Parkcrest Housing – Housing Authority of the City of South Milwaukee

2906 Sixth Avenue
South Milwaukee, WI 53172
Phone: (414)762-4114

WAITING LIST APPLICATION CHECKLIST AND INSTRUCTIONS:

1. **READ THE APPLICATION MATERIALS THOROUGHLY – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
2. **ALL FAMILY MEMBERS 18 YEARS OLD AND OLDER MUST APPEAR IN PERSON TO SIGN THE APPLICATION, AND ALL REQUIRED DOCUMENTS PROVIDED WHEN YOUR APPLICATION IS TURNED IN. NO EXCEPTIONS.**
3. **ORIGINAL BIRTH CERTIFICATES AND ORIGINAL SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS MUST BE PRESENTED WITH YOUR APPLICATION (Adults and Children).**
4. **PICTURE ID FOR ALL FAMILY MEMBERS 18 AND OLDER MUST BE PRESENTED WITH YOUR APPLICATION.**
5. **COMPLETE RENTAL HISTORY AND INCOME INFORMATION IS REQUIRED. LEAVE NOTHING BLANK. IF NOT APPLICABLE, ENTER "N/A".**

PLEASE INITIAL EACH ITEM BELOW INDICATING THAT YOU HAVE RECEIVED THE INFORMATION AND UNDERSTAND: *Forms that are **BOLD** below must be returned to the Parkcrest office.

- I have read and understand the above information. YES _____ NO _____
- I have received and read the "Things You Should Know" handout. YES _____ NO _____
- I have received and read the "What You Should Know About EIV" handout. YES _____ NO _____
- I have received and read the "Summary of Your Rights Under the Fair Credit Reporting Act" handout. YES _____ NO _____
- I have fully read and completed the **Low Rent Public Housing Application** YES _____ NO _____
- I have fully read and completed the **Supplement to Application for Federally Assisted Housing** form. YES _____ NO _____
- I have fully read and completed the **Participant's Consent to the Release of Information Form.** YES _____ NO _____
- I have fully read and completed the **Authorization for the Release of Information/Privacy Act Notice.** YES _____ NO _____
- I have fully read and completed the US Dept. of Housing and Urban Development **"Debts Owed to Public Housing Agencies and Terminations"** notice. YES _____ NO _____
- I have read the "Applying for HUD Housing Assistance?" Notice. YES _____ NO _____
- I have read the Fact Sheet entitled "How Your Rent is Determined". YES _____ NO _____
- I have read the "Notice of Occupancy Rights Under the Violence Against Women Act". YES _____ NO _____
- I have read the "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, And Alternative Documentation" form. YES _____ NO _____

All Adult Applicants Must Sign:

_____ Head of Household _____ Date

_____ Adult Family Member _____ Date

_____ Adult Family Member _____ Date

OCCUPANCY STANDARDS		
# of Bedrooms	MIN # of Persons	MAX # of Persons
1	1	2
2	2	4
3	3	6
4	4	8

For Office Use Only: Date_____ Time_____ Unit Size: 1 2 3 4

Housing Authority City of South Milwaukee

dba Parkcrest Housing
2906 6th Ave., South Milwaukee, WI 53172
(414) 762-4114 Fax (414) 762-7271

PLEASE READ: As Head of Household, you will complete this application form. Each additional adult (18 years of age or older) who will reside in the apartment must also sign this application, verifying the accuracy of all information applicable to that person. Do not leave any sections blank. Only complete applications will be processed. Incomplete applications will be rejected. If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. All information must be legible. False, incomplete, or misleading information is cause for rejection of your household's application. Completion of this application does not guarantee placement on this agency's *Waiting List.*
Placement on the waiting list is not a guarantee of housing.

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 government. Falsification of information is grounds for application rejection.

PLEASE WRITE LEGIBLY – ALL ITEMS MUST BE COMPLETED. IF A SECTION DOES NOT APPLY, PLEASE INDICATE "N/A" OR "NONE"

Low Income Public Housing Application

1. Head of Household Information

Name			
Address **City, State, Zip**			
Phone #/ **e-mail address:**	/		
Date of Birth		Legal Marital Status (circle):	Married / Single / Legally Separated
SSN		Ethnicity:	
Spouse Name (if applicable)			
Address **City, State, Zip**			
Date of Birth			
SSN		Ethnicity:	

Fill out all the following information for EVERY household member. Information for ALL family members to be housed (no roommate situations or non-family relationships are permitted). For each member of the household, indicate with a "Yes" or "No" if the individual is a citizen or national of the United States (by birth or naturalization) or an eligible immigrant (as defined by the INS.) THE APPLICANT MUST BE THE CUSTODIAL PARENT WITH PRIMARY PLACEMENT OR HAVE LEGAL PERMANENT CUSTODY OR GUARDIANSHIP OF ALL CHILDREN TO BE HOUSED. THE COURT ORDER IS REQUIRED.

