



**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)

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)

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) (Entered above)	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				<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: \$
					<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

Address PO Box 19028
 190 Queen Anne Ave N
 Seattle, WA 98109-1028
Telephone 206-239-1728
FAX 206-239-1770
TDD 1-800-833-6388
Website www.seattlehousing.org

I hereby authorize Seattle Housing Authority (SHA) and the U.S. Department of Housing and Urban Development (HUD) 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 expires 40 months after it is signed.

- 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;
- Credit reports;
- 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;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset 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;
- Immigration status, citizenship status, and legal identity verification;
- 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

Authority: This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.

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.



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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.

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. 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 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.