



**Housing Choice
Voucher Program**

Address PO Box 19028
190 Queen Anne Ave N
Seattle, WA 98109-1028
Telephone 206-239-1728
FAX 206-239-1770
TDD 1-800-833-6388
Website www.seattlehousing.org

WHAT TO SUBMIT TO COMPLETE YOUR REVIEW

Carefully complete all enclosed forms and attach required documents. Review your packet, checking off all the items below, before you turn it in. If anything is missing, it will take us longer to process your review.

INCOME VERIFICATION Report all sources of income for all household members including, but not limited to: (Please note that Seattle Housing may independently verify any information that you provide.)

<i>Type of Income</i>	<i>What to send Seattle Housing</i>
Employment / Job Training	Copies of your most recent two months of paychecks.
Unemployment Benefits	Copy of your most recent weekly statement.
Public Assistance (TANF or Welfare)	DSHS benefit letter (only if the amount is changing in a future month).
Social Security or SSI	Most recent benefit award letter. 1-800-772-1213, www.ssa.gov
Veterans (V.A.) Benefits	Most recent benefit award letter. 1-800-827-1000
Worker's Compensation / Labor and Industries (L&I)	A statement from Labor and Industries, insurance company, law firm, etc., which shows your awarded amount. Must be current within 60 days of submission.
Alimony	A copy of the court order or a statement with the amount and frequency.
Regular Contributions or Gifts from organizations or individuals	For example, your brother gives you \$20 in groceries every week or mom pays your phone bill every month. Provide a statement from the organization or individual. Must be current within 60 days of submission.
Child Support	For support not paid through the Office of Support Enforcement submit a statement from the non-custodial parent current within 60 days of submission.
Retirement Benefits/ Annuities/Pensions	A statement from the account administrator verifying your gross monthly benefit. Must be current within 60 days of submission.
Trusts	Verification from the trust administrator of the current value of the trust, the type of trust (irrevocable or revocable), and the date & type of any disbursements over the past twelve months. Must be current within 60 days of submission.
Self Employment / Social Service Payment System (SSPS)	We will mail you a Self Employment Certification with instructions to submit a copy of all pages of your most recent tax return (with business expense listing) or, if not self-employed, submit two months of DSHS SSPS provider and co-pay statements.
Student Status/Income	Verification of full or part time student status, tuition expenses, financial aid, scholarships, and/or grant income. This is required for all adult household members <u>currently enrolled</u> in school.

ASSETS Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposit (CD), IRA's, bonds, trust funds, stocks, 401k, insurance policies, equity in real property, or other financial investments. You may be asked to provide verification of your assets.

EXPENSES Eligibility for expenses and what to submit:

Medical Expenses <i>(insurance premiums, medications, etc.)</i>	<i>If your household's head, co-head, or spouse are elderly (62+) and/or disabled and have unreimbursed medical expenses you pay for out of pocket: Complete the enclosed Medical Expense Declaration form. If the form is not enclosed, contact your Certification Specialist to have one mailed to you.</i>
Child Care	<i>If you or an adult member of your household is employed or going to school and pay for child care: Submit a statement from the provider of any child care subsidy (DSHS, City of Seattle, employer, etc.). We may contact your provider to verify your expense.</i>
Disability Assistance Expenses	<i>If a member of your household (other than head or spouse) is disabled and you must pay out of pocket for expenses that are necessary to allow a family member to work: Verification of the type of expense and payments you have made for the last 12 months.</i>

Where all household members are required to sign a form, this does not include live in aides.

PERSONAL DECLARATION (attached) Fill out all pages (front and back) completely – do not leave any box or line blank. If something does not apply to you or another family member, write “N/A” or “none” on the line or in the box. You and all members who are living in your household who are 18 years of age or older must sign and date the form.

AUTHORIZATION FOR THE RELEASE OF INFORMATION (attached) You and all adults 18 years of age or older in your household must sign and date this form. The head of household must write their Social Security number.

SEATTLE HOUSING GENERAL RELEASE OF INFORMATION (attached) You and all members living in your household who are 18 years of age or older must sign and date this form.

