

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12711 - 4th Avenue West • Everett, Washington 98204

PHONE (425) 290-8499 • FAX (425) 290-5618

PBV PROGRAM PARTNERS APPLICATION PACKET

If you need assistance completing this packet, please contact a PBV Specialist by email or phone. If you require an interpreter, let us know and one will be provided at no cost.

Please complete, sign and return the following forms:

- D **PBV Referral Form.**
- D **Cooperative Agreement.** Note the name of the referring agency.
- D **Personal Declaration.** Completed accurately, clearly and signed by Head of Household. Include all supporting documentation for income, assets and deductions as applicable. See Verification Requirements for more information on acceptable verification.
- D **Homeless Status Form.**
- D **No Income Statement.** If any adult member of your household has zero income, sign and return the no income statement.
- D **HUD and HASCO Release Form.** Signed by all adult members.
- D **Supplemental Contact Form.**
- D **Verification of Citizenship Consent Form.**
- D **Declaration 214.** If non-eligible citizen, please include copy of alien registration card.
- D **HUD Form 52675.** Notification of EIV system, separate signed forms for each adult member.
- D **LEP Language Survey.**
- D **Verification of Social Security Number.** Copies of SS cards or documents (e.g. SS award letter, Medicare/Medicaid ID card, receipt from SS showing you've applied for a new card, for ALL household members).
- D **Verification of Student Status and financial aid.** If the head, co-head, or spouse is a full time student receiving financial aid, the housing authority must take addition steps to determine program eligibility. If your household is eligible for the program, student financial aid may be included in the income calculation.
- D **Identification** Current valid identification for all family members.

The Housing Authority is committed to providing those with disabilities full access to HASCO programs and services. For further information about HASCO's commitment to removing barriers to access or for ADA assistance or to request a reasonable accommodation for a disability please contact your housing representative.

Equal Housing Opportunity

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PBV REFERRAL

I certify that _____ (Applicant Name) has been:

Screening completed by property management and determined eligible to live at _____ (Apartment Community); and

Screening completed to determine that no one in the household is a registered sex offender or has a criminal history including predatory sex offenses, manufacture or distribution of methamphetamines, arson or violent acts involving grave bodily injury arrests; and

Has been chosen by property management for the PBV program

Name of Property Owner/Manager

Signature of Property Owner/Manager

Date

() _____
Phone Number

PBV Unit Address and Unit # (*We will the return application to the Property Owner/Manager if the unit number does not match HASCO's records for designated PBV units*)

Date inspection was requested for unit

Estimated date of move-in

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**TARGETED VOUCHER PROGRAM
COOPERATIVE AGREEMENT
RELEASE OF INFORMATION FORM**

I, _____ do hereby authorize the
Housing Authority of Snohomish County and _____
(name of referring Agency)
_____ to share information as it
relates to my Targeted Voucher Program tenancy, including the disclosure to
my landlord that I am participating in a Targeted Voucher Program in
cooperation with the above agency. I further authorize the Housing
Authority of Snohomish County to contact any agencies, officers, groups,
organizations, or individuals to obtain information which is deemed
necessary to determine my eligibility or continued eligibility for
participation in the Housing Authority's housing assistance program.

Signed: _____
Tenant

Equal Housing Opportunity

VERIFICATION REQUIREMENTS

All verifications must be dated within two months (60 days) of the date you submit them. If documents are too old, we will request that you supply documents with a current date.

INCOME

You must provide documentation for income received by all household members.

D Earned Income (employment).

- Copies of the most recent, two full months of consecutive paystubs; or
- **If new employment** - A letter from your employer verifying your start date, rate of pay, hours worked per week/month, any extra compensation including tips, bonuses, or commission and complete contact information for the employer.
- If self-employed, a copy of the most recently filed IRS 1040 form and Schedule C form, OR the Self-Employment Statement of Income (request from your Housing Specialist)

D Unearned Income.

- TANF award letter; if TANF amount has been reduced, please provide a copy of the award letter stating the reason the amount was reduced.
- SS/SSI/SSDI/survivors' benefits letter. If you need a new letter you may request one online at www.socialsecurity.gov or by calling 1-800-772-1213. ****Note:** If you have deductions out of your SS/SSI income, please call and request a detailed letter explaining what/how much the deductions are.
- Unemployment benefits award letter
- L&I claims
- Pensions or VA benefits, letter with amount and frequency of payment

D Child support.

- 12-month print-out from OSE; or
- A letter from the parent providing support verifying the amount and frequency of payments, and the address and phone number of the paying parent.

