



# Annual Reexamination Form

Please complete this form and return to:  
Arlington Housing Authority, 501 W. Sanford, Suite 20, Arlington, TX 76011

## PART 1: HOUSEHOLD-A

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Home Telephone

Work Telephone

Mother's Maiden Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relative's Telephone

Friend's Telephone

## PART 2: HOUSEHOLD-B

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	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
2	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
3	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
4	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
5	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
6	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
7	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
8	1. Last Name & Sr., Jr. etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N
	8. Race (Check one box) <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native		9. Ethnicity (Check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		

**PART 3: ASSET INFORMATION**

Please list all checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate and cash held by any family member, irrespective of age.

Family Member First Name	Type of Account	Account Number	Current Balance	Name and Address where Asset Value can be Verified
	1 _____	_____	\$ _____	Name _____
	2 _____	_____	_____	Address _____
	3 _____	_____	_____	City _____ State _____ Zip _____
				Phone # _____ Fax # _____
	1 _____	_____	\$ _____	Name _____
	2 _____	_____	_____	Address _____
	3 _____	_____	_____	City _____ State _____ Zip _____
				Phone # _____ Fax # _____
	1 _____	_____	\$ _____	Name _____
	2 _____	_____	_____	Address _____
	3 _____	_____	_____	City _____ State _____ Zip _____
				Phone # _____ Fax # _____

Does any member of your household receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?  Yes  No

Does any member of your household own real estate or any assets for which you receive no income (checking account, cash)?  Yes  No

Does any member of your household sold or given away real property or other assets (including cash) in the past two years?  Yes  No

**PART 4: INCOME INFORMATION**

Please list gross payments (before taxes) made to each family member age 18 or older for wages, worker's compensation, social security, SSI, disability, welfare assistance, unemployment benefits, retirement payments, child support, military pay, periodic gifts, barter income, and business or professional income. Include payments made to family members age 18 or older on behalf of other family members under age 18.

Family Member First Name	Gross Payment	Employer or other source where income can be verified
	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Fax # _____
	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Fax # _____
	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Fax # _____
	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Fax # _____

**PART 5: CARE PROVIDER ALLOWANCE**

If the following items do not apply to your family, go to Part 7.

<p><b>Unreimbursed Child Care Expense</b>                  If you pay (and are not reimbursed) for a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of the family may work or attend classes, enter the first name of the person who works or attends classes here _____ and provide the following information:</p> <p>Name and Address of care provider for verification</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone _____</p> <p>Fax _____</p>	<p><b>Unreimbursed Disability Assistance Expense</b>                  If you pay (and are not reimbursed) for care for equipment for a disabled member of your family so that either the disabled member or another member of the family may work, enter the first name of the person who works here _____ and provide the following information:</p> <p>Name and Address of care or equipment provider for verification</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone _____</p> <p>Fax _____</p>
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**PART 6: MEDICAL EXPENSE ALLOWANCE**

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 Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Prescription or Over-the-Counter Drug Expenses, please provide the first name of any family member claiming each expense and the name and address of the provider of the service or product. Family members need not be age 62 or older or disabled to claim expense.

<p>Family Member first name _____</p> <p>Expense Claimed \$ _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone _____</p> <p>Fax _____</p>	<p>Family Member first name _____</p> <p>Expense Claimed \$ _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone _____</p> <p>Fax _____</p>
<p>Family Member first name _____</p> <p>Expense Claimed \$ _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone _____</p> <p>Fax _____</p>	<p>Family Member first name _____</p> <p>Expense Claimed \$ _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone _____</p> <p>Fax _____</p>

**PART 7: ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM CERTIFYING ACCURACY OF INFORMATION PROVIDED**

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

# DECLARATION OF CITIZENSHIP

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

## ARLINGTON HOUSING AUTHORITY

501 W. Sanford Street, Suite 20

Arlington, Texas 76011

### Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

**One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.**

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

**Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.**

**NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.**

**Part 2: Applies to Noncitizen Family Members Only**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at \_\_\_\_\_ to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**Head of Household Certification**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

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

**Consent to Verify Eligible Immigration Status**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

# 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)

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)

## Arlington Housing Authority

501 W. Sanford Street, Suite 20  
Arlington, Texas 76011

**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 information hearing procedures.

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

**Signatures:**

_____	_____		
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) 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 1927 (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 ages 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/Tenant

PHA Requesting release of information:

## Arlington Housing Authority

501 W. Sanford Street, Suite 20  
Arlington, Texas 76011

**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 from 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.

**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.

**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 information hearing procedures.

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

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

**Consent:** I consent to allow HUD or the HA to request and obtain income 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 income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

Head of Household	Date	Social Security Number (if any) Head of Household
Spouse	Date	Other Family Member over age 18 <span style="float: right; border-bottom: 1px solid black; padding-bottom: 5px;">Date</span>
Other Family Member over age 18	Date	Other Family Member over age 18 <span style="float: right; border-bottom: 1px solid black; padding-bottom: 5px;">Date</span>

**Penalties for Misusing this Consent:** HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.





## **Arlington Housing Authority**

501 W. Sanford Street, Suite 20  
Arlington, Texas 76011

### **Participant Notice of Criminal Background Screening, Electronic Income Verification Matching, Debts Owed to Public Housing Agencies and Terminations and RHIP.**

**Criminal Background Screening:** Arlington Housing Authority (AHA) conducts a review of records to check on all participants and their adult family members at least annually, at the discretion of the AHA. Criminal background screenings will also be conducted on adult persons proposed for addition to the participant's household, or when AHA receives a reliable complaint or information indicating the participant or members of the family are involved in drug-related criminal activity, violent criminal activity, or if any family member is, or becomes a registered sex offender.

**Electronic Income Verification Matching:** AHA uses a computer matching system that compares the reported income of participants and members of the household with actual income, as reported through computer matching performed by The United States Department of Housing and Urban Development (HUD). The purpose of this system is to verify participants' reported income. I hereby acknowledge that the City of Arlington Housing Authority has provided me with the RHIP (Rental Housing Integrity Improvement Project) *What You Should Know About EIV* document.

**Debts Owed to Public Housing Agencies and Terminations:** I hereby acknowledge that the City of Arlington Housing Authority has provided me with the *Debts Owed to PHAs & Termination Notice*.

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

Date \_\_\_\_\_

\*Participant signature acknowledges that the information contained herein was reviewed by and explained to the participant.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

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

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



**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:** 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 2577-0266. 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 current valid OMB control number.

**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, your current rental assistance may be terminated and 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 HUD rental assistance program.

**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.

**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?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:

City of Arlington Housing Authority  
501 W. Sanford Street, Suite 20  
Arlington, Texas 76011

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name