



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



HOUSING AUTHORITY

of the city of
POCATELLO



P.O. Box 4161 • 711 N. 6th Avenue • Pocatello, Idaho 83205-4161 • Voice or TDD • Phone (208) 233-6276 • FAX (208) 233-9821

Office Use Only #Bdrms _____ Date _____

Preliminary Application for Housing Choice Voucher Program Assistance

Part 1: Head of Household Statistical Data. Please complete this part for the Head of Household only. (Racial & Ethnic data for statistical purpose only).

Head of Household is:

White Black/African American Amer Indian/Alaska Native Asian

Native Hawaiian/ Other Pacific Yes NO Is head of household Hispanic/Latino?

Part 2: List information for (Head of Household) & adults first, then children under age 18. Use "F" or "M" to indicate sex. If household member is disabled check enter "Y" or "N" in the box provided. List the relationship of each person to the Head of Household. If you are a single person applicant, include unborn child if pregnant or minor(s) temporarily in foster care of if pursuing legal custody. Attach additional sheet if needed.

Full Legal Name (Middle Initial)	Relationship	Date of Birth	Age	Sex	Disabled (Y or N)	Social Security Number	Gross Income Per Year

Part 3: Address Information; Address claimed at the time of application must be provided on this form. Applications returned without a mailing address cannot be accepted. We will notify you by mail to respond to letters & updates. **BE SURE TO REPORT CHANGES IN ADDRESS & STATUS TO THE HOUSING AUTHORITY IMMEDIATELY (or your application may removed from the waiting list!)**

Mailing/Address: _____

Home Phone # _____ Message Phone # _____

For Official Use Only
Comments/Update Information

Part 4: Eligibility & Preferences:

Please review the following and check the answer that applies:

Yes No Applicants who have been receiving assistance through a section 8 voucher or a public housing complex in a federally declared disaster area, who have been displaced due to a disaster will be offered housing ahead of other applicants.

Yes No Applicants who are (or have been within 6 months) displaced due to Pocatello City government action or local PHA action, & who have not yet found suitable replacement housing, shall be offered housing ahead of other applicants.

Yes No Have you or any member been convicted of drug-related or violate criminal activity within the last 3 years? If yes , specify all, under what name , when, & where _____

Yes No Have you or any member lived in Public Housing or received any Federal housing assistance within the last 3 years? If yes , specify all, under what name , when, & where _____

Yes No Is any member a non-citizen of the United States? Housing may be contingent upon verification of citizenship or eligible immigration status. Based on evidence submitted, assistance may be prorated , denied or terminated.

Yes No Are you a student at an institution of higher education? If yes, you must meet one of four (4) criteria. (1) Be over age 23, (2) Be married, (3) Have a dependent child, (4) Be a veteran. Students that do not meet one of the four criteria may be deemed ineligible & may be denied.

Yes No Do you require a reasonable accommodation due to a member's disability in order for the Housing Authority to communicate with you or give you information? If yes please specify services, devises, etc. needed _____

Yes No Are you interested in the homeownership option?

BE SURE TO REPORT CHANGES IN ADDRESS AND STATUS TO THE HA IMMEDIATELY (or your application may be removed from the waiting list)

Certification: I certify that all the information stated on this application is true, accurate, and complete to the best of my Knowledge and belief. I understand that giving false information may be grounds for denial or termination of assistance and punishable under Federal and State criminal law.

Applicant Signature X _____ **Date** _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(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.



HOUSING AUTHORITY of the city of POCATELLO



P.O. Box 4161 • 711 N. 6th Avenue • Pocatello, Idaho 83205-4161 • Voice or TDD • Phone (208) 233-6276 • FAX (208) 233-9821

IMPORTANT NOTICE TO HOUSING APPLICANTS AND PARTICIPANTS

Per Federal Regulations Effective June 19, 1995, Financial Assistance is Contingent Upon the Submission and Verification of Evidence of Citizenship or Eligible Immigration Status.

A Declaration Must Be Completed and Signed by Each Household Adult, and Completed by The Responsible Household Adult of Each Minor Child (member under age 18) which states one of the following:

- the member is a Citizen of the United States (no further evidence of citizenship is required)
- the member is a Non-Citizen of the United States with Eligible Immigration Status (acceptable evidence of eligible status is required as listed below*)
- the member chooses not to declare citizenship/eligible immigration status (may affect eligibility for assistance)

Applicants must submit all declarations and evidence of eligible immigration status at the time of their eligibility appointment (scheduled by the PHA as their application approaches the top of the waiting list) or an extension shall be granted at the time of appointment.

Participants must submit all declarations and evidence of eligible immigration status at the time of their next regular Recertification or an extension shall be granted at the time of appointment.

New Occupants of Participant Households must submit declaration and evidence of eligible immigration status at the time of the next Recertification or an extension shall be granted at the time of appointment.

***Acceptable Evidence of Eligible Immigration Status** (besides the signed declaration) is:

- Proof of age document (the original) for participants age 62 or older as of June 19, 1995, or
- A signed verification consent form and one of the following DHS documents (the original):
 - Form I-551, Alien Registration Receipt Card (for permanent resident aliens)
 - Form I-94, Arrival-Departure Record, with one of the following annotations:
 - "Admitted as Refugee Pursuant to Section 207";
 - "Section 208" or "Asylum";
 - "Section 243(h)" or "Deportation Stayed by Attorney General";
 - "Paroled Pursuant to Section 212(d)(5) of the Immigration and Nationality Act (INA)";
 - Form I-94 Arrival-Departure Record not annotated but accompanied by one of the following:
 - a final court decision granting asylum (but only if no appeal is taken)
 - a letter from DHS (INS) asylum officer granting asylum (if application was filed on or after October 1, 1990 or from a DHS district director granting asylum (application filed was before October 1, 1990)
 - a court decision granting withholding of deportation
 - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990)
 - Form I-688, Temporary Resident Card, annotated "Section 245A" or "Section 210";
 - Form I-688B, "Employment Authorization Card" annotated "Provision of Law 274a.12(11) or 274a.12";
 - A receipt issued by DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - Form I-151, Alien Registration Receipt Card (Not applicable to Section 8 and Public Housing)
 - Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration states, they will be announced by notice published in the Federal Register.

Assistance Will be Prorated, Denied, or Terminated (as appropriate) Upon a Final Determination of Ineligibility, but not prior to the conclusion of any DHS Appeal and/or Informal Hearing (if requested by the family in accordance with requirements). Participants as of June 19, 1995, whose family members are not *all* eligible, may request and receive continued assistance or deferral of termination in order to preserve the family.