BOISE CITY / ADA COUNTY
HOUSING AUTHORITY
1276 River Street, Suite 300
Boise, Idaho 83702-7049
Phone (208) 345-4907
Fax (208) 345-4909

EXECUTIVE DIRECTOR
DEANNA L. WATSON

DOCUMENT LIST

Annual Recertification / Move Packet

If any member of your household receives any of the following types of income listed below, you are **required** to provide the supporting documentation and submit it with your Participant Information Form.

I. INCOME

EMPLOYMENT INCOME- For every member of your household that is working, please provide the following:

- Paystubs – Current & consecutive for the last 60 days
- Documentation of other types of income such as tips, commissions, etc.
- For new employment, you must provide a statement from your employer providing the date of hire, average hours worked per week, and hourly rate or salary amount. The statement must be on company letterhead; OR you may provide your employer with our Employment Verification Form that is available on our website at www.bcacha.org or in our office lobby.

SOCIAL SECURITY / SSI / SSDI

- If you or a family member have been receiving Social Security, SSI, or SSDI for more than 3 months you are not required to provide an award letter.
- If you have been receiving this source of income for less than 3 months or the amount you receive has changed (not including COLA) you must provide a copy of a current award letter dated within the last 60 days. If you are unable to provide the document(s), you may request a copy of your award letter by calling 1-800-772-1213 or going to www.ssa.gov.

SELF EMPLOYMENT

- You must complete a Self-Employment Form to include the income and expenses for the last 12 months. Receipts for expenses must be attached to the form. The form is available online at www.bcacha.org or in our office lobby.
- You must also provide a copy of your most recent tax return. If you do not have a tax return because it is new employment, please indicate that on the form.

CHILD SUPPORT:

- If you have an open case with Idaho you do not need to provide a printout
- If you receive child support from another state, you must provide a printout of the last 12 months
- If you don't have an open case but receive child support you must provide documentation of the payments received (ex. Notarized statement from the paying parent or copies of checks)

UNEMPLOYMENT BENEFITS:

- If you are currently receiving unemployment, you must provide a printout of the last 12 months. Screenshots will not be accepted.

GIFT CONTRIBUTION

- You must provide a notarized statement from the person(s) that give you money or pay your bills. This must include the amount they provide/pay on a monthly basis

OTHER INCOME:

- For all other income sources you must provide documentation from the source stating the monthly amount received. For example, VA pension, Pension, Annuities, Disability Income, Workmen's Compensation, Alimony, etc.

DOCUMENT LIST Continued

II. ASSETS

BANK STATEMENTS
- Current bank statements for all accounts for all family members (i.e., Checking, savings, CDs, etc.)

STOCKS/BONDS
- Current statement indicating value of stock, and dividend amount.

LIFE INSURANCE
- Cash surrender value only (please attach table of cash value)

III. FULL TIME STUDENT STATUS (including students 18 or older in high school and/or college)

- Please provide a LETTER from the school's REGISTRAR OFFICE indicating current full time student status (DO NOT provide an acceptance letter, bill, or schedule); and
- If enrolled in college, please provide a print out of Financial Aid award letter

IV. MEDICAL EXPENSES- If you, your Spouse, or Co-Head are 62 years of age or older, disabled, and you have medical expenses that exceed your insurance coverage, your family may provide documentation of out of pocket medical expenses.

- For prescription medications you would need to provide a print out of the last 12 months from your pharmacy. Over the counter expenses are not eligible, even if prescribed by a Health Care Provider.
- If you have outstanding medical bills and you have entered into repayment agreement with a Health Care Provider and are currently making payments, you may provide your Health Care Provider with a Medical Verification Form that is available on our website at www.bcacha.org or in our office lobby.
- Medical coverage (Only if you pay a premium).

V. CHILD CARE EXPENSES- If you have children 12 years old or younger and you pay for child care to enable a family member to work, actively seek work, or attend school, you may qualify for a child care expense deduction.

- Provide the name, address, phone number and fax of your child care provider
- You must provide copies of the last 3 months receipts
- If applicable, a copy of your most recent ICCP award letter

It is the policy of BCACHA to see that every individual regardless of race, religion, color, sex, age, national origin, familial status, or disability shall have equal opportunity in accessing affordable housing. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please submit a request in writing or contact our office at (208) 345-4097.

