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**TENANT/APPLICANT INFORMATION FORM**

Current Address:	Alternate Contact Information:
	Home:
	Work:
Street Number, Street Name, Apartment Number	Cell:
	Other:
City, State, Zip Code	Email:

**CERTIFICATION OF HEAD OF HOUSEHOLD (SPOUSE/CO-HEAD)**

I hereby certify that all information I will provide on this application is true and complete. I understand that I am required to notify the housing authority of any changes in my income and family composition in writing within ten (10) business days of such change and that I cannot permit any person to live in my unit without prior approval of the Harris County Housing Authority. I understand that making false statements, misrepresentations or omitting information that is known to me in order to obtain housing assistance is a criminal violation of federal and state law.

WARNING: Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.

_____	_____	_____
Print Name of Head of Household	Signature of Head of Household	Date
_____	_____	_____
Print Name of Spouse or Co-head	Signature of Spouse or Co-head	Date

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Housing Authority Case Manager

**HOW TO COMPLETE THIS APPLICATION**

- Answer all questions on this application. Do not leave any questions blank. If a question does not apply to you, such as "What is your telephone number?", and you do not have a telephone, write "none".
- Please print all answers.
- Use the full legal name of each member of your household as it appears on the social security card.
- All yes/no questions must be answered "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- Where indicated on this form, the questions apply to **all** members of the family listed on the application.
- Provide current and complete documentation for all assets, income, deductions and expenses.

*If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the HCHA office at 713-578-2100.*

### HOUSEHOLD

Complete the information for all adults and children that will be living in the assisted housing unit. You **must** include all persons who will be living with you.

**Use the appropriate letter to indicate the household member's relation:**

**H** = Head of household    **K** = Co-Head (not married)    **Y** = Youth under 18    **E** = Full time student over 18  
**S** = Spouse (married)    **A** = Other adult    **F** = Foster child    **L** = Live-in aide

1	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled	Social Security Number
						H	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
2	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
3	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
4	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
5	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled:	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
6	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
7	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled:	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
8	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled:	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
9	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled:	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
10	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled:	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	
11	Full Name (Include Jr, Sr, etc.)		Birth Date	Age	Sex	Relation	Disabled:	Social Security Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	

Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.

**HOUSEHOLD MEMBER INFORMATION**

1. Is any household member 18 years or older a full-time student? Yes No

If you indicated "yes", fill in the information below and attach copy of a current school schedule or transcript.

Student Name: Name, Address & Telephone Number of School: _____ _____ _____	Student Name: Name, Address & Telephone Number of School: _____ _____ _____
---	---

2. In the past 12 months has any household member been charged of any crime? Yes No

If you indicated "yes", fill in the information below. Attach separate sheet if needed.

Name: What Crime: _____ City & State Arrested: _____	Name: What Crime: _____ City & State Arrested: _____
--	--

3. Does anyone outside of the home share custody of any of the children?  
Yes No If yes, who? \_\_\_\_\_
4. Is anyone who will be living in the home currently married?  
Yes No If yes, who? \_\_\_\_\_
5. Is anyone who will be living in the home expecting a child?  
Yes No If yes, who? \_\_\_\_\_
6. Has anyone living in the home ever used a different name or social security number, other than the one they are using now?  
Yes No If yes, who? \_\_\_\_\_
7. Is there any family member who is temporarily absent?  
Yes No If yes, who? \_\_\_\_\_

**ASSETS**

**(An asset is something of value that can be converted to cash)**

8. Do you or any family member have any of the following assets? Check "yes" or "no" as appropriate.

If an account is open and has a zero (\$ 0.00) balance, you must indicate "yes".

Asset Type	Yes or No	Asset Type	Yes or No
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Market Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Retirement Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate (Property/Land)	<input type="checkbox"/> Yes <input type="checkbox"/> No	401K or 401B Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other type of Capital Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property (i.e. antiques, coins)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.

**ASSETS (CONTINUED)**

9. If you indicated "yes" to any asset on page 3, fill in the information below and provide all pages of your most current statement for each account.

