



**Project-Based
Voucher Program**

Applicant name: _____
Bedrooms requested: _____

Date: _____
Sender's name (not agency name) _____
Phone or email: _____

Property Name: _____
Address & unit number: _____
Is this a Sound Family's unit? (circle one) Yes No

| |
|-----------------------------------|
| Annual Review Forms Packet |
|-----------------------------------|

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

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

Checklist [this form; use as your coversheet]

- 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 by all family members 18 years and older

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

- Income Verification for all household members:**
 - ✓ Direct employment verification, or, 60 days of paystubs (no gaps) for employed family members
 - ✓ If self employed, complete the self employment certification
 - ✓ If receiving L&I or pension provide current statement
 - ✓ If receiving gift income such as monetary gift, or outside party is paying a household bill, provide letter from the paying party including their phone number, detailing contributions
 - ✓ If receiving privately paid child support, provide signed letter from paying party including their phone number
- Provide verification if assets are over \$50,000**
- If claiming Childcare Expense on Personal Declaration, provide verification of out of pocket payment**
- Medical Expenses declaration if applicable**
- If declaring college student status, provide verification of credits taken, tuition statement and financial aid award letter. If 18 or older and in high school, provide letter from high school verifying enrollment**
- If minor has turned 18 since the last Annual Review, obtain copy of picture ID and signed HUD 52675 debts owed form**



Project-based Program

Personal Declaration for Eligibility and Certification

Head of Household's Social Security number (last 4)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

CONTACT INFO
(Head of household)

| | | | | | |
|---|--------------------|----------------|-------|-------------------------------------|--|
| Street address, P.O. Box, or shelter name | | City | State | ZIP Code | Homeless at application? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary 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 51% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)*

| Last, First, Middle initial | Relation To Head | Social Security number (last 4) | Sex (M/F) | Date of birth | Race (Black, White, Asian, Native American, etc.) | Hispanic? | | Income: list all money received by each person in the household per month. If no income, write '0'. |
|-----------------------------|------------------|---------------------------------|-----------|---------------|---|-----------|----|---|
| | | | | | | Yes | No | |
| | HEAD | (Entered above) | | | | | | Type: \$ |
| | | | | | | | | Type: \$ |
| | | | | | | | | Type: \$ |
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► **OTHER HOUSEHOLD INFORMATION** *(If you need additional space, please attach a separate paper.)*

| |
|--|
| <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 Has anyone in your household served in the armed forces or is the spouse of someone who has served? If yes , please list their names: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone outside 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? |

► **ACCOMMODATIONS** *If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.*

| |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program? |
|--|

Print head of household name _____

► CURRENT EMPLOYMENT INFORMATION (If you need additional space, please attach a separate paper.) **Yes**, someone in my household is employed. Complete the below information. **No**, no one in my household is employed.

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

► BANK ACCOUNTS AND OTHER ASSETS List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.) **Yes**, someone in my household has assets (e.g., bank accounts). **No**, no one in my household has assets.

| Name of household member | Type of asset (checking, savings, IRA, house, etc.) | Current value | Interest rate | Name of bank or financial institution | Account number |
|--------------------------|---|---------------|---------------|---------------------------------------|----------------|
| | | \$ | % | | |
| | | \$ | % | | |

 Yes **No** Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$ **Yes** **No** Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.**► STUDENT INFORMATION** List information only for household members who are 18 years old or older. You must report within 10 business days if enrollment falls below full time status. **Yes**, an adult in my household is a student. Complete the below information. **No**, no adult in my household is a student.

| Name of household member | Name of school | Full time or part time? | List all financial aid received (grants, scholarships, etc.) |
|--------------------------|----------------|-------------------------|--|
| | | | |
| | | | |

► DEDUCTIONS Do you have expenses that **you pay out of pocket** and anticipate to continue for the next 12 months? (If you need additional space, please attach a separate paper.) **Yes** **No** Child Care Expenses for a child under 13: If yes, you must provide verification in order to receive a deduction. **Yes** **No** Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form. **Yes** **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:**► CERTIFICATION** I understand 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 within ten (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. 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

| | | | | | | |
|-------------------------------------|---|-----------------------------------|---------------------------------|------------------------------------|------------------------|------|
| For Seattle Housing Use Only | Background check <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> Cancelled | Supervisor or designee | 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, 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 |



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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.

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 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 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.



Project-Based Voucher Program

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Participant Obligations

Seattle Housing Authority (SHA) and the U.S. Department of Housing and Urban Development (HUD) require Project-based HCV Program participants to comply with obligations listed here, on your Statement of Family Responsibility, and in your Tenancy Addendum. Failure to comply may result in denied admission, an obligation to repay assistance overpaid on your behalf, or termination from the Project-based Program.

- All household members must provide verification of Social Security Numbers, submit consent forms allowing SHA to obtain information, and notify Seattle Housing of any name or Number changes.
- The household must use the unit for residence and the unit must be the household's only residence.
- The household must allow SHA to inspect the unit at reasonable times and after reasonable notice.
- A household must notify both SHA and the housing provider in writing before an extended absence from the unit, moving out of the unit, and/or terminating the lease. Participants must submit copies of any and all eviction notices to SHA.
- The household must report, in writing, within 10 business days any income changes, household circumstance changes, decreases in household members, and requests for approval to add a household member. A household must supply any information requested by SHA for use in a reexamination of household income and composition in accordance with HUD requirements including attending appointments and certifying the information supplied is true and complete.
- A household may not commit any serious or repeated violations of the lease. The household must pay their tenant share of the rent and comply with all terms of the lease with the housing provider.
- Household members cannot commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program, including receiving another housing subsidy for the same unit or any other unit under any federal, State, or local housing assistance program or owing any deed, title, or claim to the unit.
- Household members may not engage in drug-related criminal activity or violent criminal activity, including threatening abusive or violent behavior toward SHA personnel.
- The Housing Assistance Payments Contract states that the housing provider must maintain the unit and premises in accordance with the Housing Quality Standards (HQS) code. However, federal regulations also state that a tenant is responsible for an HQS breach that is caused by any household member or guest.
- Household members cannot violate any participant obligations under the HCV program (see CFR Title 24, 982.551) or the Seattle Housing Authority HCV Administrative Plan.

I, the undersigned HCV applicant/participant, have read and understand this notice regarding my obligations. I understand that failure to comply with my Participant Obligations may result in denied admission, an obligation to repay assistance overpaid on my behalf, and/or termination from the HCV Program.

Head of Household Name and Signature

Date



**Housing Choice
Voucher Program**

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

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 BEFORE YOUR VOUCHER?

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 just before you were issued your first Housing Voucher.

- | | |
|--|---|
| <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 _____