DECLARATION OF CITIZENSHIP AND VERIFICATION CONSENT (attached) *Complete these forms at your first Annual Review or if you have added someone to your household since your last Annual Review.* Complete the section(s) applicable to each household members’ immigration status. All adults 18 years of age or older must sign and date this form.

MUST SUBMIT IN PERSON AT THE PORCHLIGHT BUILDING *Non-citizens must bring original verification of eligible immigration status* to our office for all household members. SHA staff must see your original documents in person and will make copies of them for you.

IDENTIFICATION *Only if specifically requested by your worker.* If we do not already have documentation on file, your worker will let you know in separate correspondence. If so, you must bring your original Social Security number and immigration documents to our office. SHA staff must see your original documents in person and will make copies of them for you. For identification, such as driver’s license or birth certificates, you can submit photocopies via mail, fax, or drop off at Porchlight.



Housing Choice Voucher

Personal Declaration for Eligibility and Certification

Head of Household's Social Security number

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CONTACT INFO
(Head of household)

Street address, P.O. Box, or shelter name		City	State	ZIP Code	Homeless at application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary phone number	Other phone number	E-mail address	What language do you speak at home?		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

► **HOUSEHOLD COMPOSITION AND INCOME** *List every person living with you at least 51% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)*

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M/F)	Date of birth	Race (Black, White, Asian, Native American, etc.)	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'.
						Yes	No	
	HEAD	(Entered above)						Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$

► **OTHER HOUSEHOLD INFORMATION** *(If you need additional space, please attach a separate paper.)*

<input type="checkbox"/> Yes <input type="checkbox"/> No Is anyone in your household disabled? If yes , please list their names:
<input type="checkbox"/> Yes <input type="checkbox"/> No Has anyone in your household served in the armed forces or is the spouse of someone who has served? If yes , please list their names:
<input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes , explain here and attach a statement from the person stating how often and the amount:
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? If yes , please explain:
Is there any other information you would like us to know about your household?

► **ACCOMMODATIONS** *If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.*

<input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?
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Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in SHA programs.

Print head of household name _____

► **CURRENT EMPLOYMENT INFORMATION** (If you need additional space, please attach a separate paper.)

Yes, someone in my household is employed. Complete the below information. **No**, no one in my household is employed.

Name of household member	Name of employer	Employment start date	Employer's address	Employer's phone number	Employer's fax number

► **ASSETS** List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)

Yes, someone in my household has assets. **No**, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
		\$	%		
		\$	%		

Yes **No** Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$

Yes **No** Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.

► **STUDENT INFORMATION** List information only for household members who are 18 years old or older. (If you need additional space, please attach a separate paper.)

Yes, an adult in my household is a student. Complete the below information. **No**, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)

► **DEDUCTIONS** List expenses that you **pay out of pocket** and anticipate to continue for the next 12 months. (If you need additional space, please attach a separate paper.)

Yes, someone in my household has these expenses. Complete the below information. **No**, no one in my household has these expenses.

Child care expense	Name of provider	Provider's address	Provider's phone number	Amount of monthly expense
				\$

Yes **No** Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form.

Yes **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:

► **CERTIFICATION** I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Seattle Housing within ten (10) business days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

_____	_____	_____	_____
Head of household signature	Date	Spouse or Co-head signature	Date
_____	_____	_____	_____
Signature of other household member (age 18+)	Date	Signature of other household member (age 18+)	Date
For Seattle Housing Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled
		Issuance supervisor or designee	Date

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

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.



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GENERAL RELEASE OF INFORMATION

Head of Household name (print clearly) _____

Other household members age 18+ _____

Attach additional copies of this form if necessary. _____

I hereby authorize Seattle Housing Authority to request and obtain information in the categories listed below for the purpose of determining my eligibility to receive housing assistance. I also authorize that SHA may provide a copy of this release to the person(s), business(es), and organization(s) 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 SHA may make inquiries from any source, including but not limited to sources I have given to SHA and from other sources that become apparent from information collected during the completion of my application file. I understand that I will be given the opportunity to contest any negative determinations based on the information obtained. This consent expires 40 months after it is signed.

- Information necessary to authenticate preference claims;
- 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 any source, 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