

## ANNUAL REEXAMINATION CHECKLIST

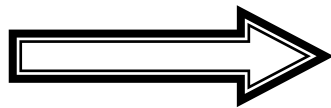
**PLEASE COMPLETE AND SUBMIT THE FOLLOWING ON/OR BEFORE THE DATE STATED IN YOUR LETTER:**

- ☒ Annual Reexamination Letter
- ☒ Tenant Certification Sheet
- ☒ Personal Declaration Form – Complete Packet
- ☒ Verification Requirements Information and List; all applicants and tenants are required to bring verification documents i.e., Most current proof of income dated within the last 60 days. Example: Pay Stubs (must at least 2 consecutive, bank statement(s), etc.
- ☒ Authorization for Release of Information (HAGHC)
- ☒ Authorization for Release of Information - Privacy Act Notice (HUD Form 9668)
- ☒ HUD Supplemental Form (Order / Emergency Contact)
- ☒ EIV Information – Sign and date.

**FOR THE TENANT TO KEEP:**

- ☒ Notice to HCV/PBV Housing Applicants and Tenants Regarding Violence Against Women Act (VAWA)

**Please sign to certify that you received a copy of the VAWA information:**



Processed by: Roma C.

If you have any questions about this packet, please call 360-532-0570. Please do your best to make it to your set appointment date. See the cover letter for your appointment details.

**For Official Use Only:**

Received by:

Date Stamp:

## TENANT CERTIFICATION

### GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

### REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know that I am required to report immediately, in writing, any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when i must report anyone who is staying with me.

### NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing will not sublease my assisted residence.

### COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility and verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays or termination of tenancy.

### CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of tenancy.

### Signatures: All adults must sign below:

**X**

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

**X**

\_\_\_\_\_  
Signature of Spouse or Co-head | Date

**X**

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

**X**

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

## FAMILY OBLIGATIONS - HCV / RAD-PBV

*In addition to the requirements listed in your lease, the following family obligations further explain the requirements for the participation in the program.*

### 1. Disclosure of requested information

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.

### 2. Reporting changes in the family circumstances

All changes **must** be reported in writing within ten (10) business days of when the change happened. You are required to report any changes in your household's income. You are also required to report the addition or removal of any minor or adult family member(s) from your household.

#### INCOME

- **Increase in income.** You are required to report all increases in income. Depending on the type of income, and your current family circumstances, the new income may or may not be included when determining your rent portion.
- **Decrease in income.** You are encouraged to report all decreases in income. HAGHC will make every attempt possible to change your rent portion to reflect the decrease in income for the month following the reported change. However, HAGHC cannot reduce your rent portion until the information has been verified.

#### HOUSEHOLD MEMBERS

- **Addition of a minor child.** If you add a minor child through birth, adoption, or court awarded custody, you are required to report that the minor has moved into your unit.
- **Addition of an adult.** If you would like to add an adult to your household, you are required to request permission from HAGHC. The adult member may not move into your household until HAGHC receives required documentation and release the approval either written or verbal.
- **Reporting absences from the unit.** You are required to report in writing if you, or any member of your household, will be absent from your unit for thirty (30) days or longer.
- **Unauthorized household members.** You are allowed to have overnight guests for a maximum of 14 days in a 12-month rolling base period. Any adult that has not been approved by HAGHC and is not included on your lease, and has been staying in your unit for more than **14 days in a 12-month period**, will be considered to be living in your unit as an **unauthorized** household member. This is a lease violation and grounds for an eviction.

- If the PHA has approved, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide and to define when PHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (Sections I.K and I.M), and Chapter 11 (Section II.B).

### 3. Inspections

HUD regulations require the HAGHC to inspect each dwelling unit before move-in, at move-out, and annually during occupancy. You **must** allow HAGHC to inspect the unit annually. You are required to:

- **Make the unit available.** HAGHC will provide **at least 48-hour notice** before inspecting the unit, and we reserve the right to enter the unit on the scheduled inspection date with or without your presence. Also, HAGHC may require additional inspections in accordance with the PHA Policy. Based on the findings during the inspection, we may require a follow-up inspection to ensure that you are in compliance with the terms of the lease.
- **Pass the Unit Inspection.** You **must** ensure that your unit meets the HAGHC's standards as defined in the **lease agreement**. If your unit does not meet our standards at the first inspection, the inspection will count as a failed inspection. A second inspection will then be scheduled. If your unit does not meet our standards at the second inspection, your assistance will be terminated for the condition of your unit.
- **Family-caused Damages.** The family is responsible

### 4. Moving out of your unit

When you want to move, you must to give HAGHC a written notice or fill out the *Notice to Vacate* form at least fourteen (14) days before actual move out date. **All keys must be returned to the Housing Authority Administrative Office (unit key(s), mail key(s), FOB(s) The rent will continue to be charged until the keys are returned.**

### 5. Lease Compliance

You must comply with the signed lease agreement. Failure to comply with the lease agreement may result in termination of housing assistance.