Name (LAST, FIRST, M.I.)	Relationship	SSN	Date of Birth	Accessible Unit Req'd?	Citizen/ Immigrant
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

2. **Are you receiving any type of assistance now?** YES _____ NO _____

If yes, what program?_____

3. **Have you ever received housing assistance?** YES _____ NO _____

If yes, what program?_____Where? _____ Dates:_____

4. **Source(s) of ALL Income – attach additional sheet if necessary**
(information will be verified through the Enterprise Income Verification (EIV) System)

NAME OF EMPLOYER: HEAD OF HOUSEHOLD	
Employer Address	
Employment Date	
Employer Phone #	
Hourly Wage?	
Hours Per Week?	
Tips or Commissions?	

*** Applicants must provide the court order that documents custody, placement, and child support for all minor children. As an applicant for federally assisted housing, you must take all reasonable action to collect amounts due to you, including filing with the appropriate courts or agencies responsible for setting and enforcing child support. Documentation of the court order must be provided at the time your application reaches the top of the waiting list and your application is screened for approval.**

***A. Child Support**	$ How Often?
Child's Name?	
Father's Name?	
*Primary Placement With ?	

***B. Child Support**	$ How Often?
Child's Name?	
Father's Name?	
*Primary Placement With ?	

***C. Child Support**	$ How Often?
Child's Name?	
Father's Name?	
*Primary Placement With ?	

Is any child support ordered through any other state than Wisconsin?
YES or NO (explain): _____

W-2 Amount?	$
Involved in the Work Program?	Yes / No If yes, School Attending?

Social Security?	$
SSI?	$ For Disability? Yes / No For Whom?

Other Income?	$ Explain?
Other Income?	$ Explain?

5. Do you or any member of you household receive regular cash or other type(s) of contribution(s) to your household from agencies or other individuals not living you?

_____ Yes _____ No If yes please explain: _____

6. If any other member of your Household is 18 years of age or older and has a source of income, please list it below:

Household Member Name:	
Employer Name:	
Address:	
Phone #:	
Hourly Wage?	
Hours Per Week?	

Household Member Name:	
Employer Name:	
Address:	
Phone #:	
Hourly Wage?	
Hours Per Week?	

7. Household Allowance Information

Part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include childcare costs, cost of attendant care, and Medicare premiums that are not covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization. These allowances vary depending on household characteristics, such as age, handicap, disability, or employment status.

Do you expect to incur any of the following out of pocket expenses?

a) Childcare which enables you or another household member to work, go to school, or to seek employment? Yes_____ No_____ Monthly Amount $_____

b) Attendant care for a handicapped or disabled household member so that an adult household member can work, seek employment, or go to school?
Yes_____ No_____ Monthly Amount $_____

c) Medicare premiums? Yes_____ No_____ Monthly Amount $_____

RENTAL HISTORY SECTION

8. Housing References:

PLEASE READ AND INITIAL EACH ITEM BELOW

_____ You must provide the **COMPLETE** name, address, and phone number for the contact person for your current place of residence (your current landlord or family member) and for all places of residence for the prior five (5) years. List EVERY address at which you have lived during the previous five years. You may attach an additional page if necessary.

_____ If you live or have lived with a family member or friend, his or her landlord information MUST BE included on the application. Indicate if you were listed on the rental lease.

