

Section 8 Housing Choice Voucher Program Questionnaire

- Print and Use Ink
- Complete All Sections
- Use a separate piece of paper (signed and dated) if more room needed
- All statements listed on this form must be verified by BHA to comply with governmental rules and regulations
- Clients must report in writing any changes to the information given as soon as they occur

| | | |
|-------------------------|--------|------|
| Head of Household Name: | | |
| Address: | City: | Zip: |
| Phone: | Email: | |

Section 1: Household Composition – list the Head-of-Household and all household members.

| Name | Relation to Head | Social Security # | Disabled | Sex | Date of Birth | Race/Ethnicity | Full Time Student |
|------|-------------------|-------------------|----------|-----|---------------|----------------|-------------------|
| | Head of Household | | Y/N | M/F | | | Y/N |
| | | | Y/N | M/F | | | Y/N |
| | | | Y/N | M/F | | | Y/N |
| | | | Y/N | M/F | | | Y/N |
| | | | Y/N | M/F | | | Y/N |
| | | | Y/N | M/F | | | Y/N |
| | | | Y/N | M/F | | | Y/N |

Change in family composition expected? Y/N If yes, describe:

Language Do you understand and speak English? Y/N If no, language spoken:

Do you understand and read English? Y/N If no, language read:

Section 2: Income

Unreported Income: Did anyone in your household receive income that was not reported to BHA last year?

Circle: Y/N Amount: Explanation:

Employment Income: list for all household members regardless of age and/or student status.

| Household Member | Employer | Employer Address | Earnings |
|------------------|----------|------------------|----------|
| | | | \$ /per |
| | | | \$ /per |
| | | | \$ /per |
| | | | \$ /per |

Social Security, Disability, and Other Non-employment Income: list sources including but not limited to Social Security, Disability, Child Support, Alimony, Welfare, Food Stamps, Unemployment, Annuities, Pensions, Retirements, V.A. Benefits, Gifts, Scholarships, Trusts/Inheritances, Gambling Winnings, etc.

| Household Member | Source | Amount | Frequency |
|------------------|--------|--------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

Section 3: Assets - list all assets including but not limited to Bank Accounts (Checking and Savings), CDs, IRAs, Money Market, Investment, 401Ks, Stocks, Bonds, Real Estate, etc.

| | | | |
|-------------------|----------------|----------------------------|--------------|
| Household Member: | | Asset/Bank Name & Address: | |
| Account Type: | Interest Rate: | Annual Income: | Total Value: |
| Household Member: | | Asset/Bank Name & Address: | |
| Account Type: | Interest Rate: | Annual Income: | Total Value: |
| Household Member: | | Asset/Bank Name & Address: | |
| Account Type: | Interest Rate: | Annual Income: | Total Value: |
| Household Member: | | Asset/Bank Name & Address: | |
| Account Type: | Interest Rate: | Annual Income: | Total Value: |

Have you sold assets for less than fair-market value in the last two years? Circle: Y/N Explanation:

Section 4: Medical, Childcare, and Handicapped Care Expense Deductions – If head of household or spouse is 62+ or disabled, household members may be eligible to deduct unreimbursed out of pocket medical expenses. Childcare/Handicapped Care expenses must be incurred to allow family members to work or enroll in school fulltime.

| Type | Name/Source of Expense | Address of Expense | Yearly Amount |
|------|------------------------|--------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Section 5: Tenant Certification - all household members 17+ must sign below. I/We certify that the information provided on this form and given to the Brookline Housing Authority is accurate and complete to the best of my/our knowledge and belief. Signed under the pains and penalties of perjury:

Head of Household Signature

Date

Spouse Signature

Date

Signature

Date

Signature

Date

Authorization for Release of Information

I _____, hereby authorize the Brookline Housing Authority to obtain any and all information necessary to determine my eligibility and the eligibility of my household under the Housing Choice Voucher Program. I understand that such information will be kept confidential and will be used only for program purposes.

I also authorize the Brookline Housing Authority to obtain from the local police department, sheriff office, and Federal Bureau of Investigations any or all criminal records that they may have on file in my name. Furthermore, I release the local police department, sheriff office, and Federal Bureau of Investigations and its employees thereof from any liability arising from the release of this information.