- The family must not commit any serious or repeated violation of the lease.
- Comply with the non-smoking policy. This policy applies to cigarette and/or marijuana smoking.
- The PHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction or an owner's notice to evict.
- *Serious and repeated lease violations* will include, but not be limited to, nonpayment of rent, disturbance of neighbors, and destruction of property living or housekeeping habits that cause damage to the unit or premises, and criminal activity. Generally, the criterion to be used will be whether or not the reason for the eviction was the fault of the tenant or guests. Any incidents of, or criminal activity related to, domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated lease violations by the victim [24 CFR 5.2005(c)(1)].
- If you receive an eviction notice, you are required to contact HAGHC within five (5) days of receiving the notice. If you move from your unit without providing proper notice to vacate, your assistance will be terminated, and this will reflect on your rental records.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The family must not sublease the unit, assign the lease, or transfer the unit.

## 6. Your rent portion, utilities (if applicable), and other charges.

You are required to stay current with your rent and utility bills (if applicable). If you are not current with your rent and/or utilities and you do not make the payments current, then your housing assistance may be terminated.

## 7. Fraud, Drug-Free & Crime-Free Housing

Violations related to fraud, drugs, violence, and criminal activities shall be cause for termination of assistance.

- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space). A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, 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. [Form HUD-52646, Voucher]
- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for HUD and PHA policies related to drug-related and violent criminal activity.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and PHA policies related to alcohol abuse.

**X**

\_\_\_\_\_  
Signature – Head of Household | Date

**X**

\_\_\_\_\_  
Signature – Other Adult | Date

**X**

\_\_\_\_\_  
Signature – Other Adult | Date

**X**

\_\_\_\_\_  
Signature – Other Adult | Date

**X**

\_\_\_\_\_  
Signature of Spouse or Co-head | Date

**X**

\_\_\_\_\_  
Signature – Other Adult | Date

**X**

\_\_\_\_\_  
Signature – Other Adult | Date

**X**

\_\_\_\_\_  
Signature – Other Adult | Date

# VERIFICATION REQUIREMENTS

All verifications must be dated within sixty (60) days of the date you submit them. If documents are too old, we will request that you supply documents with a current date.

## **INCOME**

You must provide documentation for income received by all household members.

### ☐ **Earned Income (employment).**

- Copies of the most recent two consecutive paystubs; or
- **If new employment** - A letter from your employer verifying your start date, rate of pay, hours worked per week/month, any extra compensation including tips, bonuses, or commission and complete contact information for the employer.
- If self-employed, a copy of the most recently filed IRS 1040 form and Schedule C form, OR the Self-Employment Statement of Income (request from your Housing Specialist)
- If receiving SSPS income through DSHS, complete the SSPS Employment form (request from your Housing Specialist).

### ☐ **Unearned Income.**

- TANF award letter; if TANF amount has been reduced, please provide a copy of the award letter stating the reason the amount was reduced.
- SS/SSI/SSDI/survivor's benefits letter. If you need a new letter, you may request one online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling 1-800-772-1213. **\*\*Note:** If you have deductions out of your SS/SSI income, please call and request a detailed letter explaining what/how much the deductions are.
- Unemployment benefits award letter
- L&I claims
- Pensions or VA benefits, letter with amount and frequency of payment

### ☐ **Child support.**

- 12-month print-out from OSE; or
- A letter from the parent providing support verifying the amount and frequency of payments, and the address and phone number of the paying parent.

### ☐ **No Income.**

- If any adult member of your household has zero income, that member must sign a no income statement, (request form from your housing specialist)

## **ASSETS / BANK ACCOUNTS**

For all family members, provide one (1) of your most recent statements for all assets. If you have any other assets that are not listed here, you must declare it to the Housing Authority.

