



**Project-Based
Voucher Program**

Date: _____
Sender's Name (not agency name): _____
Phone: _____
Email: _____

Applicant's Name: _____ Property Name: _____
Bedrooms Requested: _____ Address & Unit Number: _____

Application Forms packet

Email this checklist, forms and verification documents to:

ProjectBasedApplications@seattlehousing.org

or fax it to 206-239-1770

The following forms are included in the Application Packet provided. They should be completed by the applicant household with the housing provider's assistance:

Checklist [this form; use as your cover sheet]

- ☐ **Project-Based Program Personal Declaration for Eligibility and Certification**
- ☐ **General Release of Information (SHA-9886) –** (please send both pages)
- ☐ **HUD Release of Information (9886A)-** (please send both pages)
- ☐ **Declaration of Citizenship or Immigration Status (1117)**
- ☐ **Eligible Immigration Status Verification Consent (1118)(if applicable)**
- ☐ **Debts Owed to PHAs and Terminations (52675 –** one for each adult, 2 pages)
- ☐ **Household Education Demographics**
- ☐ **Professional Certification of Disability** (if applicable)

In addition to the completed forms above, the housing provider **must** provide the following documentation:

- ☐ **Social Security Verification (copied onto template certifying SS card(s) and immigration document(s) are copies of original if possible)**
- ☐ **Proof of Identity: photo ID for adults, birth certificates for minors**
- ☐ **Income Verification for all household members:**
 - Direct employment verification or most recent 60 days worth of paystubs for all employed household members
 - If self-employed, complete Self-Employment Certification and provide most recent tax return or Profit/Loss Statement (if new business)
 - If receiving L&I or pension (VA, tribal, etc.) provide current statement
 - If receiving gift income or outside party is paying household bills, provide letter from the paying party with phone number detailing contributions
 - If receiving privately paid child support, provide signed letter from paying party including phone number detailing the monthly contribution
- ☐ **Verification of assets if total is \$50,000 or more**
- ☐ **Verification of any out-of-pocket childcare expenses, if claimed on the Personal Declaration**
- ☐ **Medical Expense Declaration, if applicable**
- ☐ **Verification of student status for adult students – if high school, letter verifying enrollment; if college, verification of number of credits currently taking**

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

Timelines

Seattle Housing will do our best to determine eligibility within five (5) business days for *complete* applications. If an incomplete application is submitted, Seattle Housing may return it to the building with instructions for resubmission.

An approved application will be cancelled after 60 days if lease-up documents have not been received.



Project Based Voucher Program

Personal Declaration for Eligibility and Certification

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER

			-			-				
--	--	--	---	--	--	---	--	--	--	--

CONTACT INFO
(Head of Household)

Write 'NONE' if not applicable

Street address, P.O. Box, or shelter name		City	State	ZIP Code
Mobile 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	Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	

► **HOUSEHOLD COMPOSITION AND INCOME** List every person living with you at least half of the year. Do not list family members who live elsewhere during the school year. Live-in-Aides do not need to list income. Attach a separate page if you need more space.

Last Name, First Name, Middle Initial	Relation to Head	Social Security Number	Sex (M / F)	Date of birth	Race and Ethnicity (check all that apply)	Income: list all money received by each person in the household <u>per month</u> , including employment/wages, unemployment benefits, child support/alimony, public assistance, and other. If no income, write '0'.
	HEAD	(Entered above)			<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$

► **CURRENT EMPLOYMENT INFORMATION** Attach a separate page if you need more space.

- ☐ Yes, someone in my household is employed. Complete the below information.
☐ No, no one in my household is employed. Go to next section.

Name of household member	Name of employer (or self-employed)	Employment start date	Employer's address	Employer's phone number	Employer's E-mail

► **OTHER HOUSEHOLD INFORMATION** Attach a separate page if you need more space.