D No Income.

- If any adult member of your household has zero income, that member must sign a no income statement, (request form from your housing specialist)

ASSETS / BANK ACCOUNTS

For all family members, provide one (1) of your most recent statements for all assets. If you have any other assets that are not listed here, you must declare it to the Housing Authority.

D Bank statements.

- Most recent bank statement including name, account number, current balance, and interest rate. **Provide all pages for each statement.**

D Investment accounts.

- A current investment report including the balance and rate of return of the account (if known) for all stocks, bonds, mutual funds, savings certificates (certificate of deposit), money market funds retirement accounts (company, IRA, Keogh), inheritances, lottery winnings, or life insurance policies. **Provide all pages for each statement.**

D Real estate.

- Any documents showing ownership in real estate (mortgage statement, tax information, deed to property, closing/escrow report showing the address, value, and amount owed on the home.

DEDUCTIONS

D Childcare costs.

- A current award letter from DSHS stating your co-pay amount. **OR**
- Current receipts/printout from childcare provider, showing payment amount and provider's contact information

D Full time student.

- Verification of student status (i.e. class schedule); or
- A letter on school letterhead stating full time student status for current semester/quarter.

D Medical costs.

- Medical deductions are only allowed for households with a disabled or elderly (over age 62) head/co-head/or spouse. Deductions are provided for medical costs for all household members, even those that are not disabled.
- The total of your anticipated medical expenses must exceed three percent (3%) of your family's gross income to qualify for an allowance.
- Medical expenses must be recurring expenses that can be expected over the next 12 months.
- Examples of acceptable medical expenses include:
 - **Insurance premiums.** A current document from the insurance company, a minimum of two bank statements showing withdrawal for insurance.
 - **Prescriptions.** A printout from the pharmacy showing out-of-pocket prescription costs for the previous twelve months.
 - **Doctor/Dental/Vision/Counseling/Therapy visits.** A print-out from the provider's office showing the number, dates, and amount paid out-of-pocket for the previous twelve months.
 - **Medical Monitoring.** A 12-month printout for the previous twelve months of monitoring.
 - **Nursing Services / COPES.** A 12-month printout for the previous twelve months showing your out-of-pocket expense.



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Initial Personal Declaration

Head of Household Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____
 With Zip Code _____

A. FAMILY COMPOSITION

Please list yourself and anyone living in your home. For Race, please enter: 1) White, 2) Black/African American, 3) American Indian/Alaskan Native, 4) Asian, 5) Native Hawaiian/Other Pacific Islander. Multiple race codes can be indicated for each family member.

Adults (18 and older; name as it appears on SS card)	Date of Birth	Gender (Male or Female)	Place of Birth	Relationship to Head of Household	Social Security Number	Race	Hispanic or Latino? (Yes or No)
				Self			

Children (Under 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 Number	Race	Hispanic or Latino? (Yes or No)

If more space is needed, please add an additional page

*** If a question does not apply put N/A ***

B. FAMILY CIRCUMSTANCES

1. Are any family members temporarily absent from your household? **Yes No**

If yes, please list name and expected date of return.

2. Do you share custody of a dependent with anyone else? **Yes No**

If yes, please list the family member's name and the percentage of time they live in your household:

3. Do you currently owe money to any Public Housing Authority (PHA) or been required to repay money to a PHA for misrepresenting information? **Yes No**

If yes, please explain:

4. Do you currently or have you ever lived in subsidized housing? **Yes No**

If yes, please explain with dates:

5. Have you ever been evicted from any subsidized housing program (i.e. Public Housing, Section 8, Project-based Voucher, Shelter + Care Program, etc.)? **Yes No**

If yes, please explain:

6. Have you or any member of your household ever been convicted of any criminal activity? **Yes No**

If yes, please explain and include dates of conviction:

*** If a question does not apply put N/A ***

C. FAMILY INCOME

Family Member Name	Type of Income	Source of Income (include Phone and Fax/Email)	Gross Monthly Income (before taxes, deductions)
			\$
			\$
			\$
			\$

1. Is there any household member who is under 18 **and** has a job?

Yes

No

If yes, please list name and birthdate:

1. Is there any household member 18 or older who is claiming **NO INCOME**?

Yes

No

If yes, please complete a No Income Statement for all those who meet these criteria.

2. Does anyone who does not live in the household pay bills on your behalf or give you money or material goods on a regular basis?

