



## Project-Based Program

Date \_\_\_\_\_

Sender's name (*not* agency's name) \_\_\_\_\_

Phone or e-mail \_\_\_\_\_

Applicant's name \_\_\_\_\_ Property name \_\_\_\_\_

Bedrooms requested \_\_\_\_\_ Address & unit number \_\_\_\_\_

Is this a Sound Families unit? (*circle one*)    **YES**    **NO**

# Special Review Forms **packet 'B'** – use when ADDING a person to the household

*Fax this checklist, forms and documents to 206-239-1770*

**If adding a person, use this Special Review Forms packet 'B'. Any adult being added must be approved by Seattle Housing prior to their moving in.**

The following forms should be completed by the applicant with the housing provider's assistance.

### Checklist [this form; use as your coversheet]

- Request to Add a Household Member**
- General Release of Information (SHA-9886)**
- Criminal Background Check**
- Addition Declaration of Citizenship or Immigration Status (1117)**
- Eligible Immigration Status Verification Consent (1118) (if applicable)**
- Debts Owed to PHAs and Terminations Form** if applicable (HUD 52675) -all members 18 years or older – adults only
- Social Security number verification**
- Proof of identification**
- Immigration documents** if applicable
- Social Security Number Verification** copied onto attached template for certifying that SS card(s) and immigration documents(s) are copies of originals

The housing provider must provide **verification of all changes being reported.**

Household Changes – If a household member has moved out, verification of new residence is required.

### Timelines

- All changes must be reported, in writing, within 10 business days
  - Income decreases received by the 10th of the month will take effect the following month
  - Income increases will take effect with 30-day notice from Seattle Housing (if reported within 10 business days of the change)
- ➔ *Forms must be signed by all household members 18 years of age or older.*



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

Request to Add a Household Member

Anyone you list as a household member must use the subsidized unit as their primary residence (at least 51% of the time). All adults must have an acceptable criminal background, cannot owe any housing authority money, and, if s/he previously participated in a federally-subsidized housing program, must have acceptable compliance history. All adult additions must be approved in writing by your landlord and by Seattle Housing before the additional person can move in.

Head of household Last 4 digits of SSN
Addition's name Last 4 digits of SSN

Step 1: Landlord Permission (for adult additions only)

I agree to the addition of this person to the current lease I have with the above-named Voucher-holder.
Landlord name Phone number
Landlord signature Date

Step 2: Requested Addition's Information

Relation to head of household Date of birth Male Female
Are you disabled? Yes No Race/ethnicity Hispanic Not Hispanic
List all income received and attach 60 days' worth of verification (for example, paystubs or letter):
Type Source Monthly amount
List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):
Type Financial institution Current value
Are you a student? Yes No If yes, attach verification of enrollment status, tuition, and financial aid.
Have you ever been convicted of a felony? Yes No If yes, please explain:

Step 3: Required Attachments

For all additions: Additional forms for adult additions:
Legal ID (such as driver's license for adults or birth certificate for minors)
Original Social Security number verification
Declaration of Citizenship or Immigration Status
Non-citizens: Original Homeland Security I-551 or annotated I-94
Income, asset, and student (if applicable) verification
Seattle Housing Release of Information
Debts Owed and Terminations (52675)

I certify the above information is true and the additional household member will reside in the subsidized unit at least 51% of the time. I acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Head of household's signature Date
Addition's signature (if an adult) Date

Table with 3 columns: Seattle Housing use, Recommend Yes No, Background check Yes No, Approval Yes No



## GENERAL RELEASE OF INFORMATION

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 190 Queen Anne Ave N  
 Seattle, WA 98109-1028  
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**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 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.



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DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS

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 or Non-citizens who have an eligible immigration status as set forth in 42 U.S.C. Section 1436(a). Please note that not all "legal" statuses are eligible for subsidy.

All adults (18 years and older) in the household must claim their status and sign below. The head of household and/or a responsible adult is required to certify the status of each minor child in the household. All Non-citizens with a subsidy-eligible status are required to sign a Verification Consent Form and present their original I-551 Permanent Resident card or I-94 Arrival/Departure record from the Department of Homeland Security in person.

Adult members (18 yrs. and older)

1. Under penalty of perjury, I declare that I am: Head of Household (print clearly)
A Citizen of the United States
A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
I-551 Permanent Resident Card
I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status
Signature Social Security # (last 4) Date

2. Under penalty of perjury, I declare that I am: Spouse, Co-head, or Other Adult (print clearly)
A Citizen of the United States
A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
I-551 Permanent Resident Card
I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status
Signature Social Security # (last 4) Date

3. Under penalty of perjury, I declare that I am: Other Adult (print clearly)
A Citizen of the United States
A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
I-551 Permanent Resident Card
I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status
Signature Social Security # (last 4) Date

SHA: All adults DHS status confirmed: Yes (See attached DHS print out) No Date: By:

## DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS, page 2

### Minor Children (under 18 years old)

I certify that the following minor children (under 18 years old) listed in my household are:

*Please check appropriate box(s) and list the name and Social Security Number.*

**A Citizen of the United States**

Name	Social Security # (last 4)

**A Non-citizen with Eligible Immigration Status**

Name	Social Security # (last 4)	Permanent Residence Card	Annotated I-94	I-94 with DHS Letter or Court Order
		<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"/>

**SHA:** All minors DHS status confirmed:  Yes (See attached DHS print out)  No    Date : \_\_\_\_\_    By: \_\_\_\_\_

**I am not able to certify U.S. Citizenship or Non-Citizenship with Eligible Immigration Status**

Name	Birth Date

**I declare, under penalty of perjury,** that the above is true and correct to the best of my knowledge.

*(At least one adult signature is required.)*

\_\_\_\_\_

Head of Household Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse/Co-Head/Other Adult Signature

\_\_\_\_\_

Date



## 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**

COPY OF ORIGINAL ID, SSN, AND/OR IMMIGRATION DOCUMENTATION

Head of household name \_\_\_\_\_

I certify that the item(s) pictured above is a copy of the original document(s) that I saw in person.

Staff name _____	Title _____
Staff signature _____	Date _____