

Changes to the Housing Choice Voucher Program

Effective 1/1/2027

Dear Participant:

Many of HASCO's programs adhere to policies laid out by the Department of Housing and Urban Development (HUD). With that in mind, changes to those policies are expected to happen from time to time. Effective January 1, 2027, there are several changes coming to the voucher assistance programs as part of the Housing Opportunities Through Modernization Act (HOTMA). Highlights will be listed below:

Minimum Rent:

All families will be required to contribute a minimum of \$50 towards the utilities and rent of their unit.

Self-reporting Assets and New Asset Categories:

Families with total assets less than \$54,898 will be eligible to self-certify their assets for two out of every three years. Every three years, HASCO must get verifications of all assets. Families with more than \$54,898 will still need to provide verification of all assets each year.

HUD has new criteria for Necessary vs. Non-necessary personal property. Necessary personal property is not included in family assets and are items necessary for employment, education, or health and wellness. Non-necessary personal property may include boats, RV, bank accounts, or collectibles and their value is included in family assets.

Medical Expense Threshold Changing:

Prior to 2027, verified medical expenses that exceeded 3% of a qualified family's annual income were eligible for deduction. Starting January 1, 2027, the standard medical expense threshold is changing to 10%. Verified medical expenses that exceed 10% of a qualified family's annual income will be eligible for deduction. Families that were utilizing the deduction at 3% will be phased-in. These families will have eligible expenses deducted that exceed 5% of annual income for 12 months, and 7.5% for another 12 months. After the phase-in period, all families will have a 10% medical threshold.

Standard Deductions Changing:

The standard annual deduction for having either an elderly (62 years or older) or verified disabled Head of Household, Spouse, or Cohead is going from \$400 to \$575 per family.

The standard annual deduction for having dependents in the household is going from \$480 per dependent to \$525 for dependent.

Interim Policy Shift:

If a family has an income change that results in a decrease in income, an interim examination will be processed if the decrease is 10% or more of the full household's income.

If a family has an income change resulting in an increase in income, an interim examination will be made if the increase is 10% or more of the full household's income (with an exemption for increased EARNED income if the family has not had an interim reduction since their last annual).

If a member is being added or removed from a household, all changes to income, assets and expenses will be applied.

Asset Limit and Real Property Ownership Restriction for New Applicants:

For new applicants only, there will be an asset limit for eligibility. Families with assets over \$109,797 will not be eligible.

If a new applicant family owns real property that is suitable for occupancy, they will not be eligible for a voucher (with several exemptions available).

Hardship Policies for Medical Expenses, Childcare Expenses, and Minimum Rent:

If the changes in medical expense threshold create a severe financial hardship, families can request a hardship waiver for a lower medical expense threshold for 90-days at a time.

A family whose eligibility for childcare expenses is ending may request a hardship exemption to continue receiving the child-care expenses for 90-days at a time.

Families that have a qualifying hardship paying the minimum rent may request a suspension of the minimum rent for 90-days at a time. At the end of the suspension period the minimum rent is reinstated and the family will be offered a repayment agreement for the suspended minimum rent.

Use of HUD's Published Passbook Rate:

HUD will publish an annual passbook rate based on the Federal Deposit Insurance Corporation (FDIC) National Deposit Rate. This passbook rate is used to calculate asset income in some circumstances when actual asset income cannot be determined.

Annual Review Verification Requirements

Required for ALL members unless noted

All verifications must include the date and name of household member

INCOME:

Employment / wages: Most recent 60 days of paystubs with no gaps. If the employment is new, provide a written statement from the employer with start date, wages, hours worked, employer name, and any other compensation. Employment / wage verification not required for members under the age of 18.

Employment as in-home caregiver: In addition to 60 days of paystubs, if the caregiver provides care for another member of the assisted household, provide verification that the care is for someone within the same household.

Self-employment: Most recent complete tax return including Schedule C and/or HASCO's self-employment verification form completed.

TANF: Most recent benefit award letter from DSHS. **IF** you receive TANF as a non-needy relative, In Loco Parentis, or Legal Guardian Grant, please provide verification of that from DSHS.

ABD / GAU / GAX: Most recent benefit award letter from DSHS.

State Supplemental Payment: Most recent benefit award letter from DSHS.