☐ Yes ☐ No Is anyone in your household disabled? If yes, please list their names:



Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our program.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reasonable Accommodation: Does anyone in the household have a disability that prevents you from applying for housing, occupying your unit, or participating fully with the program? If yes , we will contact you for more information.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any household members age 18 or older students? If yes , please list their names and school information: Name: _____ School: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name: _____ School: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time You must report within 10 business days if enrollment falls below full-time status
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is anyone in your household a veteran of the U.S. military or the spouse of a veteran of the U.S. military? If yes , please list their names:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does anyone outside of 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?		

► **BANK ACCOUNTS AND OTHER ASSETS** *Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposit (CD), IRAs, bonds, trust funds, stocks, 401k, insurance policies, equity in real property, or other financial investments. Assets do not include personal property, such as a personal vehicle or furniture.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are your total household assets \$50,000 or more? If yes , please submit verification of the most recent 60 days for all assets.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you cashed in an asset (such as a CD) in the past 60 days? If yes , how much did you receive? \$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you sold an asset/property in the last two years? If yes , provide an explanation on a separate piece of paper.

► **DEDUCTIONS** *Do you have expenses that you pay out of pocket and anticipate to continue for the next 12 months? You must qualify and you must provide verification in order to receive a deduction. Attach a separate page if you need more space.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child Care Expenses for a child under 13. If yes , estimate the expense amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Expenses. If yes , and if your household is eligible to have medical expenses deducted from your total income, we will send you a Medical Expense Declaration Form.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disability Assistance Expense. If yes , attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense enables the disabled household member or another adult household member to be employed. Estimate the expense amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Household member who is able to work due to this expense: _____

► **CERTIFICATION**

I understand that **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 Authority within **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 Authority. 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



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.



DECLARATION OF ELIGIBILITY STATUS

<p style="text-align: center;"><input type="checkbox"/> Head of Household</p> <p style="text-align: center;">I, _____ Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>	<p style="text-align: center;"><input type="checkbox"/> Adult Family Member</p> <p style="text-align: center;">I, _____ Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>
<p style="text-align: center;"><input type="checkbox"/> Adult Family Member</p> <p style="text-align: center;">I, _____ Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>	<p style="text-align: center;"><input type="checkbox"/> Adult Family Member</p> <p style="text-align: center;">I, _____, Certify <i>PRINT NAME</i></p> <p style="text-align: center;">THAT I AM (CHECK ONE)</p> <p><input type="checkbox"/> a U.S. Citizen</p> <p><input type="checkbox"/> a Non-Citizen with Eligible Immigration Status</p> <p><input type="checkbox"/> choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status</p>

Please complete the following only if there are minor children in the family and you are the responsible adult family member. I certify that the following minor children listed in my household are (please check appropriate box(es) and list the name and birthdate.

<u>Minor's Name</u>	<u>Date of Birth</u>	<u>U.S. Citizen</u>	<u>Non-Citizen with Eligible Immigration Status</u>	<u>Choosing not to Declare</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct to the best of my knowledge.

Head of Household/Adult Signature	Date
Spouse/Co-Tenant/Adult Signature	Date
Spouse/Co-Tenant/Adult Signature	Date
Spouse/Co-Tenant/Adult Signature	Date

EXPLANATION OF THE NONCITIZEN RULE

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 that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have an eligible immigration status as set forth in 24 U.S.C. Section 1436(a). Please note that not all "legal" statuses are eligible for subsidy.

WHAT VERIFICATION IS NEEDED

FOR U.S. CITIZENS THE EVIDENCE CONSISTS OF:

- A. A signed Declaration of Eligibility Status

FOR NON-CITIZENS WHO ARE 62 YEARS OF AGE OR OLDER AND ARE RECEIVING ASSISTANCE AS OF JUNE 19, 1995, THE EVIDENCE CONSISTS OF:

- A. A signed Declaration of Eligibility Status; and
- B. Proof of age document.

