

# HOUSING AUTHORITY OF SOUTHEASTERN UTAH

Main Administrative Office  
380 N. 500 W.  
Moab, UT 84532  
Phone (435) 259-5891  
Fax (435) 259-4938 TTY  
(800) 346-4128  
Email: [hasuadmin@hasuhomes.org](mailto:hasuadmin@hasuhomes.org)

Dear Applicant:

Thank you for applying for the Housing Choice Voucher program, previously known as Section 8. If we may be of assistance such as filling out this application for you, please let us know. To qualify for the Housing Choice Voucher rental assistance program, the income of the person(s) applying must not exceed the very-low income limits of Grand and San Juan counties, as determined and set by the Department of Housing and Urban Development (HUD). Submittal of this application does not obligate you to the Housing Authority of Southeastern Utah (HASU), formerly known as the Grand County Housing Authority, in any way.

The completed application must be submitted with all information requested attached in order to be placed on the Housing Choice Voucher waiting list. The entire application must be completed in its entirety. If a section of the application does not apply to your household, write "N/A" for "Not Applicable". Once your completed and satisfactory application is received, you will be placed on the Housing Choice Voucher waiting list by date and time. The household's application will be rejected if the application is found to be fraudulent in any way.

Sincerely,  
Housing Authority of Southeastern Utah

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## Application Instructions

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**The following items must be attached with your application, as appropriate, at time of submission:**

- Social Security Card for Every Member of the Household
- Picture Form of Identification - State Driver's License or Identification Card for Every Member of the Household over the Age of 18
- Most Recent Bank Statement(s)
- Verification of Income - Pay Stubs, Social Security Award Letter, etc.
- If Divorced - Copy of Divorce Decree, if applicable
- Joint Custody of Children - copy of Award of Custody, if applicable - Proof of Medical Expenses, if applicable

Income Limits by Household Size:

Household Size	1	2	3	4	5	6	7	8
FY 2025 Income Limits	\$35,000	\$40,000	\$45,000	\$50,000	\$54,000	\$58,000	\$62,000	\$66,000



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

**APPLICATION**  
**HOUSING CHOICE VOUCHER PRELIMINARY APPLICATION**

**A. GENERAL INFORMATION: PLEASE PRINT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, and ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**LIST THE APPLICANT AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT:**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>
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Do you expect a change in your family size? **Circle One:** Yes/No If yes, what and when? \_\_\_\_\_

Is anyone in this household a full-time student? **Circle One:** Yes/No Names: \_\_\_\_\_

Is anyone in this household disabled? **Circle One:** Yes/No Names: \_\_\_\_\_

Are you or your family currently living in or fleeing from a situation where you are being subjected to or victimized by violence in the home? **Circle One:** Yes/No





Have you sold or given away real property or other assets in the past two years? **Circle One:** Yes/No

If yes, what is the current market value of the asset? \_\_\_\_\_

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**D. MEDICAL EXPENSES**

Medical Expenses: Complete this part **ONLY** if head of household, spouse or minor is 62 years or older, handicapped/or disabled.

Medical Premiums: Monthly Amount:     \$ \_\_\_\_\_

Medical Insurance Coverage                 \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_ Address \_\_\_\_\_

Anticipated Medical Expenses NOT covered by Insurance OR reimbursed:                 Monthly Amount \$ \_\_\_\_\_

Medical Bills or Outstanding Cost which you are making monthly payments:                 Monthly Amount \$ \_\_\_\_\_

Medical related travel costs:   Monthly Amount \$ \_\_\_\_\_

Any other medical expenses: List type and amount:  
\_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**E. CHILDCARE EXPENSES**

**Complete for households with minors less than 13 years of age ONLY.**

Name(s) of children cared for:

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

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

Name of Child Care Provider, if applicable:

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

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

Weekly cost of childcare due to employment \$ \_\_\_\_\_ Education? \$ \_\_\_\_\_



**F. PAST RENTAL HISTORY**

COMPLETE THE FOLLOWING INFORMATION ON THE PAST TWO (2) YEARS OF RESIDENCY. (Additional listing may be listed at the end of this application).

