

**2. OTHER ADULT IN HOUSEHOLD OR REQUESTING TO BE ADDED.**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ SEX \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ ARE YOU DISABLED? \_\_\_\_\_  
(City and State)

ARE YOU A FULL TIME STUDENT \_\_\_\_\_ RACE (NOT REQUIRED) \_\_\_\_\_

PLEASE LIST ALL OTHER NAMES USED PREVIOUSLY \_\_\_\_\_

PLEASE LIST ALL SOURCES OF INCOME AND MONTHLY AMOUNTS. INCOME INCLUDES SOCIAL SECURITY, WAGES, PENSIONS, CHILD SUPPORT, OWN BUSINESS, REGULAR CONTRIBUTIONS ON YOUR BEHALF, TANF, ETC.

**HISTORY**

1. Have you ever been arrested for a misdemeanor or felony? \_\_\_\_\_ Dates \_\_\_\_\_

Please Explain \_\_\_\_\_

2. Have you ever lived in Public Housing or received Section 8 Rental Assistance from another Housing Authority? \_\_\_\_\_

Dates \_\_\_\_\_ Please list Housing Authority \_\_\_\_\_

3. Have you applied previously with this Housing Authority? \_\_\_\_\_ Date(s) \_\_\_\_\_

4. Have you received assistance from this Housing Authority before? \_\_\_\_\_ Dates \_\_\_\_\_

Did you leave owing money? \_\_\_\_\_

5. What other states have you lived in? \_\_\_\_\_

6. Is there any other information you would like to disclose? \_\_\_\_\_

PLEASE LIST ALL SOURCES OF INCOME AND MONTHLY AMOUNTS. INCOME INCLUDES SOCIAL SECURITY, WAGES, PENSIONS, CHILD SUPPORT, OWN BUSINESS, REGULAR CONTRIBUTIONS ON YOUR BEHALF, TANF, ETC.

**OTHER ADULT ONLY**

Please list monthly amount underneath each item you receive.	Yes	No	Name of provider/Employer/or Agency	Address and Phone of provider
Wages \$ _____				
Wages \$ _____				
Social Security \$ _____			Please provide copy of current award letter	
SSI or SSD \$ _____			Please provide copy of current award letter	
Unemployment \$ _____				

TANF \$ _____			
Child Support \$ _____			
Disability Benefit \$ _____			
Workmans Comp. \$ _____			
Self Employment \$ _____			Please provide copies of ledgers
School Aid/ grants \$ _____			Please provide copies of income
Alimony \$ _____			
Pension \$ _____			
Regular contributions \$ _____			
Other \$ _____			

**ASSETS:** Please provide all sources of financial accounts and other requested assets  
**OTHER ADULT CONTINUED**

Do you have:	Yes	No	Name of provider/Employer/or Agency	Address and Phone of provider
Checking			Please provide copy of bank statements for last six months	
Second checking			Please provide copy of bank statements for last six months	
Savings			Please provide copy of bank statements for last six months	
Trust funds				
Stocks or Bonds				
Life Insurance				
Retirement				
Property/ Real Estate			Please list physical address of property	Please provide copy of mortgage remaining on property.

IRA			
Other			

**ALLOWANCES/DEDUCTIONS  
OTHER ADULT CONTINUED**

Please list monthly cost underneath each item.	Yes	No	Name of provider / Employer/ or Agency Please provide Policy or Case Number	Address and Phone of provider
ChildCare Expenses \$ _____				

If you are disabled please answer the following questions

Medicare \$ _____				
Other Medical Insurance \$ _____				
Other Medical Insurance \$ _____ Prescription expenses \$ _____				
Medical Expenses \$ _____				
Medical Expenses \$ _____				
Medical Expenses \$ _____				
Other				
Other				

**CRIMINAL BACKGROUND CHECK**

**Housing Authority of Douglas County  
902 West Stanton Street  
Roseburg, OR 97470  
(541) 673-6548**

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

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE:** \_\_\_\_\_

**To Whom It May Concern:**

The above-entitled individual has applied for Section 8 Housing assistance with the Housing Authority of Douglas County, Oregon.

