

Brookline Housing Authority

90 Longwood Avenue
Brookline, Massachusetts 02446
617-277-2022
FAX 617-277-1462
TDD 1-800-545-1833 Extension 213

RE: ANNUAL RENT RECERTIFICATION/CONTINUED OCCUPANCY - Federal

Dear Resident:

As you know, program regulations require us to update our information about your income and family composition in order to renew your lease. Please complete the enclosed continued occupancy packet and return it, either by slipping it under the door of the Manager's Office or by dropping it off or mailing it to **Brookline Housing Authority, 90 Longwood Avenue, Brookline, MA 02446.**

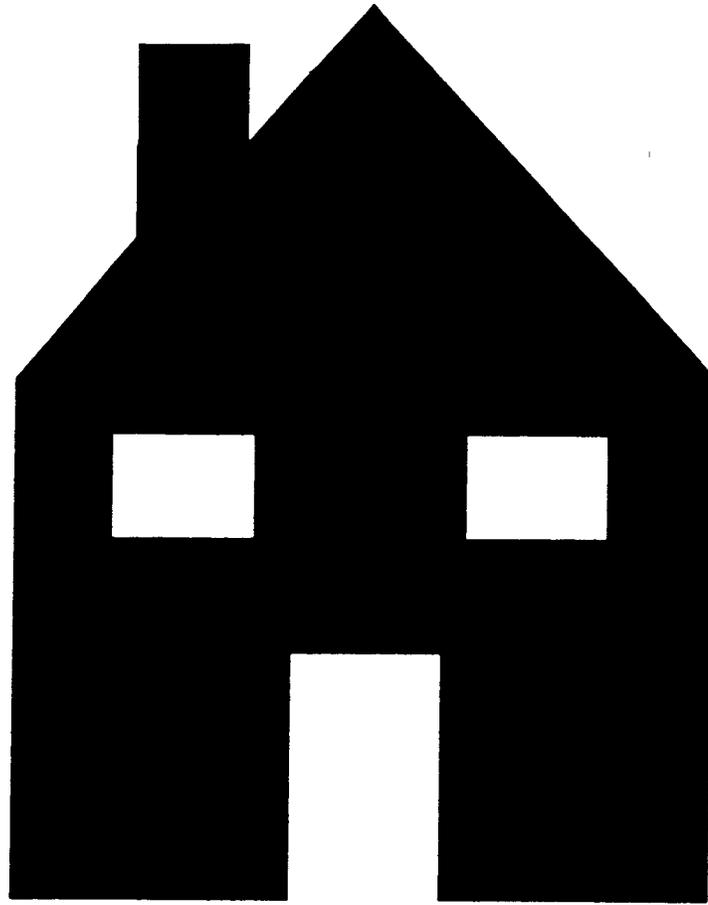
Even residents that have just leased must complete the recertification packet and provide updated verification. **Each section on the questionnaire instructs you what verification, if applicable, is required (some require verification in order to allow deductions).** If you have any questions, please do not hesitate to call your manager.

Please submit for you and each household member if applicable (if a section is not applicable, please put N/A in that section – do not leave a section blank):

- a recent **Social Security or SSI benefits statement**. Call 1-800-772-1212 to obtain one if you do not already have one. They will send you one in a few weeks.
- a **current stub** showing the gross amount and deductions for **pensions or annuities**. For **Federal pension**, submit the **last annual statement of benefits** received from the Office of Personnel Management which shows the gross benefits and deductions for taxes and medical premiums.
- three, recent, consecutive **pay stubs** and complete Section 2 with the name, address and phone number of each employer for all household members that work.
- **(only if self-employed)** a copy of the last-filed **income tax** forms with W-2s and 1099s and all attachments (including Schedule C).
- three, recent, consecutive statements (all pages) and a copy of your bank book (a letter from the bank is not acceptable for checking and savings accounts) for verification of **checking, savings, money market, and stock or bond accounts**. For **CDs or IRAs**, please request a letter from the bank(s) stating the gross amount and the interest rate for each account.
- **(only if head-of-household is elderly/disabled)** **computer print outs** for any out-of-pocket expenses for **prescription, doctor, dentist and HMOs expenses** that the household members occurred within the last 12 months. For medical premiums, please submit the most recent statement plus canceled check.
- verification from the college/school of **full-time student status** for those 18-years plus.

If you need any assistance, please do not hesitate to call your manager.

It's Time to Renew Your Lease...



