

(Head of Household to fill out)
City of Olean Housing Authority
PERMISSION TO RELEASE POLICE RECORDS

FULL NAME: _____

MAIDEN NAME: _____

OTHER NAME KNOWN AS: _____

SOCIAL SECURITY#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____

Signature _____ Date: _____

I hereby authorize any local, state, or federal police department or any agency thereof to furnish Olean Housing Authority with any information concerning my past activities that they may possess. I request that all information contained in law enforcement files be released to Olean Housing Authority for the sole purpose of determining my eligibility for admission as a tenant.

Above is a signed Release Form by the applicant consenting to inquiries being made to any law enforcement agencies.

It is the goal of the U. S. Department of Housing and Urban Development, as well as the Olean Housing Authority, to reject any applicant that has a felony conviction or criminal history of drug and/or alcohol abuse. In addition, the Olean Housing Authority will reject an applicant who has a record that indicates an inability to interact peacefully with other people.

We are requesting a copy of records for the individual listed above. Enclosed is a self-addressed, stamped envelope for your convenience.

Sincerely,
Olean Housing Authority

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

Name _____ Date of Birth _____ Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
<u>City of Olean Housing Authority</u>	<u>P.O. Box 438</u> <u>132 N. Union St. Suite 118</u> <u>Olean, NY 14760</u>

I want this information released because:

this will assist the Housing Authority in determining my total household income.

(There may be a charge for releasing information.)

Please release the following information:

- ___ Social Security Number
- ___ Identifying information (includes date and place of birth, parents' names)
- ___ Monthly Social Security benefit amount
- ___ Monthly Supplemental Security Income payment amount
- ___ Information about benefits/payments I received from _____ to _____
- ___ Information about my Medicare claim/coverage from _____ to _____
(specify)
- ___ Medical records
- ___ Record(s) from my file (specify)

- ___ Other (specify)

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____
(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Olean Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity? Yes No
2. Have you been arrested for use, distribution or sale of drugs? Yes No
3. Do you currently use illegal drugs or abuse alcohol? Yes No
4. Are you currently subject to lifetime registration requirement under state sex offender registration program?
 Yes No
5. Have you been convicted of any drug-related crime within the past five years? Yes No
6. Have you been convicted of any felony? Yes No
7. Have you been convicted of any crime involving fraud or dishonesty? Yes No
8. Have you been convicted of any crime involving violence? Yes No
9. Are you currently charged with any of the above criminal activities? Yes No
10. Please list all states (include city) in which you have lived or have held licenses to drive (include drive's license#s) _____

11. Have you ever used or been known by any other name Yes No
If yes, please list named used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statement on this form is grounds for rejection or termination of my lease. I authorize Olean Housing Authority to verify that above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Olean Housing Authority, to conduct criminal background checks.

Applicant's signature _____ Date _____

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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Signature of Applicant

Date

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

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

City of Olean Housing Authority



Anne Kivari, Executive Director

132 NORTH UNION STREET, SUITE 118
OLEAN, NEW YORK 14760
(716) 372-8262
FAX (716) 373- 4741

Accurate Information. You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any questions or given false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Give false information is a serious criminal offense.

Authorization. You authorize us to verify all information relating to this application through any means, including but not limited to On-line Rental Exchange and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance or your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign, and date/time this “Declaration and Authorization”)

_____/_____
Applicant Name Applicant Signature Date/Time

_____/_____
Applicant Name Applicant Signature Date/Time

_____/_____
Applicant Name Applicant Signature Date/Time

_____/_____
Applicant Name Applicant Signature Date/Time

PREFERENCES – Please circle the letter if you qualify for a preference

The Olean Housing Authority will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities:

- A. Displaced person (s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.
- B. Local Preference - -A residency preference for a family where at least one adult member of the household has resided in Cattaraugus, Allegany, or McKean County (PA) for a minimum of 12 consecutive months. Verification will be required upon request.
- C. Applicant with verifiable incidents of domestic violence who will certify that they will not permit the violent person in their apartment.
- D. Applicants with a verifiable catastrophe, such as fire, explosion or flood, that has made existing housing uninhabitable.
- E. Applicants who must move due to substandard housing.
- F. Applicants who demonstrate that their rent is more than fifty percent (50%) of their gross income.