	Household Member Name	Name of Financial Institution	Account Number	Balance/Value
1				
2				
3				
4				
5				

10. Have you or any family member sold or given away any assets within the past 2 years for less than their fair market value?  Yes  No

If yes, what was the asset? \_\_\_\_\_

What was the fair market value of the asset? \$ \_\_\_\_\_

How much was received for the asset? \$ \_\_\_\_\_

What was the date the asset was sold or given away? \_\_\_\_\_

**INCOME**

11. Fill in the information below by answering "yes" or "no".

Source of Income	Yes or No
Wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from an employer? (Full time or part time). This includes military pay.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from the operation of a business? (Self-employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from odd jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welfare assistance payments (TANF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food stamp assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from retirement funds or pensions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from unemployment compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from death benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from an annuity or other investment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest, dividends or other income from real or personal property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular contributions or gifts from anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone outside the home pay any of your bills or living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. List all household members who filed a tax return last year:

\_\_\_\_\_

\_\_\_\_\_

A copy of your tax return will be required and verified through the Internal Revenue Service (IRS).

**INCOME (CONTINUED)**

13. If you indicated "yes" to any source of income on page 4, fill in the information below for all household income.

	Household Member Name	Source of Income	Amount Paid	How Often?
1		Name: _____ Address: _____ Phone Number: _____	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
2		Name: _____ Address: _____ Phone Number: _____	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
3		Name: _____ Address: _____ Phone Number: _____	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
4		Name: _____ Address: _____ Phone Number: _____	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
5		Name: _____ Address: _____ Phone Number: _____	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
6		Name: _____ Address: _____ Phone Number: _____	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly
7		Name: _____ Address: _____ Phone Number: _____	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly

**Household Expense**

Certain expenses may qualify your household to receive a deduction. To receive a deduction answer the following questions and submit proof of each expense that show how much has been paid during the past twelve (12) months.

14. Does any household member pay for child care for a child age 12 or younger or for adult care?  Yes  No

If you indicated "yes", fill in the information below and provide a current statement of your expense.

	Household Member Name and Age	Child/Adult Care Provider	How much is paid and how often?	How much is reimbursed?
1		Name: _____ Address: _____ Phone Number: _____	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	\$
2		Name: _____ Address: _____ Phone Number: _____	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	\$
3		Name: _____ Address: _____ Phone Number: _____	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly	\$

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**Household Expenses (Continued)**

15. Fill in the amount paid and when for the expenses listed below. If you do not have these expenses place a zero (0) in the first column.

Expense Item	How much was paid?	Last date paid? (Month/Day/Year)	Who pays this expense?
Rent	\$		
Electric	\$		
Gas Heat	\$		
Water	\$		
Telephone	\$		
TV Cable	\$		
Car payment(s)	\$		
Car Insurance	\$		
Gas for car	\$		
Life Insurance	\$		
Health Insurance	\$		
Loan	\$		
Rentals	\$		
Furniture	\$		
Food	\$		
Credit Cards	\$		
Other expense	\$		

The following question only applies if the head of household, spouse or co-head is 62 years of age or older, or considered a person with disability.

Medical expenses include items such as prescription/nonprescription medicines prescribed by a doctor, health insurance premiums, regular payments on past-due medical bills, etc. (See IRS Publication 502 for more information on qualifying medical expenses. This publication may be found at [www.irs.gov](http://www.irs.gov).)

16. Does your household have any unreimbursed or paid out of pocket medical expenses?  Yes  No

If you indicated "yes", fill in the information below and provide proof of your medical expenses paid/incurred in the past 12 months.

	Household Member Name and Age	Provider	How much is paid and how often?	How much is reimbursed?
1		Name: _____ Address: _____ Phone Number: _____	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	\$
2		Name: _____ Address: _____ Phone Number: _____	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	\$
3		Name: _____ Address: _____ Phone Number: _____	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	\$

I hereby certify that all information I have provided on this application is true and complete.

\_\_\_\_\_  
Signature of Head of Household                      Signature of Co-Head/Spouse                      Date

Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.

# 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: 2501-0014

exp. 1/31/2014

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.

# Authorization for the Release of Information

Tenant ID \_\_\_\_\_

HA requesting release of information:

**September 25, 2014**

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

\_\_\_\_\_  
Date

## 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 this 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 HA or the owner responsible for the unauthorized disclosure or improper use.



8933 Interchange Dr.  
Houston, Texas 77054  
Tel: 713-578-2100  
Fax: 713-669-4594  
[www.hchatexas.org](http://www.hchatexas.org)  
[hcha@hchatexas.org](mailto:hcha@hchatexas.org)

## FAMILY OBLIGATIONS<sup>1</sup>

### The family must:

1. Supply any information that Harris County Housing Authority (HCHA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status and for use in regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply an information requested by HCHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with HCHA policies.
5. Allow HCHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify HCHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify HCHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request HCHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify HCHA in writing if the any family member no longer lives in the unit.
11. Give HCHA a copy of any owner eviction notice.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
13. Provide true and complete information to HCHA.