Please complete the enclosed forms,
and return them to your manager along
with the necessary verification.

Federal Checklist for required documentation

- Complete the enclosed Questionnaire and Emergency Contact Form.** If a question or section does not apply to your circumstance, written "N/A" (non applicable) in that section. Be sure to sign and date the questionnaire and write your address below your name.
- All adult members of the household 18 years or older must sign the enclosed **Authorization for Release of Information form.** Only the Head of Household must sign the **Fair Information Practice Act.**
- We require **three recent and consecutive bank statements** (copies will do) for all bank accounts. You must report and supply documentation on all checking, savings, CDs, stocks, bonds, real estates , IRA's and any other assets you may have. The end of year statements that you receive for tax purposes will be accepted as long as they detail earnings/interest from your assets.
- Income:** If employed, you must supply us with three recent and consecutive pay stubs, which show gross income and year to date income. If your pay stubs do not show year to date figures, please obtain a letter form your employer which states this amount and the pay period ending date.
- If you are receiving support payments, please supply court documents stating the amount you receive. If you receive **third party assistance** including Social Security, SSI, SSDI benefits, Department of Transitional Assistance benefits, Veterans Assistance, Pensions, Disability or Unemployment benefits, a letter from the Agency Source indicating the monthly gross income received is needed.
- Family members (**age 18 and over who are not employed**) must provide a notarized letter stating that they are not employed nor receiving any income.
- Family members (**age 18 and over who are either full or part time students**) must send a letter form their school stating that they are currently enrolled.
- If you are **elderly or disabled** and pay for **Medical Insurance** please provide third party verification of payments you make for medical insurance (i.e., blue Cross/Blue Shield, Harvard Community Health Plan, and Tufts Health Plan).
- If you are **elderly or disabled** any out of pocket medical expenses that you are not reimbursed for can also be a deduction from your gross income. In order to verify these expenses, provide copies of medical and dental bills along with cancelled checks as proof of payment for uncompensated medical expenses incurred in the last calendar year. For prescriptions, please obtain a computerized printout from the pharmacies where you fill prescriptions.
- Child Care expenses** are deductible if they allow the head of household to work or attend school. Provide bills and canceled checks or receipts for child care expenses.
- For those residents who park in BHA lots, provide the **current automobile registration and the corresponding driver's license.**

Helpful Hints

For submitting recertification documents in
Federal Assisted Housing

If you need help with your recertification, please call your **Manager** at the Management office **before** you mail or drop off your paperwork.

Medical Deduction: your out-of-pocket medical, eye, dental and prescription expenses as well as premiums for medical, dental and vision insurance are deductible and may lower your rent. In order to receive the deductions, you must present the following:

- Canceled checks or receipts attached to the corresponding bill
- Computer printout form your pharmacy (pharmacies) with last year's totals
- Medical Premium Bills with proof of payment

Child Care Expenses: are deductible if used to allow the head-of-household to work or attend a school/training program. You must provide verification and canceled checks or receipts as proof of payments for child care.

Report all Income: all income must be reported for all household members who are age 18 and over.

Welfare to Work: if you recently ended assistance for Department of Transitional Assistance to a **job** you may be entitled to keep your rent at the present value for an eighteen month period (this is a one time exclusion). Please call your Manager if you would more information.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Brookline Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of the information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by Housing Authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information; however, failure to permit the Housing Authority to obtain the required information may result in delay, ineligibility for the programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the Housing Authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Housing Urban Development (HUD).

I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature of Head of Household

Date

NEXT OF KIN EMERGENCY CONTACT FORM

Instructions: complete this form with the name of someone who does not live in your household, but has contact with you on a sustained basis. For example, you could put your nearest relative or friend; neighbor; or Doctor or Lawyer.

Name: _____

Address: _____

Phone Number: (_____) _____

Relationship to you: _____

Authorization for the Release of Information/ Privacy Act Notice

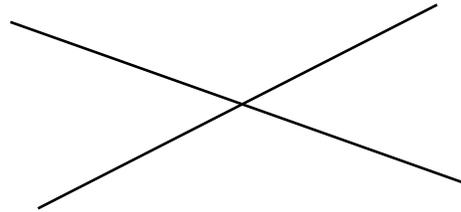
to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

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

Brookline Housing Authority
90 Longwood Avenue
Brookline, MA 02446

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



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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Request for E-Mail Address

Brookline Housing Authority would like you to provide your e-mail address , if you have one, for general communication concerning Housing Authority tenancy and events. It is the Housing Authority's goal to improve the quality of general communication and to take advantage of this low cost technology. Notices will still be posted manually in the BHA buildings.

