



## RENTAL SERVICES

### DEAR APPLICANT:

Enclosed is the housing application that you have requested. Please read the attached checklist carefully as all requested information must be provided before we process your application(s); incomplete applications will be returned.

### Required Documentation

- Applicant's tribal membership card
- Social Security cards for all household occupants
- Driver's License/Photo ID (State Issued ID or Tribal ID) for all household occupants 18 years or older
- Proof of income for all household occupants 18 years or older
- Types of income verification accepted:
  - Pay stubs - 60 days
  - Social Security Award Letter
  - VA Benefit Verification Letter
  - Tax Return
  - Proof of Unemployment
  - Other Proof of Income - such as income related to retirement, TAN, worker's compensation, SSI, DHS, child support, etc.
  - No Income Statement - for any household occupant 18 years or older with no income source, the No Income Statement must be notarized.
- Background Check - this form must be completed and signed by each household occupant who is 18 years or older
- Declaration of Section 214 Status - this form must be completed and signed by each household occupant or a parent/guardian
- HUD-9886 (Authorization for the Release of Information/Privacy Act Notice) - this form must be occupied by occupants 18 years or older
- Proof of Custody for any minor who does not have both parents listed on the application.

For Affordable Rental & Independent Elder Only:

- Landlord Form or Third Party Statement - two Landlord Forms or two Third Party Statement forms must be completed, and signed by current/previous landlords or third parties (non-relatives)

All forms must be completed, dated and signed all adults who will reside in household. Incomplete applications will not be processed and will delay eligibility determination until all required documents are received.

### Applications may be submitted via:

- Email – [rentalpropertyservices@choctawnation.com](mailto:rentalpropertyservices@choctawnation.com)
- Mail – P.O. Box G – Hugo, OK 74743
- Fax – (580)326-7641
- In person – 207 Jim Monroe Rd, Hugo, OK 74743

If you have any questions, please contact the Housing Authority at (800)235-3087 or by email at [rentalpropertyservices@choctawnation.com](mailto:rentalpropertyservices@choctawnation.com).



## PROGRAM DESCRIPTIONS

### Rental Assistance Program (RAP)

- Assists eligible tribal members with their monthly rental payment.
- Often referred to as Choctaw HUD or Section 8 by callers.
- Must live on the Choctaw reservation.
- Must be under 80% of National Median Income to qualify
- Participant is responsible for paying 15% of their adjusted household income towards their monthly rental payment. The Housing Authority covers the remainder.
- Participant is responsible for finding a rental unit on the open market willing to work with the program. Unit must be able to pass a Housing Quality Standards (HQS) inspection.
- Participants are allowed on the program for 1 year only. They must go off the program for 1 year before reapplying for assistance. Exceptions are given to elders, near-elders, disabled families, and full-time college students

### Veterans Affairs Supportive Housing (VASH)

- Assists eligible Veteran tribal members with their monthly rental payment.
- Must be homeless or near homeless.
- Must live on the Choctaw reservation.
- Must be under 80% of National Median Income to qualify
- Participant is responsible for paying 15% of their adjusted household income towards their monthly rental payment. The Housing Authority covers the remainder.
- Participant is responsible for finding a rental unit on the open market willing to work with the program. Unit must be able to pass a Housing Quality Standards (HQS) inspection.
- There is no limit to the amount of time allowed on program.
- Applicants must be referred to this program from their VA Case Manager before we can determine eligibility.
- If interested, contact Marsha Magby at ext. 6310 so that she can refer them to the VA.

### Affordable Rental Housing (ARH)

- Affordable low-income housing for tribal members 18 years of age and older whose household income is no more than 80% of the National Median Income.
- Tenant rent is based on 15%-20% of the gross adjusted income for the household.
- Waiting list is maintained on a first come, first-serve basis.
- Locations include Antlers, Atoka, Bokoshe, Broken Bow, Calera, Caney, Coalgate, Hugo, Idabel, McAlester, Poteau, Quinton, Red Oak, Savanna, Spiro, Stigler, Talihina, Wilburton, and Wright City.

### Independent Elder Housing (IE)

- Affordable low-income housing available to tribal elders 55 years of age and older that are able to live independently.
- The units are designed for one person or one person and their spouse.
- Tenant rent is based on 15% of the gross adjusted income for the household.
- Locations include Antlers, Atoka, Broken Bow, Calera, Coalgate, Hartshorne, Hugo, Idabel, Poteau, Savanna, Smithville, Stigler, Talihina, and Wilburton.



