



**THE HOUSING AUTHORITY
OF THE
CITY OF GREENVILLE**

**P. O. BOX 521
GREENVILLE, AL 36037**

**601 BEELAND STREET
TELEPHONE: (334) 382-6581
FAX NUMBER: (334) 382-0206**

Email PBRA: doretheamarsh@greenvilleha.com Email HCV: tonijohnson@greenvilleha.com

AUGUST 1, 2025

Memo to: Applicants for Federal Housing Assistance

From: Tamara B. Smith, Executive Director

**THIS APPLICATION PACKET CAN BE USED FOR THE TWO HUD PROGRAMS
MANAGED BY GREENVILLE HOUSING AUTHORITY.
YOU MAY APPLY FOR RAD PROJECT BASED RENTAL ASSISTANCE
(AND/OR) HCV VOUCHER PROGRAM.**

THIS AGENCY SERVES ONLY GREENVILLE, BUTLER COUNTY, ALABAMA

**For more information, you may call Dorethea Marsh, PBRA Housing Manager (or)
Toni Johnson, HCV Program Coordinator.**

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601 Beeland Street, P. O. Box 521
Greenville, Al. 36037
PH (334)382-6581 Fax (334)382-0206

Office hours are from 7:30 to 1:00 (and) 1:30 to 5:30 Monday thru Thursday. Office closed for lunch 1:00 to 1:30. Office closed on most Legal Holidays. Wednesday the lobby is closed at 1:00, but phones are answered in the afternoon.

*****APPLICATIONS RECEIVED ON TUESDAYS AND THURSDAYS ONLY!!!*****
FROM 7:30 A.M. TO 12:30 P.M. AND 1:30 P.M. TO 5:00 P.M. (CLOSED FROM 1:00 - 1:30)

APPLICANTS MUST BE PRESENT FOR INTERVIEW.

YOU MUST BE 19 YEARS OLD TO APPLY FOR HOUSING

READ AND SIGN WARNING BEFORE COMPLETING THIS APPLICATION!

WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975),(U S Code, Title 18, Section 1001).

I verify that by my signature I do understand this warning.

Signature of Applicant

Date

Fill out this application completely. For questions that do not apply to you answer No or None, do not leave any spaces blank. Fill out all forms and return application and required documents to our office. All family members 18 years and older must sign this application and all forms.

DOCUMENTS TO BRING WITH YOU WHEN RETURNING THIS APPLICATION:

1. Certified original Birth Certificates, NO COPIES, for each family member.
2. Social Security cards, original only, NO COPIES, for each family member.
3. Legal form of picture identification for each adult (such as State ID or Driver's License)
4. Marriage certificate.
5. All final divorce decrees.
6. Complete Landlord history, including names and addresses of landlords.
7. Employer's name and complete mailing address, paycheck stubs.
8. Most recent social Security/SSI award letter.
9. Unemployment Compensation information in writing, award letter.
10. Veterans benefit, Pension or Retirement information in writing.
11. Most recent bank statements
12. Child support from Department of Human Resources, Alabama court system or any other state, information in writing and/or check stubs.
13. Child support received directly from the absent parent and/or absent parent family in writing.
14. Any other type of income your family has, such as odd jobs, family contributions in writing.
15. Assets - must provide County Tax Assessor's Value of property.

Greenville Housing Authority (HA)
Telephone Numbers: Office 382-6581
Telephone Device for the Deaf _____

Driver's License # _____

State ID # _____

APPLICATION

| | | |
|---|---|---|
| Mark program(s) applying for: RAD PBRA <input type="checkbox"/> HCV VOUCHER PROGRAM <input type="checkbox"/> | Application for Admission <input type="checkbox"/> Date: _____ Time: _____ | Racial Group () White () Black/African American () Asian () Native American () Other _____ |
| | | Ethnicity () Hispanic/Latino () Not Hispanic/Latino |

TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE.
DO NOT LEAVE BLANKS.

Applicant Name _____
Last First MI

Current Address _____
Street City State Zip Apt. #

Mailing Address _____
P. O. Box City State Zip

Home Phone # _____ Cell Phone # _____ Email _____

Name of Current Landlord _____

Mailing Address of Landlord _____
Street City State Zip

Present Monthly Rent \$ _____ Number of Bedrooms _____ Number of Persons presently in Household _____

If you pay for utilities, indicate the utilities paid by you, and the amount. If you do not pay for any of the utilities listed, check N/A.