Present Address:

\_\_\_\_\_ OWN \_\_\_\_\_ RENT      How Long? \_\_\_\_\_      Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

(If currently renting) Landlord/Owner Name: \_\_\_\_\_

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

Landlord/Owner Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Former Address:

\_\_\_\_\_ OWN \_\_\_\_\_ RENT      How Long? \_\_\_\_\_      Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

(If rented) Landlord/Owner Name: \_\_\_\_\_

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

Landlord/Owner Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**G. OTHER INFORMATION**

Presently Are You:

- Renting
- Own
- Living with Relative/Friend
- Homeless
- Other: \_\_\_\_\_

Marital Status:

- Married       Living with Another Adult
- Divorce
- Single
- Widowed
- Separated

Would you benefit from the features of a specially designed unit? \_\_\_\_\_ If yes, what features do you require?

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Has any member of your household ever lived in Public Housing or has received the Housing Choice Voucher Program, formerly known as Section 8 Certificates or Vouchers? **Circle One:** Yes/No If yes, state who and their relationship to you and briefly explain:

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Has any member of your household ever been terminated from the Housing Choice Voucher program, formerly known as Section 8 Certificates or Vouchers? **Circle One:** Yes/No

If yes, state who and their relationship to you and briefly explain:

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Has any member of your household ever been convicted or charged with a crime? **Circle One:** Yes/No

If yes, state who and their relationship to you and briefly explain?

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Is any member of your household currently on probation or parole? **Circle One:** Yes/No If yes, state who and their relationship to you and briefly explain:

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-----

Please provide contact information of your probation or parole officer, if applicable:

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Are you a U.S. Citizen? **Circle One:** Yes/No If No, do you have Eligible Immigration Status? **Circle One:** Yes/No

Other names that may have been used by members of the household? -----

**IN CASE OF EMERGENCY, CONTACT:**

NAME: ----- PHONE: -----

ADDRESS: ----- CITY: ----- STATE: -----

ZIPCODE: -----

Please provide the following information.

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you chose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Check One:

- Hispanic or Latino
- Non-Hispanic or Latino

Check One:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Check One: Gender

- Male
- Female



If you are applying for a preference, please check which preference and provide supporting documentation:

- **Local** (live in Grand and San Juan counties at time of application)
- **Disability** (head or spouse has a disability as defined in Section 223 of the Social Security Act [42 U.S.C. 423], or who has a developmental disability as defined in Section 102[7] of the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 6001(7)]).
- **Working** (employed for 12 consecutive months in Grand and San Juan counties)
- **Victim of Domestic Abuse** (family has been displaced as a result of fleeing violence in the home or living in situation where they are subject to violence. Evidence can be from law enforcement or social security agencies)

Please use the space below to provide any additional information you may have:

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Everything that I/we have stated in this application is true and correct to the best of my knowledge. I/we understand that false statements are grounds for denial or termination of assistance. I understand that the Housing Authority will only retain this application and all copied support documents as required by the Department of Public Housing and Development. You are authorized to obtain information from present and former landlords and employers and to ask questions about their experience with me. You are further authorized in the future to share information about my tenancy with prospective landlords.

I/we understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my/our knowledge. I/we have no objectives to the above statements being verified. I/we certify that the unit will serve as the household's primary residence.

-----  
Head of Household Signature

-----  
Date

-----  
Co-Head of Household Signature

-----  
Date



# INCOME VERIFICATION

GENERAL:

I am not self-employed and have attached the following verification of sources of income:

Check Stubs from the following employer(s)

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

- TANF
- Social Security Benefits
- Alimony
- Veteran's Administration Benefits
- Other (Please list):

-----  
-----  
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SELF-EMPLOYED:

I am self-employed and have attached copies of my individual federal and state income tax returns for the immediately preceding three calendar years for which such income tax returns were filed, (or, if not filed, were not required to be filed), and certify that the information shown on such income tax returns is true and complete to the best of my knowledge and that any income tax returns not filed were not required to be filed.

