

ANNUAL REVIEW VERIFICATION REQUIREMENTS

INCOME:

For all working adults 18 and over: Most recent 60 days of paystubs with no gaps. If there is new employment just now being reported, please provide a hire letter with start date, wages and hours worked.

For parent to parent (direct) child support, please provide a letter from the paying parent with contact information, verifying monthly amount.

For pensions, L&I, unemployment, or VA benefit, please provide a copy of the current benefit letter.

For self employed adults, please provide most recent complete tax return including Schedule C.

If any adult is claiming zero income, each must complete the Zero Income Certification, including section 2.

ASSETS:

Provide most recent bank or investment account statements, for all accounts, held by all family members, regardless of age. The statements must show the bank/company name, account holder's name, account numbers, and balances.

DEDUCTIONS: (Optional. If not provided, will not be deducted).

Childcare expense: Provide copy of current DSHS copay award letter, or letter from provider verifying monthly out of pocket payment paid.

Medical Expenses: For those that qualify as an elderly or disabled household, you may provide verification of out of pocket "patient paid" expenses. The verification must be from the medical providers, DSHS/Copes, insurance companies or pharmacies. The verifications must clearly show the patient has paid out of pocket, or has a payment arrangement.

***Please do not include any information pertaining to diagnosis, names of prescriptions, or other confidential information. Do not submit bills or cancelled checks.**

Student Status: For household members 18 and older who are **full time students:** Provide a copy of the student's current tuition statement that shows enrolled credits. If an adult (18+) high school student, provide a letter from the registrar's office.

PERSONAL DECLARATION – ANNUAL

Office use only
Date _____

Time: _____

Bed Size: _____

Tenant Name _____ Phone _____ Circle: (Home, Work, Cell) _____

Mailing Address _____ Phone #: _____ Circle: (Home, Work, Cell) _____

City _____ State _____ Zip _____

Email _____

PLEASE ANSWER ALL QUESTIONS CLEARLY AND ACCURATELY AND DON'T FORGET TO SIGN.

FAMILY COMPOSITION

Please list yourself and anyone living in your home. If a question does not apply put N/A.

ADULTS (over age 18 name as it appears on SS card)	DATE OF BIRTH	Gender (Male or Female)	PLACE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #
				SELF	

CHILDREN (name as it appears on SS card)	DATE OF BIRTH	Gender (Male or Female)	PLACE OF BIRTH	RELATIONSHIP TO HEAD	SOCIAL SECURITY #	NAME OF SCHOOL

FAMILY CIRCUMSTANCES

1. Are any family members temporarily absent from your household? **AND/OR**, do you share custody with anyone else?
If YES list the family member's name, current address, and expected date of return. If you are working with an agency, provide documentation from the agency showing the date of expected return. **YES NO**

2. Do you own, or are you purchasing a home, mobile home, or any other form of Real Estate? If **YES**, please describe. **YES NO**

3. Have you or any household member sold, disposed of, or transferred title or given away any assets within the past two years? If **YES**, please explain. **YES NO**

4. Is there anyone in the family who is **UNDER age 18 that has a job**? If yes, list the name/birth date of the family member(s). **YES NO**
-
5. Is any family member **(18 years or older)** claiming **NO INCOME**? If YES, state the name of the family member(s) claiming NO INCOME. **YES NO**
-
6. Is anyone in your household serving in the Military? If YES, please provide the name of the family member(s) and the Branch of the military they are serving with. **YES NO**
-
7. Does anyone outside of your household pay for any of your bills or give you money? If YES, please provide the name, address and phone number of the individual or agency. **YES NO**
-
8. Do you expect changes in your income in the near future? If YES, please describe change. **YES NO**
-
9. Have you or anyone in your household ever used any other names (like your maiden name) and/or Social Security numbers **OTHER** than the one you are currently using? If YES, please explain. **YES NO**
-
10. Do you owe any money to any Housing Authority? If YES, please explain. **YES NO**
-
11. Have you ever been required to repay money for knowingly misrepresenting information for such housing programs? If YES, please explain when and where. **YES NO**
-
12. Have you or any member of your listed household been arrested or convicted for any criminal activity within the last 12 months? **If YES**, please give names, dates, charges, city, state, and an explanation. **YES NO**
-
13. Have you or any member of your household been arrested or convicted for any drug related criminal activity within the last 12 months? **If YES**, please give names, dates, charges, city, state, and an explanation. **YES NO**
-
14. Have your or any member of your listed household been arrested or convicted of a Kidnapping offense within the last 12 months? If YES, please give dates, name of offense, class of offense, city, state, and an explanation. **YES NO**
-
15. Is anyone in your household (including minors and live-in aides) subject to a lifetime state sex offender registration program in any state? **If YES**, please list the name(s) of the household member(s) and explain the situation. **YES NO**
-

C. FAMILY INCOME

Provide supporting documentation for all income sources. Refer to **INCOME/ASSET VERIFICATION REQUIREMENTS**.

