

## SECTION 8 HOMEOWNERSHIP APPLICATION CHECKLIST

The following listed below as it pertains to your household is **REQUIRED** to apply:

- **Certified birth records\*** for ALL members of the household
  - Hospital copies will NOT be accepted
- **Social Security cards\*** for ALL members of the household
- **Picture identification\*** of ALL members 18 years of age and older

### **\* MUST BE ORIGINAL DOCUMENTS - PHOTOCOPIES ARE NOT ACCEPTABLE \***

- **Proof of income for all members of the household including but not limited to:**
  - **Employment**
    - ✓ Employer(s) name, mailing address, phone and fax number for verification
    - ✓ Includes ALL employed members of the household
    - ✓ Five most recent and consecutive paycheck stubs
  - **Pension, Social Security, SSI, etc.**
    - ✓ Current award letter and/or documentation
  - **Child support**
    - ✓ Documentation to verify amounts received
  - **TANF/Public Aid**
    - ✓ Documentation to verify amounts received
  - **Unemployment**
    - ✓ Documentation to verify amounts received
  - **Proof of assets**
    - ✓ Stocks, bonds, savings, real estate, checking, etc.
    - ✓ Documentation, as applicable, to verify assets
  - **ALL INCOME MUST BE REPORTED AND WILL BE VERIFIED**
- **Other documents as applicable**
  - Marriage license, divorce decree, official separation papers, custody papers, etc.
- **Documentation for Preference Points for Sangamon County Residents**
  - Local Resident: Lease, utility bills, or two (2) pieces of First Class Mail in the envelope
  - Local Employment: Third-Party verification needed from employer
- All individuals applying for Section 8 Housing Choice Voucher assistance with the Springfield Housing Authority **MUST** be interviewed by a Section 8 Specialist who will review the application for completeness, accuracy and ensure that appropriate signatures have been obtained.
- All applicants must apply **IN PERSON** at the Springfield Housing Authority, 200 N 11<sup>th</sup> St, Springfield, Illinois on **TUESDAYS** from **8:30 to 11:30 am and 1 to 4 pm.**
- Please be advised that applications **WILL NOT** be accepted without all appropriate documentation attached. In addition, applications **WILL NOT** be accepted via mail, fax or internet. All applications **MUST** be submitted in person.

**SECTION 8 HOMEOWNERSHIP PROGRAM  
2016 APPLICATION CHECKLIST**

**LEFT SIDE: HISTORICAL DOCUMENTS**

- \_\_\_\_\_ Historical Analysis Client Contact Sheet
- \_\_\_\_\_ Application Checklist
- \_\_\_\_\_ Social Security Cards for ALL household members
- \_\_\_\_\_ Certified Birth Records for all household members
- \_\_\_\_\_ Photo ID for all household members over 18 years of age

**RIGHT SIDE:**

**APPLICATION PACKET**

- \_\_\_\_\_ PHA Official's Certification for Tenant's File
- \_\_\_\_\_ Application Printout
- \_\_\_\_\_ Things You Should Know/Lead Based Paint Certification
- \_\_\_\_\_ Application
- \_\_\_\_\_ Personal Declaration
- \_\_\_\_\_ Authorization for Release of Information/Privacy Act
- \_\_\_\_\_ Authorization for Release of Information/Criminal History
- \_\_\_\_\_ Citizenship Papers
- \_\_\_\_\_ Applicant Certifications

**VERIFICATIONS**

- \_\_\_\_\_ Income/Asset Verification & Child Support

\_\_\_\_\_  
SHA Representative Signature

\_\_\_\_\_  
Date

Application Determination:

Eligible

Ineligible

Briefing:  Briefing Date \_\_\_\_\_

Date Briefing Notice Mailed \_\_\_\_\_

\_\_\_\_\_  
SHA Representative Signature

\_\_\_\_\_  
Date

# THINGS YOU SHOULD KNOW

*Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.*

**Purpose:** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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## PENALTIES FOR COMMITTING FRAUD

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may 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 5 years; and/or
- Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

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## ASKING QUESTIONS

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something – SAY SO!!! That person can answer your questions or find out what the answer is.