Unemployment: Most recent benefit award letter showing gross Weekly Benefit Amount.

Child Support: Most recent 2 months of support enforcement income verification. For parent-to-parent direct support, provide a currently dated written statement from the paying parent with the amount and frequency of payments along with contact information.

Social Security Income or Supplemental Security Income: In most cases HASCO can access SS, SSI, and/or SSDI verification. If we are unable to verify your SS, SSI, or SSDI income, you will be notified and asked to provide your most recent SSA benefit award letter.

Pension: Most recent income verification letter from the pension source

L & I: Most recent benefit award letter

VA benefits: Most recent income verification letter

Regular gifts (monetary or non-monetary and includes if anyone outside the household pays any of your bills/expenses on your behalf): Written statement from the person providing gift income listing the amount paid or value of goods provided, type of support, and frequency along with their contact information and the date.

Student Financial Aid: Provide verification of financial aid amounts and sources **AND** verification of actual covered costs paid. Actual covered costs include cost of tuition, fees, books, and supplies.

Other sources of income: Provide verification of most recent two months' income.

Zero income: Any adult claiming zero income must complete HASCO's Zero Income Certification form, in full.

***IF you do not have access to the verification we are requiring,** explain in writing why you are unable to provide it. If you have partial or alternate verification to provide, turn in what you can with a written explanation.

***IF your income is seasonal, fluctuates greatly, or needs explanation in any way,** please submit a written explanation of the circumstances with your verification.

ASSETS:

Self-Certification vs Full Verification:

If the total cash value of your household's assets and of all non-necessary personal property is **less than \$54,898** (for 2027 reexaminations, subject to change annually due to HUD-determined inflationary adjustments), your self-certification of assets in the Personal Declaration is all that is required.

If the total cash value of your household's assets and of all non-necessary personal property is **more than \$54,898**, you will need to submit one most recent statement for each account, as well as verification of the amount of any tax return you received in the past year.

Every third year we will need to fully verify all assets in the household, regardless of total cash value

Bank accounts, debit cards, investment accounts, retirement accounts, trusts, or any other type of asset: One recent statement for each account, held by ALL family members. The statement must include the bank/financial institution name, account holder's name, account number, and current balance. If your account has closed, provide verification of closing date.

Tax return: Page of tax return that states amount received in the past year **OR** printout showing tax return deposit in bank account

If your financial statements show more income or deposits than the income you are reporting, you may be asked to explain the deposits and their sources.

DEDUCTIONS:

Childcare expense: Provide a written statement from the childcare provider verifying the amount paid for childcare, or a copy of a current DSHS childcare copay award letter.

Medical expense: For families that qualify as an elderly or disabled family, you may provide verification of out-of-pocket paid medical expenses. The verification must be from the medical providers, DSHS/Copes, insurance companies, or pharmacies. The verifications must show that the expense has been paid, or details about a payment arrangement. 12-month printouts of patient paid amounts from each medical office and pharmacy is preferred.

*Please do not include any information related to diagnosis, names of prescriptions, or other confidential medical information. EOB's or bills for unpaid expenses are not accepted.

Student status: If an adult, 18 or older is a **full-time** student: provide verification from the enrolled school that the student is currently enrolled full time. *See Student Financial Aid in INCOME for verification requirements if Financial Aid is received.



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 الى مترجم لمساعدتك بالاوراق او 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 براي پرکردن فرم و يا جواب دادن به نامه ما به مترجم احتياج داريد، لطفا به ما اطلاع دهيد.

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.



Annual Personal Declaration – 2027 Version

Head of Household Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

A. FAMILY COMPOSITION

Head of Household Information

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Race (*check all that apply*): ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/ Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Other Adult Information # 1 (*Household member 18 years old or over*)

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/
Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Contact information:

Email (*If Any*)

Phone Number

Other Adult Information # 2 (*Household member 18 years old or over*)

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/
Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Contact information:

Email (*If Any*)

Phone Number

Other Adult Information # 3 (*Household member 18 years old or over*)

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/
Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Contact information:

Email (*If Any*)

Phone Number

Other Adult Information # 4 (*Household member 18 years old or over*)

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/
Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Contact information:

Email (*If Any*)

Phone Number

Child Household Member Information # 1

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/
Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child Household Member Information # 2

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child Household Member Information # 3