Yes

No

If yes, please list the name and contact information:

4. Are you or any family member participating in a job-training program?

Yes

No

If yes, please list the agency name and phone number:

Must provide supporting documentation for income. **Refer to VERIFICATION REQUIREMENTS.**

***** If a question does not apply put N/A *****

D. CERTIFICATION OF ASSETS

List all asset accounts for your household including checking, savings, trust accounts, debit 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 them to HASCO. All family members must provide at least one (1), most recent statement for all assets. **Refer to VERIFICATION REQUIREMENTS.**

Family Member's Name:	Type of Asset (i.e.: Checking, savings, - do not combine) Please list accounts separately	Current account balance:	How much interest do you expect to earn over the next 12 months?
		\$	
		\$	
		\$	
		\$	
		\$	

1. Have you or any household member sold, transferred title, or given away any assets for less than market value within the past two years? **Yes** **No**

If yes, please explain:

Must provide supporting documentation for assets. **Refer to VERIFICATION REQUIREMENTS.**

***** If a question does not apply put N/A *****

E. DEDUCTIONS

1. Do you pay out of pocket for childcare for any family member under 13 years old?

If yes, please complete the table below: **You must provide supporting documentation.**

Name of Child	Name, Address & Phone of Childcare Provider	Amount of Payment
		\$
		\$
		\$

2. Is any family member 18 or older attending college? **You must provide supporting documentation.**

Family Member Name	Full/Part-time?	Name and Address of School	School Phone Number

3. Are you, your spouse / co-head 62 years or older? Yes No

4. Are you, your spouse / co-head disabled? "Disabled" is defined by HUD as "any Person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment." Yes No

You must provide supporting documentation.

IF YOU ANSWERED "NO" TO BOTH QUESTIONS, PLEASE SKIP TO SECTION F

If yes, please complete the table below:

Family Member Name	Name and Address of Doctor or Diagnostician

*** If a question does not apply put N/A ***

5. Do you pay for any medical, dental, or vision insurance for you or any member of your family? Yes No

If yes, please complete the table below: **You must provide supporting documentation.**

Family Member Name	Medical Insurance Provider Name and Phone	Policy Number	Premium Cost

6. Do you make regular payments to any doctor or medical facility for yourself or any family member? Yes No

If yes, please complete the table below. **You must provide supporting documentation.**

Family Member Name	Doctor or Medical Facility Name and Address	Phone / FAX #	Payment amount per month
			\$
			\$

7. Do you pay for any prescriptions for any family member? Yes No

If yes, please provide a print out from your pharmacy showing the prescriptions and the amounts paid out of pocket for the last 12 months.

8. Do you pay for a care attendant or medical equipment out of pocket? Yes No

If yes, please list the agency or individual you pay and how much you pay out of pocket each month for the service or equipment. **You must provide supporting documentation.**

***** If a question does not apply put N/A *****

F. SIGNATURE

I/we have read and understand the information in this document. I/we declare the information presented in this packet is true and accurate to the best of my knowledge. I/we understand that misrepresentation or omission of information to HASCO of my family's circumstances is cause for denial of my housing assistance.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

HOUSING AUTHORITY OF SNOHOMISH
COUNTY

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HOMELESSSTATUS

Please answer the following questions:

1. Are you currently living in a car, on the street, or another place not meant for human habitation?

YESD NOD

2. Are you currently living in an emergency shelter, transitional housing, Safe Haven, or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low-income individuals?

YESD NOD

3. If you are exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution?

YESD NOD

4. If you are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based or other social networks, to obtain other permanent housing?

YESD NOD



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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: _____

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 Ave W

Everett, WA 98204

425-290-8499

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(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.



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**AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE HOUSING AUTHORITY OF SNOHOMISH COUNTY**

I authorize the release of any information deemed pertinent by the Housing Authority of Snohomish County for establishing eligibility or continued participation in any of the agency's housing assistance programs. I agree that photocopies of this authorization may be used for these purposes. Requested information includes, but is not limited to any of the following:

1. Childcare and disability assistance expenses.
2. Medical expenses including, but not limited to, regular monthly payments for medical bills, hospital services, health insurance premiums, co-pays, prescription costs, vision costs, dental treatment, medical equipment, or any other medical expense allowed under IRS Publication 502.
3. Information from previous landlords, law enforcement agencies, criminal checks through ACRAnet, courts, credit bureaus, schools, utilities, etc. for the purpose of screening prospective tenants.
4. Information regarding any minor or foster children.
5. Any information on past history required for any of the above.

All adult members in your household must print their name and provide their signature below.

