

**WOODFORD COUNTY HOUSING
AUTHORITY
REPORTING FORM**

NAME _____

CURRENT ADDRESS _____

CURRENT PHONE NUMBER _____

_____ **INCREASE OR DECREASE OF INCOME**

_____ **RECERTIFICATION**

_____ **INITIAL APPOINTMANT**

ADD OR REMOVE HOUSEHOLD MEMBER

NAME _____

COMMENTS _____

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. **PLEASE PRINT.**

HOUSEHOLD COMPOSITION: List **all** persons who will be living in your home.

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE: DIVORCED (D) MARRIED (M) SEPARATED (S) WIDOWED (W)	OCCUPATION OR SCHOOL NAME
				Year	
				Year	
				Year	
				year	

CHILDREN (name as it Appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS

DOES ANYONE LIVE WITH YOU WHO IS NOT LISTED ABOVE? **YES/NO** WHO? _____
 If separated or divorced, list name and address of spouse/ex-spouse as follows:

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP CODE

 SOCIAL SECURITY NO. (if known)

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP CODE

 SOCIAL SECURITY NO. (if known)

 I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

 SIGNATURE OF HEAD OF HOUSEHOLD DATE _____
 SIGNATURE OF SPOUSE/CO-HEAD DATE

WARNING !!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

- II. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security benefits, Disability payments, Workman's Compensation, Retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW

SOURCE OF INCOME HOUSEHOLD MEMBER TOTAL WEEKLY/MONTHLY WAGES

Household Member Name	Employer wages	Total Weekly Wages	TANF	Child Support Benefits	Veterans Benefit	Social Security Benefits &/or SSI	Unemployment	All Other Income

- III. **ASSETS:** If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? ____ Have you sold any real estate in the (2) two years? ____ Do you own any stocks or bonds? ____ Do you have a savings account? ____ If yes, give bank, account numbers, and amounts below. Do you own a car? ____ Model/Year _____ Plate No. _____ Do you own a second car? ____ Model/Year _____ Plate No. _____

EXPLANATIONS FOR ANY QUESTIONS ANSWERED YES.

- Does anyone outside of your household pay for any of your bills or give you money? Yes/No (if yes explain) _____
- Have you or any other adult members ever used any name(s) or Social Security No(s) other than the one you are currently using? Yes/No (if yes explain) _____
- Have you or any member lived in assisted Housing? Yes/No (if yes, list where & when) _____
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No (if yes explain) _____
- Have you ever committed any fraud in a Federally Assisted Housing Program or been required to repay money for knowingly misrepresenting information for such housing programs? Yes or No (if yes explain) _____
- Do you expect anyone to move in or out of your household within the next 12 months? Yes/No (if yes explain) _____
- Did you file a Federal income tax return for the most recent year? Yes/No _____
- Have you disposed of any asset for less than Fair Market Value in the past (2) two years? Yes/No _____
- Is any household member (18 years or over) attending a school for higher education? Yes/No _____
- Have you or anyone in your household ever been subject to a lifetime state sex offender registration program in any state? Yes/No _____
- Has any household member benefited from earned income disallowance? Yes/No
If yes, who? _____
- Is anyone who will be living in the unit expecting a child? Yes/No If yes, who? _____
- Does anyone other than an adult who will live in the unit share 50% custody of any of the children listed? Yes/No
If yes, who? _____
- Does anyone who will be living in the unit have a divorce decree or court order as the result of a divorce or legal separation? Yes/No If yes, who? _____

Family Name: _____ Social Security Number: _____

INCOME INCLUDES: Welfare, Social Security, SSI, Wages, Tips, Unemployment, Maintenance, Child Support, Veterans Benefits, Retirement Benefits, Rental Income, etc.

If new employment list start date: _____

SOURCE OF INCOME:

Family Member: _____
Source: _____
Address: _____
Phone Number: _____

Family Members: _____
Source: _____
Address: _____
Phone Number: _____

ASSETS INCLUDES: Cash on Hand, Checking Accounts, Savings Accounts, Certification of Deposit, Trust Funds, Safety Deposit Box Information, Market Value of Stocks and Bonds, Equity in Real Estate Property, and other Capital Investments, etc.

LIST ALL ASSETS:

Family Member: _____
Asset Type: _____
Address: _____
Account No: _____

Family Members: _____
Asset Type: _____
Address: _____
Account No: _____

Any member of the Family that is **18 years of age or older** continuing their education please fill out the following information.

EDUCATION:

Family Member: _____
School Name: _____
Address: _____
Full Time _____ Part Time _____

Family Members: _____
School Name: _____
Address: _____
Full Time _____ Part Time _____

Any member of the Family that is paying Child Care for education or employment please fill out the following for child care expenses.

CHILD CARE EXPENSES

Child Care Provider Name: _____
Address: _____
Phone Number: _____
Approximate Hours: _____

Woodford County Housing Authority

410 EAST EUREKA AVENUE, P.O. BOX 223
EUREKA, ILLINOIS 61530-0223

CONSENT

I/We the undersigned have applied for/reside in assisted housing. In order that the Woodford County Housing Authority may establish/re-establish my/our eligibility for housing assistance, I/We hereby authorize and direct any individual, Business, Organization, Federal State or Local Agency to release to and/or verify for the Woodford County Housing Authority all information deemed necessary to verify employment, income, assets, credit history, medical expenses, personal references, residences and rental activity, verification of handicap or disability, eligibility to obtain power or the status of my utility services pursuant to the Housing Authority Lease, Part 1, section VI (b).

INFORMATION COVERED

I/We, further understand that verifications and inquiries that may be requested include, but are not limited to the following:

Identity and/or Marital Status	Residency and Rental History
Credit and Criminal History	Employment, Income and Assets
Medical Expenses & Allowances	Status of Utility Services
Child Care Expenses	Full Time Student Certification

GROUPS OR INDIVIDUALS from which information may be requested include, but are not limited to:

Courts and Post Offices	Law Enforcement Agencies
Medical Providers	Retirement Systems
Utility Companies	Credit Providers and Credit Bureaus
Past & Present Employers	Welfare Agencies
State Unemployment Agencies	Social Security Administration
Veterans Administration	Banks and Other Financial
Previous Landlords (including Public Housing Agencies)	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the office of the Woodford County Housing Authority. I/We understand that any information obtained with this release is confidential and may not be released without my/our permission except to other government entities such as other housing authorities, police officials, public assistance, etc. I/We do also understand that information obtained by this release is used to determine my/our eligibility for housing assistance and refusal to consent to the release of this information can result in denial of assistance. This authorization shall be good (15) fifteen months from date of signature.

SIGNATURES:

_____ Head of Household	_____ Date	_____ Current Address
_____ Other Adult	_____ Date	_____ Other Adult
		_____ 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

Woodford County Housing Authority
410 E Eureka Ave P O Box 223
Eureka, IL 61530-0223

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

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(l)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions 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	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy 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.