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## COMPLETING THE APPLICATION

When you give your answer(s) to application questions, you must include the following information:

### **INCOME:**

- All sources of money you and any family member receives (wages, TANF, alimony, Social Security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, certificate of deposit, dividends from stocks, etc.)
- Earning from second job or part-time job
- Any anticipated income (such as a bonus or pay raise you expect to receive)

### **ASSETS:**

- All bank accounts, savings bonds, certificates of deposit, stock, etc. that are owned by you and any adult member of your family who will be living with you.
- Any business or asset you sold in the last two years for less than its full value, such as your home to your children.

### **FAMILY HOUSEHOLD MEMBERS:**

- The names of all of the people (adults and children) who will reside with you, whether or not they are related to you.



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## **SIGNING THE APPLICATION**

- Do not sign any form unless you have read it, understand it and everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or a private agency to verify that it is correct.

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## **RECERTIFICATION**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must re-certify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last two (2) years for less than its full value.

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## **BEWARE OF FRAUD**

You should be aware of the following fraud schemes:

- DO NOT pay any money to file an application
- DO NOT pay any money to move up on the waiting list
- DO NOT pay anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges.)

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## **REPORTING ABUSE**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager or your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD HOTLINE on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Rm 8254, 451 Seventh St SW; Washington, DC 20410

I hereby acknowledge that I have read this document.

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Signature

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Date



TO: Purchasers and Tenants of Housing Constructed Before 1978

If this building was constructed before 1978 there is a possibility that it may contain lead-based paint!

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD-BASED PAINT POISONING!**

The interior of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills and door frames. Lead-based paint and primers may have also been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children.

Children may eat chips or chew on painted railings, window sills or other items when parents are not around. Children may also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there is loose paint or dust particles containing lead, they may get these particles on their hands, put them in their mouths, and ingest a dangerous amount of lead.

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning, although many times there are no symptoms at all. Lead poisoning can eventually cause mental retardation, blindness, and even death.

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible.

Inform other family members and babysitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that contains lead.

Look at your walls, ceilings, door frames, and windowsills. Are there places where the paint is peeling, flaking, or chipping? If so, there are some things you can do immediately to protect your child:

1. Cover all furniture and appliances.
2. Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, and ceilings.
3. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspapers. Put those packages in the trash can. **DO NOT BURN THEM.**
4. Do not leave paint chips on the floor. Damp mop the floors in and around the work area to remove all dust and paint particles. Keeping the floor clean of paint chips, dust and dirt is easy and very important.
5. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

As a renter, you should notify the management office immediately if the unit in which you live has flaking, chipping, or peeling paint, water leaks from faulty plumbing, or defective roofs. You should cooperate with the management office's efforts to repair any deficiencies and keep your unit in good shape. When lead-based paint is removed by scraping or sanding, a hazardous dust is created which can enter the body either by breathing or swallowing the dust. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premise.

Remember that you as a parent play an important role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference!

I have read and understand the above regarding Lead-Based Paint Poisoning.

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Signature

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Date

# Housing Authority of the City of Springfield Application for Admissions

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
For office use only

Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_ Current rent \$ \_\_\_\_\_ Utilities included  yes  no

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Race:  White  Black  American Indian or Alaskan Native  Asian or Pacific Islander Ethnicity:  Hispanic  Non-hispanic

Are you a citizen of the United States?  yes  no If no, please provide alien registration No. A- \_\_\_\_\_

*If not a citizen, see guide book 7465.7 (SHA Staff)*

Have you ever lived in Public Housing?  yes  no Name of Development \_\_\_\_\_ Date from \_\_\_\_\_ to \_\_\_\_\_

Former Account Balance?  yes  no Amount \$ \_\_\_\_\_

Applying for:  Public Housing  Section 8

### I. FAMILY COMPOSITION

MEMBER NO.	NAME	RELATION	BIRTH DATE	SEX	AGE	SOCIAL SECURITY NUMBER	OCCUPATION STATUS OR SCHOOL
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Anticipated changed in family composition \_\_\_\_\_

