



SECTION 8 OFFICE
700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

Please complete the enclosed KCHA packet with black or blue pen only and provide verification as applicable.

INCOME

- **PUBLIC ASSISTANCE:** SECTION 8 OFFICE WILL REQUEST VERIFICATION DIRECTLY FROM DSHS.
- **EMPLOYMENT VERIFICATION:** If employed, please provide name, address, and phone number of employer for head of household, spouse and all dependent members age 21 and over.
- **SELF-EMPLOYMENT:** Yearly or quarterly tax records, a copy of business license and copy of profit/loss statement plus receipts.
- **UNEMPLOYMENT:** SECTION 8 OFFICE WILL REQUEST VERIFICATION DIRECTLY FROM EMPLOYMENT SECURITY OFFICE.
- **CHILD SUPPORT:** Notarized letter from paying parent indicating direct payment amount, or copy of divorce decree indicating child support. **SECTION 8 OFFICE WILL REQUEST VERIFICATIONS FROM WASHINGTON STATE OFFICE OF SUPPORT ENFORCEMENT.**
- **PENSION, ANNUITY, VETERANS BENEFITS, L & I, ALIMONY:** Copy of current Award Letter.
- **OTHER INCOME:** Gifts of Support or income not mentioned above, verification must be provided.
- **SSI/SOCIAL SECURITY BENEFITS:** PLEASE PROVIDE A COPY OF YOUR AWARD LETTER OR CALL 1-800-772-1213 OR GO TO <http://secure.ssa.gov/apps6z/isss/main.html>
- **BANK ACCOUNTS/ASSETS:** If all assets combined total \$50,000 or more, verification must be supplied. This includes savings, checking, stocks, bonds, property, IRA's, mutual funds, annuities, trusts, inheritances, settlements.

ALLOWANCES

- **FULL OR PART TIME STUDENTS STATUS:** For dependent students and family members over 21 years of age. Current enrollment and financial aid information from registrar or admissions officer.
- **MEDICAL DEDUCTIONS (FOR EASY RENT HOUSEHOLDS IN WHICH HEAD OR SPOUSE IS AT LEAST 62 OR A PERSON WITH DISABILITIES):** Easy rent households must have over \$2,500 to be eligible for deduction. Printout from pharmacy, or receipts for medications or medical expenses paid in the last 12 months. We cannot use unpaid medical bills. Verification of attendant care and/or auxiliary apparatus cost which allows family members to be employed.
- **CHILD CARE:** For "WIN Rent" program families only. For families with children under the age of 13, a deduction may be allowed if the expenses are \$2,500 or greater, AND the care enables the parent(s) to be gainfully employed or to further their education.

REQUIRED DOCUMENTS FOR INITIAL APPLICATION OR AS APPLICABLE

- Submit copies of Social Security Cards for all family members, Photo I.D. for adult household members and INS verification when required.



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OFFICE USE ONLY	
FORM #:	849
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

CERTIFICATION FORM

PART 1. TENANT/APPLICANT INFORMATION

(ALL LINES MUST BE COMPLETED. ENTER "N/A" IF IT DOES NOT APPLY)

NAME: _____ HOME PHONE: _____
 ADDRESS: _____ WORK PHONE: _____
 CITY, STATE, ZIP: _____ CELL PHONE: _____
 EMAIL ADDRESS: _____ MARITAL STATUS: SINGLE MARRIED
 OTHER: _____

MAIDEN NAME, NICKNAME, OR ALIAS (if applicable): _____

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:
 Primary Language: _____ Translation Needed: YES NO

EMERGENCY CONTACTS: Please list two people we may contact if you are not available

NAME: _____	NAME: _____
PHONE NO.: _____	PHONE NO.: _____
EMAIL: _____	EMAIL: _____
RELATIONSHIP: _____	RELATIONSHIP: _____

Do you intend to move to a different unit? YES NO (If yes, please contact the Section 8 Office regarding moving procedures.)
 If you have been in your unit for 12 months or more, you can move after providing proper written notice to your present landlord. Portability allows you to move to a different housing jurisdiction anywhere in the country where a Section 8 program exists. More information about portability can be found at the KCHA website (www.kcha.org) or you can contact your Senior Housing Specialist at the Section 8 office.

