

**GLASTONBURY HOUSING AUTHORITY
25 RISLEY ROAD
GLASTONBURY, CT 06033
(860) 652-7568**

OFFICIAL USE ONLY	
<input type="checkbox"/>	Initial Certification
<input type="checkbox"/>	Annual Certification
<input type="checkbox"/>	Income Change
<input type="checkbox"/>	Household Change

Personal Declaration

YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR OFFICE APPOINTMENT. THIS FORM MUST BE SIGNED BY ALL ADULT MEMBERS. PLEASE TYPE OR PRINT CLEARLY. COMPLETE ALL SECTIONS OF THE FORM, MARK N/A IF IT DOES NOT APPLY TO YOU.

Address _____ Phone _____
P.O. Box if applicable _____

LIST ALL OCCUPANTS OF THE ASSISTED UNIT

Legal Name	Relation to Head of Household	Sex	Age	Date of Birth	Place of Birth	Social Security #	Full- time Student? (Yes or No)
	HEAD						

a. FOSTER CHILDREN

List the complete name of any foster children in your family:

b. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER

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<input type="checkbox"/>	Documentation of foster care status
<input type="checkbox"/>	Student Aid?
<input type="checkbox"/>	Student Aid?

c. WORKING: Is anyone working or expected to work in the next 6 months?

Yes No

If yes, complete the portion below.

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone
Do you ever receive any of the following?			
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone
Do you ever receive any of the following?			
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below?

Item	Yes	No	Who	Monthly Amt
• Training	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Work Study	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Grants, Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• T.A.N.F.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• A.N.D.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• SSI	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Pension/Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Interest/Asset	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Rental Property Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Second Job	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Other, explain	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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Paystubs on file

3rd Party on file

W2/1099

Earnings Exempt

Paystubs on file

3rd Party on file

W2/1099

Earnings Exempt

NOTES:

e. Do you have out of pocket child care expenses for a child under the age of 12 and the child care enables you to work or go to school? If so complete the following:

_____ Monthly Amount _____
1) Care Provider Name

_____ Care Provider Address _____ Care Provider Phone

_____ Monthly Amount _____
2) Care Provider Name

_____ Care Provider Address _____ Care Provider Phone

f. Does anyone receive any income from any other source outside your household? For example, does anyone pay any of your bills or give you money on a regular basis? If so please explain.

g. Does anyone in your family currently own any real estate, such as land, a home, a mobile home, etc? If so please complete the following:

_____ Type _____ Address _____ Estimated Value _____

h. Have you or any other adult household member sold any business or assets in the last 2 years for less than its full value? If so please explain:

i. MEDICAL EXPENSES – ELDERLY OR DISABLED FAMILIES ONLY

If the head of household or the spouse of the head of household is 62 years of age or older, or disabled, AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of your monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

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3rd Party on file

Who pays childcare expenses?

Verification from source of income

3rd Party on file

Market Value _____
Amount owed _____
Income _____

3rd Party on file

Disposition of proceeds

j. ASSETS: Does anyone, including children, have any of the following resources? Check Yes or No for each item. If yes, list who and amount.

Item	Yes	No	Who?	Amount	OFFICIAL USE ONLY
• Cash (over \$100)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> 3 rd Party on file?
• Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
			_____	_____	<input type="checkbox"/>
• Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
			_____	_____	<input type="checkbox"/>
• Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• CD or Money Market	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• Notes, Mortgages or Deeds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• Retirement Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
• Other, Explain	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____			_____	_____	
_____			_____	_____	
_____			_____	_____	

If yes to any items above, complete the following:

Type of Resource	Current Value	Name & Address of Institution	Interest Rate %	
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

k. Do you have a live-in aide? If yes complete the following:

Name Social Security Number

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Reasonable Accommodation Form

l. Have you or any household member listed above ever been arrested for any drug-related criminal activity? If so please explain.

m. Have you or any household member listed above ever been arrested for any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? If so please explain.

n. Have you or any household member listed above ever received benefits under another Social Security number or another name? If so please explain.

o. Have you or any household member listed above ever lived in any rental assisted housing? If so please explain.

p. Have you ever committed fraud in any assisted housing program or been asked to repay money to any assisted housing program? If so please explain.

APPLICANT/TENANT CERTIFICATION AND NOTICE

I/We certify that the information given to the Public Housing Authority on household composition, income, net 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. I/We also understand that false statements are grounds for termination of housing assistance and termination of tenancy.

Please note that the income information provided on this form may be subject to income matching by the Department of Housing and Urban Development with IRS, Social Security and State Wage and Unemployment income data for the Public Housing and Section 8 programs. The information collected is subject to the Federal Privacy Act as explained on form HUD-9886.

WARNING! *Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.*

I do hereby swear and attest that all the information above about my household is true and correct. I also understand that all changes in household composition must be reported to the Public Housing Authority in writing within 10 days of their occurrence.

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or any other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA 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 inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies	Past and Present Employers
Courts and Post Offices	Welfare Agencies
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	U.S. Social Security Administration
Medical and Child Care Providers	Support and Alimony Providers
Retirement Systems	U.S. Department of Veterans Affairs
Utility Companies	Banks and Other Financial Institutions
	Credit Providers and Credit Bureaus

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove correct information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, U.S. Department of Defense, U.S. Office of Personnel Management, the U.S. Postal Service, the U.S. Social Security Administration, and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain on file with the PHA. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	(Date)
_____	_____	_____
Spouse	(Print Name)	(Date)
_____	_____	_____
Adult Member	(Print Name)	(Date)
_____	_____	_____
Adult Member	(Print Name)	(Date)

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.