**Please check all that may apply:**

☐ Rental Assistance Program    ☐ Veterans Affairs Supportive Housing    ☐ Affordable Rental Housing    ☐ Independent Elder

First Name		Middle Name		Last Name			
Social Security Number	Home Phone		Cell Phone	Work Phone			
Email Address							
Address			City	State	Zip		
Degree of Indian Blood		Tribe		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated							
Desired location of assistance (specify town and county within the Choctaw Nation Tribal Service Area)							
Primary Choice			Secondary Choice				
Have you previously received any of the following assistance?							
Section 8 Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	When	Agency		Address			
Affordable Rental Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	When	Agency		Address			
Mutual Help Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	When	Agency		Address			
Low Rent/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	When	Agency		Address			
Current living arrangement <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Displaced		Is any member of your household handicapped or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you an employee of the Housing Authority of the Choctaw Nation of Oklahoma, Choctaw Nation, or any of its entities? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, please state which department and your immediate supervisor.				
Are you related to an employee of the Housing Authority of the Choctaw Nation of Oklahoma?? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, please state to whom and the relation.				
Have you or any member of your household ever been convicted of a crime other than traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, please explain				
Family composition - complete the information below for all family members who are living in your home							
Family Member Name	Date of Birth	Sex	Relationship to Applicant	SSN	Age	Type of Income	Employer
			Applicant				

For additional household members, please fill out the information above on an attachment.



## Assets

List the type and value of any assets you have (savings, checking, bonds, real estate including house or land, etc. (Do not list furniture, primary automobiles, etc.)

Type	Description	Current Value	Balance Owed

For additional assets, please fill out the information above on an attachment.

## Elder, Handicapped or Disabled Families ONLY

Do you pay for medical insurance for yourself and/or other members of your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the amount of premium per month:	
Do you have medical bills outstanding on which you are paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any drug bills in the coming year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay for a care attendant or for any equipment for the handicapped member(s) of the household to permit that person or someone else in the family to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the expenses:	

## Additional Income Information

Does any member of your household receive educational grants and/or scholarships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify total amount of grants and/or scholarships:	
Does any member of your household receive cash contributions from individuals not living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household receive income from assets including interest on checking or savings accounts, interest, and dividends from certificate of deposit, stocks or bonds, income from rental property, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the amount:	

## Other

Have you ever committed any fraud in a Federally Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

## Agreement

I/We certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/We understand that false information/statements are grounds for termination of occupancy or housing assistance and are punishable under federal law. I/We understand that this is not a contract and does not bind either party. I/We understand that the above information is being collected to determine eligibility for assistance. Information given will be verified and may be released to appropriate federal, state, or local agencies.

Head of Household	Date	Additional Adult	Date
Additional Adult	Date	Additional Adult	Date



# APPLICANTS/TENANTS CERTIFICATION

## Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application forms and the HUD form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

## Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing, any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors, and when I must report anyone who is staying with me.

## Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous federal housing assistance, and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

## No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence, and I will not obtain duplicate federal housing assistance while I am on this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

## Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits or verify my true circumstances. Cooperation includes attending pre-scheduled meetings, completing, and signing needed forms. I understand failures or refusal to do so may result in delays, termination of assistance, or eviction.

## Criminal and Administration Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

## Signature and Date of Household Adults

Adult 1	Date
Adult 2	Date
Adult 3	Date
Adult 4	Date

Warning: Title 18, Section 1001 of the U.S. 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.



## RELEASE OF INFORMATION

I hereby authorize the Rental Services (RS) departments of the Housing Authority of the Choctaw Nation of Oklahoma (HACNO) to retrieve and provide information for the specific purpose of assisting me in receiving and maintaining benefits and/or services I have requested.

This authorization will remain in effect unless I revoke my consent in writing. I understand that I have the right to revoke this consent at any time.

I authorize these agencies/persons to release confidential information for the above purpose and allow the HACNO to release confidential information to the agencies listed below:

HACNO may release or request information to/from the following:	Type of Information to Release:
Choctaw Nation Services	

I understand that confidential information will only be shared with the persons/agencies listed above and/or individuals involved in the delivery of services I request and with State, Federal or Tribal Agencies who may need this information to monitor the quality of services provided to me. The exceptions to this are:

1. The RS is required by law to report anyone who is a danger to themselves or someone else.
2. The RS may be ordered by a court of law to reveal information I have shared if it relates to a case before the court.