PART 2. HOUSEHOLD INFORMATION

A. Please list **YOURSELF** and **ALL PERSONS** living in the assisted unit (list additional members on a separate page). **Do not list** family members who reside elsewhere during the school year. When completing "RACE", please use the following numbering system: 1-CAUCASIAN; 2-AFRICAN AMERICAN; 3-NATIVE AMERICAN; 4-ASIAN; 5-PACIFIC ISLANDER; 6-HISPANIC

MBR #	LAST NAME	FIRST NAME	MI	AGE	SEX	RACE	RELATION TO HEAD	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY #
1							Head			
2										
3										
4										
5										
6										
7										

List all persons who may move in or have moved out since your last recertification review (e.g. deaths, marriages, permanent placement in nursing homes, incarceration, etc.).

FULL NAME	RELATIONSHIP	DATE OF MOVE	REASON

I understand that any additional family member may not be added to the lease until the request has been reviewed and approved by the Housing Authority and the Landlord. Please provide KCHA notice from your landlord of lease approval for the new member. If a member has moved out of your unit, please provide documentation of their new address (e.g. lease, utility bill, drivers license, etc.).

Does anyone live with you who is not listed above? YES NO (If yes, please list their name(s) and explain: _____)

B. Please answer the following questions by placing a check(✓) in the correct box: (all questions must be answered)

		YES	NO
(1) Head of Household <u>or</u> Spouse is Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Other Family Member is Disabled. If YES, please list their name(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
(3) Is a reasonable accommodation based on disability necessary? If so, please indicate below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Live-In Aide <input type="checkbox"/> Additional Bedroom <input type="checkbox"/> Rent Exception <input type="checkbox"/> Hearing Impaired Smoke Detector <input type="checkbox"/> Other			
(4) Have you or any other family member listed on your application now or ever lived in Public Housing, Section 8 Assisted or any other form of government subsidized housing program? If YES, was your rental assistance ever terminated for program violations? Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
(5) Do you or any member of your household have a criminal record within the last three years? A criminal history background check may be run on you and your household members. If YES, please list any criminal history which will appear on your records within the past three years and where it occurred:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
(6) Are there any children living in the household age six or under with an Elevated Lead Blood Level? If YES, please list their name(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
A Lead-Based Paint Brochure titled "Protect Your Family From Lead in Your Home" is available by request. Additional information regarding lead paint can be found on the KCHA website (www.kcha.org)(The Housing Authority provides this form to you at your initial housing.)			
(7) Do any household members age 18 and over attend school? If YES, please list below. Use additional sheets if necessary. For each student please supply: all Financial Aid letters <u>and</u> proof of the amount of tuition from the school (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student's Name	Student is:		Name of School	Is Student a Veteran of US Military?	
	Full-Time			YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PART 3. FAMILY INCOME

A. Please mark the following with a check (✓) next to each source of income if any household member is now receiving or expects to receive the source of income:

<input type="checkbox"/> UNEMPLOYMENT BENEFITS	<input type="checkbox"/> CHILD SUPPORT*/ALIMONY	<input type="checkbox"/> SSI/SOCIAL SECURITY	<input type="checkbox"/> OTHER
<input type="checkbox"/> EMPLOYMENT/WAGES	<input type="checkbox"/> RETIREMENT PENSION	<input type="checkbox"/> WORKMEN'S COMP/L&I	
<input type="checkbox"/> SELF-EMPLOYMENT INCOME	<input type="checkbox"/> VETERAN'S BENEFITS	<input type="checkbox"/> PUBLIC ASSISTANCE	

* Child support includes regular contributions received from any source for a dependent.

B. On the chart below please list ALL sources of income received in the household. Please list any additional information on a separate page.

NAME OF HOUSEHOLD MEMBER	SOURCE OF INCOME	GROSS AMOUNT OF INCOME	PER HOUR	PER WEEK	PER MONTH	ANNUALLY

C. Please complete employer information. Use additional sheets if necessary:

PERSON EMPLOYED _____	PERSON EMPLOYED _____
EMPLOYER'S NAME _____	EMPLOYER'S NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE # _____	TELEPHONE # _____

D. Please answer the following questions by placing a check (✓) in the correct box: (all questions must be answered)

	YES	NO
(1) Is any member of your household on a leave of absence from work due to a layoff, medical leave, maternity leave or military leave? If YES, please list their name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
(2) Have you or any member(s) of your household ever served in the United States military? If YES, please list their name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
(3) Does anyone else help you pay your bills or give you money? If YES, how much and provide their name and contact information): _____	<input type="checkbox"/>	<input type="checkbox"/>

PART 4. ASSETS

	YES	NO
(1) Do you have assets of \$50,000 or more? If no, skip to (4)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Do you have any checking accounts, saving accounts, money market funds, trusts, irrevocable trusts, IRA/Keogh accounts, other retirement accounts, stocks/bonds, certificates of deposits, equity in rental property or capital investments, other accounts, or cash held separately or jointly?: _____	<input type="checkbox"/>	<input type="checkbox"/>
(3) Have you disposed of any assets for less than Fair Market Value in the past two years?: _____	<input type="checkbox"/>	<input type="checkbox"/>

