



Child To Be Added

Instructions: It is a Family Obligation that the HA must approve additional family members of the household before they can move into the unit. Please complete this form and submit to your HA representative before permitting anyone to move into your housing unit.

Date: _____

Head Of Household Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alternate Number: _____.

I would like to request approval for the following person to move into my household.

Name of person to be added: _____ Race _____

Current Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ How long at this address? _____

Date of birth: _____ Place of Birth _____

Social Security Number _____.

What is the source, amount and frequency of income received by the person to be added?

Source: _____ Amount _____ How Often _____

What are the addresses the person to be added has used in the past five (5) years?

Has this person been arrested for ANY reason in the past five (5) years? Yes No

Relationship to Head of Household: _____

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

Child's Name



I, _____, certify under penalty of perjury¹ that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (Attach proof of age)²; or
- I have eligible immigration status as checked below (see reverse of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - Parole status under §§212(d)(f) of the INA⁶; or
 - Threat to life or freedom under §243(h) of the INA⁷; or
 - Amnesty under §245A of the INA⁸.

Signature _____

Of Parent



Date _____

****PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

PHA: Enter INS/SAVE Primary Verification #: _____ Date: _____

(See reverse side for footnotes and instructions)

1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age and older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under ¶101(a)(15) or 101 (a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by ¶101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by ¶101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101 (a)(15), respectively [*immigrant status*]). This category includes a non-citizen admitted under ¶210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. Permanent residence under ¶249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since the, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under ¶249 of INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
5. Refugee, asylum or conditional entry status under ¶¶207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under ¶207 of INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated under ¶208 of INA (8 U.S.C. 1158) [*asylum status*]); or as a result of being granted conditional entry under ¶203 (a)(7) of INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. Parole status under ¶212 (d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under ¶212(d)(5) of INA (8 U.S.C. 1182 (d)(5)) [*parole status*].
7. Threat to life or freedom under ¶243 (h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under ¶243 (h) of INA (8 U.S.C. 1253 (h)) [*threat to life or freedom*].
8. Amnesty under ¶245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under ¶245A of INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/SAVE verification number and date that it was obtained. A PHA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place X or √ in the appropriate boxes. Sign and date at the bottom of the page.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Bloomington any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

- | | | |
|-----------------------------|--------------------------------|------------------------------|
| Identity and Marital Status | Residences and Rental Activity | Income |
| Medical Allowances | Child Care Allowances | Credit and Criminal Activity |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|--------------------|-------------------------------|--------------------------------|
| Previous Landlords | Veterans Administration | Social Security Administration |
| Retirement/Pension | FSSA | Department of Child Services |
| Utility Companies | Public Housing Agencies | Schools and Colleges |
| Work One | Law Enforcement Agencies | Credit Bureaus and Providers |
| Employers | Support and Alimony Providers | Financial Institutions (Banks) |
| Medical Providers | Child Care Providers | Courts |

I understand and agree that the Housing Authority may conduct computer matching programs to verify the information supplies for my application or recertification. If a computer match is done, I understand that I have a right to exchange such information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; Social Security Administration; State Welfare agencies; Food Stamp (SNAP) agencies; Family and Social Services Administration (FSSA); and Department of Child Services.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.

SIGNATURE

DATE

Head of Household _____

Adult Member _____

Adult Member _____

Adult Member _____

Interim Change Form

WARNING! SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY MAKE FALSE STATEMENTS OR MISREPRESENTATION TO THE BHA ON THIS FORM.

Head of Household Name: _____ **Telephone:** _____

NOTE: YOU ARE REQUIRED TO REPORT ALL INCOME AND MONEY RECEIVED by EACH person who will live with you, including yourself.

Name of Person Having Change: _____

Type of Change:

- Income** **Increase** **Decrease**
 Employment TANF/Food Stamps Social Security Pension
 Self-employment Child Support Other: _____

If there is a change in employment:

Current Employer: _____ Previous Employer: _____

For TANF/Food Stamps: have you been sanctioned? Yes No

If so, why and when? _____

Family Change Add person Remove person

Name: _____ Income: _____

Family-Self Sufficiency/Home Ownership Program

Other (description): _____

Are you or any member of the household subject to lifetime state sex offender registry?

Yes No If yes, what state? _____

ACKNOWLEDGEMENTS

If you are currently receiving Housing assistance, your rent **may** be adjusted based upon the information provided on this form. If your rent is adjusted, the BHA will mail a "Notice of Rent Adjustment".

If your rent is decreased, the adjustment will become effective on the first day of the following month. If your rent is being increased, the adjustment will become effective on the first day of the second month from the date of your increase.

If you **fail to report** increased income changes, it will result in a retroactive rent increase. If you **fail to report** a decrease in income, the rent will not take effect until the month following the reported income change.

WARNING: MISREPRESENTATION OF INFORMATION COULD RESULT IN TERMINATION.

Client Signature

2/27/19-mna

Date

BHA Staff

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)

Bloomington Housing Authority

1007 N. Summit St.

Bloomington, IN 47404

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(I)(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.