

Updated May 8, 2026

YOU ARE APPLYING FOR SMOKE FREE HOUSING

**ALL INCOMPLETE APPLICATIONS WILL BE REJECTED
AND RETURNED TO YOU TO COMPLETE**

All Applications must be completed when turned into the office. If something doesn't pertain to you, please put N/A. Please make sure all areas that require a signature are signed.

Landlord references must be provided with full name, address, current phone number. Failure to supply landlord references will result in an automatic denial.

To speed up the approval process, please provide a copy of your current Social Security Benefit Award Letter when you turn in your application, or call the Social Security office right away to request a copy of your benefit award letter.

Report all income as before taxes and other deductions; that is your GROSS income, not net income or take-home pay.

**NO APPLICATION WILL BE ACCEPTED WITHOUT THE
FOLLOWING:**

- COPY OF SOCIAL SECURITY CARD OF ALL HOUSEHOLD MEMBERS
- COPY OF DRIVERS LICENSE/ PHOTO ID OF ADULT HOUSEHOLD MEMBERS
- COPY OF RECENT PAYCHECK STUB (if applicable)
- COPY OF CURRENT YEAR SOCIAL SECURITY BENEFIT AWARD LETTER (if applicable)

**APPLICATION MUST BE ENTIRELY
COMPLETED TO PROCESS**

ONLY ONE PET IS ALLOWED

ELIGIBILITY and SCREENING CRITERIA

All applicants and applicants' household members must meet all requirements for admission to our housing. We perform a credit check, criminal activity check, and landlord reference check to determine the applicant's eligibility. The Housing Authority determines eligibility based on the following summarized criteria*:

1. An applicant should show a past ability to meet financial obligations, especially rent. This includes, but is not limited to:
 - No landlord, property owner, or mortgagee nonpayment within previous twenty-four (24) months.
 - No delinquent consumer debt balances above \$250 within previous three (3) months (excludes medical bills and student loans).
 - No history or pattern of large past due consumer debts within the last eighteen (18) months. (excludes medical bills and student loans).
2. An applicant should show ***no record of past criminal conviction*** in certain areas that include, but are not limited to:
 - Manufacturing, distributing, and/or possessing drugs within last five (5) years.
 - Felony for crime against a person within last five (5) years.
 - Felony for crime against property or concealed weapons possession within last two (2) years.
 - Murder, attempted murder, rape, or attempted rape.
 - Sex offender registry status.

*The information contained is a summary intended for simple reference to applicants and does not constitute a complete list of eligibility or screening criteria implemented by the Housing Authorities. The summary was created from the following Housing Authorities' policies: HA-006 Tenant Selection Plan, HA-005 Policy on Denial of Applicants or Eviction of Tenants for Criminal and/or Drug Activity, and CW-002 Admissions and Continued Occupancy Plan. A written request to view these policies may be submitted to the Executive Director.



HOUSING AUTHORITIES OF THE CITY OF WASHBURN & COUNTY OF BAYFIELD



420 EAST THIRD STREET, WASHBURN, WI. 54891

PHONE: (715) 373-2653 FAX: (715) 373-2610



This institution is an equal opportunity provider

In order to be eligible for our units your income must be at or below the Income limits listed below.

Income Limits for the counties listed below are based on the 2026 Median Family Income for the Nonmetropolitan portions of the state. Estimated Maximum Family Income at 60% of HUD Estimated 2026 County Median Income. Effective May 1, 2026.

Adams, Ashland, Barron, Bayfield, Burnett, Clark, Crawford, Florence, Forest, Iron, Jackson, Juneau, Laglade, Marinette, Marquette, Menominee, Oneida, Price, Richland, Rusk, Sawyer, Shawano, Taylor, Vernon, Vilas, Washburn, Waushara

Family Size	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE
INCOME	40,320	46,080	51,840	57,600	62,220	66,840	71,460	76,080	80,650

Head of Household _____
Last Name
First Name
M.I.
Age

Social Security Number Gender (M/F) Date of Birth Place of Birth

Present Address _____
Street
City
State
Zip Code

Mailing Address _____
Street/P.O. Box
City
State
Zip Code

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Household Composition: List ***your name*** and the names of persons who will be living with you, including any household member(s) that you want to be made Co-Head(s) (*Co-Head is defined as an individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities.*)

Last Name	First Name	M.I.	Gender M/F	Relation to Head	DOB	SS #	Full-time Student Y/N	Disabled Y/N
				Head				

How did you hear about us?