Any specific business concerning your tenancy will continue to be conducted in person and by mail so that there is a record of these important communications and to ensure that privacy is maintained.

Name_____

E-mail Address_____

QUESTIONNAIRE

Print and use ink

Effective Date _____

**Brookline Housing Authority
90 Longwood Avenue
Brookline, MA 02446**

This questionnaire must be returned _____ days after date of receipt.
All statements are made under the penalties of perjury.

Note: To comply with Government rules and regulations, all of the statements and answers listed on this form must be verified by the Brookline Housing Authority. Any changes in the information given must be reported by you to the Authority as soon as they occur.

Head of Household _____ Phone No. _____
Last name First name

Section 1: Household Composition

First list the head of household members. On the line following the last name listed, write "N/A" (not applicable) to indicate all household members have been listed. You must submit a letter from school or colleges for adults other than head of household and spouse who are 18 years or old stating that the student is full time in order to receive a deduction. The letter **must** be an original and must have the school seal.

Name	Relation	Sex	Date of Birth	Occupation	Social Security #
	Self				

Do you expect a change in family composition? Yes _____ No _____ Explain _____

Section 2: Employment and other income (if you need more room use a separate piece of paper. Sign and date that piece of paper also.)

A. Employment

List all employers of **all** household members (including those under 18 years of age). On the line following the last employer listed put "N/A". Make sure that the name, address (including zip code) and phone number are clearly written. You must submit three recent consecutive pay stubs from each employer. If no one is employed put "N/A" on the first line of the table below.

Employer's Name Complete address & phone	Position	Social Security #	Employed From - To	Current Income per month	Earnings last year

Section 2: Employment and other income (continued)

B: Other income: income and Assets should be reported for those under 18, also. You must answer all questions and put in the amount the household members receive if applicable. You must provide recent verification of all income including for Social Security and SSI.

	Yes	No	# of People Receiving	Total Amount	Week/month Per
Social Security					
SSI					
Child Support					
Alimony					
TAFDC					
EAEDC/State Aid					
Unemployment					
Annuity					
Pension					
V.A. Benefit					
V.A. Aid					
Self-employed					
Tips/Commissions					
Bonus/profit sharing					
Other (explain)					

C: Additional Information

Did you or anyone in your household receive any income last year that was not reported to the Authority?

Yes _____ No _____ Total Amount _____ Explain _____

Section 3: Assets (if you need more room, use a separate piece of paper. Sign the paper.) List all assets (checking, savings, CD's, IRA's, Money Market, Investment, 401Ks etc. You must provide verification of all assets (copies of three recent, consecutive bank statements, copies of bank books, etc.)

Bank	Type of Account	Interest Rate	Principal Amount

Answer all the following questions.

Do you own stocks? Yes _____ No _____ Total Value \$ _____ last years divided end \$ _____
 Do you have or receive money from a trust fund? Yes _____ No _____ Amount \$ _____
 Do you own bonds? Yes _____ No _____ Total Value \$ _____
 Do you own real estate? Yes _____ No _____ explain if yes _____
 Have you dispersed of assets for less than fair-market value within the last two years?
 Yes _____ No _____ Explain _____

Section 4: Deductions- you must provide verification of payment to receive deductions.

Medical deductions

If the head of household or spouse is 62 years or older or is disabled, you and all your household members may be eligible for deductions for medical, eye dental insurance premiums such as Medex and HCHP and for out-of-pocket medical, dental, eye and prescription expense. Verification is required. .

Do you have medical/eye/dental insurance? Yes _____ No _____ What kind? _____
 Out-of-pocket medical/dental/eye/prescription expenses? Yes _____ No _____ How much? _____

Child Care or Handicapped Care Expenses

Do you pay out-of-your pocket for childcare or handicapped care expenses which allow you to work or go to school? Yes _____ No _____ Amount \$ _____ Verification is needed.

Section 5: Automobiles

Do you or any member of your household own an automobile? Yes _____ No _____ How many? _____

Please submit a current copy of your license(s) & registration(s) Parking space # _____

Signed under the pains and penalties of perjury:

Signed: _____ Dated: _____
 Head of Household

_____ Dated: _____
 Spouse

Address