



**PROJECT BASED AND MODERATE
REHABILITATION
RELEASE OF INFORMATION**

Applicant Name (Print Clearly):

Social Security #:

I hereby authorize the Seattle Housing Authority to request and obtain information in the categories listed below, for the purpose of determining my eligibility to receive housing assistance, and my suitability to be an SHA resident. I also authorize the persons, businesses, and organizations to which such requests are directed, to provide the information requested by SHA, and I indemnify them from any harm for providing information in accordance with such requests. I understand that I will be given the opportunity to contest any negative determinations based on the information obtained. I agree that copies of this document may be made to authorize inquiries from sources I have given to SHA, or from other sources which become apparent from information collected during the completion of my application file.

I also authorize SHA and the owner and/or manager of the building in which I reside to share financial and social information for the purposes of verifying my continued eligibility and suitability for public housing.

This consent expires 15 months after signed.

- Information necessary to authenticate preference claims
- Rental history records, including but not limited to information about the ability to pay rent, take care of rental property, and get along well with neighbors
- Residential history references, including but not limited to information about the ability to live independently, care for property, and get along well with others
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives
- References from employers, including wage and salary information, and job performance
- Criminal history, including fingerprint submission where necessary to effect positive identification
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community
- Income and asset information from all sources, for all family members
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility
- Registration in educational or vocational training programs including information about participation, progress, and completion of such programs
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap)
- Verification of need for reasonable accommodation, if requested
- Credit reports and/or tenant screening reports from private screening contractors
- Outstanding debts to other housing agencies

SIGNATURES:

X	X	
Head of Household	Co-Head, Spouse, Domestic Partner, Other Adult	DATE
X	X	
Other Adult	Other Adult	DATE



ZERO INCOME AFFIDAVIT

I, _____ declare under penalty of perjury that I do not have any income.

INCOME includes but is not restricted to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts
- Lump sum payment(s) for the delayed start of a periodic payment
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation (L & I) and severance pay
- Public assistance (DSHS/Welfare)
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from friends and/or family

I understand that I must report to Seattle Housing Authority any change which affects my income and/or assets. **I must report the change to Seattle Housing Authority IN WRITING WITHIN TEN BUSINESS DAYS OF THE CHANGE.**

I understand that false statements or false information are grounds for termination of my Section 8 participation. I further understand that false statements or false information are fraud and punishable under Federal Law. My failure to report as required may result in either back charges to the date the income changed or termination of my Section 8 participation. My signature below certifies that I have read, understood, and agree to comply with the above statements.

Family Member With Zero Income _____
Date

Head of Household _____
Date

Head of Household Social Security #: _____

cc: Section 8 Participant (either in person, or through the mail with the SHA-581)