



**Project-Based
Voucher Program**

Date: _____

Sender's Name (not agency name) _____

Phone: _____

Email: _____

Head of Household: _____ Property Name: _____

Address & Unit Number: _____

Annual Review Forms Packet

Email this packet to your assigned Certification Specialist II or fax it to 206-239-1770

The following forms are included in the Annual Review forms packet. They should be completed by the household with the housing provider's assistance:

Checklist [this form; use as your cover sheet]

- ☐ **Project-Based Program Personal Declaration for Eligibility and Certification** – all boxes completed or marked “N/A” and signed by all family members 18 years and older
- ☐ **General Release of Information (SHA-9886)** – signed and dated by all family members 18 years and older (please send both pages)
- ☐ **HUD Release of Information (9886A)** - signed and dated by all family members 18 years and older (please send both pages)

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

- ☐ **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
- ☐ **Zero Income Affidavit if the household has no source of income**
- ☐ **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 cost of tuition, number of credits currently taking, and verification of any financial aid**
- ☐ **For any minor who has turned 18 since last review, provide copy of picture ID and a HUD-52675 Debts Owed form signed by the new adult**



Project Based Voucher Program

Personal Declaration for Eligibility and Certification

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (last 4 digits)

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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		

► 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 (last 4 digits)	Sex	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'.
			(M / F)			
	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



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

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

<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	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 <i>You must report within 10 business days if enrollment falls below full-time status</i>
<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:
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		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		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.