



**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

**WHAT TO SUBMIT TO COMPLETE YOUR REVIEW**

Carefully complete all enclosed forms and attach required documents. Review your packet, checking off all the items below, before you turn it in. If anything is missing, it will take us longer to process your review.

**INCOME VERIFICATION** Report all sources of income for all household members including, but not limited to: (Please note that Seattle Housing may independently verify any information that you provide.)

<i>Type of Income</i>	<i>What to send Seattle Housing</i>
<b>Employment / Job Training</b>	Copies of your most recent two months of paychecks.
<b>Unemployment Benefits</b>	Copy of your most recent weekly statement.
<b>Public Assistance (TANF or Welfare)</b>	DSHS benefit letter (only if the amount is changing in a future month).
<b>Social Security or SSI</b>	Most recent benefit award letter. 1-800-772-1213, www.ssa.gov
<b>Veterans (V.A.) Benefits</b>	Most recent benefit award letter. 1-800-827-1000
<b>Worker's Compensation / Labor and Industries (L&amp;I)</b>	A statement from Labor and Industries, insurance company, law firm, etc., which shows your awarded amount. <b>Must be current within 60 days of submission.</b>
<b>Alimony</b>	A copy of the court order or a statement with the amount and frequency.
<b>Regular Contributions or Gifts from organizations or individuals</b>	For example, your brother gives you \$20 in groceries every week or mom pays your phone bill every month. Provide a statement from the organization or individual. <b>Must be current within 60 days of submission.</b>
<b>Child Support</b>	For support not paid through the Office of Support Enforcement submit a statement from the non-custodial parent <b>current within 60 days of submission.</b>
<b>Retirement Benefits/ Annuities/Pensions</b>	A statement from the account administrator verifying your gross monthly benefit. <b>Must be current within 60 days of submission.</b>
<b>Trusts</b>	Verification from the trust administrator of the current value of the trust, the type of trust (irrevocable or revocable), and the date & type of any disbursements over the past twelve months. <b>Must be current within 60 days of submission.</b>
<b>Self Employment / Social Service Payment System (SSPS)</b>	We will mail you a Self Employment Certification with instructions to submit a copy of all pages of your most recent tax return (with business expense listing) or, if not self-employed, submit three months of DSHS SSPS provider and co-pay statements.
<b>Student Status/Income</b>	Verification of full or part time student status, tuition expenses, financial aid, scholarships, and/or grant income. This is required for all adult household members <u>currently enrolled</u> in school.

**ASSETS** Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposit (CD), IRA's, bonds, trust funds, stocks, 401k, insurance policies, equity in real property, or other financial investments. You may be asked to provide verification of your assets.

**EXPENSES** Eligibility for expenses and what to submit:

<b>Medical Expenses</b> <i>(insurance premiums, medications, etc.)</i>	<i>If your household's head, co-head, or spouse are elderly (62+) and/or disabled and have unreimbursed medical expenses you pay for out of pocket: Complete the enclosed Medical Expense Declaration form. If the form is not enclosed, contact your Certification Specialist to have one mailed to you.</i>
<b>Child Care</b>	<i>If you or an adult member of your household is employed or going to school and pay for child care: Submit a statement from the provider of any child care subsidy (DSHS, City of Seattle, employer, etc.). We may contact your provider to verify your expense.</i>
<b>Disability Assistance Expenses</b>	<i><u>If a member of your household (other than head or spouse) is disabled and you must pay out of pocket for expenses that are necessary to allow a family member to work:</u> Verification of the type of expense and payments you have made <b>for the last 12 months.</b></i>

Where all household members are required to sign a form, this does not include live in aides.

**PERSONAL DECLARATION (attached)** Fill out all pages (front and back) completely – do not leave any box or line blank. If something does not apply to you or another family member, write “N/A” or “none” on the line or in the box. You and all members who are living in your household who are 18 years of age or older must sign and date the form.

**SEATTLE HOUSING GENERAL RELEASE OF INFORMATION (attached)** You and all members living in your household who are 18 years of age or older must sign and date this form.

**IDENTIFICATION** *Only if specifically requested by your worker.* If we do not already have documentation on file, your worker will let you know in separate correspondence. If so, you must bring your original Social Security number and immigration documents to our office. SHA staff must see your original documents in person and will make copies of them for you. For identification, such as driver's license or birth certificates, you can submit photocopies via mail, fax, or drop off at our office.



# Housing Choice Voucher

## Personal Declaration for Eligibility and Certification

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

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**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: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$

**► OTHER HOUSEHOLD INFORMATION** *(If you need additional space, please attach a separate paper.)*

Yes  No Is anyone in your household disabled? **If yes**, please list their names:

Yes  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:

Yes  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:

Yes  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.*

Yes  No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?

► **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.  **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. (If you need additional space, please attach a separate paper.)

**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** List 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**, someone in my household has these expenses. Complete the below information.  **No**, no one in my household has these expenses.

Child care expense	Name of provider	Provider's address	Provider's phone number	Amount of monthly expense
				\$

**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	
<b>For Seattle Housing Use Only</b>	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

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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.