

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



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

P. O. BOX 521  
GREENVILLE, AL 36037

Email PBRA: [doretheamarsh@greenvilleha.com](mailto:doretheamarsh@greenvilleha.com) Email HCV: [tonijohnson@greenvilleha.com](mailto:tonijohnson@greenvilleha.com)

August 14, 2023

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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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 Drivers 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.

APPLICATION

Drivers License # \_\_\_\_\_  
 State ID # \_\_\_\_\_

Mark program (s) applying for:

RAD PBRA

HCV Voucher Program

Application for Admission

Application for Continued Occupancy

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

M.I.

Current Address

Street

City

State

Zip

Apl. #

Mailing Address

P. O. Box

City

State

Zip

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email # \_\_\_\_\_

Name of Current Landlord

Mailing Address of Landlord

Street/P.O. Box

City

State

Zip

Apl. #

Present Monthly Rent \$ \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Number of Persons presently in Household \_\_\_\_\_

If you pay for your 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 \$ \_\_\_\_\_ Monthly

Gas \$ \_\_\_\_\_ Monthly

Water \$ \_\_\_\_\_ Monthly

Phone \$ \_\_\_\_\_ Monthly

Cable TV \$ \_\_\_\_\_ Monthly

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 \_\_\_\_\_

**ADDITIONAL**

Have you ever applied for Public Housing or Section 8 Housing?  Yes  No

Have you ever lived in Public Housing or Section 8 Housing?  Yes  No

Have you ever lived in housing that is referred to as the "PROJECTS"?  Yes  No

If 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 \$ \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List all persons who will live in the rental unit while you are on this program:

1)	Head	Relation to Family	Birth Date	Age	Sex	Race	Social Security #	Occupation/Name of School Attending	U. S. Citizen Yes/No	Place of Birth
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

Household Member	Name & Address of Employer	Annual Income

**Income:** List all employment income (including self-employment, odd jobs or work for cash) for each household member.

family to work?  Yes  No If yes, describe expense: \_\_\_\_\_  
 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

If yes, what? \_\_\_\_\_

Does any member require any special accommodations?  Yes  No

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

**SPECIAL NEEDS**

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

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

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

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

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

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

**MEDICAL EXPENSES (Elderly, Disabled or Handicapped Families)**

Baby-sitting cost: Weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

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

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

**CHILDCARE EXPENSES**

Do you have life insurance or a retirement account?  Yes  No If yes, current amount(s) \$ \_\_\_\_\_

Do you own real estate?  Yes  No If yes, current value \$ \_\_\_\_\_ Have you EVER owned real estate?  Yes  No If yes, when? \_\_\_\_\_

Stocks & Bonds  Yes  No If yes, current value \$ \_\_\_\_\_ Savings Bonds  Yes  No If yes, current amount \$ \_\_\_\_\_

Type of Account	Bank	Account Number	Amount

**BANK INFORMATION:** List any checking, savings, credit union and/or certificate of deposit accounts.

Household Member	Source	Amount

**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) Include alimony and/or child support entitled to but not received.

**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	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 (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: \_\_\_\_\_  
Head of Household  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Spouse or Other Adult  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Greenville HA Representative  
Date: \_\_\_\_\_

Note: If you believe you have been discriminated against, you may report the incident by calling the 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.**





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 parents' 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 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



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.

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 to average 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Check this box if you choose not to provide the contact information.

**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.

**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.

**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.

**Reason for Contact: (Check all that apply)**

- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from unit
- Late payment of rent
- Assist with Recertification Process
- Change in lease terms
- Change in house rules
- Other: \_\_\_\_\_

**Relationship to Applicant:**

**E-Mail Address (if applicable):** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Cell Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Additional Contact Person or Organization:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Cell Phone No:** \_\_\_\_\_

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

**Applicant Name:** \_\_\_\_\_

**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.

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

# Authorization for the Release of Information/

## Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

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

HA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

GREENVILLE HOUSING AUTHORITY

P. O. Box 521  
Greenville, AL 36037

(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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing

Turnkey III Homeownership Opportunities

Mutual Help Homeownership Opportunity

Section 23 and 19(c) leased housing

Section 23 Housing Assistance Payments

HA-owned rental Indian housing

Section 8 Rental Certificate

Section 8 Rental Voucher

Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(i)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures: \_\_\_\_\_

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

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

**Penalties for Misusing this Consent:**

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

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

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

### 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 continued 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 for 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 Form HUD-50058 (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.

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: \_\_\_\_\_ Head of Household  
Signature: \_\_\_\_\_ Date

Print Name: \_\_\_\_\_ Spouse  
Signature: \_\_\_\_\_ Date

Print Name: \_\_\_\_\_ Household Member  
Signature: \_\_\_\_\_ Date

Print Name: \_\_\_\_\_ Household Member  
Signature: \_\_\_\_\_ Date

Print Name: \_\_\_\_\_ Household Member  
Signature: \_\_\_\_\_ Date

Print Name: \_\_\_\_\_ Household Member  
Signature: \_\_\_\_\_ Date

Print Name: \_\_\_\_\_ Household Member  
Signature: \_\_\_\_\_ 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.

Agencies To Provide Information

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.

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-OLD 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

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.



**Notice and Consent for the Release of Information**

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

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)

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 Region IV Birmingham Office Region IV 950 22nd Street, North Birmingham, AL 35203	900 Birmingham, AL 35203	Medical Forum Building Suite 900 Birmingham, AL 35203
O/A requesting release of information (Owner should provide the full name and address of the O/A, and the title of 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.)		
PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the PHA contract administrator for this project, mark an X through this entire box.)		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 HUD to disclose to the Department of Housing and Urban Development (HUD) information in the MNDH 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 determining eligibility to verify salary and wage information pertinent to the applicant'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 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 to be obtained.

**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 B Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and B1 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 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. 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

**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)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division); Jacksonville Satellite Office Charles Bennett Federal Building 400 West Bay Street, Suite 1015 Jacksonville, FL 32202-4439

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

**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. 6553(j). This law authorizes HUD 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.

**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.

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 PRAAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

**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. 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 \_\_\_\_\_

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/A, 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/A's, 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 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.

O/A's 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 (01/18/2007)

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/A's 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 PRAAC

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

**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.

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

**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:

\_\_\_\_\_

DATE: \_\_\_\_\_

LAW ENFORCEMENT REPRESENTATIVE

Is applicant subject to lifetime registration as a sex offender? \_\_\_\_\_

APPLICANT MUST BE SCREENED \_\_\_\_\_

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? \_\_\_\_\_

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

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

DATE SENT TO LAW ENFORCEMENT \_\_\_\_\_

PHA REPRESENTATIVE

APPLICANT/TENANT

Date of Birth \_\_\_\_\_, Social Security No. \_\_\_\_\_, 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.

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 \_\_\_\_\_

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

(Revised 12/1/16)

Public Housing Section 8

Head of Household \_\_\_\_\_



# GREENVILLE HOUSING AUTHORITY

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

## 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 \_\_\_\_\_

NO	YES	
_____	_____	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 \_\_\_\_\_