

**APPLICATION FOR  
CONTINUED ASSISTANCE**

The following information is being requested so that your continued eligibility can be determined. You may also be required to provide verification documents for all income sources, as well as childcare and medical expenses, if applicable. Failure to provide sufficient verification or failure to return this form promptly could result in the termination of your tenancy or assistance.

**A) HEAD OF HOUSEHOLD INFORMATION** – Information about the person on file as Head of Household.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**B) FAMILY INFORMATION** – List each person who is currently living in your household.

Use the following codes under relationship and add an additional page if required for more family members:

Head of Household (H) Spouse (S) Children under 18 (Y) Co-Head/Significant other (K)

Foster Children (F) Other Adult Members (O) Live-in Aid (L) Full time student 18+ (E)

\*Race is an optional field: Use the code that best categorizes the race of each family member. You may choose multiple categories.

W=White B=Black NA=Native American or Native Alaskan A=Asian/Pacific Islander H=Hispanic

**Is any member of your household a Veteran? If so, who?** \_\_\_\_\_

	Last Name	First Name	SSN#	Race*	Disabled Yes or No	Relationship	Sex M/F	Birthdate MM/DD/YYYY
H								
1								
2								
3								
4								
5								
6								

**C) RECENT AND ANTICIPATED FAMILY CHANGES** – Describe below any changes in your family that have occurred in the past twelve months or you anticipate occurring in the next twelve months.

**D) CRIMINAL RECORD** – Have you or any member of your family been arrested or convicted of a crime in the last year? ☐ Yes ☐ No If yes, please explain. \_\_\_\_\_

Is **anyone** in your household a registered sex offender? If yes, state who? \_\_\_\_\_  
In what state are they registered? \_\_\_\_\_

**E) CURRENT RENTAL UNIT** – Do you rent from a relative? ☐ Yes ☐ No  
**What utilities do you pay?** Electric \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Trash \_\_\_\_\_  
Electric Heat Pump \_\_\_\_\_ Air Conditioner \_\_\_\_\_

**F) STUDENT STATUS** - Is anyone in your household, 18 years or older a student?

If yes, who? \_\_\_\_\_ School Name: \_\_\_\_\_

**G) CURRENT INCOME** – Check and list all income that applies to your household, including those listed below and: **spousal support, contributions, gifts, worker's compensation, grants, scholarships, and educational loans.** You must *PROVIDE VERIFICATION* (2 months paystubs, printout for 3 months of child support payments, recent benefit award letter, termination of income letter if applicable). Ask for forms to verify contributions or other types of income you have questions about. Add an additional page if needed for additional income.

Type Of Income	Family Member #	Name of Source	Address	Phone	Monthly Amount
<input type="checkbox"/> Employer					
<input type="checkbox"/> Employer					
<input type="checkbox"/> Employer					
<input type="checkbox"/> Self-employment					
<input type="checkbox"/> Education Loan					
<input type="checkbox"/> Work Study					
<input type="checkbox"/> Grant, Scholarship					
<input type="checkbox"/> Child support					
<input type="checkbox"/> Child support					
<input type="checkbox"/> TANF					
<input type="checkbox"/> TANF					
<input type="checkbox"/> GAU/ABD					
<input type="checkbox"/> Food Stamps					
<input type="checkbox"/> Unemployment					
<input type="checkbox"/> Worker's Comp					
<input type="checkbox"/> Social Security					
<input type="checkbox"/> SSI					
<input type="checkbox"/> Pension/retirement					
<input type="checkbox"/> Veterans' benefit					
<input type="checkbox"/> Native monies					
<input type="checkbox"/> Contributions/Gift					
<input type="checkbox"/> Other					

**H) Are you or anyone in your household, a Representative Payee for a person/s outside of your household?** ☐ Yes ☐ No If yes, who? \_\_\_\_\_

**I) Is anyone in your household pregnant?** If yes, who? \_\_\_\_\_  
(You will need to provide verification of pregnancy)

**J) BANK ACCOUNTS** – Savings and checking accounts.

Account Type	Bank Name	Bank Account Number	Current

**K) DECLARATION OF ASSETS** Do you own property? ☐ Yes ☐ No  
Do you receive rent from the property? ☐ Yes ☐ No

☐ I (we) are declaring that the combined total of assets in our household is less than \$5000.00

**L) INVESTMENTS** – real estate, stocks, bonds, etc.

Investment type	Name of Company	Address of Company

**M) ANTICIPATED EXPENSES –**

☐ Childcare. You MUST provide a printed receipt or letter from the childcare provider for verification.

