



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

**City of Ashland  
Housing Authority**

319 Chapple Avenue  
Ashland, WI 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



This institution is an equal opportunity  
provider and employer



## **APPLICATION INSTRUCTIONS**

1. Please print ALL of your information on the application form.
2. Fill out the application completely. If you need assistance please call the office
3. **All adults age 18 and over must sign where indicated**
4. HUD Debts owed form 52675 and Declaration of Section 214 Status will need to be signed separately by each adult over 18. **Please contact us for additional copies**

**Completed applications may be returned by mail, email or fax to:**

**Mail:** City of Ashland Housing Authority  
319 Chapple Ave.  
Ashland, WI 54806

**Email:** [cityaha@cityofashlandhousing.org](mailto:cityaha@cityofashlandhousing.org)

**Fax:** 715-682-7189

Allow 2-3 weeks for processing. Once your application is processed you will be informed by mail of our decision.

**NOTE:** If you have a change in address or telephone number, please submit this information in writing to the office so we are able to contact you.

**IMPORTANT:** When your name comes to the top of the waiting list and if you do not respond to our letter or our letter comes back as a mail return you will be removed from all waiting lists and you will have to reapply.

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**APPLICATION FOR ADMISSION**

The City of Ashland Housing Authority has multiple rental options. To help keep the application process simple, we use one application for all types of rentals. If you have questions about these options, contact our office. **Please CHECK any or all of the options that interest you:**

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Bay Tower   | <input type="checkbox"/> Bay Ridge   | <input type="checkbox"/> Bay Haven   |
| <input type="checkbox"/> Bay Terrace | <input type="checkbox"/> Family Home | <input type="checkbox"/> Rental Assistance<br>(Section 8/Housing Choice Voucher) |

**Head of Household Information (Legal Name):**

\_\_\_\_\_

Last Name	First Name	M.I.
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Gender: M F Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Present Address:**

\_\_\_\_\_

Street	City	State	Zip Code
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**Mailing Address (If different than above):**

\_\_\_\_\_

Street	City	State	Zip Code
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**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Race (check any and all that apply):**

White Black American Indian/Alaska Native Asian/Pacific Islander

**Ethnicity:** Hispanic Non-Hispanic

**Household Composition:** List the names of **anyone else that will live with you**. Include anyone that, will also be 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.)

Legal Name	Gender M/F	Relationship to Head	Social Security #	Date or Birth dd/mm/yyyy	Hispanic Y/N	Full Time Student? Y/N	Disabled Y/N

**HOUSEHOLD INCOME**

For questions below it is important to list all of the information for all household members that are over age 18 and not in school.

**Salary and Wages:** Please list what is earned at a job. Include overtime, commission, fees, or tips

Family Member's Name	Amount earned each month	Where was this earned? (company, type of pay)

**Please list information about any Social Security or SSI received.**

Family Member's Name	Amount received each month	Where was this earned? (company, type of pay)

Please list any Pensions, Annuities, Retirement funds, IRA Accounts or Interest you receive monthly.

Family Member's Name	Amount received each month	Where was this earned? (company, type of pay)

Please list any other income not listed above. Include unemployment, disability or worker's compensation, severance pay, spousal support (alimony), child support, regular contributions or gifts of money that are made to you, any educational grants or scholarships, VA benefits, compensation from service in the Armed Services, and any monetary public assistance, etc.

Family Member's Name	Amount received each month	Where does this income come from?

### HOUSEHOLD ASSETS

Please answer the questions below for any assets held by any household members, including children. If more room is required, please write on a separate piece of paper and attach it.

How much Cash do your household members have on hand? \$ \_\_\_\_\_

Does anyone in the Household have:

- 1) A Checking Account?  Yes  No If 'yes', what is the bank name? \_\_\_\_\_  
 What is the account #? \_\_\_\_\_ What is the balance? \$ \_\_\_\_\_
- 2) A Savings Account?  Yes  No If 'yes', what is the bank name? \_\_\_\_\_  
 What is the account #? \_\_\_\_\_ What is the balance? \$ \_\_\_\_\_
- 3) Do you own real estate?  Yes  No If 'yes', list the market value? \$ \_\_\_\_\_
- 4) If the above was sold within the last two years, list the sale amount. \$ \_\_\_\_\_
- 5) Do you have any property sold under Land Contract?  Yes  No  
 What is the original value? \$ \_\_\_\_\_ What is the balance? \$ \_\_\_\_\_  
 What are the Terms? (\$ per month/per year) \$ \_\_\_\_\_
- 6) Cash cards used to receive government benefits?  Yes  No \$ \_\_\_\_\_
- 7) Trusts that are accessible to the household?  Yes  No \$ \_\_\_\_\_

**DEDUCTIONS AND ALLOWANCES**

**Family Care**

- 1) Do you have child care expenses for child/ren under age 13 because you are working, actively seeking employment or attending school?       Yes  No      If 'yes', complete below:

Monthly amount paid by the Household: \$ \_\_\_\_\_

- 2) Do you pay for a Care Attendant or any equipment for a handicapped member of the household to permit that person or someone else in the household to work?       Yes  No      If yes, name and address of provider:

Monthly amount paid by the Household: \$ \_\_\_\_\_

**Medical**

Complete **ONLY** if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.