FOR ALL OTHER NON-CITIZENS, THE EVIDENCE CONSISTS OF:

- A. A signed Declaration of Eligibility Status; and
- B. A signed Verification Consent Form; and
- C. One of the following USCIS documents:
 - i. **Form I-551** Alien Registration Card
 - ii. **Form I-94** Arrival Departure Record annotated with one of the following:
 - ☐ Admitted as Refugee Pursuant to Section 207
 - ☐ Section 208 or Asylum
 - ☐ Section 243(h) or Deportation stayed by Attorney General
 - ☐ Paroled Pursuant to Section 212(d)(5) of the INA
 - iii. If **Form I-94** Arrival Departure Record is not annotated, it must be accompanied by one of the following:
 - ☐ A final court decision granting asylum
 - ☐ A letter from the USCIS asylum officer, or from the USCIS district director granting asylum
 - ☐ A court decision granting withholding or deportation
 - ☐ A letter from an USCIS asylum officer granting withholding of deportation
 - iv. **Form I-766** Employment Authorization Document (EAD) work permit card
 - vi. A receipt from the USCIS indicating the application for issuance of a replacement

If you choose not to declare a family member's eligibility, that person may be included in your family and live in your unit, however, no assistance will be received on their behalf.

WHEN MUST IT BE SUBMITTED:

For Applicants, the evidence for a least one family member must be submitted at the time the family member applies. All family members must submit evidence prior to being housed.

WHAT HAPPENS AFTER IT IS SUBMITTED:

For noncitizens who have claimed eligible immigration status, the submitted documents will be verified in cooperation with the USCIS (U.S. Citizenship and Immigration Services). If eligible immigration status is verified, the family will be placed on the waiting list if they are an applicant or continue in assisted housing if they are a current tenant. If eligible immigration status is not verified, the family will be notified of their ineligibility and given the right to appeal the decision to either USCIS or SHA. If neither appeal is chosen, the family's assistance will be prorated, terminated, or denied. Should the family choose the appeals process and the decision is upheld, the assistance will be prorated, denied, or terminated depending on the circumstances. Tenants in occupancy as of June 19, 1995 may be eligible for and may request a temporary deferral of assistance under the "preservation of families" provision of the law.



ELIGIBLE IMMIGRATION STATUS *Verification Consent Form*

Purpose: In signing this consent form, you are authorizing the Seattle Housing Authority and HUD to verify your status as an immigrant to the United States. This information is needed in order to determine your eligibility for the assisted housing benefits for which you have applied.

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, to (1) HUD, as required by HUD, and (2) the USCIS for purposes of verification of the immigration status of the individual. The information supplied will be released by the Housing Authority or HUD to the USCIS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither the Housing Authority nor HUD are responsible for the further use or transmission of the evidence or other information by the USCIS.

Who must sign the form: Each Non-citizen who claims "eligible immigration status" must sign a verification consent form. Adults, age 18 or older, must sign the form themselves. In the case of children (under age 18), the form must be signed by the adult family member who is responsible for the minor child.

Failure to sign the 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 Housing Authority's grievance procedures or Section 8 informal hearing process, whichever is applicable.

Consent: I consent to allow Seattle Housing Authority or HUD to request and obtain verification from the USCIS of the information I have supplied regarding my immigration status. I understand that this information is necessary to determine my eligibility for housing assistance and certify the information I have supplied is true and accurate to the best of my knowledge.

Head of Household	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

List minor children claiming eligible immigration status:

_____	_____
_____	_____
_____	_____



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:
Seattle Housing Authority

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

COPY OF ORIGINAL ID, SSN, AND/OR IMMIGRATION DOCUMENTATION

Head of household name _____

I certify that the item(s) pictured above is a copy of the original document(s) that I saw in person.

Staff name _____	Title _____
Staff signature _____	Date _____



Seattle Housing Authority

101 Elliott Ave W, Suite 100
Seattle, WA 98119-4293

206.615.3300
seattlehousing.org

HOUSEHOLD EDUCATION DEMOGRAPHICS

In an effort to understand different demographics of Seattle Housing Authorities participants, we are asking every household to share each adult's education level every year. In the space below, print each adult's name in the household and check the appropriate highest level achieved to date.