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child Household Member Information # 4

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child Household Member Information # 5

Full Name (*First, Middle, and Last*)

Write name as it appears on social security card

Gender

Birth Date (*MM/DD/YYYY*)

Social Security Number (*If Any*)

Relationship to Head of Household

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/
Other Pacific Islander

Ethnicity (*Check the one that applies*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

B. FAMILY CIRCUMSTANCES

1. Are any family members temporarily absent from your household or has anyone moved out of the household that has not yet been reported to HASCO? **Yes** **No**

If yes, list name, date of departure, and expected date of return: _____

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: _____

3. Has any household member's immigration status changed in the last year? **Yes** **No** **N/A**

If yes, list the household member whose immigration status has changed (*submit any supporting immigration documentation. Contact housing@hasco if you have questions*): _____

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

Yes **No**

If yes, explain and include dates of conviction: _____

5. Does your household require an interpreter? **Yes** **No**

If yes, which language? _____

C. FAMILY INCOME

Family Member Name	Type of Income (wages, government benefits, self-employment, child support, etc.)	Source of Income (include Phone and Fax/Email)	Gross Monthly Income (before taxes, deductions)
			\$
			\$
			\$
			\$

6. Is there is 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 these criteria

7. Does anyone not living in the household regularly 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. Describe money/goods provided, the source(s), and their contact information here: _____

8. Are you or any family members participating in a paid job-training program? Yes No

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

9. Does anyone in the family earn income for providing in-home care within the subsidized unit through CDWA (Consumer Direct WA)? Yes No

If yes, is the client within the subsidized unit your only client? Yes No

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, any assets from which you receive Form 1099 tax documents, etc. Assets are not limited to this list. Assets belonging to minors in the household must be reported. If you have any other assets that are not listed here, you must declare them to HASCO. If you have more assets than can fit in the tables below, use additional pages.

Fully complete the tables below. Enter N/A in places where columns do not apply.

When completing the tables below, the total should be calculated by you. After completing the tables, if your household's assets total higher than \$54,898 refer to the VERIFICATION REQUIREMENTS form for guidance going forward. If your household's assets total below \$54,898, additional verification may not be needed.

Household Member (Who the asset belongs to)	Asset Type (checking, savings, IRA, debit card, etc.)	Description (name of financial institution)	Last 4 of account number	Current balance or Cash Value of asset	Income from assets earned in the last 12 months (this includes interest, dividends, and other earnings)
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total \$ _____

Assets section continued next page

Non-Necessary Personal Property

If you own any non-necessary personal property (example: boats, RV, collectables, coin collections, high-end luxury collections, investment pieces) complete this table. Non-Necessary Personal Property is **NOT** cars you rely on for personal or business use, or items like, furniture, kitchenware, common appliances and electronics, clothing, medical equipment and supplies, musical instruments, personal computers or phones, or equipment used for exercising, or any other item for daily personal use.

Household Member (who the asset belongs to)	Asset Type	Description?	Cash Value	Interest Dividends Other Earnings
			\$	
			\$	
			\$	
			\$	

Total: \$ _____

Combined total cash value from Assets and Non-Necessary Personal Property tables: \$ _____

Closed Accounts

If any accounts were closed in the last 12 months, complete the table below

Household Member (who the closed account belonged to)	Name of Financial Institution	Account type (and last 4 of account number)	Date account closed

10. 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 by listing what was given away or sold, which family member it belonged to, and if compensation was received for the item (if so, how much): _____

11. Do you own, or are you purchasing a home, mobile home, or any other form of Real Estate?

Yes No

If yes, explain: _____

You may have to provide supporting documentation for assets. Refer to VERIFICATION REQUIREMENTS if this applies to your household.

E. DEDUCTIONS

12. Does anyone in your household **pay for childcare** for children younger than 13 **AND** the childcare allows someone to go to work, school, or look for a job? **N/A** **Yes** **No**

If yes, provide proof of your childcare expenses (*like receipts or invoices*)

13. Are there any adults (*18 or older*) in your household who are full-time students?

N/A **Yes** **No**

If so, list their name(s) and provide the documentation listed below: _____

- **High school and college students:** most recent transcript **OR** school enrollment schedule/class schedule **OR** a letter from a school official confirming enrollment and full-time status

14. Does any student in the home (including head of household) **receive financial assistance for higher education** in an amount that exceeds the cost of attendance at the enrolled school (*Cost of attendance includes tuition, books, supplies, and required fees, but does **NOT** include food, room and board, transportation, and personal expenses*)? **Yes** **No**

- **If yes**, provide documents as proof of the financial assistance and student expenses, such as receipts, financial assistance award letters, statements from school, or letters confirming aid/stipends with student's name clear on documentation.

