

Request for Addition to Household

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

Date _____

Head of Household _____

Address _____ Apt No. _____

City _____ State _____ Zip _____

Telephone _____

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

Name of person _____

Address _____ Apt No. _____

City _____ State _____ Zip _____

Telephone _____ How long at this address? _____

Relation _____

Please complete other side also.

Source and amount of all income received by this person

Please provide the following information for the additional household member before turning this form into the Pontiac Housing Commission.

- ☐ **Social Security Card**
- ☐ **Birth Certificate**
- ☐ **Picture I.D.**
- ☐ **Marriage Certificate (if applicable)**
- ☐ **Declaration 214 of Citizenship Form (see attached)**

PONTIAC HOUSING COMMISSION

91 N. SAGINAW ST., STE. 105

PONTIAC, MICHIGAN 48342

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: _____

APPLICANT'S/RESIDENT'S NAME: _____

ADDRESS: _____

City/St/Zip: _____

SS# / ALIEN REGISTRATION #: _____

To Whom It May Concern:

I am an applicant/resident for the Housing Commission of the City of Pontiac Housing Choice Voucher Program). The information being requested on the attached form is for the purpose of determining my eligibility for rent subsidy. The following information to determine eligibility will be requested and verified:

- a. Criminal background checks to be completed thru Internet Criminal History Access Tool with the Michigan State Police.
- b. Credit check
- c. Landlord Verification
- d. Education Verification
- e. Family composition and type (Elderly, non-elderly)
- f. Annual income
- g. Assets and asset income
- h. Allowance information
- i. Local preferences
- j. Social Security numbers of all family members
- k. Citizenship or eligible immigration status
- l. Child Care Expense
- m. Medical Expense

I hereby give my permission to release this information and understand that it will be kept in strict confidence and be used for program purposes only. I would appreciate your prompt attention to supply the requested information and return the form to the Housing Authority within five (5) days of receipt.

I understand that a photocopy of this release is as valid as the original and this authorization will expire 12 months from the date listed above.

Thank you for your assistance and cooperation in this matter

SIGNATURE

PONTIAC HOUSING COMMISSION
91 N. SAGINAW ST., STE. 105
PONTIAC, MI 48342
248-338-4551

HOUSING CHOICE VOUCHER

POLICE CLEARANCE-BACKGROUND CHECK

FULL NAME: _____

MAIDEN NAME (IF APPLICABLE): _____

ALIAS/AKA: _____

CURRENT ADDRESS: _____

City/State/ZIP: _____

DATE OF BIRTH: _____

AGE: _____

RACE: _____

SEX: _____

DRIVERS LICENSE NUMBER: _____

OR STATE IDENTIFICATION NUMBER: _____

SOCIAL SECURITY NUMBER: _____

HEIGHT: _____

WEIGHT: _____

COLOR HAIR: _____

SCARS/TATOOS/DISTINGUISING MARKS: _____

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.

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):

Pontiac Housing Commission
91 N. Saginaw St. Ste. 105
Pontiac, MI 48342

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.

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 U.S. Please read the Declaration statement carefully, then sign and return to the Pontiac Housing Commission. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify under penalty of perjury ¹, that to the best of my knowledge, I am lawfully within the United States because (please check the 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 next page for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ Immigrant status under §101(a)(15) or §101(a)(20) of the Immigration and Nationality Act (INA) ³; or
 - ☐ Permanent residence under §249 of INA ⁴; or
 - ☐ Refuge, asylum, or conditional entry status under §207, 208, or 203 of the INA ⁵; or
 - ☐ Parole status under §212(d)(5) of the INA ⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA ⁷; or
 - ☐ Amnesty under §245A of the INA ⁸.

(Signature of Family Member)

(Date)

- ☐ Check the box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

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

DECLARATION OF SECTION 214 STATUS

Footnotes

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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both. The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2/ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or 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 sections 101(a) (15) or 101(a) (20) of INA. A noncitizen 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 noncitizen 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 section 249 of INA. A noncitizen 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 then, 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 the INA (8 U.S.C. 1259) [amnesty granted under IHA 249].

5/ Refugee, asylum, or conditional entry status under sections 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the 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 section 212(d) (5) of INA. A noncitizen 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 section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [parole status].

7/ Threat to life or freedom under section 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 section 243(h) of the INA {8 U.S.C. 1253(h)} [threat to life or freedom].

8/ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the 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), HS/A must enter INS/SAVE Verification Number and date that it was obtained. A HS/A 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 an "X" in the appropriate boxes. Attach INS document(s) evidencing eligible immigration status. Sign and date.