Electricity \$ _____ Gas \$ _____ Water \$ _____ Phone \$ _____ Cable TV \$ _____ N/A ☐

How long have you lived at the address listed above? Years _____ Months _____

Do you owe any money to the landlord listed above Yes ☐ No ☐ If yes, Amount Owed \$ _____

Please list complete rental history, previous and former addresses where you have lived including name and address of landlords:

| Address | Dates of Residency | Landlord Name and Address |
|---------|--------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List all States where all household members have lived: _____

ADDITIONALHave you ever applied for Public Housing or Section 8 Housing? ☐ Yes ☐ NoHave you ever lived in Public Housing or Section 8 Housing? ☐ Yes ☐ NoHave you ever lived in housing that is referred to as the "PROJECTS"? ☐ Yes ☐ NoIf you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or rental assistance where the amount of rent you paid was based on your income, complete the following: ☐ Yes ☐ No

Where (Address) _____ When (Dates) _____

Do you owe any money to that Public Housing Project and/or Section 8 Housing? ☐ Yes ☐ No If yes, Amount \$ _____Is there anyone in the household 62 or older as of January 31, 2010, who does not have a social security number and whose initial determination of eligibility began before 1/31/2010? ☐ Yes ☐ No**HOUSEHOLD COMPOSITION:** List all persons who will live in the rental unit while you are on this program:

| Print Full Name (s) | Relation to Head of Family | Birth Date | Age | Sex | Race | Social Security # | Occupation/Name of School Attending | U. S. Citizen Yes/No Place of Birth |
|---------------------|----------------------------|------------|-----|-----|------|-------------------|-------------------------------------|-------------------------------------|
| 1) | Head | | | | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| 4) | | | | | | | | |
| 5) | | | | | | | | |
| 6) | | | | | | | | |
| 7) | | | | | | | | |
| 8) | | | | | | | | |
| 9) | | | | | | | | |
| 10) | | | | | | | | |

Do you anticipate any changes in your family composition? ☐ Yes ☐ No If yes, explain: _____**Military Service:** Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)?

If yes, give the following information on each military service person:

| Name | Rank | Address | Service |
|------|------|---------|---------|
|------|------|---------|---------|

Income: List all employment income (including self-employment, odd jobs, work for cash, gig jobs, Door Dash, Spark, etc.) for each household member.

| Household Member | Name & Address of Employer | Annual Income |
|------------------|----------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

OTHER SOURCES OF INCOME: (Examples: Foodstamps, welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, baby-sitting, alimony, child support, annuities, interest, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants, etc.)

| Household Member | Source | Amount |
|------------------|--------|--------|
| | | |
| | | |
| | | |
| | | |

BANK INFORMATION: List any checking, saving, credit union, certificate of deposit accounts, Payment Apps such as but not limited to: Cash App, Zelle, PayPal, Venmo, Apple Pay, Chime, etc.

| Type of Account | Bank | Account Number | Amount |
|-----------------|------|----------------|--------|
| | | | |
| | | | |
| | | | |

Stocks & Bonds ☐ Yes ☐ No If yes, current value \$ _____ Savings Bond ☐ Yes ☐ No If yes, current amount \$ _____
 Do you own real estate: ☐ Yes ☐ No If yes, current value \$ _____ Have you EVER owned real estate? ☐ Yes ☐ No If yes, when? _____

Do you have life insurance or a retirement account? ☐ Yes ☐ No If yes current amount(s)? _____

CHILDCARE EXPENSES

Do you pay for baby-sitting while a family member is employed? ☐ Yes ☐ No

If yes, list child care provider's name, address and telephone number: _____

Baby Sitting cost: Weekly \$ _____ or Monthly \$ _____

MEDICAL EXPENSES (Elderly, Disabled or Handicapped Families)

Are you receiving Medicare benefits? ☐ Yes ☐ No If yes, monthly amount of benefits \$ _____

Are you receiving medical assistance through the welfare department (DHR)? ☐ Yes ☐ No If yes, monthly amount \$ _____

Do you pay for any medical insurance/hospitalization (such as Blue Cross)? ☐ Yes ☐ No

If yes, indicate amount of premium paid and how often paid. Weekly \$ _____ or Bi-weekly \$ _____ or Monthly \$ _____

Are you making payments on outstanding medical bills? ☐ Yes ☐ No If yes, amount paid per month \$ _____

Do you take prescription drugs on a regular basis? ☐ Yes ☐ No If yes, your cost per month \$ _____