EQUAL HOUSING OPPORTUNITY

BOISE CITY / ADA COUNTY
HOUSING AUTHORITY
1276 River Street, Suite 300
Boise, Idaho 83702-7049
Phone (208) 345-4907
Fax (208) 345-4909

EXECUTIVE DIRECTOR
DEANNA L. WATSON

PARTICIPANT INFORMATION FORM

Are you reporting a change? ☐YES ☐NO If yes, please list change(s)______________________________

____

HOME PHONE:______________________________CELL PHONE: ___________________________________

PRIMARY LANGUAGE:________________________TRANSLATION NEEDED? ☐YES ☐NO

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household	K = Co-Head (Not Married)	Y = Youth Under 18	L = Live-in Aide
S = Spouse (Married)	F = Foster Child/Adult	E = Full Time Student Over 18	A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐M ☐F	6. Relation H	7. Disabled ☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic	10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐M ☐F	6. Relation	7. Disabled ☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic	10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐M ☐F	6. Relation	7. Disabled ☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic	10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐M ☐F	6. Relation	7. Disabled ☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic	10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐M ☐F	6. Relation	7. Disabled ☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic	10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐M ☐F	6. Relation	7. Disabled ☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic	10. Social Security Number		

EQUAL HOUSING OPPORTUNITY

INCOME INFORMATION

Check all sources of income received by everyone living in your household. This includes money from wages, self-employment, child support, Social Security, Workman's Compensation, retirement benefits, AABD, Veterans benefits, rental property income, alimony, gift contributions, and all other sources. **You MUST attach current documentation as proof of each source of income. See enclosed Document List.**

- ☐ Employment wages
- ☐ Self- Employment
- ☐ Unemployment benefits
- ☐ SSI or SSDI
- ☐ AABD payments
- ☐ Child Support
- ☐ Alimony
- ☐ Social Security
- ☐ Veterans pension or benefits
- ☐ Gift contributions
- ☐ Retirement benefits
- ☐ Pensions
- ☐ Other: _____

List all sources and amounts below:

Household Member	Name of income source / Employer	Monthly Wages	Monthly Child Support	Social Security Benefits	Unemployment Benefits	All other Income (Gifts, Pensions, etc.)

ZERO INCOME CERTIFICATION

Are you or any other adult claiming zero income? ☐Yes ☐No If yes, who: _____

ASSET INFORMATION

Bank Accounts & Other Assets: Check all assets that you or any member of the family has, including checking or savings accounts, savings bonds, stocks, real estate, money market accounts, CDs, etc. **You MUST attach current documentation for each asset. See enclosed Document List.**

Household Member	Checking Account?	If yes, current balance	Savings Account?	If yes, current balance	Other asset? (CDs, Stocks, Bonds, Annuities, Money Market accounts, retirement accounts, personal property)
	☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**
	☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**
	☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**
	☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**		☐ **Yes** ☐ **No**

MEDICAL EXPENSE ALLOWANCE

May complete ONLY if the Head of Household, Spouse, or Co-Head is age 62 or older or disabled

If you wish to claim an allowance for your out of pocket Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription Medicines, complete the following. **You MUST attach current documentation for each medical expense in order for it to be included.** Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Household Member	Type of Expense	Name of the Provider **You Pay** for this Expense	Amount You paid/pay "Out of Pocket"
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		

OTHER ALLOWANCE

Do **YOU** pay child care for a family member under the age of thirteen (13)?	If yes, what child(ren)?	Child Care Provider Name	Amount you pay
☐ **Yes** ☐ **No**			

(You must attach acceptable documentation in order for this expense to be included. See enclosed Document List.)

PARTICIPANT CERTIFICATION

****All household members 18 or older MUST sign****

I certify that all the information provided on this form, including household composition, family income and assets, and allowances is true and complete to the best of my knowledge and belief. I know that I am required to provide supporting documentation in order to verify each source of income, asset, or expense. I understand that if I don't provide adequate documentation, the expenses will not be included and/or my housing assistance may be terminated. I understand that false statements or information is punishable under Federal Law.

_____ _____
Head of Household Signature Date

_____ _____
Spouse / Co-Head / Other Adult Signature Date

_____ _____
Other Adult Member Signature Date

_____ _____
Other Adult Member Signature Date

_____ _____
Other Adult Member Signature Date

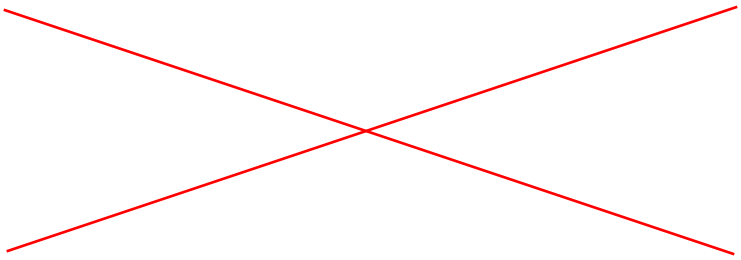
Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
Boise City/Ada County Housing Authority 1276 W River St. Suite #300 Boise, ID 83702	

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

PHA requesting release of information:

Boise City / Ada County Housing Authority
1276 River St. Suite 300
Boise, ID 83702

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 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, welfare income, 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.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal 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	Social Security Administration
Current and Prospective Landlords	State Unemployment Agencies
Courts and Post Offices	Veterans Administration
Schools and Colleges	Retirement Systems
Law Enforcement Agencies	Medical and Child Care Providers
Support and Alimony Providers	Banks and other Financial Institutions
Past and Present Employers	Credit Providers and Credit Bureaus
Welfare Agencies	Utility Companies

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:

_____	_____	XXX-XX-_____
Head of Household	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Spouse/Co-Head	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Other Adult over age 18	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Other Adult over age 18	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Other Adult over age 18	Date	Last 4 digits of Social Security Number

BOISE CITY / ADA COUNTY
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1276 RIVER ST STE 300
BOISE ID 83702-7085

DEANNA L. WATSON
EXECUTIVE DIRECTOR
Phone (208) 345-4907
Fax (208) 345-4909

FAMILY OBLIGATIONS & HOUSING CHOICE VOUCHER (HCV) REPORTING REQUIREMENTS

POLICY ACKNOWLEDGEMENT

(Please read both pages of this form carefully)

The guidelines outlined in this document are provided to help you comply with the rules and regulations of the Boise City/Ada County Housing Authority (BCACHA) HCV Program. In order to provide rental assistance to as many eligible families as possible, all participants in this HUD-funded program must properly utilize government funds and follow policy requirements. Fraud, willful misrepresentations, or intent to deceive with regard to reporting requirements of the HCV Program are criminal acts and may be prosecuted in a court of law.

ACTS OF FRAUD IN CONNECTION WITH HOUSING ASSISTANCE WILL RESULT IN IMMEDIATE TERMINATION FROM THE PROGRAM.

Please read the family obligations and reporting requirements carefully. Your signature on this document serves as verification that you have read and understand the information contained within this document. If you have any questions regarding program requirements, please contact your housing representative at (208) 345-4907.

FAMILY OBLIGATIONS

The family obligations listed in this section are in accordance with the Code of Federal Regulations (CFR) Title 24, 982.551. A summary of the family obligations is provided below.

1. The Family must supply any information that BCACHA or HUD determines to be necessary in the administration of the program.
2. The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Any information supplied by the family must be true and complete.
4. The family is responsible for any Housing Quality Standards (HQS) breach by the family, including but not limited to, failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
5. The family must allow BCACHA to inspect the unit at reasonable times and after reasonable notice.
6. The family may not commit any serious or repeated violation(s) of the lease.
7. The family must notify BCACHA and the owner, IN WRITING, before moving out of the unit or terminating the lease. A minimum 30-day notice is required.
8. The family must promptly give BCACHA a copy of any eviction notice.
9. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
10. The composition of the assisted family residing in the unit must be approved by BCACHA and the landlord. The family must promptly inform BCACHA of the birth, adoption or court-awarded custody of a child. The family must request BCACHA and landlord's approval to add any other family member as an occupant of the unit.
11. The family must promptly notify BCACHA if any family member no longer resides in the unit.
12. The family must not sublease the unit, assign the lease, or transfer the unit.
13. The family must promptly notify BCACHA of any extended absence from the unit. Extended absence is defined as any period greater than 30 calendar days.
14. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

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15. The family must not own or have any interest in the unit. A family must not receive HCV assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless BCACHA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
16. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
17. The members of the family may not engage in drug-related criminal activity, violent criminal activity, other criminal activity, or the abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
18. An assisted family or member of the family may not receive HCV assistance while receiving any other housing subsidy for the same unit or a different unit under any other federal, state, or local housing assistance program.

HOUSING CHOICE VOUCHER (HCV) REPORTING REQUIREMENTS

** For a change to be effective on the 1st of the month following the change, the change must be reported in writing by the 20th day of the preceding month. **

1. INCOME: All Applicants/Participants must report all sources of income initially and at each annual reexamination. Examples include, but, are not limited to: Employment Wages; Child Support Payments; Social Security Income; Supplemental Income (SSI); Cash Assistance through Health & Welfare (AABD); Pension Income; Veteran's Benefits.

2. CHANGES IN INCOME: Participants must report all increases in income within 10 days of the occurrence.

3. REPORT ALL HOUSEHOLD MEMBERS: Identify all individuals who are residing in the unit, and/or any individuals who are expected to reside in the unit.

4. NO UNAUTHORIZED PERSONS may reside in the unit without prior written approval from the BCACHA and owner. No unauthorized person may receive any type of mail at the subsidized unit address.

5. VISITORS. HCV participants are allowed to have visitors for a total of no more than 30 days during any 12-month period.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND THE HCV PROGRAM FAMILY OBLIGATIONS AND THE REPORTING REQUIREMENTS. I HEREBY AGREE TO FOLLOW THE FAMILY OBLIGATIONS AND REPORT ANY OF THE ABOVE LISTED CHANGES TO THE BCACHA WITHIN TEN (10) DAYS OF THE CHANGE OR OCCURRENCE. I UNDERSTAND THAT FAILURE TO FOLLOW THE ABOVE RULES MAY RESULT IN TERMINATION OF MY HCV RENTAL ASSISTANCE.

Signature: _____ _____
Head of Household Date

Signature: _____ _____
Spouse/Co-Head/Other Adult Date

Signature: _____ _____
Other Adult Household Member Date

**** THIS DOCUMENT MUST BE SIGNED BY ALL ADULTS IN THE HOUSEHOLD ****

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.

Form **HUD- 92006** (05/09)