-----  
Signature

-----  
Date

-----  
Spouse or Other Adult Signature

-----  
Date





**ASSET VERIFICATION**

I hereby grant you permission to disclose information regarding my assets to The Housing Authority of Southeastern Utah, to determine income eligibility for the Section 8 Housing Choice Voucher Program.

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Signature

-----  
Date

Please send to:  
Housing Authority of Southeastern Utah  
380 N. 500 W.  
Moab, UT 84532  
Fax: (435) 259-4938

Bank Name, Address, and Fax Number

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

Account Type

-----

Account Number

-----

**To Be Filled Out by Bank:**

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Type of Asset/ Account Number	Value of Asset*/ Interest Rate	Annual Income from Asset
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

\* If asset is a checking account, please provide 6 months average of value of asset.

-----  
Signature

-----  
Date

-----  
Title



# REQUEST FOR VERIFICATION OF EMPLOYMENT

The undersigned applicant has applied for rental assistance in a project receiving Federally Assisted funds. Income of prospective tenant must be verified.

TO:

FROM: **The Housing Authority of Southeastern Utah**  
380 N. 500 W.  
Moab, UT 84532  
Phone: (435) 259-5891  
Fax: (435) 259-4938

Name of Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Applicant's Social Security Number: \_\_\_\_\_

By signing below, I authorize verification of my employment information:

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**PLEASE READ THIS INFORMATION CAREFULLY BEFORE CONTINUING:**

APPLICANT DOES NOT COMPLETE THE INFORMATION BELOW  
APPLICANT DOES NOT SEND THIS INFORMATION TO BE DONE TO EMPLOYER  
APPLICANT MUST GIVE TO THE HOUSING AUTHORITY TO SEND TO EMPLOYER ONLY

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**TO BE COMPLETED BY EMPLOYER ONLY**

Date Applicant Hired: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_

**Frequency Paid: Please check one**

- Bi-Weekly (Every other week or 26 Pay Periods Per Year)  
 Semi-Monthly (Two times per Month or 24 Pay Periods Per Year)  
 Monthly (Paid once a Month, or 12 Pay Periods Per Year)  
 Other. Please Specify: \_\_\_\_\_

**If Paid Salary:**

Amount Paid \_\_\_\_\_ Total Annual Salary Amount: \_\_\_\_\_

**If Paid Hourly Wage:**

Rate of Pay Per Hour \$ \_\_\_\_\_  Commissions (Estimate Per Week) \$ \_\_\_\_\_  
 Average Hours Per Week \_\_\_\_\_  Gratuities and/or Tips (Estimate Per Week) \$ \_\_\_\_\_  
 Other. Please Specify: \_\_\_\_\_

Effective Date of Last Pay Increase: \_\_\_\_\_

Effective Date and Probability of Next Pay Increase: \_\_\_\_\_ How Much? \_\_\_\_\_

I hereby certify the statements above are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Company



# AUTHORIZATION FOR RELEASE OF INFORMATION

## CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release the Housing Authority of Southeastern Utah (HASU), 380 N. 500 W., Moab, Utah 84532, any information, or materials needed to complete and verify my application for participation and/or to maintain my continued assistance. I understand and agree that this authorization is 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 HASU to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or potential landlords. This includes records of my payment history and violations of HASU policies.

## INFORMATION COVERED

I understand that, depending upon program policies and requirements, previous information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to the following:

Identity and Marital Status, including custody and support agencies.