The date and time of the application will be noted and utilized to determine the sequence within the above-prescribed preferences. Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled: Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Buildings Designed as Elderly Only Housing: The Olean House, Spring Court, and Seneca Court, have been approved by HUD as being designated for elderly only. In filling vacancies in this development, first priority will be given to elderly families. If there are no elderly families on the list, next priority will be given to the near-elderly. If there are no near-elderly, units will be offered to families who qualify for the appropriate bedroom size. Using these priorities, families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

Your family size will determine the size of unit we will offer you.

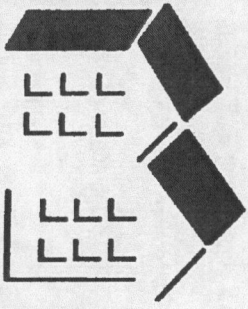
Ex: Single mother two children will be offered a three bedroom.

Signature _____ Date _____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/ofices/pih/programs/shr/eiv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number(s) 2577-XXXX. In accordance with the Paperwork Reduction Act, HUD 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.

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation
- Project-Based

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to PHAs and adverse termination of former participants 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) 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 program and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system.

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.

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):

1. Full Name; and
2. Date of Birth; and
3. Social Security Number

The following information is collected once your participation in the housing program has ended or your move-out of an assisted unit:

1. Amount of any balance you owe the PHA (up to \$500,000); 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 filed for bankruptcy; and
4. The negative reason for your end of participation in the housing program (for example: abandoned unit, fraud, criminal activity, failure to comply with lease, etc.)

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. PHAs will be able to access this information to determine a family's suitability for 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, your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a housing program.

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.
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?

The debt owed and/or termination information was reported by the above-listed Public Housing Agency (PHA). The PHA's name, address, and telephone numbers are listed below. You should contact the PHA in writing if you disagree with the reported information. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. 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. The PHA will notify you of its action regarding your 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 a written explanation as to why the information is correct.

Important Information:

- Upon your request, the PHA must give you the information that pertains to you and maintained in HUD's EIV system.
- All PHAs that administer the Public Housing and Housing Choice Voucher (HCV) programs have access to debts owed and termination information of all former program participants.
- If you tell the PHA that your record contains inaccurate information, the PHA must promptly investigate the matter and inform you in writing the outcome of their investigation.
- The PHA must correct or, as the case may be, delete inaccurate debt owed or termination information contained in the EIV system.
- Debt owed and/or termination information will be maintained in EIV for a period of ten (10) years from the end of participation date.

This Notice was provided by the below-listed PHA:

The Clean Housing Authority
132 N. Union St. Suite 118
PO Box 438
Olean, NY 14760

I hereby acknowledge that the PHA provided me with this notice:

Signature

Date

Printed Name

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)

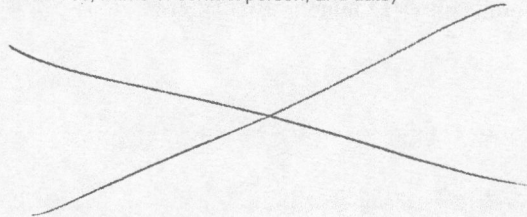
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

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

OLEAN HOUSING AUTHORITY
132 NORTH UNION ST., SUITE 118

OLEAN, NEW YORK 14760

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



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Please initial in the box next to each statement. I have reviewed and understand the following policies and procedures on the Olean Housing Authority website.

The Smoke-Free Housing Policy

Drug Elimination Policy

Request for a Reasonable Accommodation

Pet Policy

Community Service Policy

If you do not have access to the internet or would like a hard copy of these policies and procedures please let the staff know when you turn in your application

Signature of Head of Household

Signature of Spouse or Other Adult

TENANT(S) INFORMATION RELEASE

I/we understand that the Olean Housing Authority (OHA) will process the application to include an inquiry relating to income, habits and practices of members of the household. The purpose of this background inquiry is to assure that such habits and practices are not of a nature that would (1) interfere with the health, safety, or welfare of other tenants, (2) adversely affect the physical environment, or (3) affect the financial stability of the OHA. I/we consent to inquiries being made to and information released by present or past employers, landlords, schools, governmental agencies including the Department of Social Services, law enforcement agencies, and banks. I/we understand that this "INFORMATION RELEASE" applies to this and all future recertifications required by the Olean Housing Authority.