### II. INCOME

Total Income

#### VERIFICATION OF INCOME

MEMBER NO.	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE	FROM	TO	HRS. PER WEEK	RATE OF PAY	PAST YEAR	ESTIMATED YEAR
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
<b>TOTAL INCOME</b>						<b>TOTAL</b>	<b>TOTAL</b>

### III. ASSETS

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_  
Value \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_  
Value \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_  
Value \_\_\_\_\_

#### Net Family Assets

Have you or your spouse disposed of any "Net Family Assets" for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding today's date?

yes  no

If yes, please specify:

**IV. RESIDENCE**

	ADDRESS	FROM	TO	RENT	UTILITIES	NAME & ADDRESS OF LANDLORD
PRESENT						
PREVIOUS						
PREVIOUS						

**V. MILITARY PERSONNEL ONLY**

Perm. Party  student  retired  TDY  TDY, attach copy of orders  
 Regular  Reserve  National Guard

**VI. REFERENCES**

	NAME	ADDRESS	RELATIONSHIP	PHONE NO.
1.				
2.				

**WARNING:** Section 1001 of title 18 of the United States code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.  
 I have read the above statement. The above informatin is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated. I understand that this is not a contract and does not bind either party.

\_\_\_\_\_ Applicant \_\_\_\_\_ date \_\_\_\_\_ housing authority interviewer \_\_\_\_\_ date

**VII. SUMMARY STATUS**

Do you claim any of the following Federal Preferences:

paying more than 50% of monthly income towards rent  living in substandard facility  involuntarily displaced  homeless

Do you claim any of the following Local Preferences:

veteran  local resident  special case  transional/training program

Do you claim any of the following:  mobility impairment  hearing impairment  sight impairment

Have you ever violated a previous family obligation in connection with a HUD program?  yes  no

Have you ever engaged in felonious use/possession of drugs?  yes  no

Do you owe any money to a Public Housing Authority?  yes  no

If so, when? \_\_\_\_\_

**DETERMINATIONS:**

**A. Withdrawn**

- applicant's request
- unable to locate
- nonresponse to final letter
- falsified information
- does not meet suitability of tenancy
- other

**B. Rejected:**

- does not qualify as a family
- exceeds income limits
- exceeds asset limits

**C. Special Needs:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

completed by: \_\_\_\_\_

**VIII. CERTIFICATION**

On the basis of the information contained herein, the applicant family named has been found to be:

- eligible for admission
- ineligible for admision

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL DECLARATION: PLEASE PRINT NEATLY

This form must be completed in the applicant's own handwriting. Household members names must match their Social Security card. All adult members ages 18 and older must sign below certifying that the information pertaining to them is true and correct.

### PART I: HOUSEHOLD COMPOSITON:

List all persons who will be living in your home, starting with the head of household

ADULTS (18 & OLDER)	DOB	Relationship to Head of Household	Social Security Number	Relationship Status: U=Unmarried M=Married W=Widowed S=Separated D=Divorced	Year Married, Widowed, Separated and/or Divorced
		<b>HEAD</b>			

CHILDREN UNDER 18	DOB	Relationship to Head of Household	School Name	Absent Parent Name	Absent Parent Address

If separated or divorced, please list name and address of spouse/ex-spouse:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_



**PART II. TOTAL HOUSEHOLD INCOME**

List all forms of income either earned or received by every member of the household regardless of age. This includes, but is not limited to, funds from wages from employment including self-employment, child support, TANF/welfare, unemployment, Social Security/SSI, retirement, pension, VA benefits, alimony, contributions from family, rental property, stock dividends, friends and/or agencies, and all other sources.