SPECIAL NEEDS

For the purpose of determining allowable income deductions, does any member of your household have a disability? ☐ Yes ☐ No

Does any member require any special accommodations? ☐ Yes ☐ No

If yes, what? _____

Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? ☐ Yes ☐ No If yes, describe expense: _____

PROGRAM INFORMATION - Criminal Background Screening

Have you or any family member listed on the front of the application ever been arrested for any offense, against the law no matter how minor? ☐ Yes ☐ No If yes, explain: _____

Have you or any family member listed on the front of the application ever had a warrant issued for an arrest? ☐ Yes ☐ No If yes, explain: _____

Have you or any family member listed on the front of the application ever been in trouble with the law? ☐ Yes ☐ No If yes, explain: _____

Have you (or someone on your behalf) ever paid a bond to avoid going to Jail? _____

Have you ever been involved in or arrested for a crime of violence? _____

Have you ever been involved in or arrested for illegal drug activity _____

Have you ever been involved in or arrested for abuse of alcohol? _____

Have you ever served time in Jail or Prison for a crime committed? _____

Do you now have outstanding warrants for your arrest? _____

Are you or any family member subject to lifetime registration as a sex offender? _____

Notice!!! You are reminded that all your answers will be verified! Giving false information is considered fraud, and would result in this application being denied! Applicant confirms review of above Section _____

ABSENT PARENT INFORMATION (of your dependent children)

| Family Member | Father's/Mother's Name | Street Address | City, State | Comments/Last Contact |
|---------------|------------------------|----------------|-------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

MARITAL STATUS/HISTORY

Have you ever been married? ☐ Yes ☐ No How many times? _____ Maiden Name _____

| | Date | From Whom | Street Address | City | State | Zip |
|------------|------|---|----------------|------|-------|-----|
| Separated? | | | | | | |
| Divorced? | | | | | | |
| Widowed? | | Social Security Number of Deceased: _____ | | | | |

Comments: _____

Have you ever used a name or Social Security number other than the ones you are using now? ☐ Yes ☐ No If yes, explain: _____

Automobiles (Year, Make, Model, Color) _____

Character References: (List names, addresses and phone number of three people who are not related to you.)

| | | |
|-------------|----------------|--------------|
| Name: _____ | Address: _____ | Phone: _____ |
| Name: _____ | Address: _____ | Phone: _____ |
| Name: _____ | Address: _____ | Phone: _____ |

Please give a brief description of your living situation and why you are applying for housing assistance:

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I/We certify that all information given to the Greenville Housing Authority in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058/50059 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the Greenville Housing Authority will verify this information, and I authorize the Greenville Housing Authority to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: _____ Date: _____

Head of Household

Signature: _____ Date: _____

Spouse or Other Adult

Signature: _____ Date: _____

Greenville HA Representative

Note: If you believe you have been discriminated against, you may report the incident by calling Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Greenville HA to provide you with a HUD Housing Discrimination complaint form, HUD-903.

Authority Use Only

Housing Needs:

Wants own place _____ Paying over 1/2 of income for rent and utilities _____

About to be without housing _____ Without housing _____ Substandard Housing _____

ELIGIBLE ☐ INELIGIBLE ☐

Date: _____ Signed: _____

Greenville HA Representative

STUDENT CERTIFICATION

Owners must determine a student's eligibility for Section 8 assistance at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Section 8), and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.

All applicants or tenants that are under 24 years of age must be screened for Student Eligibility.

NAME: _____ SOCIAL SECURITY #: _____ DATE: _____

ARE YOU A STUDENT ENROLLED AT AN INSTITUTION OF HIGHER EDUCATION? Y N

IF you answered NO, proceed to the signature line on page 2

PART A – STUDENT ELIGIBILITY

Are you 24 years of age or older? Y N

Please enter your date of birth: _____
Month Day Year

Are you married? Y N

Are you a veteran of the United States Military? Y N

Do you have a dependent child? Y N

Are you a person with disabilities as defined below? Y N

A person with disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was receiving Section 8 assistance as of November 30, 2005.

IF you answered YES to at least ONE question in Part A, skip Parts B & C, proceed to page 2.

PART B – STUDENT INDEPENDENCE

Are you of legal contract age under state law (18)? Y N

Did your parents or guardians claim you as a dependent on their latest tax return? Y N

Have you established a separate household from parents or legal guardians for at least one year prior to application for occupancy? Y N

(Or do you meet the following criteria for the Dept. of Education's definition of an independent student?)