Family Member (Name) and Type of Income	Source, Phone and Fax Numbers for Income	Gross Amount (before taxes or other deductions)
Family Member's Name _____ Type of Income: _____ <input type="checkbox"/> If job, start date: _____	Name of source: _____ Phone: _____ FAX: _____	\$ _____ Per: (check one) ____ Hour ____ Week ____ Month ____ Year
Family Member's Name _____ Type of Income: _____ <input type="checkbox"/> If job, start date: _____	Name of source: _____ Phone: _____ FAX: _____	\$ _____ Per: (check one) ____ Hour ____ Week ____ Month ____ Year
Family Member's Name _____ Type of Income: _____ <input type="checkbox"/> If job, start date: _____	Name of source: _____ Phone: _____ FAX: _____	\$ _____ Per: (check one) ____ Hour ____ Week ____ Month ____ Year
Family Member's Name _____ Type of Income: _____ <input type="checkbox"/> If job, start date: _____	Name of source: _____ Phone: _____ FAX: _____	\$ _____ Per: (check one) ____ Hour ____ Week ____ Month ____ Year

Need more room? Attach another page including all information

D. CERTIFICATION OF FAMILY BANK ACCOUNTS AND OTHER ASSETS

List all asset accounts for your household including checking, savings, trust accounts, debits cards, bonds, stocks, IRA or retirement accounts, real estate etc. Assets are not limited to this list. If you have any other assets that are not listed here, you must declare it to the Housing Authority. For all family members, provide one (1) of your most recent statements for all assets. Please refer to **INCOME/ASSET VERIFICATION REQUIREMENTS**.

Family Member's Name:	Type of Bank and/or Asset Account - Please list accounts separately, (ie: checking, savings – do not combine)	Current account balance:	How much money (interest income) do you expect your account to earn over the next 12 months?
		\$	
		\$	
		\$	
		\$	

Need more room? Attach another page including all information

E. DEDUCTIONS

Provide supporting documentation for deductions. Refer to **INCOME/ASSET VERIFICATION REQUIREMENTS.**

1. **Child Care.** Do you pay for childcare for any family member **under age thirteen (13)**? If YES, please fill out the information below. If you need more room, write the information on a separate sheet and attach it to your packet.

Name of Child	Name, Address & Phone of Childcare Provider	YES	NO
		Amount You Pay to Provider	

2. **Full Time Student.** Is any family member **(18 years or older)** attending school or college OR taking part in a job training program? If YES, please fill out the information below. If you need more room, write the information on a separate sheet and attach it to your packet.

Family Member (Name)	Full/Part-time?	Name and Address of School or Training Program	Phone Number of School	YES	NO
				Amount of Grant	

If your job training program is sponsored through an agency (such as DSHS-Work First Training) please provide the information listed below.

Family Member: _____ Agency Providing Training: _____ Contact Name/Ph. # _____

3. **Elderly/Disabled Households & Medical Costs.**

Elderly (62 years or older) and disabled program participants are entitled to certain benefits. In some cases, we are able to deduct medical expenses.

Definition of Disabled: A person who: a) has a disability as defined in section 223 of the Social Security Act, b) has a physical, mental or emotional impairment that: (I) is expected to be of long-continued and indefinite duration, (II) substantially impedes his/her ability to live independently AND (III) is of such a nature that ability to live independently could be improved by more suitable housing conditions, and c) has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

a. Is anyone in your family age 62 or over? **YES NO**

b. Does anyone in your family meet the above definition of disabled? **YES NO**

IF YOU ANSWERED NO TO BOTH QUESTIONS SKIP TO SECTION F

Name of Qualifying Family Member	Name and Mailing Address of Doctor or Diagnostician	Phone and Fax Numbers for Doctor or Diagnostician
		Phone: _____ Fax: _____
		Phone: _____ Fax: _____
		Phone: _____ Fax: _____

c. Do you pay for any medical, dental or optical INSURANCE for any family member? If YES, please fill out the information listed below:

Family Member Name	Medical Insurance Provider Name, Phone and Fax	YES	NO
		Policy Number	Premium (How much you pay)
			___ monthly ___ year
			___ monthly ___ year

d. Do you make regular payments to any doctor or medical facility for any family member? If YES, please fill out the information listed below:

Family Member Name	Doctor or Medical Facility Name and Address	YES	NO
		Phone / FAX #	Payment \$ (per month)

e. Do you pay for any prescriptions for any family member? If yes, please send a printout from your pharmacy showing the prescriptions and amounts paid for each for the previous twelve months. **YES NO**

f. Do you pay for a care attendant, (either live-in or live-out), or for medical equipment (such as a wheelchair)? If YES, please provide information on who you pay and how much per month. **YES NO**

F. COMMENTS

Do you have any additional comments concerning your family circumstances? Please explain below.

SIGNATURE

I certify that the information given in this packet is true and correct to the best of my knowledge and belief. I am aware that misrepresentation or omission of information to the Housing Authority of my family's circumstances is cause for the denial of my housing assistance.