_____ ALL Addresses will be cross-referenced with the addresses listed on your credit report and criminal records check.

You must list every address at which you have lived for the previous five (5) consecutive years. If you have lived at your current address for five years or more, at least one (1) additional reference is required.*

PRESENT ADDRESS: (WRITE IN FULL ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Full Name of Landlord or Property Manager:	Is this a Family Member? Yes/ No Explain:
Landlord's Phone Number:	
Landlord's mailing address:	
Owner's Name (if different from Landlord):	
Rent Amount?	$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( ) If YES, please explain:

Most recent **PRIOR** Address: (WRITE IN ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Full Name of Landlord or Property Manager:	Is this a Family Member? Yes/ No Explain:
Landlord's Phone Number:	
Landlord's Mailing Address:	
Owners Name (if different from Landlord):	
Rent Amount?	$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( ) If YES, please explain:

PREVIOUS Address: (WRITE IN FULL ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Full Name of Landlord or Property Manager:	Is this a Family Member? Yes/ No Explain:
Landlord's Phone Number:	
Landlord's Mailing Address:	
Owner's Name (if different from Landlord):	
Rent Amount?	$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( )

PREVIOUS Address: (WRITE IN ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Full Name of Landlord or Property Manager:	Is this a Family Member? Yes/ No Explain:
Landlord's Phone Number:	
Landlord's Mailing Address:	
Owner's Name (if different from Landlord):	
Rent Amount?	$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( )

***A NATIONAL SEARCH WILL BE CONDUCTED TO OBTAIN PRIOR ADDRESS HISTORY. NOT REPORTING EVERY RESIDENCE ADDRESS DURING THE PAST FIVE YEARS IS CAUSE FOR APPLICATION REJECTION.**

9. Asset Information

a) Do you currently hold a contract for deed (land contract)? YES _____ NO _____

b) Do you currently own real estate? YES_____ NO _____
If yes, list income received: $_____

c) Do you have any coin collections, antique cars or other items held for investment purposes? If yes, please list. YES _____ NO _____
Type: _____ Value $_____

d) Are any assets held with another person? If yes, list person's name and asset(s) held jointly: Name: _____ Asset(s)_____

e) Has any household member disposed of any real property or other assets during the past two years? YES _____ NO _____
If yes, please explain:_____

f) Does any member of your household receive income from assets, including interest, dividends, stocks or bonds? YES _____ NO _____
If yes, please explain: _____

Please provide the following information for each household member, including minors:

	Balance	Balance
Checking Accounts	$_____	$_____
Savings Accounts	$_____	$_____
Certificates of Deposit	$_____	$_____
Stocks	$_____	$_____
Bonds	$_____	$_____
Trusts	$_____	$_____
Securities	$_____	$_____
IRA/KEOGH,401(k) Accounts	$_____	$_____
Pension/Retirement Funds	$_____	$_____
Money Market	$_____	$_____
Treasury Bills	$_____	$_____
Insurance Settlements	$_____	$_____
Other	$_____	$_____

10. Miscellaneous Information

a) Have you or any members of your household ever used different names from the names given on this application (include maiden names)? YES _____ NO _____
Name(s)_____

b) Have you or any members of your household ever used social security numbers different from those listed on this application? YES _____ NO _____ Number_____

c) Have you or any members of your household ever lived outside of the State of Wisconsin? YES _____ NO _____
If yes, who and what state? _____

d) Are you or any other adult member of your household currently attending school either full time or part time? YES _____ NO _____ Name: _____

e) Will any of the listed household members live in the apartment on a less than full-time basis? YES _____ NO _____ Please explain: _____

f) Have you, your spouse, or any member of your household ever been subject to a state or federal sex offender registration requirement in any state? Yes _____ No _____
If yes, please list date(s), city, state, criminal charge(s), and a brief description:
_____
Lifetime sex offender registration required? YES _____ NO _____

g) Have you or anyone in your household ever been convicted of a crime in any state?
YES _____ NO _____ If yes, please explain: _____
_____

h) Have you or any member of your household ever engaged in or been convicted of drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? YES _____ NO _____
If yes, please explain_____

i) Have you, or any member of your household ever been involved in **or** convicted of a crime? YES _____ NO _____ If yes, please list date(s), city, state and charge(s) (if applicable) and provide a brief description: _____
_____

j) Has a landlord ever started a legal proceeding to evict you, your spouse or other adult(s) from a rental property, or have you, your spouse or other adult(s) left a residence before the end of a lease? YES _____ NO _____
If yes, please explain: _____

k) Do you have any pets that you plan to have reside with you? YES _____ NO _____
Please list all pets: _____

l) In the past 24 months, have you, your spouse, or other adult(s) household members experienced an infestation of roaches, gnats, fleas, bed bugs, or other insects/pests?
YES _____ NO _____

Statement by All Adult Household Members:

WE certify that all information provided in this application is true, complete, and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

If our application is accepted and move-in occurs, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have the responsibility to provide housing.