**LIST AMOUNTS RECEIVED BELOW**

Name	Employer	Weekly Wage	TANF	Child Support	Social Security	Unemployment

**III: ASSETS**

Do you or any household member:

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Own or have an interest in any rental and/or mobile home?                               | _____      | _____     |
| 2. Sold any real estate in the last two years?   | _____      | _____     |
| 3. Have a Savings Account?   | _____      | _____     |
| If yes, bank name, account number and balance:   | _____      |           |
| 4. Do you own a car?   | _____      | _____     |
| If yes, make, model, year & license plate number:  | _____      |           |
| 5. Do you own a second car?  | _____      | _____     |
| If yes, make, model, year & license plate number:  | _____      |           |
| 6. Does anyone outside of your household pay for any of your bills or give you money?      | _____      | _____     |
| If yes, amount and frequency:  | _____      |           |
| 7. Any household member used any names or Social Security Numbers not listed?              | _____      | _____     |
| If yes, list names and numbers used:   | _____      |           |
| 8. Has any household member lived in subsidized housing before?                            | _____      | _____     |
| If yes, list where and when:   | _____      |           |
| 9. Has any household member been convicted of any crime other than traffic violations?     | _____      | _____     |
| If yes, list conviction and year:  | _____      |           |
| 10. Has any member of the household ever committed any fraud in a federal housing program? | _____      | _____     |
| 11. Has any member ever been required to repay funds for fraud?                            | _____      | _____     |
| If yes, list location and amount:  | _____      |           |

I do hereby swear and attest that all of the information above is true and correct. I also understand any changes of household income or members must be reported to the Housing Authority in writing immediately.

\_\_\_\_\_  
Signature of Head of Household      Date

\_\_\_\_\_  
Signature of Spouse      Date

\_\_\_\_\_  
Signature of Other Adult      Date

\_\_\_\_\_  
Signature of Other Adult      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)

Springfield Housing Authority  
HCV/Section 8 Department  
200 N 11th St  
Springfield, IL 62703  
217-753-5757

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(I)(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.



200 North 11th Street, Springfield, IL 62703  
 Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799  
 Section 8 Fax 217.753.0029 www.springfieldhousingauthority.org

Changing lives one key at a time

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

**Purpose:**

The SHA may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

**Consent:**

I consent to allow the SHA to request and obtain information to complete and verify my eligibility and continued participation in federal and/or state housing assistance programs. I understand and agree that this authorization or the information being requested is deemed necessary and/or appropriate to determine eligibility and compliance with SHA's various federal and/or state housing programs. This authorization cannot be used to obtain information that is not pertinent to my eligibility and continued participation in a housing assistance program. It is understood that I must be given the opportunity to contest any adverse action which may result from information secured by this authorization.

**Inquiries may be made about but not limited to:**

Criminal Activity	Family Composition
Identity	Income
Past and Present Rental History	Child Care
Credit History	Past and Present Employment
Child Support	Pensions
Assets	Government Benefits
Educational Records	Disability Assistance Expenses
Marital Status	Medical Expenses
Social Security Numbers	Social Security/SSI/SSD Benefits
Past and Present Utility Obligations	

**Individual or Organizations that may release information include, but are not limited, to:**

Courts	Law Enforcement Agencies
County/District Attorney	Department of Corrections
Department of Human Services	Past and present Employers
Social Security Administration	Colleges/Universities/Educational Institutions
Housing Agencies	Landlords
Utility Companies	Veterans Administration
Banks/Credit Unions/Financial Institutions	Pharmacies
Retirement/Pension Companies	Medical and child care providers
United States Postal Service	State Unemployment Agencies
Support and alimony providers	Supportive service providers

**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 SHA's grievance procedures and Section 8 informal hearing procedures.

**Conditions:**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and shall remain in effect until revoked in writing or within 15 months from the date entered below.

SIGNATURE:

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Head of Household Social Security Number

\_\_\_\_\_

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

\_\_\_\_\_

Other Family Member over age 18

\_\_\_\_\_

Date

**Privacy Act Notice:**

Any information secured by this Authorization is deemed confidential. The SHA shall comply with any and all privacy acts governing the use of this information.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# DECLARATION OF CITIZENSHIP

Please provide all information requested and return to:

**SPRINGFIELD HOUSING AUTHORITY**  
**200 N. 11<sup>TH</sup> STREET**  
**SPRINGFIELD, IL 62703**

## PART 1: Applies to all family members

Each person who will benefit under Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Services.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a non-citizen with eligible immigration status should not check any box.

### CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

FIRST NAME	LAST NAME	I am a citizen or national of the U.S.	or	I am a non-citizen with eligible immigration status	Signature of Adult list to the left or signature of Guardian for Minors	I am 62 years of age. You must provide proof of age.
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	

**WARNING!** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance. **NOTE: Family members who have checked a box indication that they are a non-citizen with eligible immigration status must complete Part 2 of this form.**



**PART 2: Applies to Non-citizen Family Members Only**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document is one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call INS at (312) 353-7334 to arrange for delivery and copying of original documents.

**DO NOT MAIL ORIGINAL DOCUMENTS TO THIS OFFICE!**

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available processes.

**HEAD OF HOUSEHOLD CERTIFICATION**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that members of my household that have not checked either box on Part I of this form do not claim to be citizens or nationals of the United States, or non-citizens with eligible immigrations status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Alien Number \_\_\_\_\_

DOB \_\_\_\_\_

\_\_\_\_\_

Evidence supplied with this form may be released by the housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Services for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use of the evidence or other information.







200 North 11th Street, Springfield, IL 62703  
Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799  
Section 8 Fax 217.753.0029 www.springfieldhousingauthority.org

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## APPLICANT STATEMENT

I certify that the information given to the Springfield Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief.

I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll-Free Hot Line at 800-424-8590. Within the Washington, D.C. Metropolitan Area, call 426-3500.**

**\*After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile on the form on magnetic tape. See the Federal Privacy Act Statement for more information about its use.**



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## RENTING FROM A RELATIVE

Please be advised of the following HUD guideline regarding renting from a relative as stated on the HUD Form 52646 ref Handbook 7420.8

The family (including each household member) must not:

- Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

24 CFT 945.105 defines a disabled family as "Disabled family means a family whose head, spouse, or co-head is a person with disabilities. The term 'disabled family' may include two or more persons with disabilities living with one or more persons who are determined to be essential to the care or well being of the person or persons with disabilities. A disabled family may include person with disabilities who are elderly."

Non-Elderly disabled family means a person with a disability who is less than 62 years of age. A person with disabilities means a person who:

- Has a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423), or
- Is determined to have a physical, mental, or emotional impairment that
  - Is expected to be of long-continued and indefinite duration;
  - Substantially impedes his/her ability to live independently, and
  - Is of such a nature that such ability could be improved by more suitable housing conditions; or
- Has a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)).

The term "persons with disabilities" does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

Non-disabled voucher holders are NOT ELIGIBLE to rent property from a family member.

I have read and understand the above statement regarding the Relative Rule.

\_\_\_\_\_  
 Head of Household Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse Signature

\_\_\_\_\_  
 Date



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## SECTION 8 CERTIFICATION OF CHILD SUPPORT

We are required to verify the amount(s) of child support received and/or any amount(s) your are entitled to receive by order of the court. This applies to all individuals applying for and/or a participant of the Housing Choice Voucher Program. Please complete the Section that applies to you:

### SECTION I

I, the undersigned do hereby certify that I **receive and/or are entitlement to receive** child support by order of the court. A separate form must be used for each order/payee.)

From Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Order Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Receiving: \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Tenant Date

\_\_\_\_\_  
SHA Representative Date

### SECTION II

I, the undersigned do hereby certify that I **do not receive child support and/or no court order(s) exist identifying ordering child support payments** for the care of my dependent child (children). If at any time in the future should I begin to receive payments or a court order for child support, I understand that I am required to report this in writing to the Housing Authority.

Failure to report child support income will result in rent charged retroactively and could result in eviction from Public Housing.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

\_\_\_\_\_  
SHA Representative Date

**WARNING:** It is a criminal offense to make an intentionally false statement or misrepresentation to a United States Department or Agency.