☐ Medical (elderly/disabled families only). If you have medical expenses, pay regular payments to a doctor or provider, or have medical premiums, provide verifications of the out of pocket expenses for a possible medical expense deduction.

**N) ALTERNATE CONTACT –** If we cannot reach you or a member of your household, who may we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**O) CERTIFICATION AND SIGNATURES**

I certify that the statements made in this redetermination are true and complete to the best of my knowledge and belief. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. Such penalties could include eviction from your living unit, fines up to \$10,000, imprisonment for up to five years, and prohibition from receiving future housing assistance or be required to repay all rental assistance payments that have been made on your behalf. I further understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of our housing assistance. I further understand that all changes to income or household members must be reported, in writing, to SHA within ten working days of the change or before adding household members. I understand that use of my address, phone number, allowing items to be stored at my unit, or my phone or utilities in someone else's name, could be deemed as proof of unreported, additional household members and/or income, and result in termination of my assistance.

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

\_\_\_\_\_  
Signature of Spouse/Co-head Date

\_\_\_\_\_  
Other Adult member Date

\_\_\_\_\_  
Other Adult member Date

\_\_\_\_\_  
SHA Representative Date

***Please take a moment to describe below what your life was like before receiving housing assistance and after receiving housing assistance. Is there a particular staff member or department that has been especially helpful this past year? Please use the back of this page or add additional pages if needed.***

This page is intentionally placed for best double-sided printing results.

# 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)

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

Spokane Housing Authority  
55 W. Mission Ave.  
Spokane, WA 99201

**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.

# Authorization for the Release of Information

Participant #

PHA requesting release of information:

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24 CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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

Spouse or Co-head

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

## 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 this form is restricted to the purposes cited above. 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.

Original is retained by the requesting organization.

**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 and Section 8 and Low Rent Public Housing Informal Review and Hearing procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

Previous Landlords (including Public Housing Agencies)

Courts and Post Offices

Schools and Colleges

Law Enforcement Agencies

Support and Alimony Providers

Past and Present Employers

Welfare Agencies

State Unemployment Agencies

Social Security Administration

Medical and Child Care Providers

Veterans Administration

Retirement Systems

Banks and other Financial Institutions

Credit Providers and Credit Bureaus

Utility Companies

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### Authorization for Release of Information (HIPAA 45 CFR 164.508)

I hereby authorize the use or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary. I understand that Spokane Housing Authority (SHA) is not a health plan or health care provider, and the released information may no longer be protected by certain federal privacy regulations. Please refer to your pharmacy's Notice of Privacy Practices for more information. SHA is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a.

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please print)

Persons/Organizations Authorized to Provide Information
(for example: physicians, pharmacies, dentist, hospital, other health care providers)
Any doctor, dentist or pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:
Other:
Other:

By signing below I understand that:

- I have the right to revoke this authorization at any time, by notifying SHA in writing, but if I do it will not have any affect on any actions taken before SHA received the revocation.
- I understand that I may see a copy of the information described on this form and that I am entitled to a copy of this release document if I request it.
- I understand that the potential exists for my information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient.
- I understand this authorization will expire 18 months from the date of my signature.

#### YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

SHA requires and uses the information obtained with this authorization to determine eligibility for certain, specific, housing assistance allowances pursuant to federal housing law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This page is intentionally placed for best double-sided printing results.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**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.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
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**Signature of Applicant**

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**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.

**APPLICANT/PARTICIPANT CERTIFICATION**  
**Knowledge for grounds for denial or termination of Family Assistance**

**SHA POLICY STATEMENT:** Spokane Housing Authority (SHA) will deny or terminate housing assistance to those determined to be involved in illegal drug-related or violent criminal activity.

**GIVING TRUE AND COMPLETE INFORMATION:** I certify that all information provided on household composition, Social Security numbers, income, family assets and items for allowance and deductions, is accurate and complete to the best of my/our knowledge and belief. I/we have reviewed the application or recertification and certify that the information shown is true and correct.

**REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION:** I/we understand that I/we are required to report, in writing, within ten working days, any changes in income or household size. Failure to report timely is grounds for termination of assistance. I/we understand that before a new member is added or moves into my household I must first request permission, in writing, from my landlord, provide a copy of that permission to Spokane Housing Authority (SHA), and have SHA approve the new member.

**NO DUPLICATE RESIDENCE OR ASSISTANCE:** I certify that I have disclosed where and when I received any previous housing assistance and whether or not any money is owed. I certify that while receiving this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**GUESTS/BOARDERS/LODGERS:** I understand that I cannot allow individual "guests" to stay in the unit for a **combined total** of more than fourteen (14) days per year or provide accommodations to boarders or lodgers. Section 8 Moderate Rehabilitation (SRO) tenants are not allowed an overnight guest. (This does not relieve you from your obligation to abide by the terms of your lease with the landlord). I understand that use of my address, phone number, storing items, phone or utilities in another's name could be deemed as proof of unreported, additional household members and/or income.