Head of Household:	_____	_____	_____
	Print name	Signature	Date
Other Adult Member:	_____	_____	_____
	Print name	Signature	Date
Other Adult Member:	_____	_____	_____
	Print name	Signature	Date
Other Adult Member:	_____	_____	_____
	Print name	Signature	Date

This release is intended only for the use of the individual or entity to which it is addressed, and it may contain information that is privileged and confidential. Any dissemination, distribution or copying of this form is strictly prohibited by other parties.

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"/> 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	
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.

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.

NON-CITIZENS RULE

Housing assistance is available only to individuals who are U.S. citizens and U.S. Nationals, or noncitizens that have eligible immigration status. At least one household member must be a citizen, national, or noncitizen with eligible immigration status in order for your household to qualify for housing assistance.

You are required to declare whether you, and each household member, are a citizen or national, or have eligible immigration status. You or any household member may also chose not to state your status, but you will be considered ineligible for the program.

If your household consists of both eligible and non-eligible family members, you may be eligible for the program but your housing assistance will be pro-rated. If no members of your household are considered eligible, then you will be denied housing assistance in accordance with denial criteria outlined in the PHA Administrative Plan. You may request an informal hearing to dispute a denial decision.

Required Verifications

- **U.S. Citizens and U.S. Nationals.** If you or any family members are U.S. citizens or U.S. nationals, you are not required to provide any verification.
- **Non-citizens aged 62 and over.** If you or any family member is a non-citizen age 62 and over a proof of age document is required, but documentation from USCIS is not required.
- **Non-citizens aged 61 and under.** If you or any family member are age 61 and under, are not a citizen or national, but have eligible immigration status, your must provide documentation from USCIS stating that you and any other household member are lawfully admitted for residence as immigrants. This includes admission through temporary resident status. Documentation includes:
 1. **Form I-551.** Permanent Resident Card
 2. **Form I-94.** Arrival/Departure Record annotated with one of the following:
 - Admitted as Refugee Pursuant to Section 207
 - Section 208 or Asylum
 - Section 243(h) or Deportation stayed by Attorney General
 - Paroled Pursuant to Section 212 (d)(5) of the INA
 3. **Form I-94.** Arrival/Departure Record not annotated, must be accompanied by one of the following:
 - A final court decision granting asylum
 - A letter from the INS asylum officer, or from the INS district director granting asylum
 - A court decision granting withholding of deportation
 - A letter from an INS asylum officer granting withholding of deportation
 4. **Form I-688.** Temporary Resident Card annotated with Section 245A or Section 210
 5. **Form I-688B.** Employment Authorization Card annotated with Provision of Law 274a.12(11) or Provision of Law 274a.12
 6. A receipt from the USCIS indicating the application for issuance of a replacement document for one of the above.

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12711- 4th Avenue West • Everett, Washington 98204

PHONE (425) 290-8499 • FAX (425) 290-5618

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Housing Authority of Snohomish County and the Department of Housing & Urban Development (HUD) to ensure the financial assistance is made available only to persons who are U.S. Citizens, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have “eligible immigration status.” The law requires all tenants for assisted housing who claim to have “eligible immigration status” to sign a consent form authorizing HUD to verify the information supplied with the U.S. Department of Homeland Security (DHS).

Purpose: This information is required to determine your eligibility for continued housing assistance.

Use of the Information to be Obtained: The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, (1) HUD, as required by HUD, and (2) the DHS for the purpose of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Who Must Sign This Consent Form? Each non-citizen in the household who will be receiving housing assistance and claims “eligible immigration status” must sign below. Adults, age 18 years or older, must sign for themselves. In the case of minor children (under 18 years old), the form must be signed by the head of household and/or adult member who is responsible for each minor child.

Failure to Sign the Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing (subsidy) benefits, or both. Denial of eligibility or termination of benefits (subsidy) is subject to the Housing Authority’s grievance procedures or Section 8’s informal hearing process, whichever is applicable.

Consent: I authorize HUD to request and obtain verification from the DHS of the information I have supplied regarding my immigration status. I understand that this information is true and accurate to the best of my knowledge.

