BHA Use Only

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.

I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

	Signature/Name	Date
Head of Household		
Adult Member		
Adult Member		
Adult Member		

BLOOMINGTON HOUSING AUTHORITY

INTERIM CHANGE FORM

Use this form to report any changes in household income, family composition, or status.

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.

1. HEAD OF HOUSEHOLD & CONTACT INFORMATION

Head of Household Name:

Email Address: **Phone Number:**

Are you in FSS or the Homeownership Program? ☐ **Yes** ☐ **No**

2. TYPE OF CHANGE REPORTED

☐ Income Increase
☐ Income Decrease
☐ Change Employers
☐ New Employment
☐ TANF / Food Stamps
☐ Social Security / SSI / SSDI
☐ Pension / Retirement
☐ Self-Employment / Gig Work
☐ Child Support
☐ Add Household Member
☐ Remove Household Member

3. HOUSEHOLD INCOME REPORTING (CURRENT)

REQUIRED: List every current job and every current source of income or money received by every household member - including sources that have not changed.
Report gross amounts before taxes or deductions. Report all sources even if you are unsure whether they count; BHA will make that determination. *(See back page for examples of income types.)*

☐ **Check this box if NO ONE in the household has any current income of any kind to report.**

Household member	Employer or source	Type of income/work	Gross amount	How often?

INCOME TYPES INCLUDE (but are not limited to):

- Regular Employment (Wages, Salaries, Tips, Commission)
- Self-Employment / Independent Contractor (e.g., DoorDash, Uber Eats, Housecleaning, Lawn Care, Babysitting)
- Ride Share Services (e.g., Uber, Lyft)
- Digital Platforms & Content Creation (e.g., YouTube, OnlyFans, Influencer Work, GoFundMe)
- Online Marketplace Exchanges (e.g., Etsy, eBay, Facebook Marketplace, Poshmark, Mercari)
- Other Work & Cash Income (e.g., Day Laborer, Seasonal Work, Selling Plasma)
- Government Benefits & Support (e.g., TANF, Social Security, SSI, SSDI, Pensions, Child Support, Unemployment)
- Regular financial gifts / family contributions (Cash, checks, or direct help from family, friends, or non-household members for rent, utilities, groceries, or bills)
- Adoption or foster care subsidies

4. SPECIFIC CHANGE DETAILS

Name of Household Member Reporting Change:

Current / New Employer:

Previous Employer:

TANF / Food Stamps Sanctioned? ☐ Yes ☐ No

If sanctioned, why and when?

Family Change:

☐ Remove Person / Name: _____

☐ Add Person / Name: _____

Adding a member requires completing a separate Add-a-Person form.

Sex Offender Registry (Any Member)?

☐ Yes ☐ No State: _____

5. ACKNOWLEDGEMENTS & SIGNATURE

- 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 after reporting. If your rent is increased, the adjustment will become effective on the first day of the second month from the date of your increase.
- Failure to report increased income changes will result in a retroactive rent increase. If you fail to report a decrease in income, the rent adjustment will not take effect until the month following the reported income change.
- I understand refusal to sign this or any required consent form may result in the denial of assistance or termination of assisted housing benefits.
- I acknowledge, agree, and understand that typing or signing my name below constitutes and will be treated as my official signature.

WARNING: MISREPRESENTATION OR FAILURE TO REPORT ALL HOUSEHOLD INCOME COULD RESULT IN TERMINATION OF ASSISTANCE AND RETROACTIVE RENT CHARGES.

Signature of Head of Household: _____

Date: _____

This page intentionally left blank.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Bloomington Housing Authority (T) 812.339.3491
1007 N. Summit Street (F) 812.339.7177
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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Bloomington Housing Authority
1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

REQUEST FOR EARNINGS INFORMATION

1) Employer	**4)** Employee
2) Address	**5)** Address
3) Fax Number	**6)** Employee Social Security Number XXX-XX-

7) I hereby authorize my employer to release the following infomation to the Bloomington Housing Authority.

Employee Signature_____ **Date**_____

STOP!
DO NOT Write below this line

EMPLOYER ONLY : Please Complete Each Field

Dates of employment: FROM: TO:	Date of first check (*month, day, year*)	Gross Year To Date Earnings

Rate per hour	Average no. of hrs./pay period	Frequency of pay	☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semimonthly

Has the employee been terminated? ☐ Yes ☐ No	If Yes, type of termination. ☐ Quit ☐ Layoff ☐ Fired	Effective date of action (*month, day, year*)

Does the employee receive any of the following?

a. Tips	☐ Yes	☐ No	Amount $	Frequency
b. Bonuses	☐ Yes	☐ No	Amount $	Frequency

Gross Wages

Month of:		Month of:		Month of:	
Date Paid	Gross Amount	Date Paid	Gross Amount	Date Paid	Gross Amount

Signature of indivdual completing this form	Date *(month, day, year)*
Title of the individual completing this form	Telephone number

Thank you for completing this employment inquiry.
Please fax this form to 812-339-7177, attention_____.

Equal Opportunity Employer

INDIANA DEPARTMENT OF
WORKFORCE
DEVELOPMENT

RELEASE OF INFORMATION Rev. 3/1/24

***APPLICANT'S NAME:** _____

Additional names used during employment: _____

***SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER:** _____-_____-_____

*****Applicant contact information***

Email Address: _____ **Phone Number:** _____-_____-_____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

_____ _____

***SIGNATURE OF APPLICANT** ***TODAY'S DATE:**

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

☐ **Check this box if a Power of Attorney is attached.**

NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***SIGNATURE OF REQUESTOR:** _____

***Printed Name of the Requestor:** _____

*** Requesting Organization:** _____

***Email Address:** _____

***Phone Number:** _____-_____-_____ **Fax Number:** _____-_____-_____

****REQUIRED FIELDS***

*****Applicant's phone number, email address, or mailing address is required.***

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.

LKE Form

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

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

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant	**Date**

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

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

Bloomington Housing Authority
1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

Reasonable Accommodation Information

What is a Reasonable Accommodation?

Under the Fair Housing Act, a Reasonable Accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a **person with a disability** to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. In order to show that a requested accommodation may be necessary, **there must be an identifiable relationship between the request and the individual's disability**. What is reasonable will be determined on a case-by-case basis.

Examples of a Reasonable Accommodation

Examples of a Reasonable Accommodation may include, but are not limited to:

- Allowing a live-in aide to reside in an appropriately-sized unit;
- Making documents available in large type, computer disc or Braille;
- Providing qualified sign language interpreters for applicant or resident meetings with BHA staff;
- Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family;
- As a Reasonable Accommodation for a family member with a disability, approving a request for exception payment standard amounts under the HUD Housing Choice Voucher Program in accordance with 24 C.F.R. §§ 8.28 and 982.504 (b)(2).

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

How to make a Reasonable Accommodation request

- You may make your request to BHA in writing
- You may make your request using BHA's Request for Reasonable Accommodation Form
- You may make your request verbally to a BHA staff member

Are you or any member of the household a person with a disability and as a result of such disability requesting a reasonable accommodation?

☐ Yes ☐ No

If yes, please explain: _____

_____

_____