- » Will you be at least 24 years old by December 31 of the current year? Y N
- » Were you an orphan, in foster care or a ward of the court at the age of 13? Y N
- » Are you a veteran of the U.S. Armed Forces? Y N
- » Do you have legal dependents other than a spouse (dependent children, elderly dependent parent)? Y N
- » Are you emancipated or in legal guardianship? Y N
- » Are you an unaccompanied youth who is homeless or @ risk of homelessness? Y N
- » Are you a graduate or professional student? Y N
- » Are you married? Y N

IF you are 18 or older and you were NOT claimed on your parents tax return OR you answered YES to at least ONE of the boxed questions in Part B, skip Part C and proceed to page 2.

PART C – PARENTAL ELIGIBILITY

Are you legal contract age under state law (18)? Y N

Do you meet eligibility requirements for section 8 assistance? (Ask the management agent if in doubt.) Y N

IF you answered YES to BOTH questions above, continue. If not, proceed to the signature line on page 2.

STUDENT CERTIFICATION
PART C – PARENTAL ELIGIBILITY (Continued)

Your parents, individually or jointly, must be income eligible for section 8 assistance per the applicable low income limit for the parents' family size for the locality where the parents live. If your parents refuse to provide a copy of the first page of their income tax return, they (your parents) must provide a signed declaration and certification of income, which includes a penalty of perjury clause or you are not eligible for Section 8 assistance. Owners must verify parents' income each time they determine the eligibility of the student to receive Section 8 assistance.

§ ALL ELIGIBLE STUDENTS MUST PROVIDE THE FOLLOWING DOCUMENTS
ATTACH DOCUMENTS TO THE STUDENT CERTIFICATION

1. A certification of the amount of financial assistance that will be provided by parents signed by the individual providing the support. This certification is required even if no assistance will be provided. Must be provided **ANNUALLY** unless the student is at least 23 years of age with a dependent.
2. A statement from the institution of higher education in which the student is enrolled which includes the amount of tuition only and the period covered. Must provide **ANNUALLY**.
3. The applicant or tenant is required to disclose and provide copies of details for all financial assistance and the period covered. Must provide **ANNUALLY**.
4. Proof of qualifying State, Local or Federal work study program (if applicable) by providing a copy of the contract. Any income in excess of tuition for qualifying work study programs is included as annual income. If the applicant or tenant cannot provide proof of a qualifying program, all income is included. Must provide **ANNUALLY**.

§ QUALIFIED UNDER PART A – STUDENT ELIGIBILITY

Provide **ONE TIME** only.

- ❖ Proof of age such as a driver's license, non-driver ID or birth certificate.
- ❖ Proof of veteran status if claimed.
- ❖ Proof of qualifying disability if claimed.
- ❖ Marriage or dependent information is obtained during the move-in process.

§ QUALIFIED UNDER PART B – STUDENT INDEPENDENCE

- ❖ A copy of the top portion only of your parent's prior year tax return (listing the dependent information). Must provide **ANNUALLY** until the tenant reaches age 24.
- ❖ Proof of age such as a driver's license, non-driver ID or birth certificate. Provide **ONE TIME** only.
- ❖ Proof of any item which you answered yes to. (Example: Proof of separate household can be obtained through previous landlord verification or if the property requires a credit report, address information provided on the report.) Provide **ONE TIME** only.
- ❖ ****Vulnerable youth populations (orphan, in foster care, ward of the court, emancipated minor, unaccompanied homeless youth and youth at risk of being homeless) do not need to provide the parents tax return or a written certification from the parents.****

§ QUALIFIED UNDER PART C – PARENTAL ELIGIBILITY

IF THE STUDENT IS CLAIMED ON THE PARENTS' PRIOR YEAR TAX RETURN OR IS NOT ELIGIBLE UNDER PART A OR B

- ❖ A copy of the first page of your parents' prior year tax return, which includes annual income to determine eligibility. Must provide **ANNUALLY** unless the student qualifies under Part A or B.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud.

False, misleading or incomplete information will result in termination
and repayment of assistance payments.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| 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.

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):

Greenville Housing Authority
P. O. Box 521, 601 Beeland Street
Greenville, AL 36037

Phone: (334) 382-6581

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.

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.