We agree to notify Parkcrest Housing in writing regarding any changes in household address, telephone number, income, and household composition.

We understand that if this application is placed on a waiting list, we may request sample copies of the Rental Agreement/Lease and Resident Handbook/Rules. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein.

We authorize Parkcrest Housing to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 168a(d), seeking information on our credit worthiness.

We understand that 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. We therefore certify that the foregoing information is true and complete to the best of our knowledge. We authorize inquiries to be made to verify the statements above. Failure to answer all questions truthfully may result in rejection of this application.

We authorize Parkcrest Housing to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for verification and confirmation of credit, financial status, employment or other income sources which may be released to appropriate Federal, State or local agencies.

Applicant acknowledges that they have received a copy of the "*What You Should Know About EIV*" brochure as well as *Notice of Occupancy Rights under the Violence Against Women Act and Certification.*

This application is being completed with the understanding that the information provided will be used to check credit, rental payment history, criminal history and housing references. I understand that all of the above information will be verified for accuracy.

All information provided in this application is true and correct.

_____

Signature of Head of Household Date

_____

Signature of other adult household member Date

_____

Signature of other adult household member Date

Please check to indicate you have provided the following required information along with this application:

_____Birth Certificates for Each Member of the Household

_____Social Security Card for Each Member of the Household

_____Photo Identification of Applicant and all adult household members (Driver's License)

_____Signed "Consent to the Release of Information Form"

Optional Question: How did you hear about Parkcrest Housing?

The Housing Authority of the City of South Milwaukee Authority/Parkcrest Housing is a Supporter of Fair Housing Laws and provides Equal Opportunity Housing

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

Mailing Address:

Telephone No: **Cell Phone No:**

Name of Additional Contact Person or Organization:

Address:

Telephone No: **Cell Phone No:**

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Participant's Consent to the Release of Information Form

Organization requesting release of information:
Housing Authority of the City of South Milwaukee—Parkcrest Housing
2906 6th Avenue
South Milwaukee, WI 53172
Phone: 414-762-4114 Fax: 414-762-7271

Your signature, and the signature of each member of your household who is 18 years of age or older, authorizes the U.S. Department of Housing and Urban Development (HUD) and the Housing Authority of the City of South Milwaukee to obtain employee income information from current and previous employers, SS, SSI, unemployment benefits, wages, and other income or claim information which includes verification through the Enterprise Income Verification (EIV) System for the following programs:

- HUD Rental Assistance Program (RAP) Low-Income Housing

Sensitive Information:
The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Computer-Matching Notice and Consent:
I understand that HUD or a Public Housing Agency may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by my household. The government agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Postal Service
- U.S. Department of Defense
- State Welfare and Food Stamp Agencies
- State Employment Security Agencies

Employment Information:
I also authorize the Housing Authority of the City of South Milwaukee and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

Landlord Information:
I authorize the Housing Authority of the City of South Milwaukee and HUD to obtain information about me and my family from previous and present Landlords.

WE Energies:
I authorize the Housing Authority of the City of South Milwaukee and HUD to obtain information from WE Energies regarding my account, including previous and present payments and balances.

Child Support Account History
I authorize the Housing Authority of the City of South Milwaukee and HUD to obtain information from State Agencies regarding child support account history.

Credit Report:
I, the undersigned do hereby authorize the Housing Authority of the City of South Milwaukee/Parkcrest Housing to obtain a credit report on me. This report may include, but is not limited to, my personal credit history based on reports from any credit bureau; criminal history/records; my driving history, including any traffic citations; a social security number verification; information discerned through employment and education verifications; present and former addresses; and any other public record.

Signature—Head of Household	Print name	Date
Signature—Adult Member of Household	Print name	Date
Signature—Adult Member of Household	Print name	Date

Authorization for the Release of Information/ Privacy Act Notice

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)
Housing Authority - City of South Milwaukee d/b/a Parkcrest Housing 2906 6th Avenue South Milwaukee, WI 53172	

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 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.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

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

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

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**
Housing Authority - City of South Milwaukee d/b/a Parkcrest Housing 2906 6th Avenue South Milwaukee, WI 53172	**Signature** **Date** **Printed Name**