

Are you interested in Applying for Public Housing or Rental Assistance?



Attached is an "Application for Admission" for housing assistance in the City of Ashland. Please fill it out as thoroughly as possible and return it to us.

Public Housing

For families with children we offer- 2, 3, 4, and 5 bedroom family homes that are scattered throughout the city.. We have one and two bedroom apartments. Ideally a couple would qualify for a 2 bedroom apartment but may wish to live in a 1 bedroom instead. (Please let us know if this is your choice.) Our apartment buildings are Bay Tower (**our only smoking allowed apartment building**), Bay Terrace , Bay Ridge, and Bay Haven . Our apartment buildings are conveniently located near the Senior Citizen's Enrichment Center and only a block or two from downtown Ashland.

Screening of Applicants

All applications are screened for criminal background, landlord and credit history. You will receive a letter after submitting your application if you qualify to be put on the waiting lists. If you are denied for any of the above reasons, you will have the opportunity to meet with staff to discuss the reason for denial. There are income guidelines. If you feel you don't qualify due to higher income, we can advise you of the current income guidelines.

Waiting lists

AHA implements General Occupancy with preferences per §24 CFR part 960.206

The wait time is usually 6 months to a year. **It is vital you keep the housing authority updated with your current address and phone numbers.** Should you come to the top of the list, we will send out a letter informing you. If that letter is returned, "address unknown," we will take you off the waiting list. Should you come to the top of the list, and you are not ready to move, you may choose to not accept housing at that time. Applications have the right to refuse 3 times. After the third refusal, we will take you off the list.

Rent

Rent is based upon your income. It is calculated at 30% of your adjusted income with a minimum rent of \$50.00 per month. Adjusted income means we do give you credit if you are disabled or 62 -for medical expenses. If you are a family, you are given credit for each child and day care expenses. All tenants are required to notify the agency within 10 days should their income change by \$40 a month. Rent is due on the first of the month, and considered late if we receive it after the 5th working day of the month. Four late payments constitute eviction.

Security Deposits

The security deposit for all houses and apartments is \$450.00. Pet Deposit is \$200.00. Please refer to our Pet Policy for restrictions.

We also have a **Section 8 Rental Assistance Program** for low-income clients. This program provides assistance to renters in privately owned rental units. We serve families, elderly and disabled, those living in Ashland and Bayfield County as a preference. Please note that it could be a 12-24 months or more before we can assist any new applicants for the Rental Assistance Program. If you are interested in Rental Assistance you may wish to contact other Housing Authorities in the area. You are allowed to apply to more than one agency at a time but may be restricted as to where you can live. Check with Ashland County Housing Authority at 1-800-274-8311 or Bayfield County Housing Authority at 373-2653.

If you have any **questions** about our programs, income limits or this application please feel free to call us at 682-7066 from 8:00AM-3:00 PM Monday through Friday

Visit our website at www.cityofashlandhousing.org





PIH Customer Service Center

What is the PIH Customer Service Center?

The PIH Customer Service Center was created to serve as a central source of information for all programs operated by the Office of Public and Indian Housing.

The PIH Customer Service Center is designed to provide information to the general public, Public Housing Agencies, Public and Indian Housing residents, members of resident associations, recipients of Housing Choice Voucher assistance, housing professionals, members of local Boards of Commissioners, landlords and HUD staff on various aspects of Public, Indian and Assisted Housing Programs.

FREE RESOURCES FOR APPLICANTS, RESIDENTS AND RESIDENT COUNCILS

Residents of Public Housing, participants in the Section 8 Housing Choice Voucher Program, and applicants for assisted housing services can obtain information free of charge from HUD Public and Indian Housing Information and Resource Center.

Services and Information available include, but are not limited to:

- Explanations of how your rent is determined;
- Tenants Rights and responsibilities
- Resident Empowerment
- Homeownership opportunities for low income families
- Resident opportunities
- Complaint referrals; and
- Assistance in locating Housing Agencies through out the United States

To request order forms, documents, referrals and other information, call

Toll-free Number 1-800-955-2232

Please contact the PIH Customer Service Center through our toll-free number at **(800) 955-2232** from 9:00 a.m. to 5:00 p.m., Eastern Standard Time (EST) daily Monday through Friday, except for Federal holidays.

