the basis of race, color, national origin, age, disability, sex, marital status, religion, political beliefs, sexual orientation, or familial status in the admission, access, treatment, or employment in its federally assisted programs and/or activities. (Not all prohibited bases apply to all programs). To file a discrimination complaint, call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590 or local Fair Housing Hotline at 1-866-677-7541.



"This Institution is an equal opportunity provider and employer."



**NOTE: THIS PAGE TO BE COMPLETED BY ELDERLY/DISABLED APPLICANTS ONLY**

**STUDENT ELIGIBILITY**

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

Initial Certification     Recertification (Annual or Interim)    Effective Date: \_\_\_\_\_

You have applied to live in an apartment that is governed by the Housing and Urban Development (HUD) Section 8 Program. This program has restrictions on students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, we must re-determine your household's student status each subsequent year you remain in the unit. (Each student must complete a separate form. If student is under 18, the parent or guardian must complete this form.)

**STEP #1: Student Status--PLEASE CHECK ONLY ONE**

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

YES   NO   UNSURE

         I am a student as per the definition below.

An individual is considered a student if they attend an institution of higher education which is defined as follows: "Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities."

If you checked NO, skip Steps #2 and #3 and sign below. If you checked YES, please complete STEP #2.

**STEP #2: Student Eligibility--PLEASE CHECK ALL THAT APPLY.**

YES   NO

1. I am age 24 or older. (Must provide proof of age such as a birth certificate or driver's license.)  
       2. I am married. (Must provide a marriage license or certificate.)  
       3. I have a dependent child. (Must provide child's birth certificate or other valid proof.)  
       4. I have dependents other than a child or spouse. (Must provide valid proof of dependency).  
       5. I am a veteran of the United States Armed Forces. (Must provide valid proof of service or veteran's status.)  
       6. I am disabled and was receiving assistance as of 11/30/05. (Must provide proof of disability.)

If you answered YES to any of the above questions you are considered an eligible student. Your student financial assistance must be verified and counted as income. This includes any assistance from public or private sources. Please list all sources of financial assistance received from the school, any providers of grants or scholarships, parents, associations, etc. \_\_\_\_\_

If all questions above were answered NO, proceed to Step #3. You may still be considered an eligible student household.

**STEP #3: Secondary Student Eligibility--PLEASE CHECK ONLY ONE.**

YES   NO

1. I am living with my parent(s) who are otherwise income eligible.  
       2. I am not living with my parent(s), but I can provide proof that they would otherwise be income eligible.  
       3. I am independent of my parent(s), can provide proof of such independence and am income eligible.

If you answered YES to any of the above questions and provide the necessary proof of claim, you are considered an eligible student. To be eligible (or to be continued eligible) for assistance, you must complete the eligibility process and your student financial assistance must be verified and counted as income. This includes any assistance from public or private sources.

If all questions above were answered NO, you are not an eligible student and therefore not eligible for housing assistance.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

\_\_\_\_\_  
Signature of Student or Applicable Parent/Guardian

\_\_\_\_\_  
Date

