

Documents Needed at Time of Submitting Application

Applicant's Name:

Your application will not be processed without the following documents.

Included with my application	Documents Needed
	Completed, signed, and dated rental application.
	Valid government issued ID for all <u>adult</u> members listed on the application
	Social Security Card for <u>all</u> members listed on application
	Proof of current residency (lease agreement, utility bills, mortgage statement)
	Release of information, signed and dated by all adults listed on your application.
	Proof of Income for all currently employed household members listed on your application such as, 8 weeks of current and consecutive paystubs, current letter from Social Security administration, 8 weeks print out of self-employment like Doordash, Grubhub, etc. Or complete, sign and date the verification of employment - do not take to employer.
	2 months of current and consecutive bank statements for all savings, checking and investment accounts for all members listed on your application.
	After the initial screening for income qualifications has been completed, you will be required to submit a money order for \$26.00 for each adult listed on the application, to complete the credit and background check process.

Applications may be submitted in person:

1525 E 9th St. Reno, NV 89512

By Email:

management@renoha.org

or Printed by Visiting:

www.renoha.org

Reno Housing Authority Rental Application



Please answer all questions. Do not leave any space blank, write No or N/A where appropriate.

Date: _____

Name: _____ Client #: _____

Address: _____ Telephone: _____

_____ Work Telephone: _____

Does anyone in your household smoke? ☐ No ☐ Yes

Do you own any pets? ☐ No ☐ Yes If yes, size/type? _____

Have you ever been arrested for any drug related or violent criminal activity? ☐ No ☐ Yes

If yes, explain:

Is anyone in the household divorced? No Yes If yes, a copy of the divorce decree will be required.

FAMILY COMPOSITION							
Name	Age	Birth Date	Relationship	Social Security #	Sex	Race	Ethnicity
			Self				

Anticipated changes in household size within the next 12 months? (Y/N) _____ If Yes, Explain:

Do you currently have a Housing Choice Voucher (formerly know as Section 8)? No Yes

Codes for RACE, and ETHNICITY (if applicable)

RACE: 1 - White 2 – Black or African American 3 - Asian 4 - Native Hawaiian or Other Pacific Islander 5 - American Indian or Alaska Native 6 – American Indian or Alaska Native *and* White 7 – Asian *and* White 8 – Black or African American *and* White 9 American Indian or Alaska Native and Black or African American 10 – Other multi-racial

ETHNICITY: 1 - Hispanic 2 - Non-Hispanic

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____ Relationship: _____

Address: _____ Telephone: _____

_____ Work Telephone: _____

Reno Housing Authority Rental Application



LANDLORD INFORMATION (list past two years)					
Previous Landlord Name	Address	Phone #	From (date)	To (date)	RHA use only

EMPLOYMENT RECORD - Applicant	
Present Employer Name:	Gross Annual Income: \$
Address:	From: To:
Phone :	
Previous Employer Name:	Gross Annual Income: \$
Address:	From: To:
Phone :	
Previous Employer Name:	Gross Annual Income: \$
Address:	From: To:
Phone :	

EMPLOYMENT RECORD - Co-Applicant	
Present Employer Name:	Gross Annual Income: \$
Address:	From: To:
Phone :	
Previous Employer Name:	Gross Annual Income: \$
Address:	From: To:
Phone :	
Previous Employer Name:	Gross Annual Income: \$
Address:	From: To:
Phone :	

Reno Housing Authority Rental Application



STUDENT STATUS CERTIFICATION

STUDENTS: Are ALL members of the household students? (Circle one)	YES	NO
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If yes, then this Student Certification Section must be completed.

Except for the exceptions listed below, households comprised totally of full-time students are considered ineligible for residency in this property due to federal law. Changes in student status must be reported to management as soon as they occur and may be grounds for terminating your lease if you do not meet one of the exceptions.

A student is a person who is carrying a subject load considered full-time student at an educational institution attended (for a minimum of five months per year) or will be a full-time student at an educational institution within the next twelve (12) months. This includes evening classes, vocational schools with diploma or certificate programs, and college degree programs. Full-time students working full-time are still considered full-time students. Status must be verified by your school.

_____ 1. I certify that I am NOT a full-time student, nor do I anticipate enrolling as a full-time student in the next 12 months. Further, I agree to notify the manager immediately if my student status changes in the next twelve (12) months.

Residents whose households are comprised fully of students must initial the items that apply.

_____ 2. I certify that I am a part-time student and I authorize the manager to verify my student status with my school. I agree to notify management immediately if my student status changes in the next twelve (12) months.