I/we certify that the information given to the OHA on household composition, gross income, net family assets, allowances and deductions, and criminal history is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under applicable Federal, State and local laws.

I/we understand that the OHA shares information with law enforcement agencies and the Department of Social Services. I/we understand that false statements or information are grounds for rejection of the application or termination of housing assistance and termination of tenancy.

A signed Authorization of the Release of Information (Form HUD 9886) is attached. If I/we do not sign this authorization, I/we understand that housing assistance may be denied.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-669-9777.

Questionnaire

1. Has your present housing been declared unfit of habitation by a Building Inspector? No
Yes, explain _____

2. How much do you pay for rent now \$ _____ Are you behind in your rent? No Yes,
how much \$ _____ Explain _____

3. List the name of any household member serving in active duty. Include their name if
they plan to use your address or plan to join the family at a later date.

4. Do you have income? Yes No, explain _____
5. Is any member of your household over 18 year old and a student? No Yes
6. Do you plan on having any animals in your apartment. No Yes
What type(s) _____ has it bitten anyone? No Yes

Service/Emotional animal prescriber _____
7. Has any member of your household rented from any HUD subsidized program in the
past? No Yes, Where and When _____

8. Is any member of your family currently being subjected to mental or physical violence?
No Yes who _____
9. Is there a current order of protection?
10. Does anyone in your family require a live-in care attendant? No Yes
11. Do you have full custody of your children? No Yes
12. Are all household members citizens of the United States? Yes No
If not do these individuals have eligible immigration status? Yes No
13. Do you have a payee? No Yes their name is _____
Does anyone pay your bills for you? No Yes

Family Composition Race 1-White, 2-Black, 3 American Indian/Native American, 4 Asian/Pacific Islander

Member #1 Ethnicity 1-Hispanic 2-Non Hispanic

Last Name	First Name	MI	Date of birth	Social Security	Relationship to H.o.H	Sex
					self	
Place of Birth City	State born	Race	Ethnicity	Type of income	Amount of income	How often

Member #2

Last Name	First Name	MI	Date of birth	Social Security	Relationship to H.o.H	Sex
Place of Birth City	State born	Race	Ethnicity	Type of income	Amount of income	How often

Member #3

Last Name	First Name	MI	Date of birth	Social Security	Relationship to H.o.H	Sex
Place of Birth City	State born	Race	Ethnicity	Type of income	Amount of income	How often

Family Composition

Member #4

Last Name	First Name	MI	Date of birth	Social Security	Relationship to H.o.H	Sex
Place of Birth City	State born	Race	Ethnicity	Type of income	Amount of income	How often

Member #5

Last Name	First Name	MI	Date of birth	Social Security	Relationship to H.o.H	Sex
Place of Birth City	State born	Race	Ethnicity	Type of income	Amount of income	How often

Gross income from all sources to include: Wages, Unemployment, Veteran's benefits, Social Security, SSI, Pensions, Public Assistance, Child Support, Self-employment, and worker's compensation, etc.

Please provide the following documentation if it applies to your family: Savings/Checking Account, Certificate of Deposit, Stocks, Bonds, Dividends, Income from Property or the Sale of Property, and Rental/Mortgage income.

Income Exclusions for families include child support paid, money invested into a retirement fund and job training programs funded by government resources.

Deductions for Senior Citizens and Individuals receiving Social Security Pensions, SSI and SSD Benefits will be discussed at time of admission.

You must have permanent placement of each child to list them as a member of your household

Personal Data

NAME: _____ MAIDEN NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ TELEPHONE NO.: _____

PLEASE CIRCLE SEPARATED DIVORCED MARRIED SINGLE WIDOWED

Do you presently have housing? Yes No

Landlord's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____

Approximate dates when you rented _____

What was your address _____

City _____ State _____ Zip Code _____

Landlord's Name _____

Address _____

City _____ State _____ Zip Code _____

Approximate dates when you rented _____

Phone No. _____

What was your address _____

City _____ State _____ Zip Code _____

Office use only

Applicant is applying to be add to the lease of _____
Head of Household

Date Received _____

Received by _____

Time _____