- Website
- Family Member/Friend
- Radio
- Other

Explain _____

Answer Yes or No – Explain when requested.

Y N Have you ever been convicted of a felony? If yes, please explain _____

Y N Have you or any member of your household ever been involved in, arrested for or convicted of drug activity? If yes, please explain _____

Y N Have you or any member of your household abused alcohol to the extent that such alcohol abuse caused behavior that interfered with the health, safety or right to peaceful enjoyment of the premises by others? If yes, please explain _____

Y N Have you or anyone in your household ever been involved in, arrested for or convicted of any crime other than traffic violations? If yes, explain _____

Y N Have you or any other adult member participated in the Housing Choice Voucher Program or lived in Public Housing anywhere in the United States? Give location and dates _____

Y N Have you or anyone in your household ever committed fraud in a federally assisted housing program OR been requested to repay money for knowingly misrepresenting information for such housing? If yes, please explain _____

Y N Do you or any other adult family member owe rent to any landlord? If yes, how much \$ _____

Y N Are any household members *temporarily* absent? If yes, who _____
How long _____

Y N Do any of the family members have any physical limitations? _____

Y N Do you have any animals? If yes, what kind? _____ Weight: _____

***(If you have animals, you MUST provide vaccine papers and proof of Rabies Shots)
(Only one animal is allowed)***

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____

PERSONAL REFERENCES (*Excluding Family Members*)

Company or Name	<u>COMPLETE MAILING</u> Address	Phone #

HOUSING REFERENCES – List ALL landlords in the past three years. Need 3 years of rental history.

LANDLORD REFERENCES

Landlord Name	Landlord COMPLETE MAILING Address	COMPLETE PHYSICAL Address Where Residing	From/To Dates	Landlord Phone #

Have you ever been evicted: Yes No

If yes, by whom: _____ When (date)? _____

Why? _____

FOR PUBLIC HOUSING AND RURAL DEVELOPMENT PROPERTIES

Child Care Costs- to enable adult member(s) to work or attend school (if no financial aid covers the cost.

Name and Address of Child Care Provider: _____

Amount Paid: \$ _____ per Week Month

Do you receive Daycare Assistance from Bayfield County Social Services? Yes No

If yes, the assistance is \$ _____ per Week Month

FOR ELDERLY AND/ OR DISABLED HOUSEHOLDS ONLY

Medical Expense - Include total out of pocket expenses including anticipated medical expenses to be incurred over the next twelve months not covered by insurance, medical assistance, Medicare, etc. *Include medical insurance premiums, prescriptions, eyeglasses, dentures, hearing aids, hearing aid batteries, medical bills, attendant care for a disabled household member etc. Information is voluntary, but not providing information could result in fewer deductions used to calculate your rent.*

Have you enrolled in the WI Senior Care program? Or do you qualify for the Medicare Prescription Drug, Improvement, and Modernization Act of 2003(MMA) Yes No

Name of Provider _____ Annual Amt. \$ _____

Name of Provider _____ Annual Amt. \$ _____

Name of Provider _____ Annual Amt. \$ _____

INCOME

List the source of each income, the household member who receives it, and the estimated amount to be earned in a month. Income being any periodic monies received by all household members excluding interest on assets which is already being accounted for on page 5.

CHECK Y or N	TYPE OF INCOME	NAME OF PLACE WHERE INCOME IS DERIVED	HOUSEHOLD MEMBER	GROSS INCOME FOR A MONTH
Y <input type="radio"/> N <input type="radio"/>	Employment			\$
Y <input type="radio"/> N <input type="radio"/>	Employment			\$
Y <input type="radio"/> N <input type="radio"/>	Self-Employment			\$
Y <input type="radio"/> N <input type="radio"/>	Pension /Annuity Payment			\$
Y <input type="radio"/> N <input type="radio"/>	FEDERAL SS / SSI			\$
Y <input type="radio"/> N <input type="radio"/>	STATE SSI			\$
Y <input type="radio"/> N <input type="radio"/>	Disability			\$
Y <input type="radio"/> N <input type="radio"/>	Workers Compensation			\$
Y <input type="radio"/> N <input type="radio"/>	Unemployment Compensation			\$
Y <input type="radio"/> N <input type="radio"/>	Veterans Benefits/ Military Pay			\$
Y <input type="radio"/> N <input type="radio"/>	Child Support Ordered/ Alimony			\$
Y <input type="radio"/> N <input type="radio"/>	Public Assistance			\$
Y <input type="radio"/> N <input type="radio"/>	Recurring Money Gift			\$
Y <input type="radio"/> N <input type="radio"/>	Rental income			\$
Y <input type="radio"/> N <input type="radio"/>	Periodic Payments			\$
Y <input type="radio"/> N <input type="radio"/>	Other Current income not yet listed			\$
Y <input type="radio"/> N <input type="radio"/>	Other Anticipated Income			\$
Y <input type="radio"/> N <input type="radio"/>	Are any adult household members currently unemployed with zero income?		If yes, who?	