_____ 3. I certify that all members of my household are full-time students, but that we meet one of the following exceptions:

_____ a) single parent and dependent child(ren), both of whom are not dependents of a third party
(attach copy of last IRS tax return)

_____ b) married to another household member and have filed a joint income tax return (attach copy of marriage license or last year's tax return)

_____ c) receiving assistance under title IV of the Social Security Act (AFDC) (verification required)

_____ d) enrolled in a federal/state or local job training program (verification required) Describe:

_____ I understand that this certification is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations are true.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Reno Housing Authority Rental Application



HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark "yes" or "No" for each source of income.

	Head of Household		Co-Head		Additional Household Members	
Type of Asset	Check One	Value of Asset	Check One	Value of Asset	Check One	Value of Asset
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA or 401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Company Retirement Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance Policies (Whole Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
If yes, is it revocable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cash held in Safety Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
House/Real Estate*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Note: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "value" column.

Have you disposed of any assets for less than Fair Market Value within the last two years? (State if the sale was due to foreclosure, bankruptcy or divorce.)

☐ Yes ☐ No _____

Reno Housing Authority Rental Application



SOURCES OF INCOME

Is income received from any of the following sources? Please mark "yes" or "No" for each source of income.

	Head of Household		Co-Head		Additional Household Members	
Type of Income	Check One	\$ Amount	Check One	\$ Amount	Check One	\$ Amount
Wages, Salary, etc. thru Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from a Business or Profession	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Educational Entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regular Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:						
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner/manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law.

I understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Reno Housing Authority Rental Application



The Reno Housing Authority reserves the right to contact current/former landlords and to conduct a credit check and a background or fingerprint check to verify past criminal history. I/we understand that the information on this form will be used to determine eligibility to lease properties owned or managed by the Housing Authority of the City of Reno. I/we have provided accurate information regarding family composition, income, and assets. I/we agree to notify the RHA immediately if there are any changes in household composition or income.

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understand that providing false representations herein constitutes an act of fraud and can result in denial of your application, or eviction.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

I hereby give authorization to allow the Housing Authority to investigate landlord history, credit check and criminal records of all family members over 18 years of age that reside/will reside in the household.

Applicant Signature

Date

Co-applicant or other adult member signature

Date

Co-applicant or other adult member signature

Date

Co-applicant or other adult member signature

Date

Please return your completed application and all supporting documentation to:

Reno Housing Authority Asset Management Department
1525 East Ninth Street
Reno, NV 89512

Or

Email to: Management@renoha.org



GENERAL RELEASE OF INFORMATION

I consent to allow the Housing Authority of the City of Reno (RHA) or the U.S. Department of Housing and Urban Development (HUD) to request and obtain the information listed below for the purpose of determining my eligibility and level of benefits under HUD's assisted housing programs. RHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. I understand that income information received under this consent form cannot be used 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. If I participate in the Project-Based or Mod Rehab program, I also authorize RHA and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized housing.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;
- Serious or repeated violation(s) of the signed lease agreement and damages caused to a unit;
- Services provided by individuals or agencies which are relevant to the ability to pay rent and take care of rental property;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community and relatives;
- References from employers, including wage and salary information;
- Criminal history;
- Information on payment history and balances owed to utility companies including but not limited to NV Energy;
- Medical, prescription and insurance expenses;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verification;
- Child care;
- School registration for minor children and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (does not include details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Verification with U.S. Postal Service;
- Credit reports and/or tenant screening reports from private contractors;
- Termination for violation of family obligations and reasons for the termination;
- Involvement in fraud, bribery or other corrupt or criminal acts;
- Drug trafficking by household members;
- Balance of money owed to RHA;
- Outstanding debts to other housing agencies.

Head of Household (printed name)

Signature

Date

Co-Head, Spouse, Partner, or Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Authority: This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.



Housing Authority of the City of Reno

Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta.



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 RHA; 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 RHA.

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.

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 RHA's grievance and Housing Choice Voucher informal hearing procedures.

Revocation of consent:

If you revoke consent, RHA 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.

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. Failure to provide any of the requested information may result in a delay or rejection of your eligibility.

Penalties for Misusing this Consent:

HUD, RHA and any owner (or any employee of HUD, RHA 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 this form is restricted to the purpose cited on the form. 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, RHA or the owner responsible for the unauthorized disclosure or improper use.

OMB Burden Statement:

Collection of information on income and assets is required for program eligibility determination purposes. The submission of this consent form is necessary so that RHA 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 RHA can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act.