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## APPLICANT STATEMENT OF UNDERSTANDING OBLIGATION TO REPORT INCOME & FAMILY COMPOSITION CHANGES

I, the undersigned, hereby certify that I have been informed of SHA rules regarding my obligation to report changes in my family's circumstances including but not limited to income and family composition and I have been given the opportunity to ask questions on anything I did not understand.

I also understand that penalties, including but not limited to the loss of housing assistance payments, termination from the program, or repayment of monies owed SHA, can be taken against me for failure to comply with these obligations.

I hereby certify that I have reported all members of my household and that:

\_\_\_\_\_ I do not currently have any income to report and understand that I must report all sources of income prior to receiving any assistance under SHA's Section 8 Housing Choice Voucher Program.

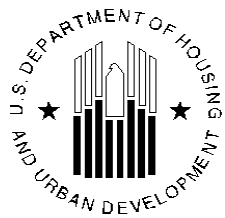
\_\_\_\_\_ I have reported any and all sources of income from any source at this time and understand that I must report any changes in this income prior to receiving any assistance under SHA's Section 8 Housing Choice Voucher Program.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHA Representative

\_\_\_\_\_  
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:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

#### **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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**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, subject to 24 CFR Part 16.
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?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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**

## PREFERENCE POINTS

Preferences establish the order of applicants on the waiting list. Applicants will be positioned on the waiting list based upon the number of preference points for which they are qualified, date and time of application.

Applicants who qualify for the highest number of preference points will be positioned ahead of those who qualify for fewer or no preference points on the waiting list. An admissions preference does not guarantee admission. Every applicant must still meet SHA admissions screening criteria before being offered a Housing Choice Voucher.

Preferences will be granted to applicants on the waiting list who are otherwise qualified and/or who, at the time of the application processing, are verified to meet the definitions of the preference described below. Preferences will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family. **(24 CFR 982.207)**

Please read the following statement in its entirety to ensure you are correctly claiming the preference in which you qualify. Any preference claimed will be verified during the application process.

I claim the following preference:

**Local Residency Preference:**

Applicant households with a permanent physical residence in Sangamon County, Illinois. Eligibility for Local Residency Preference must be demonstrated by having a permanent physical residence within the jurisdictional area. Physical residence shall be defined as a domicile with a mailing address, other than a post office box, for which the applicant can produce one or more of the following; a lease or a purchase agreement, utility bills showing the claimed residence address, or two pieces of first class mail addressed to a member of the applicant household at the claimed address **(24 CFR 982.207)** (25 points).

**VERIFICATION OF LOCAL RESIDENCE PREFERENCE:**

- A lease or purchase agreement
- Utility bills showing the claimed residence address
- Two (2) pieces of first class mail addressed to a member of the applicant household at the claimed address

**Local Employment Preference:**

Applicant households in which a member of the household (head, spouse or sole member) is currently employed in Sangamon County for twelve (12) months or longer. Eligibility for Local Employment Preference must be demonstrated by third party employment verification. Applicants where the head and spouse, or sole members is age 62 or older, or is a person with disabilities will also be awarded this preference (**24 CFR 982.207**) (30 points).

**VERIFICATION OF LOCAL EMPLOYMENT PREFERENCE:**

Completion of a Third Party Employment Verification and receipt of said verification directly from the employer indicated on the form

I do **NOT** qualify for either of the above listed preferences.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Warning! Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.**





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## NO INCOME CERTIFICATION

Under the guidelines required by the Department of Housing and Urban Development, you are required to report ALL sources of income to SHA. Intentional falsification of information is punishable under Federal Law including but not limited to termination from SHA's Section 8 program, eviction, fines and imprisonment.

Your signature below certifies that you have reported to SHA that you are not receiving any source of income from any source at this time.

You further understand that you must report any and all income sources to SHA within 10 days of receipt.

---

Signature of Applicant/Tenant

---

Date

---

SHA Representative

---

Date