

**Springfield
Housing Authority**

80 Main Street, Springfield, Vermont 05156
Voice: (802) 885-4905 Fax: (802) 885-5857
TDD/TTY 1-800-545-1833 Ext. 865
www.springfieldhousingauthorityvt.org

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Thank you for your interest in obtaining housing at one of our properties. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

1. Please print clearly, in black or blue ink.
2. All questions must be answered. Incomplete applications will be returned. If a question does not apply to you, feel free to provide an explanation or enter "no" or "none" in the space provided.
3. All household members that are 18 years of age or older are required to be screened for a criminal record check. Enclosed is the form for Vermont. Please complete one criminal record check form for each household member age 18 or over. (Print additional copies as necessary).
4. Be sure that all household members 18 years of age or older sign both the Application Certification and Releases of Information attached.
5. Proof of age (Birth Certificate, Driver's License, State or Federal ID) and a copy of a Social Security Card must be attached for each household member.
6. If you are claiming a Springfield/North Springfield, VT resident preference, please provide proof of residency or employment.

**ALL APPLICANTS MUST SUCCESSFULLY PASS A CREDIT AND CRIMINAL
BACKGROUND CHECK FOR ADMISSION.**

Please call our office at (802) 885-4905 if you have any questions, or you may e-mail us at lrsha@vermontel.net.

Please mail your completed application to:

Springfield Housing Authority
80 Main St. Springfield, VT 05156

Springfield Housing Authority
 80 Main Street, Springfield, VT 05156 / 802-885-4905
APPLICATION FOR SECTION 8 ASSISTANCE

APPLICANT NAME _____ APT. NUMBER _____
 CURRENT ADDRESS _____
 CITY, STATE, ZIP CODE _____
 HOME PHONE # _____ HEAD WORK # _____ SPOUSE WORK # _____

Applying for: Housing Choice Voucher AND/OR Ellis Block Project Based Voucher

CURRENT LANDLORD INFORMATION: NAME: _____ ADDRESS: _____ CITY: _____ STATE / ZIP: _____ PHONE #: _____ DATES RENTED FROM: _____ TO: _____

PRIOR LANDLORD INFORMATION: NAME: _____ ADDRESS: _____ CITY: _____ STATE / ZIP: _____ PHONE #: _____ DATES RENTED FROM: _____ TO: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

NO.	HOUSEHOLD MEMBER (LEGAL NAMES)	RELATIONSHIP	BIRTH PLACE	SEX M/F	BIRTH DATE	SOC. SEC. NUMBER	LEGAL CITIZEN ⁹
1		HEAD OF HOUSEHOLD					
2							
3							
4							
5							
6							
7							
8							

- HAVE YOU OR ANY ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? YES NO IF YES, PLEASE EXPLAIN: _____
- DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE? YES NO IF YES, PLEASE EXPLAIN: _____
- DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE? YES NO IF YES, PLEASE EXPLAIN: _____

THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)

DO YOU CLAIM HANDICAPPED OR DISABLED STATUS FOR ELIGIBILITY PURPOSES? YES NO
 IF YES, NAME OF PERSON OR AGENCY WHO CERTIFIED YOUR HANDICAP OR DISABILITY: _____
 NAME: _____ PHONE: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 IDENTIFY ANY SPECIAL HOUSING NEEDS REQUIRED AS A RESULT OF THE DISABILITY: _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