**ADDRESSES, PHONE NUMBERS, & IF POSSIBLE FAX NUMBERS MUST BE PROVIDED TO VERIFY
INCOME**

INCOME	INCOME
TYPE OF INCOME STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where INCOME is Derived:	Where INCOME is Derived:
Contact Person:	Contact Person:
Phone Number:	Phone Number:
Fax Number (if Possible):	Fax Number (if Possible):
Complete Address:	Complete Address:

If you require additional space, please attach a separate sheet, and be sure to include your name on the top of the additional page

ASSETS

To the best of your knowledge, list where each asset is held, the current cash value, and all earnings derived in the previous 12 months. List all assets for ALL household members except those of personal nature such as family cars, furniture, wedding rings, etc. **THIS MEANS ANY ASSETS YOU CAN GET OR HAVE ACCESS TO:**

CHECK Y or N	TYPE OF ASSET	NAME OF PLACE WHERE ASSET IS HELD	BALANCE/CASH VALUE	HOUSEHOLD MEMBER
Y <input type="radio"/> N <input type="radio"/>	Reloadable Debit Card		\$	
Y <input type="radio"/> N <input type="radio"/>	Checking		\$	
Y <input type="radio"/> N <input type="radio"/>	Checking		\$	
Y <input type="radio"/> N <input type="radio"/>	Savings		\$	
Y <input type="radio"/> N <input type="radio"/>	Savings		\$	
Y <input type="radio"/> N <input type="radio"/>	Trust		\$	
Y <input type="radio"/> N <input type="radio"/>	CD-Certificate of Deposit		\$	
Y <input type="radio"/> N <input type="radio"/>	CD-Certificate of Deposit		\$	
Y <input type="radio"/> N <input type="radio"/>	Money Market		\$	
Y <input type="radio"/> N <input type="radio"/>	Mutual Fund		\$	
Y <input type="radio"/> N <input type="radio"/>	Annuity/Pension not in payment		\$	
Y <input type="radio"/> N <input type="radio"/>	Stocks/ Bonds		\$	
Y <input type="radio"/> N <input type="radio"/>	IRA/Keough/ 401K		\$	
Y <input type="radio"/> N <input type="radio"/>	Personal Property/Investments		\$	
Y <input type="radio"/> N <input type="radio"/>	WHOLE Life Insurance		\$	
Y <input type="radio"/> N <input type="radio"/>	Real Estate		\$	
Y <input type="radio"/> N <input type="radio"/>	Cash on Hand \$500+		\$	
Y <input type="radio"/> N <input type="radio"/>	Are total "household" assets <i>less than</i> \$5,000?			
Y <input type="radio"/> N <input type="radio"/>	Have you disposed of / given away any assets for less than fair market value in the past 2 years?			

ADDRESSES, PHONE NUMBERS, & IF POSSIBLE FAX NUMBERS MUST BE PROVIDED TO VERIFY ASSETS

ASSETS	ASSETS
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF ASSET STATED ON APPLICATION:
Where ASSET is located:	Where ASSET is located:
Account Number:	Account Number:
Phone Number:	Phone Number:
Fax Number (if possible):	Fax Number (if possible):
Complete Address:	Complete Address:

If you require additional space, please attach a separate sheet, and be sure to include your name on the top of the additional page



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APPLICATION CERTIFICATION

I understand it is my responsibility to inform the Housing Authority of ANY change in address, income, and household composition. I acknowledge that not doing so may affect my placement on the waiting list and could result in cancellation of my application.

I certify that the information I have given on this application is true and correct.