Please list any assets of \$50,000 or more (including checking/savings account, IRAs, Keogh accounts, CDs stocks/bonds, dividends, homes, mobile homes, or any form of real estate):

MBR#	TYPE OF ASSETS	BANK NAME	ACCOUNT #	CURRENT BALANCE	INTEREST RATE

(4) Do you presently own or lease any vehicles? YES NO If YES, please list (additional vehicles may be listed on a separate page):

Year/Make/Model: _____ LICENSE # _____ Monthly Payment \$ _____

Year/Make/Model: _____ LICENSE # _____ Monthly Payment \$ _____

PART 5. FAMILY DEDUCTIONS

A. Please answer the following questions by placing a check (✓) in the correct box: (all questions must be answered)

	YES	NO
(1) CHILD CARE EXPENSES Do you pay \$2,500 or more per year in child care for a family member under the age of 13? If so, how much do you pay per month? \$_____ (supporting documentation must be provided)	<input type="checkbox"/>	<input type="checkbox"/>
(2) MEDICAL EXPENSES Is the Head of Household or Spouse over the age of 62 and/or disabled, and incurring out-of-pocket medical expenses of \$2,500 or more per year? If you select "YES", please provide receipts for ALL out-of-pocket medical expenses for the past 12 months. (e.g., medical insurance premiums, co-pay, prescriptions etc.)	<input type="checkbox"/>	<input type="checkbox"/>

I/we hereby certify that this information is TRUE and ACCURATE. I/we understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated. I/we also understand I/we must report any changes in the above information to the housing office in writing. I/we certify I/we have read and understand this information in accordance with federal housing regulations at the time I/we am offered assistance.

Please complete all questions fully and sign where indicated. Failure to do so will result in paperwork being returned to you for further information and will delay processing of any necessary changes.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse / Co-Tenant	_____ Print Name	_____ Date

After verification by the King County Housing Authority, the above information will be electronically submitted to the Department of Housing and Urban Development on Form HUD-50058. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590.



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FORM #: 486
HOUSEHOLD ID:
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Authorization for Release of Information / Privacy Act Notice

I understand that to apply for or receive assistance through one of the King County Housing Authority's (KCHA's) housing assistance programs, I must provide accurate and complete information regarding my income, family composition and circumstances. I hereby authorize KCHA to request and obtain information in the categories or from sources listed below for the purpose of determining my eligibility to receive housing assistance. In addition, I authorize KCHA to (1) provide a copy of this release to any person, business and/or organization to which such requests are directed and I indemnify them from any harm for providing information in accordance with such requests; and (2) to make inquiries regarding my income, family composition and circumstances from any source, including those I have provided and those KCHA may identify during the course of processing my application for initial or continued program eligibility. I understand that I will be given the opportunity to contest any negative determinations based on the information obtained.

Categories and Sources of Information Covered by this Authorization:

- Verification from employers, including information relating to start and end dates, wage and salary information, job performance and unemployment eligibility;
- Expenses, including but not limited to childcare, medical and handicapped assistance costs as needed to determine eligibility, size of unit and appropriate rent and subsidy amounts;
- U.S. Social Security Administration and U.S. Internal Revenue Service (HUD only);
- Immigration status, citizenship status, and legal identity verification;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;
- School registration for minor children and family members over the age of 18 where required to establish program eligibility, verify family composition or determine appropriate rent, subsidy or size of unit;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- Registration in educational or vocational training programs including information about participation, progress and completion of such programs;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Information from the Department of Licensing, law enforcement agencies, courts and credit bureaus;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- Information from utility companies and energy or water service districts, including information relating to consumption and billing records;
- Income and asset information from any source including but not limited to the Department of Social and Health Services, Division of Child Support and information from State Wage Information Collection Agencies for all family members;
- Verification of disability or handicap, if necessary for program eligibility (not including details of the actual disability or handicap);
- Credit reports and/or tenant screening reports from private screening contractors;
- Verification of need for reasonable accommodation, if requested;
- Information regarding minor or foster children;
- Information necessary to authenticate preference claims;
- Outstanding debts to other housing agencies.

Authority: This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.

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.

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 KCHA’s grievance and Housing Choice Voucher informal hearing procedures.

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. Information requested may include current or historical data determined necessary by HUD and/or KCHA 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 KCHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits. This consent becomes effective once signed. This consent expires 40 months after it is signed.