Eligibility Consent Form

Each member of the family of an applicant or participant who is at least 18 years of age, and each family head and spouse regardless of age, shall sign this consent form. Applicants will sign the consent form when applying for assistance and participants will sign the form at the next regularly scheduled income reexamination.

I authorize the Department of Housing and Urban Development (HUD) and the Greenville Housing Authority (HA) to obtain from the State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or maintain continues assistance under the program administered by the HA.

I also authorize HUD and the HA to verify income information necessary for determining eligibility or continue assistance from previous employers or current employer.

I also authorize HUD to request income return information from the IRS and the Social Security Administration for the sole purpose of verifying income information pertinent to the applicant's or participant's eligibility.

This consent form will expire 15 months after the date the consent form is signed.

| | | |
|--|-----------|------|
| Print Full Name (Head of Household) | Signature | Date |
| Print Full Name (Spouse) | Signature | Date |
| Print Full Name (Household Member 18 years of age or older) | Signature | Date |
| Print Full Name (Household Member 18 years of age or older) | Signature | Date |
| Print Full Name (Household Member 18 years of age or older) | Signature | Date |

Failure to sign this consent form will result in denial of assistance and/or termination of assistance.

APPLICANT/TENANT CERTIFICATION

APPLICANT (S) 'S/TENANT (S) 'S STATEMENT

I/We certify that the information* given to the Greenville, Alabama Housing Agency on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. [Add reference to State law if applicable.] I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or other Adult Member

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington D. C. Metropolitan Area, call 426-3500.)

*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on the HUD Form 50058 or 50059 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

GREENVILLE HOUSING AUTHORITY

PUBLIC HOUSING, SECTION 8 CERTIFICATES, VOUCHERS & MOD REHAB PROGRAMS

DECLARATION OF UNITED STATES CITIZENSHIP

I hereby declare, under penalty of perjury, that I am a citizen of the United States of America.

Print Name: _____ Signature: _____
Head of Household Date

Print Name: _____ Signature: _____
Spouse Date

Print Name: _____ Signature: _____
Household Member Date

Print Name: _____ Signature: _____
Household Member Date

Print Name: _____ Signature: _____
Household Member Date

Print Name: _____ Signature: _____
Household Member Date

Print Name: _____ Signature: _____
Household Member Date

Print Name: _____ Signature: _____
Household Member Date

Print Name: _____ Signature: _____
Household Member Date

Witness: _____
Signature Date

Note: For each adult, the form must be signed by the adult. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

This document will be filed in the head-of-household's file folder and serve as verification and evidence of declaration of U. S. Citizenship.

Board Adopted 8-22-95

Exhibit 3-4: **Sample Family Summary Sheet**

| Member No. | Last Name of Family Member | First Name | Relationship to Head of Household | Sex | Date of Birth |
|-------------------|-----------------------------------|-------------------|--|------------|----------------------|
| Head | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |

15

Owner's Notice No. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence with your application for rental assistance.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Greenville Housing Authority at (334) 382-6581. Someone will be happy to assist you.

Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

✓ _____
Signature Date

Check here if adult signed for a child: _____

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.
Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.
Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

U S Department of Housing and Urban
Development

Birmingham Office Region IV

950 22nd St. North, Birmingham, AL 35203

O/A requesting release of
information (Owner should provide the full
name and address of the Owner.):

PHA requesting release of information (Owner should
provide the full name and address of the PHA and the title of
the director or administrator. If there is no PHA Owner or
PHA contract administrator for this project, mark an X
through this entire box.):

Greenville Housing Authority
601 Beeland Street, P O Box 521
Greenville, AL 36037

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

**U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner**

HUD Office requesting release of information
(Owner should provide the full address of the
HUD Field Office, Attention: Director, Multifamily
Division):

**Multifamily Southeast Region
Atlanta Regional Center
M.L.K. FOB, 77 Forsyth Street SW
Atlanta, GA 30303**

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

Greenville Housing Authority
601 Beeland Street, P O Box 521
Greenville, AL 36037

PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):

Navigate Affordable Housing Partners
2701 1st Avenue South, Suite 200
Birmingham, AL 35233

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The OIA and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, OIA, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

12
Head of Household

Date _____

Other Family Members 18 and Over

Date _____

Spouse

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Investigator or other Authorized Representative of the Housing Authority of the City of Greenville, Alabama, bearing this release or copy thereof, to obtain any information in your files pertaining to the following: Employment; Unemployment; Income from benefits from the Social Security Administration (SS or SSI), Veterans Administration (VA), Department of Human Resources (Welfare, food stamps, etc.); Military, Credit and Educational records including by not limited to financial, academic achievement, attendance, athletic or disciplinary records; Criminal, civil and/or traffic records; Personal history and reference; and Medical history and records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Housing Authority of the City of Greenville. Consent is granted for the Housing Authority to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

This Consent is in effect as long as I am an applicant for or resident of any apartment complex under the management of the Housing Authority of the City of Greenville or any program administered by said Authority. Should there be any question about the validity of this release, you may contact me.