In order to determine the eligibility of our applicant(s), we are required by federal regulations to verify any history of criminal activity involving crimes of physical violence to persons or property. This includes other criminal acts such as dealing or using drugs, which would tend to have an adverse effect on the health, safety, or welfare of other tenants. Please see attached copy of CFR (Code of Federal Regulations) 882.118 - OBLIGATIONS OF THE FAMILY.

Please provide us with any information regarding the criminal history of the above-entitled individual. A self-addressed, stamped envelope is enclosed of your convenience. The applicant has signed this form giving their consent for release of information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
HADCO Representative

\_\_\_\_\_  
Date

Housing Authority of Douglas County  
902 West Stanton Street  
Roseburg, OR 97470  
(541) 6736548

**RELEASE OF INFORMATION FORM**

Participant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

In connection with my eligibility for housing occupancy, I (we) hereby authorize the Housing Authority, its officers, employees, and designees to access any and all information pertinent to my (our) occupancy from employers, public, and private agencies, individuals, previous and current landlords, financial institutions, and services such as: DHS, Services to Children and Families, Social Security Administration, etc. I (we) further agree to hold harmless and save the Housing Authority from any liability resulting from such exchange of information.

This information is being exchanged with:

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



**SIGNING OF APPLICATION:**

- ❖ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- ❖ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- ❖ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various federal, state, or private agencies.
- ❖ All family members six or older are required, by federal regulations (CFR 5.216(a) & CFR 5.216(g)(3)), to provide the Housing Authority of Douglas County Oregon, with a copy of their Social Security card. If any family member, six or older, does not have a Social Security card then they need to obtain a certification form from the Social Security Office. This form will then be attached to your application.

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**SIGNATURES:**

- ❖ I certify that all information provided is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSENT OF INFORMATION:** In connection with my application for housing occupancy, I (we) hereby authorize the Housing Authority of Douglas County, Oregon, its officers, employees and designees to access any and all information pertinent to my eligibility from employers, public and private agencies, individuals, previous and current landlord(s), financial institutions and service providers such as: Adult and Family Services, Services to Children and Families, Social Security Administration, etc. This will also include a criminal history background check.

I (we) further agree to hold harmless and save the Housing Authority of Douglas County, Oregon from any liability resulting from such exchange of information.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FEDERAL PRIVACY ACT NOTICE;** This is for the Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and the Public and Indian Housing Programs.

**PURPOSE:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size and the amount the family must pay toward rent and utilities.

**USE:** HUD uses 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 furnished. HUD or a Public Housing Agency / Indian Housing Authority may conduct a computer match to verify the information you provided. 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 Public Housing Agency / Indian Housing Authority, 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.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the Public Housing Agency/Indian Housing Authority. The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security numbers of all household members at least six years old.

I have read the Federal Privacy Act Notice:

\_\_\_\_\_  
Signature of Head of Household or Spouse

\_\_\_\_\_  
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)

The Housing Authority of Douglas County  
902 West Stanton Street  
Roseburg, Oregon 97471

~~HA 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(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 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.

# EXPANDED IMPLEMENTATION OF SECTION 214

(Restrictions on Assistance to Noncitizens)

(Handbook 4350.3 — CFR 880.504)

APPLICANT  TENANT DECLARATION FORMAT

**INSTRUCTIONS:** Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_  
ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on INS Form I-94, Departure Record)  
NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)  
SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3:

## DECLARATION

I, \_\_\_\_\_, hereby declare, under penalty of perjury, that I am:  
(Print or type first name, middle initial, last name)

\_\_\_\_ 1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

2. A noncitizen with eligible immigration status in the category checked below:

- (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d) (5) of the INA (8 U.S.C. 1182(d) (5)) [parole status];
- (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom]; or
- (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

*If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OR

*If you checked this block and you are under 62 years of age, you must submit the following documents:*

- a. Applicable Verification Consent Form (page 4 herewith)

AND

- b. One of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
  - (i) "Admitted as Refugee Pursuant to section 207";
  - (ii) "Section 208" or "Asylum";
  - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
  - (iv) "Paroled Pursuant to Sec. 212(d) (5) of the INA";

(continued on next page)