CURRENT HOUSING STATUS

- HOW MANY PEOPLE LIVE IN YOUR UNIT NOW? _____ HOW MANY BEDROOMS DO YOU HAVE? _____
- DO YOU WISH TO MOVE? YES _____ NO _____ IF YES, WHY? _____
- ARE YOU BEING EVICTED? YES _____ NO _____ IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES: _____
- DO YOU OWE THE LANDLORD MONEY? YES _____ NO _____ IF YES, EXPLAIN: _____
- ARE YOU BEING DISPLACED FROM YOUR PRESENT UNIT? YES _____ NO _____ IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES: _____
- WHAT IS YOUR CURRENT RENT? _____ WHAT UTILITIES DO YOU PAY? _____
- ARE YOU OR A CURRENT FAMILY MEMBER NOW LIVING IN FEDERALLY SUBSIDIZED HOUSING? YES _____ NO _____
- DO YOU CURRENTLY OWE ANY BACK RENT OR DAMAGES TO ANY PUBLIC HOUSING OR SECTION 8 AGENCIES?
 YES _____ NO AMOUNT: \$ _____
- HAVE YOU EVER LIVED IN PUBLIC HOUSING: YES _____ NO _____ IF YES, WHERE? _____
- HAVE YOU EVER PARTICIPATED IN THE SECTION 8 EXISTING PROGRAM? YES _____ NO _____ IF YES, WHERE? _____
- HAVE YOU EVER LIVED IN ANY OTHER TYPE OF ASSISTED HOUSING? YES _____ NO _____ IF YES, WHERE? _____

INCOME INFORMATION

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH YES ANSWER, PROVIDE DETAILS IN THE CHART BELOW:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is any member of your household employed, full-time, part-time, or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does any member of your household expect to work for any period during the next twelve months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does any member of your household work for someone who pays them in cash? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does any member of your household now receive, or expect to receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does any member of your household now receive, or expect to receive child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is any member of your household entitled to child support that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does any member of your household now receive or expect to receive alimony payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is any member of your household entitled to alimony payments that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does a member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does any member of your family receive or expect to receive Social Security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does any member of your household receive or expect to receive income from a pension or annuity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does any member of your household receive or expect to receive an earned income tax credit? | <input type="checkbox"/> | <input type="checkbox"/> |

INCOME INFORMATION (CONTINUED)

EMPLOYMENT INCOME							
FAMILY MEM. #	EMPLOYER NAME	EMPLOYER'S COMPLETE MAILING ADDRESS	HOURS WORKED	PAY DATES WKLY / BI-WEEKLY	AVERAGE MONTHLY INCOME		

OTHER INCOME / BENEFIT SOURCES								
FAMILY MEM. #	MONTHLY / WEEKLY	CHILD SUPPORT	VETERAN'S BENEFITS	SOCIAL SECURITY	SSI	PATH BENEFITS: GA, TANF, ETC.	PENSION	OTHER

ADULT EDUCATION				
FAMILY MEM. #	SCHOOL CURRENTLY ATTENDING	ADDRESS	START DATE	FULL / PART TIME

ASSETS INFORMATION				
LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRA'S, KEOGH ACCOUNTS, AND CERTIFICATES OF DEPOSIT) OF ALL HOUSEHOLD MEMBERS, INCLUDING AMOUNTS DISPOSED OF IN THE PAST TWO YEARS.				
FAMILY MEM. #	BANK NAME	INTEREST RATE	ACCOUNT NUMBER	CURRENT BALANCE

LIST VALUE OF ALL STOCKS, BONDS, TRUSTS, PENSION CONTRIBUTIONS, OR OTHER ASSETS: _____

DO YOU OWN A HOME OR OTHER REAL ESTATE? YES NO

HAVE YOU SOLD OR GIVEN AWAY REAL ESTATE OR OTHER ASSETS IN THE PAST TWO YEARS? YES NO
 IF YES, WHAT IS THE CURRENT MARKET VALUE OF THE ASSET? _____

EXPENSES

DO YOU PAY FOR CHILD CARE WHICH ENABLES YOU, OR ANOTHER FAMILY MEMBER TO GO TO WORK OR SCHOOL? YES NO

IF YES, GIVE NAME AND ADDRESS OF CHILD CARE PROVIDED, WEEKLY COST, AND NAME OF FAMILY MEMBER ENABLED TO WORK _____

*** ELDERLY FAMILIES ONLY ***

DO YOU HAVE MEDICARE? YES NO IF YES, WHAT IS YOUR MEDICARE PREMIUM? _____

DO YOU HAVE ANY OTHER KIND OF MEDICAL INSURANCE? YES NO IF YES, LIST COMPANY, POLICY NUMBER, AND MAILING ADDRESS _____

DO YOU RECEIVE MEDICAL ASSISTANCE THROUGH THE WELFARE DEPARTMENT? YES NO

DO YOU HAVE OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING? YES NO

DO YOU EXPECT TO HAVE ANY MEDICAL EXPENSES DURING THE NEXT 12 MONTHS? YES NO

IF YES, AMOUNT OF MEDICAL EXPENSE \$ _____

DRUG AND CRIMINAL ACTIVITY

FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG OR VIOLENT CRIMINAL ACTIVITIES.