### ☐ **Bank statements.**

- Most recent bank statement including name, account number, current balance, and interest rate. **Provide all pages for each statement.**

### ☐ **Investment accounts.**

- A current investment report including the balance and rate of return of the account (if known) for all stocks, bonds, mutual funds, savings certificates (certificate of deposit),

money market funds retirement accounts (company, IRA, Keogh), inheritances, lottery winnings, or life insurance policies. **Provide all pages for each statement.**

☐ **Real estate.**

- Any documents showing ownership in real estate (mortgage statement, tax information, deed to property, closing/escrow report showing the address, value, and amount owed on the home.

## **DEDUCTIONS**

☐ **Childcare costs.**

- A current award letter from DSHS stating your co-pay amount. **OR**
- Current receipts/printout from childcare provider, showing payment amount and provider's contact information

☐ **Full-time student.**

- Verification of student status (i.e., class schedule); or
- A letter on school letterhead stating full-time student status for current semester/quarter.

☐ **Medical costs.**

- Medical deductions are only allowed for households with a disabled or elderly (over age 62) head/co-head/or spouse. Deductions are provided for medical costs for all household members, even those that are not disabled.
- The total of your anticipated medical expenses must exceed three percent (3%) of your family's gross income to qualify for an allowance.
- Medical expenses must be recurring expenses that can be expected over the next 12 months.
- Examples of acceptable medical expenses include:
  - **Insurance premiums.** A document from the insurance company, a minimum of two bank statements showing withdrawal for insurance (along with proof of insurance plan), or paystubs showing withdrawal are acceptable forms of verification.
  - **Prescriptions.** A printout from the pharmacy showing out of pocket prescription costs for the previous twelve months.
  - **Doctor/Dental/Vision/Counseling/Therapy visits.** A print-out from the provider's office showing the number, dates, and amount paid out-of-pocket for the previous twelve months.
  - **Medical Monitoring.** A 12-month printout for the previous twelve months of monitoring.
  - **Nursing Services / COPES.** A 12-month printout for the previous twelve months showing your out-of-pocket expense.
  - **Service Animal Expenses.** Submit itemized (e.g., veterinary bills, receipts for food, kitty litter, etc.) receipts for the costs of service animal care and include a verification letter that you require a service animal.

## PERSONAL DECLARATION

### Annual Reexamination | RAD-PBV Housing Program

PLEASE ANSWER ALL QUESTIONS CLEARLY AND ACCURATELY. DON'T FORGET TO SIGN. WRITE N/A OR NONE WHERE IT APPLIES.

#### A. HEAD OF HOUSEHOLD

**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*(Use legal name. Include suffix if applicable.)*

**Mailing Address:** \_\_\_\_\_  
*(Street Address, Apartment Number, City, State, Zip Code)*

**Main Phone:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

#### B. FAMILY COMPOSITION – Please list yourself and other household members.

ADULTS (18 YEARS OR OLDER) Name as it appears on SS card.	GENDER (OPTIONAL)	RELATION TO HEAD	FULL-TIME STUDENT	HIGHER EDUCATION (Y/N)
1. HEAD OF HOUSEHOLD		SELF / HEAD OF HOUSEHOLD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN (17 YEARS AND YOUNGER) Name as it appears on SS card	GENDER (OPTIONAL)	RELATION TO HEAD	FULL-TIME STUDENT	HIGHER EDUCATION (Y/N)
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### C. FAMILY / HOUSEHOLD CIRCUMSTANCES

<b>1. Are any family member(s) temporarily absent from your household? And, do you share custody with anyone else?</b> <i>If YES, list family member's name, current address, and expected date of return. If you are working with an agency, provide documentation from the agency showing the date of expected return.</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2. Do you own or in the process of purchasing a home, mobile home, or any other real estate?</b> <i>If YES, please describe.</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3. Have you or any household member sold, disposed of, or transferred title or given away assets within the past two years? If YES, please describe.</b> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>4. Is anyone in your household serving in the Military? If YES, please provide the name of the family member(s) and the branch of the military they are serving.</b> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>5. Are there any household members who are moving out permanently?</b> <i>If YES, please list name(s), reason, and expected move out date. (Note: You must return all Keys/FOB including mail keys to your property manager upon move out).</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO



<b>6. Are there any new additions in the household that you want to add to your lease including newborn child?</b> <i>If YES, please list name(s), and you <b>must</b> inform your Housing Specialist. Please remember that adding new members to your lease, especially adults, are subject to approval of the Housing Authority before they can move in. We will require verification documents including income statements, etc.</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>7. Have you or any members listed in your household been arrested or convicted for any criminal and/or drug-related activity within the last twelve (12) months?</b> <i>If YES, please list name(s), date(s), charge(s), jurisdiction (include city &amp; state), and an explanation:</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. Have you or any member listed in your household been arrested or convicted for Kidnapping offense within the last twelve (12) months?</b> <i>If YES, please list name(s), date(s), charge(s), jurisdiction (include city &amp; state) and an explanation:</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>9. Is anyone in your household (including minors and live-in aides) subject to any sex offender registration program in any state?</b> <i>If YES, please list name(s) and an explanation of the situation:</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>10. Are there family member(s) who is/are <u>17 years of age or younger</u> who is/are currently employed?</b> <i>If YES, please provide their name(s), employment information, and date of birth.</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>11. Are there any family member who is/are <u>18 years or older</u> in your household claiming "NO INCOME"?</b> <i>If YES, please write the name(s) below of those claiming NO or ZERO INCOME and <b>each must fill out an Unemployment or Zero Income Certification form.</b></i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>12. Are there any adult household member(s) who is/are not currently employed (within the last 12 months)?</b> <i>If YES, please write the name(s), previous place of employment and dates worked (mm/yy to mm/yy).</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>13. Does anyone who is/are not member(s) of your household pay for any of your bills or gives you money regularly?</b> <i>If YES, please write the name(s), address, and phone number of the individual or agency below.</i> ➤	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>14. Is/are there any household member/s who is taking part in a job training program for pay?</b> <i>If YES, please provide the information requested below:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

JOB TRAINING PROGRAMS					
Family Member's Name: _____  Name of the Training Program: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; height: 40px; vertical-align: bottom;">Complete Mailing Address of the Training Agency</td> <td style="width: 40%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px; vertical-align: bottom;">Representative's Name</td> <td style="border-bottom: 1px solid black; height: 20px; vertical-align: bottom;">Phone Number</td> </tr> </table>	Complete Mailing Address of the Training Agency		Representative's Name	Phone Number
Complete Mailing Address of the Training Agency					
Representative's Name	Phone Number				

**D. FAMILY INCOME SUMMARY**

Please mark with an "X" YES or NO to declare if any family member currently receives, has applied for or expects to receive income from each source within the next twelve (12) months. Please list all family members with each type of income:

Income Source	Yes	No	Name of Family Member	Amount of Gross Income	Name, Address, and Phone Number of Employer and Source of Income
<b>Employment/ Wage</b> <i>*Please attach two (2) months of MOST CURRENT consecutive pay stubs for each job.</i>	[ ]	[ ]		\$_____ per:	
				\$_____ per:	
<b>Tips or bonus pay</b>	[ ]	[ ]		\$_____ per:	
<b>Work Study Wages</b>	[ ]	[ ]		\$_____ per:	

Yes	No
-----	----

Education Grants	[ ]	[ ]		\$_____	
				per:	
Self-Employment	[ ]	[ ]		\$_____	Business Name: _____
				per:	Please complete a Self-Employment Income Report form and provide copies of your business tax return and business bank statements.
Unemployment Benefits	[ ]	[ ]		\$_____	
				per:	
Worker's Comp. (L&I)	[ ]	[ ]		\$_____	
				per:	
Child Support	[ ]	[ ]		\$_____	
	[ ]	[ ]		\$_____	
				per:	
Alimony	[ ]	[ ]		\$_____	
				per:	
Social Security	[ ]	[ ]		\$_____	
				\$_____	
				per:	
S.S.I.	[ ]	[ ]		\$_____	
				\$_____	
				per:	
SSPS DSHS	[ ]	[ ]		\$_____	
				per:	
Public Assistance (TANF)	[ ]	[ ]		\$_____	
				per:	
ABD	[ ]	[ ]		\$_____	
				per:	
Food Stamps / SNAP	[ ]	[ ]		\$_____	
				per:	
Veteran's Benefits	[ ]	[ ]		\$_____	
				per:	
Military Allotment	[ ]	[ ]		\$_____	
				per:	
Retirement Pension	[ ]	[ ]		\$_____	
				per:	
Insurance Benefits	[ ]	[ ]		\$_____	
				per:	
Death Benefits	[ ]	[ ]		\$_____	
				per:	
Adoption Assistance	[ ]	[ ]		\$_____	
				per:	
Foster Care Income	[ ]	[ ]		\$_____	
				per:	
Rental/Other Property	[ ]	[ ]		\$_____	
				per:	
Interest Income	[ ]	[ ]		\$_____	
				per:	
Panhandling	[ ]	[ ]		\$_____	
				per:	
Gifts or Regular contributions of household goods, money or bills paid	[ ]	[ ]		\$_____	List contributor's name, phone number and address:
				per:	
Other Income (Income not listed)	[ ]	[ ]		\$_____	
				per:	