- Do you have Medicare?       Yes  No      \$ \_\_\_\_\_ Monthly
- Do you have any other kind of medical insurance?       Yes  No      \$ \_\_\_\_\_ Monthly
- Do you pay for prescription medication?       Yes  No      \$ \_\_\_\_\_ Monthly
- Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?       Yes  No
- Do you have any outstanding medical bills on which you are paying?       Yes  No

If yes, name and address of provider:

Name of Provider: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

**LANDLORD REFERENCES** – List ALL landlords in the past three years. 3 years of rental history required.

Landlord Name	Landlord Address	Address while Residing	From/To Dates	Landlord Phone #

Have you ever been **EVICTED**:  Yes  No

If YES, by whom: \_\_\_\_\_ When (Date)? \_\_\_\_\_

Why? \_\_\_\_\_

**PERSONAL REFERENCES: (Excluding Family Members)**

<b>Company or Name</b>	<b>Address</b>	<b>Telephone</b>

**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 **YES**:

Who was convicted: \_\_\_\_\_

Where was the conviction: (County, State) \_\_\_\_\_

When was the conviction: \_\_\_\_\_

Is any member of your household subject to a lifetime sex offender registration program?  Yes  No

False response or failure to respond could result in denial of your application

**OTHER:**

Have you or a family member ever been assisted by this or any other Public Housing Program?  Yes  No

If yes, please list the dates and the program:

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Have you or a family member been denied assistance by any Public Housing Authority?  Yes  No

If yes, list the dates, name of agency and reason for rejections

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Reason for rejection: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Reason for rejection: \_\_\_\_\_



# 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. 07/31/2017

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**

**715-682-7066**

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 the 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

Document ID: 10147049726

**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 (42U.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

HA requesting release of information:

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

**715-682-7066**

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

Document ID: 10142249626

## 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.



## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - [ ] Immigrant status under §§101(a)(15) or 101(a)(20) of the INA 3/; or
  - [ ] Permanent residence under 249 of INA 4/; or
  - [ ] Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - [ ] Parole status under §§212(d)(5) of the INA 6/; or
  - [ ] Threat to life or freedom under §243(h) of the INA 7/; or
  - [ ] Amnesty under §245A of the INA 8/.

\_\_\_\_\_  
Signature of Family Member)

\_\_\_\_\_  
Date

Check box on left if signature is of adult residing in the unit who is responsible for child names on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories.

2. **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. **Immigrant status under §101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15) respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*Amnesty granted under INA 249*].
5. **Refugee, asylum, or conditional entry status under §§207, 208 or 203 in INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. **Parole Status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [*parole status*].
7. **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
8. **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



**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 recordkeeping 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 10/31/2019.

**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.

<p><b>The Notice was provided by the below-listed PHA:</b></p> <p>City of Ashland Housing Authority  319 Chapple Avenue  Ashland, WI 54806</p> <p>715-682-7066</p>	<p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p> <hr/> <p><b>Signature</b> <span style="float: right;"><b>Date</b></span></p> <p><b>Printed Name:</b></p>
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# Request for Reasonable Accommodation

Tenant ID: \_\_\_\_\_

The City of Ashland Housing Authority (HA) provides "Reasonable Accommodation" to applicants and/or participants with disabilities. A "Reasonable Accommodation" is a change, exception, or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have equal access to the HA's programs and services. The request for the accommodation must be reasonable and not an administrative or financial burden or alter the fundamental nature of the program.

If you, or anybody, in your household, has a verifiable disability and you need a reasonable accommodation, please complete this form to request the Reasonable Accommodation. All requests are reviewed on a case-by-case basis and the HA considers all information provided. The accommodation must be for a person with a disability. To be considered disabled, a person must have a disability as described below:

- (1) a physical or mental problem that substantially limits on or more life activities (or)
- (2) having a record of such a problem (or)
- (3) being regarded as having such a problem

**1. The following member of my household has a verifiable disability as defined above:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**2. As a result of this disability, I am requesting the following accommodation:**

- A change in my apartment or other part of the housing development (please specify below):
- A change in the following rule, policy, or procedure (Note that a change in how to meet the terms of the lease may be requested but the terms of the lease must be met.) (please specify below):
- Other (For example, a change in the way the Housing Authority communicates with you). (please specify below):

\_\_\_\_\_  
\_\_\_\_\_

**3. The request for reasonable accommodation is necessary so that I (or my family member) can (please specify):**

\_\_\_\_\_

**4. I authorize the HA to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the HA may contact the following licensed professional:**

Name: \_\_\_\_\_

Title of professional or expert: \_\_\_\_\_

Agency, Facility or Institution (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please contact \_\_\_\_\_ at: 715-682-7066 if you have questions.

*I understand that the information obtained by the Housing Authority will be kept completely confidential and used solely to make a determination on my accommodation request.*

X \_\_\_\_\_ Date \_\_\_\_\_



Optional and Supplemental 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.

<b>Applicant Name:</b>											
<b>Mailing Address:</b>											
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason to Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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											
<b>Commitment of Housing Authority or Owner:</b> 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.											
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
<b>Legal Notification:</b> 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.