I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Other Adult Applicant Signature: _____ Date: _____

Other Adult Applicant Signature: _____ Date: _____

Head of Household:

Race: (Please check one) White Black American Indian/Alaskan Native Asian or Pacific Islander

Ethnicity: (Please check one) Hispanic Non-Hispanic

WARNING: Title 18, Section 1001 of the U.S. Code state that a person is guilty of a felony for knowingly willingly making false or fraudulent statements to any department of the United States Government.

In accordance with the Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Person with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442; or
Email: program.intake@usda.gov

Please check the sites below for which you would like to be considered for placement on the waiting lists. Each site or program stated below has its own separate waiting list. If you live as a single person household you will only be able to qualify for one-bedroom apartments.

The buildings in this section are for elderly, or persons living with disabilities. To be eligible for these the head of household or co-tenant must be at least 62 years of age, or classified as a person living with a disability. If you qualify, please check the lists for which you are applying.

- | | | | |
|-------------------|---------------------------|--|--------------------------------------|
| WASHBURN | Flowing Well | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| | Lake View Terrace..... | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| IRON RIVER | Columbia Manor..... | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| | Pine Villa | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| BAYFIELD | Seagull Bay..... | <input type="checkbox"/> One-Bedroom apartments only | |
| | Rittenhouse Commons | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |

The buildings in the section below are for any age person (as long as tenant and/or co-tenant are over 18 years of age). Please check the lists for which you are applying.

- | | | | |
|-------------------|--|---|--|
| WASHBURN | Bay Ridge Villa | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| | Bay Ridge Villa II | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| | Autumn Manor | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| | Family Homes (scattered sites in Washburn) | | |
| | | <input type="checkbox"/> Two-Bedroom | <input type="checkbox"/> Three-Bedroom |
| | | <input type="checkbox"/> Four-Bedroom | |
| DRUMMOND | Wilderness View | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| CABLE | Whispering Pines | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| GRAND VIEW | Great Divide Apartments ... | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| PORT WING | Twin Pines Manor | <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |
| BAYFIELD | Bayfield Apartments | <input type="checkbox"/> Two-Bedrooms apartments only | |

The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.

VOUCHER Housing Choice Voucher Program

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State or Local agency, organization, business or individual to release to Housing Authorities of the City of Washburn and County of Bayfield any information or materials needed to complete and verify my application for occupancy, participation, and/or to maintain my continued assistance/occupancy under the Section 8 Housing Choice Voucher/Public Housing/Rural Development/Tax Credit programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), Wisconsin Housing and Economic Development Authority (WHEDA), and Rural Development (USDA) in administering and enforcing program rules and policies.

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

- | | |
|-----------------------------------|--|
| Identity and Marital Status | Courts and Post offices |
| Employment, Income and Assets | State Unemployment Agencies |
| Residences and Rental Activity | Utility Companies |
| Medical and Child Care Allowances | Schools and Colleges |
| Credit and Criminal Activity | Banks and other Financial Institutions |
| Previous Landlords | Credit Providers & Credit Bureaus |
| Past and Present Employers | Law Enforcement Agencies |
| Veterans Administration | Social Security Administration |
| Public Housing Agencies) | Medical & Child Care Providers |
| Welfare Agencies | Support and Alimony Providers |
| Retirement Systems | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect for 15 months after signed.

Head of Household: _____ Date: _____

Spouse/Co-Head: _____ Date: _____

Adult Member: _____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

STATEMENT REQUIRED BY FEDERAL PRIVACY ACT: RD'S and HUD are authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C.1471 et. Seq.) To solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that which is unlawful to deny eligibility because of the refusal to disclose certain information. The principal purposes for collecting the requested information are to determine eligibility for occupancy and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate federal, state and local agencies when relevant to civil, criminal or regulatory proceedings. In the event there has been any material misrepresentation on this application the application will be considered null and void. If the applicant is a tenant at the time the misrepresentation is discovered there will be termination of tenancy since the application will then be null and void.

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Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authorities of the City of Washburn & County of Bayfield
420 E 3rd St
Washburn WI 54891

Contact Person: Molly C Vail, COS, CVS

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

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Notice and Consent for the Release of Information

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): Housing Authorities of the City of Washburn & County of Bayfield 420 E 3rd St Washburn WI 54891
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with an applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

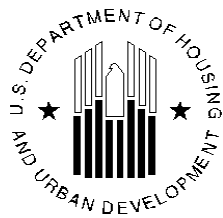
Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



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 record keeping 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 06/30/2026.

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 or such other period consistent with State Law.

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

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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