

## **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.





## Annual Personal Declaration

Head of Household Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

### A. FAMILY COMPOSITION

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

For Race, 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	Relationship to Head of Household	Social Security Number	Race	Hispanic or Latino? (Yes or No)
			<b>Self</b>			

Children (Under 18; name as it appears on SS card)	Date of Birth	Gender	Relationship to Head of Household	Social Security Number	Race	Hispanic or Latino? (Yes or No)

If more space is needed, add an additional page

## B. Family Circumstances

1. Are any family members temporarily absent from your household?

Yes No

If yes, list name and expected date of return.

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2. Do you share custody of a child with anyone else?

Yes No

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

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3. Have you or any member of your household been convicted of any criminal activity in the last 12 months?

Yes No

If yes, explain and include dates of conviction:

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4. Does your household require an interpreter?

Yes No

If yes, for which language?

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**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 18 or *older* and is claiming **NO INCOME**? **Yes**      **No**

If **yes**, complete a Zero Income Certification for all those who meet this criteria.

2. Does anyone not living in the household pay bills on your behalf or give you money or material goods on a regular basis? **Yes**      **No**

If **yes**, provide a written statement from the paying party. The statement must include contact information of the paying party **and** either the amount given to you each month or a listing of bills paid on your behalf:

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3. Are you or any family member participating in a paid job-training program? **Yes**      **No**

If **yes**, list the job-training agency name and phone number:

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You must provide supporting documentation for income. **Refer to VERIFICATION REQUIREMENTS.**

## 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 (e.g.: Checking, savings, - do not combine) <b>List accounts separately</b>	Current account balance:
		\$
		\$
		\$
		\$
		\$

**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, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2.** Do you own, or are you purchasing a home, mobile home, or any other form of Real Estate? **Yes**    **No**

If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

You must provide supporting documentation for assets. Refer to VERIFICATION REQUIREMENTS.

## E. DEDUCTIONS

1. Do you pay out of pocket for childcare for any family member under 13 years old? **N/A** **Yes** **No**

If yes, 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 high school or college full time? **N/A** **Yes** **No**

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

Family Member Name	Name and Address of School	School Phone Number	Does the student live at home or away at school?

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

4. Are you, your spouse or co-head disabled? **Yes** **No**

5. Is anyone else (NOT head of household, spouse or co-head) in your household disabled? **Yes** **No**

**IF YOU ANSWERED "NO" TO QUESTIONS 3 AND 4, SKIP TO PAGE 7**

If yes to 4 or 5, complete the table below:

Family Member Name	Name and Address of Doctor or Diagnostician

**IF YOU ANSWERED "NO" TO QUESTIONS 3 AND 4 ON THE PREVIOUS PAGE,  
SKIP TO PAGE 7**

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

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

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

**7.** Do you make regular payments to any doctor, medical facility, or pharmacy for yourself or any family member? **Yes      No**

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

Family Member Name	Doctor or Medical Facility Name	Phone / Fax #	Monthly Payment Amount
			\$
			\$
			\$
			\$

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

**If yes,** 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.**

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## 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.

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Signature of Head of Household

Date

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Signature of Other Adult

Date

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Signature of Other Adult

Date

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Signature of Other Adult

Date



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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

# Authorization for the Release of Information/ 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. 07/31/2021

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.



# Housing Authority of Snohomish County

12711 4<sup>th</sup> 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.

### Abusive or violent behavior is prohibited

All family members will refrain from engaging in or threatening any abusive or violent behavior or language toward HASCO staff.



**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 4<sup>th</sup> 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 paperwork or to respond to our letter, please let us know.**

## **Arabic**

إذا كنت بحاجة إلى مترجم لمساعدتك بالاوراق أو الرد على رسالتنا، الرجاء اعلامنا.

## **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 پرکردن 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 4<sup>th</sup> Ave. W, Everett, WA 98204

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

[www.hasco.org](http://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: \_\_\_\_\_