### The family must not:

1. Own or have any interest in the unit. (Exception: Family is the owner of a manufactured home and assistance is being paid towards the rent of the "pad")
2. Commit fraud, bribery or any other corrupt or criminal activity in connection with the Section 8 program.
3. Engage in drug-related criminal activity, violent criminal activity or any other activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents and person residing in the immediate vicinity of the premises. Under 24 CFR5.2005(c) (2), criminal activity directly related to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any quest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or immediate family member of the tenant is the victim.
4. Breach any HQS responsibility.
5. Fail to pay for any utilities that are the tenant's responsibility.
6. Fail to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant.
7. Cause any damage to the dwelling unit or premises (damages beyond ordinary wear and tear). Family is responsible for damages caused by any household member or household guest.
8. Commit any serious or repeated violation of the lease.
9. Sublease or sublet the unit or assign the lease or transfer the unit.
10. Receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, state or local housing assistance program.

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<sup>1</sup> 24 CFR 982.551- Obligations of Participant

11. Abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
12. Fail to sign and submit consent forms for obtaining information.

**Grounds for Denial or Termination of Assistance<sup>2</sup>**

Your Section 8 housing assistance may be terminated if any family member:

1. Violates any family obligation listed above.
2. Has ever been evicted from federally assisted housing in the past five years.
3. Has ever been terminated by a PHA under the housing assistance program.
4. Commits drug-related criminal activity, violent criminal activity or other criminal activity that threatens the health safety or right to peaceful enjoyment of other residence and persons residing in the immediate vicinity of the premise.
5. Commits fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.
6. Currently owes rent or other amounts to HCHA or any other housing authority in connection with Section 8 or Public Housing assistance under the 1937 Act.
7. Breaches an agreement with HCHA to pay amounts owed to any housing authority, or amounts paid to an owner by any Housing Authority. (The housing authority, at its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to a PHA or amounts paid to an owner by a PHA. The PHA may prescribe the terms of the agreement.)
8. Has engaged in or threatened abusive or violent behavior toward HCHA personnel.
9. Under certain circumstances stated in 24 CFR 812.9, HCHA must terminate assistance because a family member does not establish citizenship or eligible immigration status.

**Right to a Hearing**

If a decision is made to terminate your assistance, you will receive a written notice. The notice will advise you of a time limit by which you may request a hearing to appeal the decision.

**I/we have read and understand all the information given on the “Family Obligations” and “Grounds for Termination”. I/we have received a copy of this information.**

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

Signature of other Adult 18 Years and Older: \_\_\_\_\_ Date \_\_\_\_\_

Signature of other Adult 18 Years and Older: \_\_\_\_\_ Date \_\_\_\_\_

Signature of other Adult 18 Years and Older: \_\_\_\_\_ Date \_\_\_\_\_

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<sup>2</sup> 24 CFR 982.552- PHA Denial or Termination of Assistance for Family



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

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

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

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

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

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



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



8933 Interchange Dr.  
Houston, Texas 77054  
Tel: 713-578-2100  
Fax: 713-669-4594  
[www.hchatexas.org](http://www.hchatexas.org)  
[hcha@hchatexas.org](mailto:hcha@hchatexas.org)

I/we have read and understand the information given on "Applying for HUD Housing Assistance?" and I/we have received a copy of this information.

Each adult household member must fill in the information below.

\_\_\_\_\_  
Head of Household Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Print Name

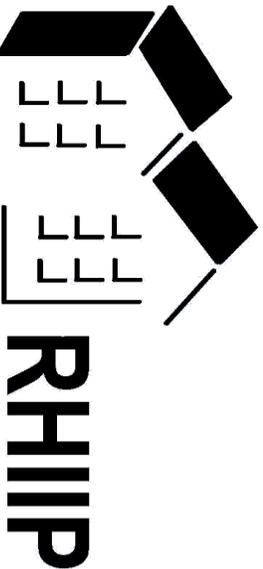
\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## *What You Should Know About EIV*

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

**Note:** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hiv/ourprograms/pih/div/cfr>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



8933 Interchange Dr.  
Houston, Texas 77054  
Tel: 713-578-2100  
Fax: 713-669-4594  
[www.hchatexas.org](http://www.hchatexas.org)  
[hcha@hchatexas.org](mailto:hcha@hchatexas.org)

I/we have read and understand the information given on **“What you should know about EIV”** and I/we have received a copy of this information.

Each adult household member must fill in the information below.

\_\_\_\_\_  
Head of Household Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Print Name

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

\_\_\_\_\_  
Date

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<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.	

**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.