_____	_____	_____	_____
Head of Household	Date	Spouse/Co-Tenant	Date
_____	_____	_____	_____
Other Adult (over age 18)	Date	Other Adult (over age 18)	Date

Consent for Minor Children: I certify that I am the head of household and/or the adult family member responsible for the minor children listed below. I authorize HUD to request and obtain verification from the DHS of the information supplied regarding their immigration status. I understand this information is needed to determine eligibility for housing assistance (Federal subsidy); and I certify that the information I have supplied is true and correct to the best of my knowledge. List minor children:

_____	_____
_____	_____
_____	_____

Signature

Parent or Guardian

Date_

Equal Housing Opportunity

HOUSING AUTHORITY OF SNOHOMISH COUNTY

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DECLARATION OF SECTION 214 ELIGIBILITY STATUS

(Circle One) Head of Household/Adult Family Member

(Circle One) Spouse/Co-Tenant/Adult Family Member

Print name: _____

Print name: _____

Birth date: _____

Birth date: _____

I Certify that I am (please check one):

I Certify that I am (please check one):

- a U.S. Citizen
- a non-citizen with Eligible Immigration Status
- choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

- a U.S. Citizen
- a non-citizen with Eligible Immigration Status
- choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

(Please complete the following only if there are minor children in the family and you are the responsible adult family member)

I certify that the following minor children listed in my household are *(please check appropriate box(s) and list the name and birth date): (Use the following page for additional minor children.)*

NAME

BIRTHDATE

- a U.S. Citizen

_____	_____
_____	_____
_____	_____

- a non-citizen with Eligible Immigration Status

_____	_____
_____	_____
_____	_____

- choosing not to state if they are a U.S. Citizen or have eligible immigration status

_____	_____
_____	_____

I declare under penalty of perjury under the laws of the state of Washington that the above is true and correct to the best of my knowledge.

Head of Household/Adult Signature

Date

Spouse/Co-tenant/Adult Signature

Date

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.

Equal Housing Opportunity

Use for additional children:

(Please complete the following only if there are minor children in the family and you are the responsible adult family member)

I certify that the following minor children listed in my household are *(please check appropriate box(s) and list the name and birth date):* *(Use back for additional minor children.)*

NAME

BIRTHDATE

a U.S. Citizen

_____	_____
_____	_____
_____	_____

a non citizen with Eligible Immigration Status

_____	_____
_____	_____
_____	_____

choosing not to state if they are a U.S. Citizen or have eligible immigration status

_____	_____
_____	_____



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 08/31/2016.

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.

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>This Notice was provided by the below-listed PHA:</p> <p>Housing Authority of Snohomish County 12625 4th Avenue West, Suite 200 Everett, WA 98204</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		

HOUSING AUTHORITY OF SNOHOMISH COUNTY

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

Arabic

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

Hearing Impaired

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

Russian

ECn11 Bl Hy)l{),aeTeCb B yCnyrax nepeBO)l,411Ka, 4TO6l nOMO4b BaM 3anOnH11Tb cpOpMl 11n11 OTBeT11Tb Ha Hawe n11CbMO, nO)l{ anytiCTa COO6W, 11Te HaM O6 3TOM.

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

51KW, O BaM nOTpi6Hi nOCnyr11 nepeKna)l, a4a, W, O6)l, OnOMOrT11 3anOBH11T11)l, OKyMeHT11 a6O Bi)l, nOBiCT11 Ha Haw n11CT, 6y)l, b-naCKa nOBi)l, OMTe HaC.

Vietnamese

Xin hãy báo cho chúng tôi bi@t n@u quý vi c n thông djch viên d♦ giúp quý vj di♦ n gi♦ y t· hay tra l·i th· của chung tôi.

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Housing Authority of Snohomish County Language Services Questionnaire

Dear Client:

The Housing Authority of Snohomish County wishes to determine the number of households that may be in need of language services (interpretation & translation) for persons who have limited proficiency in English. We request your help in making that determination. Please answer the questions below and return this questionnaire to us as indicated.

1. What is the **primary** language used in your household?

DArabic	DCambodian	DEnglish	DFarsi
DHmong	DJapanese	DKhmer	DLao
DRussian	DSomali	DSpanish	DUkraine
DVietnamese	DOther: _		

2. What languages are spoken in your household?

DArabic	DCambodian	DEnglish	DFarsi
DHmong	DJapanese	DKhmer	DLao
DRussian	DSomali	DSpanish	DUkraine
DVietnamese	DOther: _		

3. Does at least one **adult** (a person 18 years of age or older) member of your household speak and read English?

_ Yes. Please list the member's name: _

_ No

4. Does at least one **adult** (a person 18 years of age or older) member of your household read and write English?

_ Yes. Please list the member's name: _

_ No

Please provide your name, address, and social security number. We will place this survey in your file and will use it to provide language services that you may need in accordance with our Limited English Proficiency Plan and Policies.

If you do not understand this survey, please contact your housing representative for assistance. A copy of this survey will be translated for you free of charge if you are not able to read this notice.