## E. BANK ACCOUNTS AND ASSETS

Family Assets includes interest, dividends, and other income of any kind from real or personal property. Cash, travelers' checks, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds certificates of deposit, and personal property such as coin collections, gems, jewelry, or antiques used for investment. *(If uncertain about whether something is considered an asset, please contact your specialist.)*

Where the family has Family Assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

I/We own or have a share in one or more of the following (including household minors).

If answer is YES to any of the following items, you may be asked to complete additional forms and/or provide statement copies. Only printouts with bank certification will be accepted if you do not have your statements.

Resources:	YES	NO	Name on Account(s)	Cash Value	Bank or Credit Union Name, Address and Account Number
Checking Account(s)	[ ]	[ ]		\$	
				\$	
Savings Account/Certificate of Deposit	[ ]	[ ]		\$	
				\$	
Money on hand (cash)	[ ]	[ ]		\$	
Trust or Annuity Account	[ ]	[ ]		\$	
Retirement Fund, IRA, KEOGH, etc.	[ ]	[ ]		\$	
Stocks/Bonds/Mutual Funds	[ ]	[ ]		\$	
Life Insurance (Whole Life)	[ ]	[ ]		\$	
Personal property held as investment assets	[ ]	[ ]		\$	
Property on which you are not living	[ ]	[ ]		\$	
Real Estate Sales Contract	[ ]	[ ]		\$	
Other Resources	[ ]	[ ]		\$	

1. Have you or any household member disposed of any asset within the last two years?

If YES, please list. You may be asked to complete additional forms and /or provide verification.

>

☐ YES

☐ NO

[Continue on to the next page]

## F. DEDUCTIONS – Provide supporting documentation for deductions.

Refer to the Verification Requirements form for additional information.

<b>1. CHILD CARE.</b> Do you pay childcare for any family member under age thirteen (13) to allow you to work or go to school?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, please complete the requested information below provide a copy of your co-pay letter and/or a valid statement from your child care provider including name of business, address, and phone number.</i>		
Name of Family Member	Name, Mailing Address of Childcare Provider, Phone and Fax Number	Amount Paid to Provider by Family
_____ Child's Name	Name of Provider _____ Phone _____ Mailing Address _____ Fax _____	\$ _____ Hours _____ Co-pay _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
_____ Child's Name	Name of Provider _____ Phone _____ Mailing Address _____ Fax _____	\$ _____ Hours _____ Co-pay _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

<b>2. FULL-TIME STUDENT.</b> Does any adult in your household (18 years or older) <u>attend school or college</u> ?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, please provide the requested information below and attach a copy of class schedule and a copy of recent Financial Aid Award letter. If additional space is needed, write information on a separate sheet of paper.</i>		
Household Member's Name Full or Part-time	Name of School or College, Mailing Address, Phone and Fax Number	Amount of Grant
_____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of School / College _____ Phone _____ Mailing Address _____ Fax _____	\$ _____ Amount of Grant (Financial Aid) \$ _____ Work Study
_____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of School / College _____ Phone _____ Mailing Address _____ Fax _____	\$ _____ Amount of Grant (Financial Aid) \$ _____ Work Study

If your job training program is sponsored through an agency (i.e., DSHS – Work First Training), please provide the information listed below.

Family Member: \_\_\_\_\_ Agency Providing Training: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

<b>3. ELDERLY / DISABLED &amp; MEDICAL COSTS.</b>
<ul style="list-style-type: none"><li>▪ <b>Elderly (62 years or older)</b> and disabled program participants are entitled to certain benefits. In some cases, we can deduct medical expenses.</li><li>▪ <b>Definition of Disabled:</b> A person who: (a) has a disability as defined in section 223 of the Social Security Act, (b) has a physical, mental or emotional impairment that: (I) is expected to be of long-continued and indefinite duration, (II) substantially impedes his/her ability to live independently AND (III) is of such a nature that ability to live independently could be improved by more suitable housing conditions, and (c) has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.</li></ul>
a) Is anyone in your family age 62 or over? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
b) Does anyone in your family meet the above definition of disabled? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>IF YOU ANSWERED "NO" TO BOTH QUESTIONS (a. &amp; b.) SKIP TO SECTION H</b>

Name of Qualifying Family Member	Name and Mailing Address of Doctor or Diagnostician	Phone and Fax Numbers for Doctor or Diagnostician
_____	_____	Phone: _____ Fax: _____
_____	_____	Phone: _____ Fax: _____

c) Do you pay for any medical, dental or optional INSURANCE for any family member?

