

Mod Rehab Annual Review forms packet



*Indicates forms included in the Mod Rehab Annual Review forms packet.
Agencies or applicants supply the other materials listed.*

- ☒ ***SRO Personal Declaration***
- ☒ ***SHA Release of Information***
- ☒ ***HUD Authorization for the Release of Information***
- ☒ ***Citizenship, MR Declaration***
- ☒ ***Citizenship, Verification Consent***
- ☒ ***Zero Income Affidavit*** (if applicable)

In addition to the above documents, please submit the following if applicable:

- ***Employment Verification*** (if currently working)
- ***Verification of End of Employment***
(if within previous six months)
- ***Self-Employment Form*** (including most recent Tax Return)
- ***Participant Training Income Verification form***
- ***Verification of Veteran's Benefits***
- ***Verification of Pension or Retirement Benefits***
- ***Verification of Assets*** (if over \$5,000)
- ***Verification of Out-of-Pocket Medical Expenses***

Fax these documents to **(206) & 6-+5***

Do not fax this page!

Forms must be signed by all household members 18 years of age or older.



SRO PERSONAL DECLARATION

Seattle Housing Authority
101 Elliott Ave W, Suite 100
Seattle, WA 98119



Mod Rehab
Program

YOU MUST ANSWER EVERY QUESTION ON THIS FORM AND YOU MUST SIGN TO CERTIFY THAT THE INFORMATION YOU PROVIDE IS COMPLETE AND ACCURATE.

(Attached is HUD-9886, Authorization to Release Information and the Federal Privacy Act)

Family Member's Legal Name	Relationship	Date of Birth	Social Security Number
	Head		
Street Address		Home Phone	Message Phone

TOTAL HOUSEHOLD INCOME *(See the enclosed sheet "What to Submit" for types of income.)*

- List **all** money you received within the last sixty (60) days. Include any money you earned and any money given to you.
- You must also report if you expect a change in the amount of your income or the source of your income.

Employer's Name	Address	Phone Number	Total Wages
			\$ per week/month/year
Social Security Benefits	Public Assistance: GAU	Unemployment Benefits	All other income: VA Benefits, Pensions, Insurance Payments, Trust Funds, etc.
\$ per month	\$ per month	\$ per month	\$ per month or year

Does anyone outside of your household pay for any of your bills or give you any money ? If yes, please explain:

☐ NO

☐ YES

TOTAL HOUSEHOLD ASSETS Including bank accounts & investments (CDs, stocks, bonds, IRAs)

Does your household have interest bearing financial assets with a combined total value of \$ 5,000 or more?

☐ NO

☐ YES

If yes, then fill out below

Type of Asset	Current Value	Current Interest Rate	Name of Asset (Bank name, etc)	Address
Checking	\$	%		
Savings	\$	%		
	\$	%		

Describe any other assets you may have (cars, property, etc.):

I UNDERSTAND AND AGREE THAT THE ABOVE INFORMATION WILL BE VERIFIED FROM THE SOURCE(s).

I certify under penalty of perjury that I have completed all of the above information to the best of my knowledge and that it is true and correct. I also understand that any change of household members must be reported in writing to the Seattle Housing Authority within ten (10) days of the change.

SIGNATURE

HEAD OF HOUSEHOLD

DATE

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.



GENERAL RELEASE OF INFORMATION

I hereby authorize Seattle Housing Authority (SHA) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. SHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If SHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations. If I participate in the Project-based or Mod Rehab program, I also authorize SHA and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized housing. This consent form remains effective until a household is denied assistance, assistance is terminated, or if the household provides written notice to SHA asking to revoke their consent.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;
- 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;
- Earned and unearned income (including benefit income) information from any source (including State Wage Information Collection Agencies, the Division of Child Support, Department of Health and Social Services, etc.) 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/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.

_____ Head of Household (printed name)	_____ Signature	_____ Date
_____ Co-Head, Spouse, Partner, or Other Adult (printed name)	_____ Signature	_____ Date
_____ Other Adult (printed name)	_____ Signature	_____ Date
_____ Other Adult (printed name)	_____ Signature	_____ Date
_____ Other Adult (printed name)	_____ Signature	_____ Date

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.



GENERAL RELEASE OF INFORMATION

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 SHA's grievance and Housing Choice Voucher informal hearing procedures.

Revocation of consent: Revoking consent will result in denial of assistance or termination of assistance at the next annual reexamination. SHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

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 all household members who contend citizenship or an eligible immigration status. 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, have and use. Giving the Social Security Numbers of all household members who contend citizenship or an eligible immigration status 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, SHA and any owner (or any employee of HUD, SHA 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 on the form. 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, SHA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

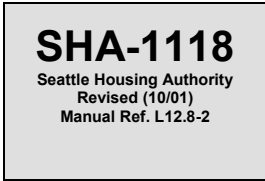
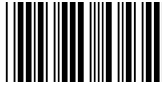
Signatures:

_____		_____	
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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



ELIGIBLE IMMIGRATION STATUS Verification Consent Form



Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure the financial assistance is made available only to persons who are U.S. Citizens, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have "eligible immigration status." The law requires all tenants for assisted housing who claim to have "eligible immigration status" to sign a consent form authorizing SHA and HUD to verify the information supplied with the U.S. Department of Immigration and Naturalization Services (INS).

Purpose: This information is required to determine your eligibility for continued housing assistance (Federal subsidy).
Use of the Information to be Obtained: The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, (1) HUD, as required by HUD, and (2) the INS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither SHA or HUD are responsible for the further use or transmission of the evidence or other information by the INS.

Who Must Sign This Consent Form? Each non-citizen in the household who will be receiving housing assistance and claims "eligible immigration status" must sign below. Adults, age 18 years or older, must sign for themselves. In the case of minor children (under 18 years old), the form must be signed by the head of household and/or adult member who is responsible for each minor child.

Failure to Sign the Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing (subsidy) benefits, or both. Denial of eligibility or termination of benefits (subsidy) is subject to the Housing Authority's grievance procedures or Section 8's informal hearing process, whichever is applicable.

Consent: I authorize the Housing Authority of the City of Seattle, or HUD to request and obtain verification from the INS of the information I have supplied regarding my immigration status. I understand that this information is true and accurate to the best of my knowledge.

_____	_____	_____	_____
Head of Household	Date	Spouse/Co-Tenant	Date

Head of Household Social Security Number

_____	_____	_____	_____
Other Adult (over age 18)	Date	Other Adult (over age 18)	Date

_____	_____	_____	_____
Other Adult (over age 18)	Date	Other Adult (over age 18)	Date

Consent for Minor Children: I certify that I am the head of household and/or the adult family member responsible for the minor children listed below. I authorize the Housing Authority of the City of Seattle to request and obtain verification from the INS of the information supplied regarding their immigration status. I understand this information is needed to determine eligibility for housing assistance (Federal subsidy); and I certify that the information I have supplied is true and correct to the best of my knowledge. List minor children:

_____	_____
_____	_____
_____	_____

Signature _____ Date _____

Parent or Guardian



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)