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. 200d), 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 the amount your family will pay towards 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 effect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Head of Household Name (Print)

Social Security Number

Head of Household Signature

Date

Spouse Name (Print)

Social Security Number

Spouse Signature

Date

18+ Family Member Name (Print)

Social Security Number

18+ Family Member Signature

Date

18+ Family Member Name (Print)

Social Security Number

18+ Family Member Signature

Date

18+ Family Member Name (Print)

Social Security Number

18+ Family Member Signature

Date

Emergency Contact *(optional)*

| | |
|-------------------|---------------|
| Emergency Contact | Relationship |
| Phone | Email Address |

I, _____, grant the Brookline Housing Authority permission to use my Emergency Contact information in the event that all methods to contact me have been exhausted and/or in the event of an emergency.

| | |
|-----------------------------|------|
| Head of Household Signature | Date |
| Spouse Signature | Date |

Obligations of the Family

- A. The family must follow the rules listed below in order to continue participating in the Section 8 Rental Assistance Program.
- B. The family must:
 - 1. Supply any information that the Brookline Housing Authority (BHA) or HUD determines to be necessary including evidence of citizenship or eligibility immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 - 2. Disclose and verify social security numbers and sign then submit consent forms for obtaining information.
 - 3. Supply any information requested by the BHA to verify that the family is living in the unit or information related to family absence from the unit.
 - 4. Promptly notify the BHA, in writing, when the family is away from the unit for an extended period of time in accordance with BHA policies.
 - 5. Allow the BHA to inspect the unit after reasonable notice and at reasonable times.
 - 6. Notify the BHA and the owners, in writing, before moving out of the unit or terminating the lease.
 - 7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
 - 8. Promptly notify the BHA, in writing, of the birth, adoption or court-awarded custody of a child.
 - 9. Request the BHA's written approval to add any other family member as an occupant of the unit.
 - 10. Promptly notify the BHA, in writing, if any family member no longer lives in the unit.
 - 11. Give the BHA a copy of any owner eviction notice.
 - 12. Pay utility bills and supply appliances that the owner is not required to supply under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member must not:
 - 1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 - 2. Commit any serious or repeated violation of the lease.
 - 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 - 4. Participate in illegal drug or violent criminal activity.
 - 5. Sublease or let the unit or assign the lease or transfer the unit.
 - 6. Receive Section 8 tenant-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or legal housing assistance program.
 - 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

My signature confirms that I have read and agree with the complete terms of my Obligations as listed:

| | |
|-----------------------------|------|
| Head of Household Signature | Date |
| Spouse Signature | Date |

Change of Income/Household Composition

Any changes in income for any household member or any changes to the household composition (birth, death, member of the household moving out or moving in) must be reported to the Brookline Housing Authority **immediately** and **in writing**.

If you, or anyone in your household, become employed, change employment or terms of employment (hours/pay), you must immediately submit a letter from the employer stating the date of employment or the date of change in hours/pay, the number of hours usually worked, and the amount received per hour. This must be followed by three pay stubs if paid weekly; two if paid every other week; one if paid monthly.

Other acceptable income verifications would be unemployment compensation stubs, Social Security

and/or SSI printouts (including those received for children), original computer printouts from the Department of Transitional Assistance (and a letter from the agency stating whether child support is received and the amount received), court papers declaring the amount of child support and alimony received, etc.

Except for births, you must request permission, **in writing**, from the Brookline Housing Authority to add an individual to the household who was not a member when the certificate/voucher was issued. If a household member moves out and then wishes to move back into the unit, you must request the permission of the Authority then receive that permission **in writing** before allowing the person to move back into the unit.

Head of Household Signature

Date

Spouse Signature

Date

Applicant/Tenant Certification

Applicant/Tenant Statement:

I/We certify that the information given to the Brookline Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Head of Household Signature

Date

Spouse Signature

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.

After verification by the Brookline Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary), on a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

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)

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 | Other Family Member over age 18 | 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 |

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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.