THINGS YOU SHOULD KNOW

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

PURPOSE: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be;

- Evicted from your apartment or house
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000.00
- Imprisoned for up to 5 years, and/or
- Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

Asking Questions; When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is. If you fill it out yourself you can call the agency you are applying to and ask any questions.

Completing the Application: When you give your answers to application questions, you must include the following information;

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension etc.
- Any money you receive on behalf of your children (child support, Social Security for children etc.)
- Income from assets (interest from a savings account, credit union or certificate of deposit, dividends from stocks etc.
- Earnings from a second job or part-time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive).
- All bank accounts, savings bonds, certificates of deposit, stock, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last two years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State and private agencies to verify that it is correct.

Recertifications-

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/ household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own. Any asset that was sold in the last 2 years for less than its full value.

Beware of fraud- You should be aware of the following fraud schemes:

- Do not pay any money to file an application
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent(such as maintenance charges)

Reporting Abuse-

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statement, report them to the manager of your project or PHA.

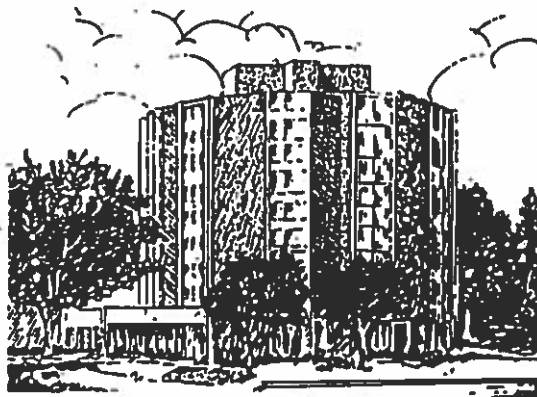
If you cannot report to the manager, call the local HUD office 1-800 333-4636

Or write to the

HUD HOTLINE, ROOM 8254
451 SEVENTH STREET S.W.
WASHINGTON, D.C. 20410



Office of:
 City of Ashland Housing Authority
 319 Chapple Avenue Ashland,
 Wisconsin 54806
 Telephone: (715) 682-7066 FAX:
 (715) 682-7189
www.cityofashlandhousing.org



*Bay Tower Apartments
 Bay Haven Apartments
 Bay Ridge Apartments
 Bay Terrace Apartments
 Forty-Five Family Homes*

ASHLAND HOUSING AUTHORITY

This institution is an equal opportunity provider and employer

APPLICATION FOR ADMISSION

| | | | | |
|---|--|---|-------------------------------------|---------------------------------|
| (FOR OFFICE USE ONLY) Date and Time of Application | <input type="checkbox"/> Elderly | <input type="checkbox"/> Accessible Space | <input type="checkbox"/> Ineligible | Specific Housing request: _____ |
| | <input type="checkbox"/> Family | <input type="checkbox"/> Extremely Low | <input type="checkbox"/> Disability | _____ |
| | <input type="checkbox"/> Bedroom size | <input type="checkbox"/> Very Low | | _____ |
| | <input type="checkbox"/> Rent Assistance | <input type="checkbox"/> Moderate Income | | Yearly Income: _____ |
| | <input type="checkbox"/> Low income | | | |

The Ashland Housing Authority has a wide array of housing and programs available for people in need of affordable housing. Projects owned or administered by the City of Ashland Housing Authority include (please select): Bay Tower, Bay Ridge, Bay Haven, Bay Terrace, family homes, and privately owned rentals under the rent assistance program. Eligibility for any or all of these programs varies slightly by income and family size. Therefore, once we have preliminarily determined your eligibility, we will place you on the waiting lists for selected programs for which you are eligible. AHA does implement General Occupancy with preferences per §24 CFR part 960.206

Head of Household Information - Legal name please (Please Print)

Last: _____ First: _____ M.I. _____ Sex: M. F

Social Security Number: _____ Birth date: _____ Age _____
Must be included to process application

