

BAD RIVER HOUSING AUTHORITY

APPLICATION FOR CONTINUED OCCUPANCY

I. FAMILY COMPOSITION:

A. Family Members Residing in the Dwelling Unit:

Name of Each Person in Dwelling & Birth Date & S.S. # of Family Members	Relation to Family Head	Age	Sex	Occupation
1. _____	Head			
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				

B. Anticipated Changes in Family Composition:

C. Disabled, Handicapped, Veteran and Service Data:

1. Member Disabled _____ Nature and extent of disability _____
2. Member handicapped _____ Nature and extent of handicap _____
3. Member who has been or is in military services _____
Period of service: From _____ To _____

II. INCOME

A. Total Income:

Family Member	Source, Type and Rate	Amount
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Total Family Income		\$ _____

B. Deductions: Alimony, Child Support, Child Care, Travel for Work or School

Family Member	Source, Type and Rate	Amount
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Total Deductions		\$ _____

III. NET ASSETS:

- A. Type _____
 - B. Estimated Value \$ _____.
-

The information given is true and complete to the best of my knowledge. I have no inquires for the purpose of verification.

Tenant _____ Date _____

Current Phone Number _____

Mailing Address _____

FEDERAL PRIVACY ACT NOTICE

for the

Section 8 Rental Certification, Rental voucher, Moderate Rehabilitation, and the Public and Indian Housing Programs

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban development (HUD) to determine an applicant’s eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses 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 to the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 public housing agency/Indian housing authority, including all social security numbers you , and all other household members age six (6) years and older, have and use. Giving social security numbers of all household members age six (6) 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 delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.) Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applications and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on _____.

Signature of Head of Household or Spouse

APPLICANT/TENANT CERTIFICATION

APPLICANT (S) 'S /TENANT (S) STATEMENT

I/We certify that the information given to the **Bad River** Housing Agency on household composition, income, new family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. (Add reference to state law if applicable.) I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

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

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

Privacy Act Notice

and Urban Development
Office of Public and Indian Housing

To the U.S. Department of Housing and Urban development (HUD)
And the Housing Agency/Authority (HA)

PHA requesting release of information; (Cross our 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)

Bad River Housing Authority
P.O. Box 57
Odanah, Wisconsin 54861

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; (3) HUD to request certain tax return information from the state agency responsible for keeping that 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 this 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.522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to government agencies for law enforcement purposes and to HA's 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 becomes 18 years of age.

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

PHA-owed rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19© 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 (1)(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 used to 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 provided 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 HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying that the amount was, whether I actually has access to the funds and when the funds were received. In addition, I must be given an opportunity to consent those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date

Social Security Number (if any) Head of Household			

_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice: 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. 20000d), 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 collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay towards 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 Missing this Contest:

HUD and HA and any owner (or any employee of HUD 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 misdemeanor and fined not more than \$5,000.00.

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.

IHA OFFICIAL'S CERTIFICATION FOR TENANT'S FILE

IHA OFFICIAL'S STATEMENT

I certify that:

1. the information given to the **BAD RIVER** Housing Agency by the household of _____.
2. the family was eligible at admission;
3. the family has certified that it has given our agency accurate and complete information; and

Signature of IHA Official or Representative

Date