



SEATTLE HOUSING AUTHORITY
MOD REHAB SRO HOUSING
APPLICATION



Head of Household Social Security Number

Building Name: _____

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Approval for housing is subject to meeting all eligibility and suitability criteria and verification of information contained herein as required by the Housing Authority. (see attached HUD-9886, which includes the Federal Privacy Act.)

NAME	Last				First				MI	Maiden			
	Street Address or P.O. Box				City				State		Zip Code		
	Home				Work				Message				

HOUSEHOLD COMPOSITION

Last	First	MI	Sex M / F	Date of Birth	Disabled or Handicapped		Full Time Student		Veteran		U.S. Citizen		Nationality	Primary Language
					Yes	No	Yes	No	Yes	No	Yes	No		

GROSS INCOME If employed fill out Employer Information.

Name	Source or Type of Income	Monthly Amount	Other Information
		\$	
		\$	

EMPLOYMENT INFORMATION

Name of Employer: _____ Rate & Frequency of Pay: _____
Address: _____ Date Employed: _____

ASSETS

Type of Asset (checking, savings, IRA, CD, etc.)	Current Value	Current Rate of Interest	Location of Asset (Bank name, etc.)	Address
	\$	%		
	\$	%		

Have you **ever** been arrested? (misdemeanors, felonies, etc.)

☐ No ☐ Yes If yes, please explain: _____

Have you **ever** lived in a SHA unit or received a subsidy from the Section 8 Program? ☐ Yes ☐ No

If yes, when did you move out? _____ Where did you live? _____

CERTIFICATION: I certify that the information which I have provided on this application is correct to the best of my knowledge. I hereby authorize inquiries to be made for the purposes of verifying the information provided hereon. I accept full responsibility for keeping the Seattle Housing Authority informed of my current address and understand that this application may be canceled if I fail to do so or if I fail to complete an intake interview for the purpose of finalizing my application. Falsification of any information may result in the denial of my application.

I understand that I am applying for Section 8 Mod/Rehab SRO housing. If approved, I will be entitled to occupy a single room occupancy unit and may not have any additional persons reside with me. Furthermore, I understand that this is a unit based housing subsidy and may not be transferred if I decide to vacate or am evicted from a Section 8 SRO Mod/Rehab unit.

Applicant Signature

Date

Balance Owed:	☐ Approved	☐ Denied	☐ Cancelled	(For Office Use Only)
				Admissions Office Supervisor _____ Date _____

**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 _____
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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 _____
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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 _____
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**SHA-1118**Seattle Housing Authority
Revised (10/01)
Manual Ref. L12.8-2

ELIGIBLE IMMIGRATION STATUS Verification Consent Form



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

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

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

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

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

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

Head of Household Social Security Number

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

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

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

_____	_____
_____	_____
_____	_____

Signature _____	Date _____
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Parent or Guardian



**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

Head of Household

X

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.



Head of Household Name: _____
Head of Household SS#: _____

DATE

RE:
SS#:

Dear Professional:

The person named above has applied for housing with the Seattle Housing Authority. The Housing Authority is required by law to verify all information by a third party. The person named above and members of his/her household claim they are without permanent, standard, night-time housing. It will be most beneficial to the applicant if you can respond as quickly as possible.

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

Signature _____ Date: _____

VERIFICATION OF HOMELESSNESS

- I know that the person named above is without permanent, standard, night-time housing.
YES _____ NO _____
- Was this person homeless for the year prior to entering the program, or have they experienced four episodes of homelessness in the past three years?
YES _____ NO _____
- Other member(s) of the household, known to me, without permanent, standard, night-time housing (please list):

Name	Relation to Person Above	Age
_____	_____	_____
_____	_____	_____

- The specific circumstances about this situation that are known to me are:

(Use additional sheet if necessary)

Verified by: (please print) _____ Phone: _____
Title: _____ Company: _____
Signature: _____ Date: _____

The Seattle Housing Authority appreciates your cooperation and assistance in providing this information and in returning this verification at your earliest convenience. The information should be delivered in person.

Name: _____ Phone: _____ Date: _____



DISABILITY VERIFICATION

Property Name _____ Unit # _____

Name of Household _____

SSN of Head of Household _____

Name of Qualifying Household Member _____

The above-referenced property rents units under programs administered by the Washington State Housing Finance Commission. Under these programs, the owner has agreed to provide some of the total units for persons with disabilities as defined below.

We are required to complete the verification process within certain time frames, and your prompt attention to this matter will be greatly appreciated. A self-addressed envelope is enclosed for your convenience.

"Disability" means:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

I certify that the above referenced applicant falls within this Disability definition.

I certify this information as the applicant's (please check the appropriate box):

- ☐ Physician
☐ Social worker

Relative

Caregiver

Other: _____

Signature

Title

Date

Print Name

Phone #



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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:

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

Signature

Date

Printed Name