OFFICE USE ONLY	
HOH SSN - last 4 #:	
Subsidy/Unit #:	

SIGNATURES

_____	_____	_____
Head of Household (printed name)	Signature	Date
_____	_____	_____
Co-Head, Spouse, Partner, or Other Adult (printed name)	Signature	Date
_____	_____	_____
Other Adult – Age 18 or older (printed name)	Signature	Date
_____	_____	_____
Other Adult – Age 18 or older (printed name)	Signature	Date
_____	_____	_____
Other Adult – Age 18 or older (printed name)	Signature	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 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, KCHA and any owner (or any employee of HUD, KCHA 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 this form is restricted to the purposes cited on the form. 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, KCHA or the owner responsible for the unauthorized disclosure or improper use.



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STATEMENT OF FAMILY RESPONSIBILITIES

When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the Section 8 Rental Housing Voucher program.

A. The family **MUST**:

1. **Supply** any information that the Housing Authority (HA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. **Disclose** and **verify** social security numbers and sign and submit consent forms for obtaining information.
3. **Supply** any information requested by the HA to verify that the family is living in the unit or information related to family absence.
4. Promptly **notify** the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.
5. **Allow** the HA to inspect the unit at reasonable times and after reasonable notice.
6. **Notify both** the HA and the Owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for the residence by the family. The unit must be the family's **only** residence.
8. Promptly **notify** the HA in writing of the birth, adoption, or court-awarded custody of a child.
9. **Request** HA approval **in writing** to add any family member as an occupant of the unit. **Any person staying at the premises more than fourteen (14) days in a two (2) month period shall not be considered a guest and MUST be reported to the Housing Authority by the tenant.**
10. Promptly **notify** the HA in writing if any family member no longer lives in the unit.
11. **Give** the HA a copy of any owner issued eviction notice.
12. **Pay** utility bills and **supply** appliances that the owner is not required to supply under the lease.

B. Any information the family supplies **must be true and complete**.

C. The family (including each family member) **must NOT**:

1. **Engage** in or threaten abusive or violent behavior toward Housing Authority
2. **Own** or have any interest in the unit (other than in a cooperative, or owner of a manufactured home leasing a manufactured home space).
3. **Commit** any serious or repeated violation of the lease. (*This means if you are*

EVICTED from the unit, you will be denied further assistance).

4. **Commit** fraud, bribery or any other corrupt or criminal act in connection with the program.
5. **Participate** in illegal drug or criminal activity.
 - a. *Drug related criminal activity means* one of the following:
 1. The illegal manufacture, sale, or distribution, or possession with intent to manufacture, sell or distribute, a controlled substance (as defined in section 102 of the Controlled Substances Act (21 B.S.C.. 802)); or
 2. The illegal use, possession for personal use, of a controlled substance as defined above.
 - b. *Violent criminal activity means* any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.
 - c. In making its determination as to whether drug-related criminal activity or violent criminal activity occurred, the issue will be whether the preponderance of evidence indicates that a family has engaged in such activity, regardless of whether the family member has been arrested or convicted.
6. **Sublease** or let the unit or assign the lease or transfer the unit.
7. **Receive** Section 8 tenant-based or Project-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
8. **Damage** the unit or premises (other than damages from ordinary wear and tear) or permit any guest(s) to damage the unit or premises.
9. **Abuse** alcohol in a way that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

I understand that any changes in family income or family composition must be reported to the Housing Authority in writing within thirty (30) days of the date of change.

I understand that I must report any household member who is a registered Sex Offender immediately. I understand that I must notify the Housing Authority of any illegal criminal activity involving myself or any household member immediately.

I understand that any violation of the above obligations could result in the termination of my Section 8 assistance or denial of another voucher.

Signature of Tenant/Head of Household

Print Name

Date

Signature of Spouse/Co-Tenant

Print Name

Date



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OFFICE USE ONLY

FORM #: H52675

HOUSEHOLD ID:

TICKLER #:

EFFECTIVE DATE:

OMB No. 2577-0266 Expires 04/30/2023



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

THIS NOTICE WAS PROVIDED BY THE BELOW LISTED PHA:	I HEREBY ACKNOWLEDGE THAT THE PHA PROVIDED ME WITH THE DEBTS OWED TO PHAs & TERMINATION NOTICE:	
KING COUNTY HOUSING AUTHORITY		
	Signature	Date



SECTION 8 OFFICE
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OFFICE USE ONLY	
FORM #:	H92006
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

OMB Control # 2502-0581
Exp. (2/28/2019)

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: _____

Mailing Address: _____

Telephone No: _____ **Cell Phone No:** _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: (Check all that apply)

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

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.

Please complete second page →

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.