**FAMILY MEMBER ABSENCE:** I understand that I must report within ten working days any changes to the household. I further understand that I must report if any or all family members that will be absent from the unit for more than 30 days (Including to foster care).

**LEASE:** I understand that eviction by the landlord for violations of the lease will result in termination of my assistance. I further understand that I cannot rent from a family member who owns the unit or has any interest in the unit, unless I am a person with disabilities and have requested and been approved by SHA to rent the unit as a reasonable accommodation for disabilities.

**NO SUBSIDY PAID:** I understand that if SHA has not paid any rent on my behalf for 180 days my assistance will be terminated.

**UNIT INSPECTIONS (HQS):** I understand that failure of the family to correct family-caused HUD Quality Standards violations within a reasonable deadline (24 hours for life-threatening defect; 30 days for any other defects) could result in termination of assistance.

**UTILITY REIMBURSEMENT:** I understand that, should I be eligible for a utility reimbursement, I have 10 working days after moving into my unit to provide the name my utility bill is under, the account number and the street address. (Provide copy of bill)

**SIDE AGREEMENTS:** I understand that if I enter into an agreement with my landlord to pay a different amount of tenant rent, or for utilities that are not listed as my responsibility as specified by SHA, that I will be considered to have entered into a side agreement and that my assistance may be terminated.

**COOPERATION:** I understand that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes supplying necessary information promptly, attending scheduled meetings, and completing and signing the necessary forms. I understand that failure or refusal to do so may result in delays or termination of assistance. Failure of the family to comply with its obligations under the lease may also result in termination of housing assistance.

**WARNING:** Section 1001 of Title 18 of the U.S .Code makes is 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 Understand that knowingly supplying false, incomplete, or inaccurate information, is punishable under Federal or state law and grounds for termination of housing assistance. I have read the above and understand my responsibilities. I certify that the information given is accurate and complete to the best of my knowledge**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**Note: All family members age 18 or older MUST sign this form.**

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## Release of Information Policy Acknowledgement

Spokane Housing Authority (SHA) respects the right of privacy of the participant household members and their guests. SHA will not release or disclose any financial or medical information regarding the household members or their guests unless authorized in writing by a household member or as provided for herein. Information provided by household members will be used for the purposes for which it was provided and intended.

Information will be released to, or requested from, utility companies concerning my accounts for electric, gas, water, sewer, or trash.

Information will be released if required by court order or other government requirements or agencies. In the event of the reasonable suspicion of, or allegation of drug or criminal activity or investigation, SHA management or executive staff, may identify to proper authorities the names and addresses of persons who are involved in such alleged activities or who are under police investigation, as well as such other information reasonably related to such activities or police investigations. SHA also reserves the right to provide information to governmental agencies should a household member be suspected of defrauding or inappropriately using federal or state funds and such other agencies are either involved in such funding related to SHA, or can assist SHA in the investigation and/or prosecution of allegations of such fraud.

**I have read and/or understand the policy statement above.**

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other members 18+ signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other members 18+ signature

\_\_\_\_\_  
Date

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## **PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS**

In January 2006 the Violence Against Women and Dept. of Justice Reauthorization Act (VAWA) was signed into law.

The purpose of the Act is to:

- Reduce violence, dating violence, sexual assault, and stalking
- To prevent homelessness of the victims of such acts
- To protect victims who reside in Section 8 and LRPH units (and other programs)
- To ensure victims have access to criminal justice system without jeopardizing their housing

How this affects you is that VAWA protects participants, tenants, and family members of participants/tenants, who are victims of domestic violence, dating violence, or stalking, from being evicted or terminated from housing assistance based on acts of such violence against them.

The law provides that criminal activity directly relating to domestic violence engaged in by a member of a participant's household or any guest or other person under the participant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights, if the participant or an immediate family member of the participant's family is the victim of or threatened victim of that abuse. The Act also provides that incidents of actual or threatened domestic violence will not be deemed serious or repeated violations of the lease and will not be considered "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

However, the Act does not limit the landlord's authority to terminate your lease when the landlord is able to demonstrate there is an actual and imminent threat to other tenants, employees, or others providing services to your residence or the complex you live in.

If you feel you are being evicted from housing or terminated from housing assistance due to domestic violence, dating violence or stalking, please contact your Eligibility Specialist at Spokane Housing Authority immediately. You will be required to complete certification and/or provide alternate documentation to verify your claim.