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

Ethnicity: (Please check one) Hispanic Non-Hispanic

Do you or any family member require modifications or accommodations to fully utilize the unit, the program or it's services?
 Yes No (For example - raised toilet seat, ramp to access home, TDD, grab bars in shower, roll in shower) If yes, please explain: _____

What is your present address:

Street _____ City _____ State _____ Zip _____

Mailing Address:

Street _____ City _____ State _____ Zip _____

Home Telephone: () _____ Work Telephone: () _____

Cell phone: () _____ Email address _____@_____

If we were unable to reach you, whom could we contact locally?

Name: _____ Relation: _____ Phone number: _____

Household Members

List the legal names of all household members below. **Start with yourself as head of household, then spouse or co-head**, then minors (oldest to youngest) then any other adults. (Social Security numbers must appear for anyone over 18 years old). You must have 50% or more legal custody of minor children to claim them.

Circle spouse or co-head below please!

| Legal Name | Sex M/F | Relationship To Head | Social Security # | Birth Date | Age | Hispanic Yes/No | School Name/ Occupation |
|------------|------------|-------------------------|-------------------|---------------|-----|--------------------|----------------------------|
| | | self | | | | | |
| | | spouse/co-head | | | | | |
| | | other adult | | | | | |
| | | child | | | | | |
| | | child | | | | | |
| | | child | | | | | |
| | | | | | | | |

When completing this application include income and assets of all adults (Over 18 and not in school) in family

Are you or any other adults in household attending school? Yes ___ No ___ If yes, Full ___ Part time ___

Fill in name of adult/s in school _____

Salary and Wages

Please list Gross Amount (Before Deductions) of wages and salaries, overtime pay, commissions, fees, tips, and bonuses.

| Family Member | Monthly Amount | Source |
|---------------|----------------|--------|
| | | |
| | | |
| | | |

Net Income from Business or profession or rental or real or personal Property

| Family Member | Monthly Amount | Source |
|---------------|----------------|--------|
| | | |
| | | |
| | | |

Social Security / SSI Payments

| Family Member | Monthly Amount | Source |
|---------------|----------------|--------|
| | | |
| | | |
| | | |

Pensions, Annuities, Retirement Funds, Ira Accounts, interests

| Family Member | Monthly Amount | Source |
|---------------|----------------|--------|
| | | |
| | | |
| | | |

All other income: Include income from all other sources, such as unemployment, disability compensation, worker's compensation, severance pay, alimony, child support, regular recurring contributions or gifts of money, educational grants, scholarships, VA benefits, regular pay, special pay and allowances for head of Household in Armed Forces, Public Assistance, Welfare or any other source.

| Family Member | Monthly Amount | Source |
|---------------|----------------|--------|
| | | |
| | | |
| | | |

Do you receive Food Share ? _____ If yes, what is the amount per month? \$ _____

Child Care Expense: Include amount paid by the family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

| Monthly Amount | Name, address and phone number of child care provider |
|----------------|---|
| | |

Disability Deduction: Persons which meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you request this adjustment, we will need only sufficient documentation to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

_____ Please check here if you believe you qualify for a disability deduction

Medical Expenses: To be completed for households with persons who are handicapped, disabled or over the age of 62. Include total expenses to be incurred over the next twelve month period, not covered by insurance. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses, hearing aids / batteries, cost of live-in resident assistant, monthly payments required on accumulated major medical bills, including that portion of spouse's or child's nursing home care paid from family income. **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 ___

| Family Member | Monthly Amount | Paid to / for |
|---------------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |

ASSET INFORMATION

List all information for applicant, spouse, or co-applicant:

Important : Have you disposed of any assets at less than fair market value in the last 2 years? ___ if yes please explain on a separate sheet of paper and attach to application

Cash On Hand

Amount:

Do you have a Safety Deposit Box? _____ If yes what is the value of items in box- _____

Checking Accounts

| Account # | Name of Bank | Current Balance |
|-----------|--------------|-----------------|
| | | |
| | | |
| | | |

