



**SEATTLE HOUSING AUTHORITY
MOD REHAB SRO HOUSING
APPLICATION**



Head of Household Social Security Number

Building Name: _____

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Approval for housing is subject to meeting all eligibility and suitability criteria and verification of information contained herein as required by the Housing Authority. (see attached HUD-9886, which includes the Federal Privacy Act.)

| | | | | |
|-------------|----------------------------|-------|------|---|
| NAME | Last | First | MI | Maiden |
| | Street Address or P.O. Box | | City | State Zip Code |
| | Home | | Work | Message |

HOUSEHOLD COMPOSITION

| Last | First | MI | Sex M/F | Date of Birth | Disabled or Handicapped | | Full Time Student | | Veteran | | U.S. Citizen | | Nationality | Primary Language |
|------|-------|----|------------|------------------|----------------------------|----|----------------------|----|---------|----|-----------------|----|-------------|---------------------|
| | | | | | Yes | No | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | | | |

GROSS INCOME If employed fill out Employer Information.

| Name | Source or Type of Income | Monthly Amount | Other Information |
|------|--------------------------|----------------|-------------------|
| | | \$ | |
| | | \$ | |

EMPLOYMENT INFORMATION

Name of Employer: _____ Rate & Frequency of Pay: _____
 Address: _____ Date Employed: _____

ASSETS

| Type of Asset (checking, savings, IRA, CD, etc.) | Current Value | Current Rate of Interest | Location of Asset (Bank name, etc.) | Address |
|---|---------------|--------------------------|--|---------|
| | \$ | % | | |
| | \$ | % | | |

Have you **ever** been arrested? (misdemeanors, felonies, etc.)

No Yes **If yes, please explain:** _____

Have you **ever** lived in a SHA unit or received a subsidy from the Section 8 Program? Yes No

If yes, when did you move out? _____ **Where did you live?** _____

CERTIFICATION: I certify that the information which I have provided on this application is correct to the best of my knowledge. I hereby authorize inquiries to be made for the purposes of verifying the information provided hereon. I accept full responsibility for keeping the Seattle Housing Authority informed of my current address and understand that this application may be canceled if I fail to do so or if I fail to complete an intake interview for the purpose of finalizing my application. Falsification of any information may result in the denial of my application.

I understand that I am applying for Section 8 Mod/Rehab SRO housing. If approved, I will be entitled to occupy a single room occupancy unit and may not have any additional persons reside with me. Furthermore, I understand that this is a unit based housing subsidy and may not be transferred if I decide to vacate or am evicted from a Section 8 SRO Mod/Rehab unit.

Applicant Signature Date

| | | | | |
|----------------|-----------------------------------|---------------------------------|------------------------------------|---|
| Balance Owing: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> Cancelled | (For Office Use Only) |
| | | | | _____ Admissions Office Supervisor Date |



Tenant ID:

**CITIZENSHIP STATUS
ACKNOWLEDGEMENT OF UNDERSTANDING**

After being accepted into one of Seattle Housing Authority’s housing programs, I understand that I and all members of my household will have a maximum of twelve (12) months to apply for citizenship or for eligible immigration status.

I understand, if I and/or another member of my household am not a citizen or eligible non-citizen at the time of my first annual review, SHA will reduce or terminate my Section 8 housing subsidy.

My signature below indicates that I have read and that I understand the statements noted above.

| | |
|-----------------------|-------|
| _____ | _____ |
| Head of Household | Date |
| _____ | _____ |
| Other Household Adult | Date |
| _____ | _____ |
| Other Household Adult | Date |
| _____ | _____ |
| Other Household Adult | Date |
| _____ | _____ |
| Other Household Adult | Date |



**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 |



**Authorization for the Release of Information /
Privacy Act Notice**

**Tenant ID:
U.S. Department of Housing and Urban Development**

PHA requesting release of information; **(Cross out space if none)**

IHA requesting release of information: **(Cross out space if none)**

(Full address, name of contact person, and date)

(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(l)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

| | | | |
|--|-------|---------------------------------|-------|
| _____ | _____ | | |
| Head of Household | 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.



Head of Household Name: _____
Head of Household SS#: _____

DATE

RE:
 SS#:

Dear Professional:

The person named above has applied for housing with the Seattle Housing Authority. The Housing Authority is required by law to verify all information by a third party. The person named above and members of his/her household claim they are without permanent, standard, night-time housing. It will be most beneficial to the applicant if you can respond as quickly as possible.

I, _____, do hereby authorize the release of information requested by the Seattle Housing Authority for the purpose stated below.

Signature _____ Date: _____

VERIFICATION OF HOMELESSNESS

1. I know that the person named above is without permanent, standard, night-time housing.
 YES _____ NO _____
2. Was this person homeless for the year prior to entering the program, or have they experienced four episodes of homelessness in the past three years?
 YES _____ NO _____

3. Other member(s) of the household, known to me, without permanent, standard, night-time housing (please list):

| Name | Relation to Person Above | Age |
|-------|--------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. The specific circumstances about this situation that are known to me are:

(Use additional sheet if necessary)

Verified by: (please print) _____ Phone: _____
 Title: _____ Company: _____
 Signature: _____ Date: _____

The Seattle Housing Authority appreciates your cooperation and assistance in providing this information and in returning this verification at your earliest convenience. The information should be delivered in person.
 Name: _____ Phone: _____ Date: _____



DISABILITY VERIFICATION

Property Name _____ Unit # _____

Name of Household _____

SSN of Head of Household _____

Name of Qualifying Household Member _____

The above-referenced property rents units under programs administered by the Washington State Housing Finance Commission. Under these programs, the owner has agreed to provide some of the total units for persons with disabilities as defined below.

We are required to complete the verification process within certain time frames, and your prompt attention to this matter will be greatly appreciated. A self-addressed envelope is enclosed for your convenience.

"Disability" means:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

I certify that the above referenced applicant falls within this Disability definition.

I certify this information as the applicant's (please check the appropriate box):

- Physician
- Social worker

Relative

Caregiver

Other: _____

Signature

Title

Date

Print Name

Phone #