15. Are you, your spouse, or the co-head of the household 62 years old or older? **Yes** **No**

16. Do you, your spouse, or the co-head of the household have a disability? **Yes** **No**

17. **If yes to either or both questions above**, does anyone in your household expect to have any of the following expenses in the next 12 months? (*HASCO will use verification of past costs and known future costs to calculate expenses for the next 12 months. Only consider medical expenses that you pay out of pocket and are not covered by insurance or someone else.*)

- Regular pharmacy expenses
- Regular payments for Medicare premium or medical insurance
- Payments for debts or past medical bills (such as doctor visits, hospital stays, medical equipment, hearing aids, dental or vision care, etc)
- A medical expense anticipated in the next 12 months

☐ **Yes** – If your household has any of the health and medical expenses mentioned above, you may submit the Health and Medical Care Expenses Verification form and **must** submit verification of these expenses (if you have them). Contact housing@hasco.org for a copy if you have not received this form already.

☐ **No**

OPTIONAL: ALTERNATIVE CONTACT AND PERMISSION TO SHARE INFORMATION

In the event we cannot reach you by mail, phone, or email, or you feel you may need help with HASCO recertification processes please list contact person's information below:

Printed Name of Contact

Phone Number

Agency/Relationship

Email Address

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 and/or termination of my housing assistance.

Signature of Head of Household Printed Name of Head of Household Date

Signature of Other Adult Printed Name of Other Adult Date

Signature of Other Adult Printed Name of Other Adult Date

Signature of Other Adult Printed Name 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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

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

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
 Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.



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

I understand that to apply for and receive assistance from the Housing Authority of Snohomish County (HASCO), I must provide true and accurate information regarding my income, assets, and who lives with me. I give HASCO permission to gather information from any person, business, or organization about the categories listed below to help HASCO see if I am eligible for continued participation in any of HASCO's housing assistance programs. Additionally, I also give HASCO permission to give a copy of this document to the person, business, or organization HASCO asks about the categories below. I will not hold HASCO responsible for any problems that come from asking about my income, assets, or family circumstances at any time, as long as it is needed to make sure I qualify for the assistance program. I agree that copies of this authorization may be used for these reasons.

Categories covered by this authorization include the following:

To check with employers about when my family worked, how much was paid, and if we can get unemployment benefits.	To check with non-employment sources, like DSHS, Social Security, or the Division of Child Support, about any money they give to our family.
Rental history to show if we can pay rent, if we owe any money, or if we have been evicted.	Information about minor or foster children, like court documents that show who has custody.
Criminal history.	Money we owe to other PHAs
Costs we have to pay, like medical care or childcare.	School registration for children to help show who lives in our home.
Proof that one or more of us has a disability, but not details about what the disability is.	Other: Please specify

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This release of information is used with HUD form 9886, Authorization for the Release of Information /Privacy Act Notice, which gives permission to give information and explains the privacy rules.

Everyone in the household who is 18 or older must sign this form. If new adults join the household or if someone turns 18, they must also sign this form. If an adult in the home does not sign this form, the family may not be able to get or keep their voucher.

By signing this release of information, you agree to let HASCO ask other people, companies, or organizations for information about your income, assets, who lives in the home, and family situations that may impact your voucher. Only the information needed to decide if you qualify for housing assistance and to set the amount of your housing assistance will be collected. This permission will end when you stop participating in HASCO's housing assistance program.

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

Signature of Head of Household	Printed Name of Head of Household	Date
Signature of Other Adult	Printed Name of Other Adult	Date
Signature of Other Adult	Printed Name of Other Adult	Date
Signature of Other Adult	Printed Name of Other Adult	Date

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Family Obligations

By signing this document, I understand and agree to follow the Family Obligations below.

Signature of Head of Household

Date

Printed Name 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

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.

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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: _____