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED, CHARGED, OR CONVICTED OF ANY DRUG OR ALCOHOL RELATED OR VIOLENT CRIMINAL ACTIVITY IN THE PAST 5 YEARS PRIOR TO DATE OF THIS APPLICATION? YES NO IF YES, EXPLAIN: _____

PROBATION OR PAROLE OFFICER NAME: _____ PHONE: () _____

IS THE HOUSEHOLD MEMBER SEEKING REHABILITATION SERVICES FOR THE ABOVE NAMED ACTIVITY?

YES NO IF YES, GIVE THE NAME AND ADDRESS OF REHABILITATION CENTER: _____

IS ANY MEMBER OF YOUR HOUSEHOLD REGISTERED AS A SEX OFFENDER? YES NO

HAS ANYONE IN THE HOUSEHOLD BEEN EVICTED FROM PUBLIC HOUSING OR SECTION 8 HOUSING FOR ANY REASON INCLUDING DRUG OR CRIMINAL ACTIVITY? YES NO IF YES, NAME OF AGENCY AND ADDRESS: _____

PHONE: () _____ DATE OF EVICTION: _____

NOTE: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect (either positively or negatively) you selection for the program.

Race of Head of Household White Black American Indian or Alaskan Native Asian or Pacific Islander

Ethnicity of Head of Household Hispanic Non-Hispanic

APPLICANT CERTIFICATION: I/We certify that the information given to the Springfield Housing Authority 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. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head _____ Date _____

Signature of Spouse _____ Date _____

Representative of PHA _____ Date _____

Eligible YES NO Date letter sent _____ By Whom _____

Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	
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 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.

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.

**SPRINGFIELD HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION**

**ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ & SIGN
THIS FORM**

PURPOSE

The Springfield Housing Authority (SHA), herein after referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority. I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

I also consent for HUD or the PHA to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violation of my lease or PHA policies.

INQUIRIES MAY BE MADE ABOUT

**INDIVIDUALS OR ORGANIZATIONS THAT
MAY RELEASE INFORMATION INCLUDE**

Child Care Expenses	Banks and Other Financial Institutions
Handicapped Assistance Expenses	Local/State/Federal Courts
Credit History	Local/State/Federal Law Enforcement Agencies
Identity and Marital Status	Credit Bureaus
Criminal History and Activity	Employers, Past and Present
Law Enforcement Records	Schools and Colleges
Probationary Records	Landlords
Medical Expenses	Local Community Social Service Agencies
Family Composition	Utility Companies
Social Security Numbers	State Welfare Agencies
Employment, Income, Pensions and Assets	Providers of:
Residences and Rental History	Alimony, Child Care, Child Support
Federal, State, Tribal or Local Benefits	
Community Support Assistance	

CONDITIONS

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in SHA housing programs or a resident in a SHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated. I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the SHA.

Signature of Head of Household

Print Name

Date

Signature of Spouse

Print Name

Date

Signature of Adult Member

Print Name

Date

Signature of Adult Member

Print Name

Date

**Authorization for the Release of Information/
Privacy Act Notice**

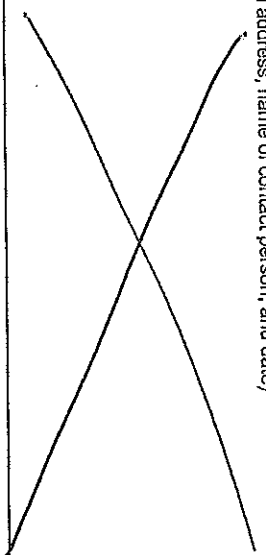
to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA 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)

**Springfield Housing Authority
80 Main Street
Springfield, VT 05156**



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.

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

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.

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(1)(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 EA 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:

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