☐ Yes ☐ No

If YES, please fill out information listed below:

Family Member Name	Medical Insurance Provider Name, Phone and Fax	Policy Number	Premium (How much you pay)
			\$
			\$

d) Do you make regular payments to any doctor or medical facility for any family member?

☐ Yes ☐ No

If YES, please fill out information listed below:

Family Member Name	Doctor or Facility Name and Address	Phone and Fax #	Payments (Per month)
			\$
			\$

e) Do you pay for any prescriptions for any family member?

☐ Yes ☐ No

If YES, please printout from your pharmacy showing the prescriptions and amounts paid for each for the previous twelve (12) months:

f) Do you pay for a care attendant, (either live-in or live-out), or for medical equipment (such as wheelchair)?

☐ Yes ☐ No

If YES, please fill out information listed below:

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## G. COMMENTS

Do you have any additional comments concerning your family circumstance? Please explain below.

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## H. SIGNATURE

I /We certify that the information given in this packet is true and correct to the best of my/our knowledge and belief. I am/ we are aware that misrepresentation or omission of information to the Housing Authority of my/our family's circumstances is cause for denial or termination of my/our housing assistance.

X _____ Signature of Head of Household	_____ Date	X _____ Signature of Spouse / Co-head / Co-Tenant	_____ Date
X _____ Signature of Other Adult	_____ Date	X _____ Signature of Other Adult	_____ Date

# Authorization for Release of Information

## Housing Authority of Grays Harbor County

I/We authorize and direct any Federal, State, or local agency and any organization, business or individual to release to the Housing Authority of Grays Harbor County any information or materials needed to complete and verify my/our application for participation in, and maintain assistance under a subsidized housing program.

I/We understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

<ul style="list-style-type: none"> <li>IDENTITY AND MARITAL STATUS</li> <li>CREDIT AND CRIMINAL ACTIVITY</li> <li>EMPLOYMENT INCOME</li> <li>MEDICAL OR CHILD CARE ALLOWANCE</li> <li>RESIDENCES AND RENTAL ACTIVITY</li> </ul>	<ul style="list-style-type: none"> <li>INCOME FROM ANY SOURCE</li> <li>ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS</li> </ul>
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I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for housing and/or continued participation in a housing assistance program.

### Groups or Individuals That May Be Asked

<ul style="list-style-type: none"> <li>LANDLORDS AND UTILITY COMPANIES</li> <li>COURTS AND POST OFFICES</li> <li>SCHOOLS AND COLLEGES</li> <li>LAW ENFORCEMENT AGENCIES</li> <li>SUPPORT / ALIMONY PROVIDERS</li> <li>VETERANS ADMINISTRATION</li> <li>BANKS AND FINANCIAL INSTITUTIONS</li> </ul>	<ul style="list-style-type: none"> <li>PAST AND PRESENT EMPLOYERS</li> <li>WELFARE AGENCIES</li> <li>STATE UNEMPLOYMENT AGENCIES</li> <li>MEDICAL AND CHILD CARE PROVIDERS</li> <li>RETIREMENT SYSTEMS</li> <li>PAYEES</li> <li>TRUSTEES</li> </ul>
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"Title" 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above.

Any person, who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 208(f) (g) and (h).

**CONDITIONS: I/WE AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE.  
THIS AUTHORIZATION WILL STAY IN EFFECT FOR TWELVE (12) MONTHS FROM THE DATE SIGNED.**

**X**  
\_\_\_\_\_  
Signature of Head of Household | Date

**X**  
\_\_\_\_\_  
Signature of Spouse or Co-head | Date

**X**  
\_\_\_\_\_  
Signature over printed name – Other Adult | Date

**X**  
\_\_\_\_\_  
Signature over printed name – Other Adult | Date

**X**  
\_\_\_\_\_  
Signature over printed name – Other Adult | Date

**X**  
\_\_\_\_\_  
Signature over printed name – Other Adult | Date

## Supplemental and Optional 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.

<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.	

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

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**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.

# 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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)

X

**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.