Medical or Child Care Allowances

Employment, Income, and Assets

Credit and Criminal Activity

Residence and Rental Activity

Handicapped Assistance

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

## GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending upon program requirements) include, but are not limited to the following:

Current and Past Landlords

Public of Indian Housing Agencies

Courts and Post Offices

Law Enforcement

Welfare Agencies

Veterans Administration

Banks and other Financial Institutions

Schools and College

Support and Alimony Providers

State and Private Employment Agencies

Medical and Child Care Providers

Retirement Systems

Credit Providers and Credit Bureaus

Utility Companies

## COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HASU 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 that information. I consent that HASU and/or HUD may exchange information with other Federal, State, or local agencies, including but not limited to, State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Administration, Law enforcement agencies, and the State Welfare and Food Stamp Agencies.

## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for fourteen months from the date signed.

### HEAD OF HOUSEHOLD

Social Security Number:

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Printed Name:

-----

Signature:

-----

### SPOUSE OR OTHER ADULT

Social Security Number:

-----

Printed Name:

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Signature:

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**UNEMPLOYED APPLICANT'S AFFIDAVIT**

1. Check (a) or (b) as applicable:

\_\_\_\_(a) I am not presently employed but anticipate becoming employed within the next twelve months.

\_\_\_\_(b) I am not presently employed and do not anticipate becoming employed within the next twelve months.

2. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve months; I expect to earn \$\_\_\_\_\_ per year when I become employed.

-----  
Applicant's Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



# BACKGROUND CHECK APPLICATION

EACH ADULT IN THE HOUSEHOLD WILL NEED TO FILL OUT A **SEPARATE FORM**  
APPLICATIONS WHICH ARE NOT COMPLETED FULLY WILL BE REJECTED  
IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY  
NUMBER BY DRIVER'S LICENSE, STATE ID, OR SOCIAL SECURITY CARD  
FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK!

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PREVIOUSLY USED NAME(S)(MAIDEN, ETC.): \_\_\_\_\_

MARTIAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED

MAILING ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

DRIVER'S LICENSE #/STATE: \_\_\_\_\_/\_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

I hereby make application to review my Criminal and Credit History record:

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## CHILD SUPPORT AFFIDAVIT

I \_\_\_\_\_, do hereby attest to having (check appropriate box and fill-in blanks if box is checked):

One or more dependents living with me.

I receive \$\_\_\_\_\_ per month in child support for dependent(s) and I expect to receive \$\_\_\_\_\_ in child support over the next twelve months.

I do not receive child support, nor do I expect to receive child support within the next twelve months, and I have made a reasonable effort to collect child support.

One or more dependents over the age of 18 living with me.

A full-time student

Working and earning \$\_\_\_\_\_ per month.

(if this box is checked, income must be verified)

Not working and not a full-time student (explanation required)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Tenant's Signature



# Authorization for the Release of Information/ Privacy Act Notice

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

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing  
OMB Control Number 2577-0295  
Expiration Date 1/31/2025

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

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

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

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

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

**Penalties for Misusing this Consent:**

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

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

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



## Declaration of Section 214 Status

### This Section to be completed by the Applicant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Relationship to the head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Admission Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

**Instructions:** Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

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

I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, no further action is required.**

2. I am a non-citizen with eligible immigration status, as described on the reverse.

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

I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, complete the reverse side including the Verification Consent**

#### Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, 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 taken to obtain this evidence.

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

I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, complete the reverse side including the Verification Consent.**

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

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

I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, no further action is required. You are NOT eligible for housing assistance.**

**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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA 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 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*

## This Section to be completed by the Applicant

**If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:**

- A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8USC 1253 (h)) [threat to life or freedom]; or
- A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

**If you checked one of the above boxes you must submit one of the following documents:**

- Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 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"
  - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
  - c) A court decision granting withholding of deportation; or
  - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- Form I-152, Alien Registration Receipt Card.

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**If you checked box 2 or 3 on the reverse side, please complete this consent form**

### Verification Consent

I, \_\_\_\_\_ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
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; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS 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 INS.

Signature \_\_\_\_\_ 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.

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**Signature of Applicant**

**Date**

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

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