

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-+58***

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
190 Queen Anne Ave N
Seattle, WA 98109



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: Insurance Payments, Trust Funds, etc.	VA Benefits, Pensions
\$ per month	\$ per month	\$ per month	\$ per month or year	\$ 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.



**PROJECT BASED AND MODERATE
REHABILITATION
RELEASE OF INFORMATION**

Applicant Name (Print Clearly):

Social Security #:

I hereby authorize the Seattle Housing Authority to request and obtain information in the categories listed below, for the purpose of determining my eligibility to receive housing assistance, and my suitability to be an SHA resident. I also authorize the persons, businesses, and organizations to which such requests are directed, to provide the information requested by SHA, and I indemnify them from any harm for providing information in accordance with such requests. I understand that I will be given the opportunity to contest any negative determinations based on the information obtained. I agree that copies of this document may be made to authorize inquiries from sources I have given to SHA, or from other sources which become apparent from information collected during the completion of my application file.

I also authorize SHA and the owner and/or manager of the building in which I reside to share financial and social information for the purposes of verifying my continued eligibility and suitability for public housing.

This consent expires 15 months after signed.

- Information necessary to authenticate preference claims
- Rental history records, including but not limited to information about the ability to pay rent, take care of rental property, and get along well with neighbors
- Residential history references, including but not limited to information about the ability to live independently, care for property, and get along well with others
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives
- References from employers, including wage and salary information, and job performance
- Criminal history, including fingerprint submission where necessary to effect positive identification
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community
- Income and asset information from all sources, for all family members
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility
- Registration in educational or vocational training programs including information about participation, progress, and completion of such programs
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap)
- Verification of need for reasonable accommodation, if requested
- Credit reports and/or tenant screening reports from private screening contractors
- Outstanding debts to other housing agencies

SIGNATURES:

X	X	
Head of Household	Co-Head, Spouse, Domestic Partner, Other Adult	DATE
X	X	
Other Adult	Other Adult	DATE



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

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

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

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

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



SHA-1117

Seattle Housing Authority
Revised (10/01)
Manual Ref. L12.8-2

MOD REHAB DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS



NOTICE – You Only Need to Declare Citizenship or Status Once

If you or your household members have not declared citizenship or eligible immigration status, you will only need to sign this form once. Household members who signed this form **DO NOT** need to sign it again, as long as a copy of the declaration is in the resident file.

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, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have "eligible immigration status." (For details, see "How Your Immigration Status Can Affect Your Housing Assistance.")

All adults (18 years and older) who currently live in the household must claim their status and sign below. The head of household and/or responsible adult is also required to certify the status of each minor child who is currently living in the household.

All Non-citizens with Eligible Immigration Status are required to sign the Verification Consent Form and provide a copy of their INS document(s) for each member in the household. (The only exception to this rule is if a current tenant is 62 years of age or older and was receiving housing assistance as of June 19, 1995.)

Adult members (18 yrs. and older)

1. Under penalty of perjury, I declare that I am: _____
Head of Household (print clearly)

My Social Security # is: _____

A Citizen of the United States

A Non-Citizen with Eligible Immigration Status (please complete the following)

Birthdate _____ Alien Registration # _____ Social Security # _____

INS Status Confirmed: Yes No Confirmation # _____ Date _____ By _____

Not able to certify that I am a U.S. Citizen or a Non-Citizen with Eligible Immigration Status.

Signature _____ Date _____

2. Under penalty of perjury, I declare that I am: _____
Spouse/Co-Tenant/Other Adult (print clearly)

A Citizen of the United States

A Non-Citizen with Eligible Immigration Status (please complete the following)

Birthdate _____ Alien Registration # _____ Social Security # _____

INS Status Confirmed: Yes No Confirmation # _____ Date _____ By _____

Not able to certify that I am a U.S. Citizen or a Non-Citizen with Eligible Immigration Status.

Signature _____ Date _____

3. Under penalty of perjury, I declare that I am: _____
Other Adult Name (print clearly)

A Citizen of the United States

A Non-Citizen with Eligible Immigration Status (please complete the following)

Birthdate _____ Alien Registration # _____ Social Security # _____

INS Status Confirmed: Yes No Confirmation # _____ Date _____ By _____

Not able to certify that I am a U.S. Citizen or a Non-Citizen with Eligible Immigration Status.

Signature _____ Date _____



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)