Savings Accounts

| Account # | Name of Bank | Current Balance |
|-----------|--------------|-----------------|
| | | |
| | | |
| | | |
| | | |

Stocks and Bonds

| Type | Number owned | Value |
|------|--------------|-------|
| | | |
| | | |
| | | |

Real Estate

| Market Value | If sold within the last two years, list sale amount |
|--------------|---|
| | |
| | |

Property Sold Under Land Contract

| Original Amount | Outstanding Balance | Terms (per month / per year) |
|-----------------|---------------------|------------------------------|
| | | |

All Other Assets-Do you have life insurance? _____ If yes list below.

| Type | Name /policy number | Value |
|------|---------------------|-------|
| | | |

Landlord References

Have you ever been evicted: Yes No
 If yes, by whom? _____ When (date)? _____
 Why? _____

List the names of addresses of your last three Landlords:

| Landlord name | Landlord address | Address while residing | From-To | Landlord phone # |
|---------------|------------------|------------------------|---------|------------------|
| | | | | |
| | | | | |
| | | | | |

Credit and or Personal References (List Three)

| Company or Name | Account Number or Address | Phone |
|-----------------|---------------------------|-------|
| | | |
| | | |
| | | |

Pets

Do you have any pets? Yes No
 If yes, what kind? _____ Size: _____ Weight: _____

Criminal Record

Have you or a member of your household ever been convicted of a crime? Yes No
 If so, what, where and when? _____
 Is any member of your household subject to a lifetime sex offender registration program in any state? Yes
 No (false response or failure to respond could result in denial of your application)

Have you or a member of your family ever been assisted by this or any other public housing program (Rental Assistance or a home)? _____ **If yes please list the dates and programs :** _____

Have you ever been denied assistance by any Public Housing Authority? _____ if yes please explain with dates and names of agencies and reasons for rejections. _____

Have you or any adult member of your household lived outside of Wisconsin within the last 10 years? If so, please lists the states in which you resided.

Privacy Act Statement

The Rural Development is authorized by Title V of the Housing act of 1949 as amended 942 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 it is unlawful to deny eligibility because of refusal to disclose your Social Security account number. The principal purposes for collecting the requested information is 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.

All tenants that are over 18 years (non HS Student) old must be included and sign this application

Your signature on this application authorizes the Ashland Housing Authority to contact your prior landlords for information regarding your prior tenancies, to check your personal and credit references and to obtain credit, employment and court records.

Head of Household: _____ Date _____

Co/ Head of Household: _____ Date _____

Other adults: _____ Relationship _____ Date _____

_____ Relationship _____ Date _____

_____ Relationship _____ Date _____

_____ Relationship _____ Date _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Race: White Black American Indian / Alaska Native Asian or Pacific Islander

Ethnicity: Hispanic Non-Hispanic/ Gender Male Female

Ashland Housing Authority will comply and support any reasonable accommodation necessary with in reason to assist an applicant in the application process.

If you feel that you have been discriminated against during the course of the application process, Ashland Housing Authority will make available to you a "Housing Discrimination Complaint Form" and will assist you with completion of this form.

"In accordance with Federal law and U.S. department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)"

To file a complaint of discrimination, write USDA, Director of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

ANY PERSON OR PERSONS IN NEED OF A REASONABLE ACCOMMODATION TO ATTEND THIS METING, PLEASE CONTACT THE HOUSING AUTHORITY AT 715-682-7066 AND WE WILL ATTEMPT TO MAKE ARRANGEMENTS TO MEET YOUR NEED.

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| 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.

| | |
|--|--|
| | |
|--|--|

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.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

City of Ashland Housing Authority
319 Chapple Avenue
Ashland, WI 54806

Phone 715-682-7066
Fax 715-682-7189
Email cityaha@cityofashlandhousing.org
Web site www.cityofashlandhousing.org

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(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 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.

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

City of Ashland Housing Authority
319 Chapple Avenue
Ashland, WI 54806

715-682-7066
October 21, 2015

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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 | |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

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 this form is restricted to the purposes cited above. 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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service