

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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Head of Household	Date		
<input type="text"/>		<input type="text"/>	<input type="text"/>
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

AUTHORIZATION TO RELEASE & SHARE INFORMATION

PURPOSE: Housing Works (Formerly CORHA) uses this authorization and the information obtained with it to administer its Housing Programs.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO SHARE & RELEASE INFORMATION: Any individual or organization including any governmental organization but not limited to, may be asked to release information, i.e.:

Banks and Other Financial Institutions
Law Enforcement Agencies, Courts, Criminal Background Checks
Credit Bureaus
Employers, Past and Present Landlords
Schools and Colleges
Utility Companies
State Agencies such as Child Welfare, Transportation, Employment Division
Social Service Agencies
Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance.
Medical Care, Pensions/Annuities
Medical Prescriptions
Social Security Administration
U. S. Department of Veterans Affairs
Credit History, Financial Concerns, Criminal Activity, Legal Issues, Child Welfare issues
Family Composition and Child Care Expenses
Employment, Income, Pensions, and Assets
Federal, State, Tribal or Local Benefits
Status of Disability
Legal Identity
Medical Expenses
Social Security Numbers
Residences and Rental History
Other: _____

AUTHORIZATION:

* I authorize for a period of 15 months from the date below to release & share any information (including documentation and other materials) pertinent to eligibility for or participation in the Housing Choice Voucher Program.

* I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand that my housing assistance may be denied or terminated. I authorize all sources to fax, mail or email information to Housing Works at: 405 SW 6th St. Redmond, Oregon 97756. Phone: 541-923-1018, Fax: 541-923-6441
Email: FrontDesk@housing-works.org

* I agree to provide an assigned Social Security number (or a Certification that no number has been assigned) for each household member.

Head of Household Signature Date

Social Security Number

Spouse/Other Adult Signature Date

Social Security Number

Other Adult Signature Date

Social Security Number

Other Adult Signature Date

Social Security Number