Signed this _____ day of _____, _____.

Signature: _____

(Type or print full name)

Birthdate: _____
(Month) (Day) (Year)

Race: _____ Sex: _____

Social Security No.: _____

WITNESS:

Head of Household _____

Public Housing _____

Section 8 _____

(Revised 12/1/16)

**REQUEST FOR CRIMINAL HISTORY NCIC CHECK
FOR GREENVILLE HOUSING AUTHORITY**

In accordance with the Agreement between the U. S. Department of Housing and Urban Development and the U. S. Department of Justice, a copy of which is on file with this housing authority and this law enforcement agency, relating to Access to National Crime Information Center Data (NCIC), the Greenville Housing Authority hereby requests that this law enforcement agency conduct a name test to determine whether or not

_____, maiden name, AKA or alias _____

Date of Birth _____, Social Security No. _____

Sex _____, Race _____, Drivers License No. _____ has a criminal history record indexed in the Interstate Identification Index (III). A copy of the consent form signed by the above-named person is attached.

√ _____

APPLICANT/TENANT

PHA REPRESENTATIVE

DATE SENT TO LAW ENFORCEMENT _____

**TO BE COMPLETED BY LAW ENFORCEMENT AND RETURNED TO GREENVILLE
HOUSING AUTHORITY**

_____ THERE IS NO ADDITIONAL INFORMATION IN THE NCIC FOR THE
ABOVE-NAMED PERSON.

_____ THERE IS A CRIMINAL HISTORY RECORD OF THE NAMED PERSON
AND THE HOUSING AUTHORITY SHOULD REFER THE NAMED PERSON TO A
STATE OR LOCAL LAW ENFORCEMENT AGENCY FOR FINGERPRINTING AND
FURTHER CHECKS WITH THE FBI. **IS HISTORY OVER 5 YRS OLD?** _____

_____ **APPLICANT MUST BE SCREENED**

Is applicant subject to lifetime registration as a sex offender? _____

LAW ENFORCEMENT REPRESENTATIVE

DATE: _____



GREENVILLE HOUSING AUTHORITY

Greenville, Alabama 36037
Phone (334) 382-6581 * Fax (334) 382-0206

RAD PBRA ____
S8 HCV ____

LANDLORD REFERENCE FORM

Landlord: _____ Tenant: _____

Address: _____ Address: _____

+++++

The above-named individual has applied for low-income housing. We are required to determine an applicant's past practice in meeting financial obligations, especially rent. The information, which we request that you supply below, will be kept confidential and will be used only for these purposes.

I have no objection to your giving the information requested.

| Applicant/Date | Social Security # | Housing Authority Personnel |
|----------------|-------------------|-----------------------------|
|----------------|-------------------|-----------------------------|

| | YES | NO |
|--|-------|-------|
| Was rent paid on time? | _____ | _____ |
| The amount of rent charged was \$_____ per month. | | |
| How long resided at this address_____. | | |
| Does he/she owe you for rent or damages? | _____ | _____ |
| If so, what amount is owed\$_____. | | |
| Were the premises properly cared for? | _____ | _____ |
| Have you ever received a bad check from this tenant? | _____ | _____ |
| Did the tenant get along well with other residents? | _____ | _____ |
| Would you rent to this tenant again? | _____ | _____ |
| Did he/she commit any lease violations? | _____ | _____ |
| If so, what violations?_____. | | |
| Was he/she evicted? | _____ | _____ |
| If so, for what reason?_____. | | |
| Is this a federally funded housing complex (Tax Credit, Home or FHA515, etc.)? | _____ | _____ |

| Are his/her housekeeping practices | Very Poor | Poor | Fair | Good |
|------------------------------------|-----------|------|------|------|
|------------------------------------|-----------|------|------|------|

Comments: _____

STATEMENT BY LANDLORD: I hereby certify that the information contained in this reference accurately reflects the tenancy of the above tenant.

Landlord Signature

Date