Adult Household Members Name (Print)	No High School Diploma	High School Diploma or Equivalent (GED)	Some College or Career Training (No Degree)	Associates or Technical Degree	Bachelor's Degree or Higher
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/co-head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHERE DID YOU STAY AT THE TIME OF APPLICATION?

Collecting participant data is a vital way for Seattle Housing to improve policy and procedure. Seattle Housing is requesting this information from every participant. Please indicate the best match for where you and your family stayed at the time you applied for a Project-Based unit.

- | | |
|--|---|
| <input type="checkbox"/> My/Our Own Place (rent/lease/own) | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Transitional Housing (time-limited program) | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> With Friends/Family | <input type="checkbox"/> Unsheltered (car, park, vacant building) |

Head of Household Signature _____ Date _____



Seattle Housing Authority

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PROFESSIONAL CERTIFICATION OF DISABILITY

Name _____ Birth date _____ Last 4 of SSN _____

Applicant/Participant authorization:

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

Signature _____ Date _____

Name of the medical professional Seattle Housing will contact _____

Address _____ Phone _____

Organization _____ Fax _____

Dear Medical Professional:

- ☐ The person named above is an applicant for housing assistance. To be eligible to receive certain benefits, the applicant must be disabled or handicapped as defined below.
- ☐ The person name above is an applicant for housing assistance who has indicated that they or a member of their household request an accommodation which will remove a barrier to the housing application process, or to tenancy. It will be helpful to verify a disability or handicap to help us make a decision about granting the request for accommodation.

DISABILITY: The inability to engage in any substantial gainful activity, by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

HANDICAP: An impairment which (1) is expected to be of long-continued or indefinite duration, (2) substantially impedes the ability to live independently, and (3) is of such nature that this ability could be improved by more suitable housing conditions.

Note: For the purpose of eligibility determination with Seattle Housing, an individual may not be considered eligible if that individual is *currently* engaging in the illegal use of drugs. An individual may be eligible, however, if he or she is currently participating in a supervised rehabilitation program or has successfully completed such a program and is *not* currently engaging in the illegal use of drugs.

This Professional Certification of Disability must be completed by an individual licensed by the State of Washington in a discipline qualified to determine the existence of a disability or handicap as defined on the reverse side of this form.

Based upon the above definitions, it is my opinion that the individual indicated above:

☐ IS DISABLED ☐ IS NOT DISABLED ☐ IS HANDICAPPED ☐ IS NOT HANDICAPPED

Professional's printed name _____ Title _____

Signature _____ Date _____

Thank you for your cooperation. SHA Representative _____ Phone _____



DISABILITY AND HANDICAP – DEFINITIONS

DISABILITY

Disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) shall mean the inability to engage in any substantial gainful activity by reason of medical determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; or in the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in Section 416(i) (1) of the title), inability by reason of such blindness to engage in substantial gainful activity in which he or she has previously engaged with some regularity and over a substantial period of time; or;

HANDICAP

Handicap shall mean a physical or mental impairment which:

1. is expected to be of long continued and indefinite duration;
2. substantially impedes their ability to live independently in their present housing; and,
3. is of such nature that such ability could be improved by more suitable housing conditions.

This definition shall also include a disability attributable to mental retardation, cerebral palsy, epilepsy, or other neurological conditions of an individual found by the Secretary of Health and Human Services to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual.

It shall also include any person who has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(7) which defines developmental disability as a severe chronic disability that:

1. is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. is manifested before the person attains age twenty-two;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. self-care,
 - b. receptive and responsive language,
 - c. learning,
 - d. mobility,
 - e. self-direction,
 - f. capacity for independent living, and
 - g. economic self-sufficiency; and
5. Reflects the person’s need for a combination and sequence of special, inter-disciplinary, or generic care, treatment, or to her services which are individually planned or coordinated.