*Head of Household Signature

*Date

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)

Housing Authority of Snohomish County
12711 4th Avenue W
Everett, WA 98204
425-290-8499

HA 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(l)(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.



Housing Authority of Snohomish County

12711 4th Ave. W, Everett, WA 98204

Ph: 425-290-8499; Fax: 425-290-5618

www.hasco.org

Family Obligations

Requirements for participation in the program in addition to the requirements listed on your Voucher.

Reporting changes in family circumstances

All changes must be reported in writing **within 10 days** of when the change occurs. Report any changes in your household's income. You are also required to report the addition or removal of any minor or adult family member(s) from your household.

Income

- **Change in income.** You are required to report all changes in income in writing and provide verification of the change.

Household members

- **Addition of a minor child.** If you add a minor child through birth, adoption, or court awarded custody, you are required to **report in writing** that the minor has moved into your unit.
- **Addition of an adult.**
You are **required** to get approval from HASCO **and** your Landlord to add an adult to your household. The adult member **may not** move into your household until both HASCO and the landlord approve the addition in writing.

Reporting absences from the unit

Report, in writing, if you, or any member of your household, will be absent from your unit for 30 days or longer. All absences need to be reported within 10 days of the absence occurring.

Unauthorized household members

Any person that has not been approved by HASCO and is living in your unit for more than 30 consecutive days, or for a total of 90 days in a 12-month period, is an unauthorized household member.

Your rent portion and utilities

You are required to stay current with your rent portion and utility bills.

If your landlord asks you to pay additional rent money on the side, contact us immediately.



Inspections

You must allow HASCO to inspect the unit at reasonable times and after reasonable notice. HASCO will provide at least 48 hours’ notice before inspecting the unit. You are required to:

1. **Make the unit available.** You **must** make your unit available for scheduled inspections.
2. **Pass Housing Quality Standards.** You **must** ensure that your unit meets HASCO’s housing quality standards.

Moving from your unit

When you want to move, you are required to give your landlord a written notice to vacate the unit at least 20 days before the end of the month in which you plan to move. A copy of this written notice must be given to HASCO.

If you receive an eviction notice or notice to move from your landlord, you are required to provide a copy of that written notice to HASCO.

Services For Veterans Administration Supportive Housing (VASH) Program ONLY

You are required to participate, remain compliant, and successfully complete the Supportive Housing Service Plan when required by a service provider or partnering agency.

By signing this document, I understand and agree with all the above.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12711 - 4th Avenue West

Everett, Washington 98204

(425) 290-8499 • FAX (425) 290-5618



If you are in need of an interpreter to assist you with the paper respond to our letter, please let us know.

Arabic

إذا كنت بحاجة إلى مترجم لمساعدتك بالورق أو الرد على رسالتنا، الرجاء اعالمنا.

Bosnian

Ako ti trebas prevodioca za pomoc oko papira ili da se javis nama na nasa pisma, molimo te da nam to kazes ili stavis do znanja.

Farsi

اگر برای پر کردن فرم و یا جواب دادن به نامه ما به مترجم احتیاج دارید، لطفاً به ما اطلاع دهید.

Hearing Impaired

Sign language interpreters are available upon request to assist you with the paperwork or to respond to our letter.

Russian

Если вы нуждаетесь в услугах переводчика, чтобы помочь вам заполнить формы или ответить на наше письмо, пожалуйста сообщите нам об этом.

Somali

Hadii aad ubaahan tahay turjubaan adiga kaa caawiyo warqadaha qoraalka ama jawaabta warqadaheena, fadlan nasoo ogaysiin.

Spanish

Si usted necesita un intérprete que le ayude con los papeles o para responder a nuestra carta, por favor informenos.

Ukrainian

Якщо вам потрібні послуги перекладача, щоб допомогти заповнити документи або відповісти на наш лист, будь-ласка повідомте нас.

Vietnamese

Xin hãy báo cho chúng tôi biết nếu quý vị cần thông dịch viên để giúp quý vị điền giấy tờ hay trả lời thư của chúng tôi.



The Housing Authority of Snohomish County

12711 4th Ave. W, Everett, WA 98204

Phone: 425-290-8499; Fax: 425-290-5618

www.hasco.org

ZERO INCOME CERTIFICATION

Head of Household: _____

Family Member with zero income: _____

1. I certify that I do not receive income from any of the following sources

- Wages from employment
- Self-employment or business income
- TANF, GAU, GAX
- Unemployment, L & I
- Social Security payments
- Pensions, retirement funds, annuities
- Child support, alimony
- Interest or dividends from assets
- Gifts (monetary or non-monetary) from anyone outside my household
- Panhandling
- Any other source not listed above

2. I will be using the following sources to pay for rent and other living expenses:

3. I certify that the information provided is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information to the Housing Authority of my family circumstances or income is cause for termination of my housing assistance.

Signature of family member with zero income: _____

Date: _____