Full Name (Print)		
Signature		Date



## 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 United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

- ☐ I am a citizen by birth, naturalized citizen or national of the United States.  
OR
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).  
OR
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA  
OR
- ☐ Permanent residence under #249 of INA  
OR
- ☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA  
OR
- ☐ Parole status under #212(d)(f) of the INA  
OR
- ☐ Threat to life of freedom under #243(h) of the INA  
OR
- ☐ Amnesty under #254 of the INA

Signature of Family Member	Date
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- ☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification #	Date
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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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]



The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

### **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.

### **Immigrant status under 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.

### **Permanent residence under 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 INA 249].

### **Refugee, asylum or conditional entry status under 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].

### **Parole status under 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 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

### **Threat to life or freedom under 245(a) of INA**

A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

### **Amnesty under 245(a) of the INA**

A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA 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. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.





## NO INCOME STATEMENT

This form is to be completed by all adults (18 and above) living in the household who do not have an income.

Answer the questions below by checking those that apply.

I, \_\_\_\_\_ do certify that I do not have income from any source:

- ☐ Income from performing odd job (yard maintenance, house cleaning, baby-sitting, etc.)
- ☐ Income received from relatives or friends to aid in maintaining my household.
- ☐ Income received from child support or alimony.
- ☐ Income from unemployment, social security, welfare (OHS), Veterans Administration

**Please state how you pay for everyday expenses (Rent, Utilities, Food, etc.)**

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Should my income status change, I will notify the Choctaw Nation Housing Authority immediately so proper verification can be obtained.

I acknowledge that any misrepresentation of income, or family composition used from my application to determine eligibility may result in termination of participation in the program, or I may be required to pay the difference between the total tenant's payment paid and the amount which should have been paid.

Signature of Applicant/Tenant	Date
Notary Signature	Date
Title of Notary	Exp. Date
Notary Number	

Date
Notary Stamp



## LANDLORD RECOMMENDATION

*This form must be completed for Affordable Rental and Independent Elder only.*

Please take/send this form to your previous/present landlord, have them complete it and return to you. This form must be completed and turned in with your application.

\_\_\_\_\_ has/have applied for residency for assistance in our Affordable Rental Housing and Independent Elder Housing. Please fill out the questionnaire below and return it to the applicant as soon as possible so we can process the application in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE. Thank you for your cooperation and prompt reply.

### To be filled out by landlord:

How long did the tenant rent from you?

What was the monthly rent?

Did the tenant pay promptly?

Did this tenant leave the property in satisfactory condition?

Was there a deposit?

Was it returned?

Did the tenant maintain desirable living conditions (a well-kept house)?

Did the tenant get along with the other tenants (neighbors)?

What was the reason for the applicant leaving your rental?

Did the tenant give proper notice to move?

Would you rent to the applicant in the future?

Additional Comments (Use back of paper if necessary)

Signature of Landlord

Date



## THIRD PARTY STATEMENT

To:

Housing Authority of the Choctaw Nation of Oklahoma  
Rental Property Services

From:

\_\_\_\_\_

Date:

\_\_\_\_\_

To whom it may concern:

I have been asked to provide a rental reference letter on behalf of \_\_\_\_\_

I am a:

- ☐ relative
- ☐ friend
- ☐ employer
- ☐ former employer of \_\_\_\_\_ and have been an acquaintance for \_\_\_\_\_ year(s).

\_\_\_\_\_ maintains clean living conditions, is a good neighbor, and pays financial obligations on time.

If given the opportunity, I would rent to \_\_\_\_\_.

If you have any questions regarding \_\_\_\_\_'s reliability as a potential tenant, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_



# CRIMINAL BACKGROUND CHECK

All persons 18 or older must complete. Please make copies if needed.

I, \_\_\_\_\_, authorize the Housing Authority of the Choctaw Nation of Oklahoma to do a criminal background check. I have been advised of the Drug and Criminal Free Policy. I am aware finding certain criminal history on me, or any member of my household could result in denial or termination of assistance. I agree upon written consent, I will not hold/file any lawsuit of any kind against the Housing Authority of the Choctaw Nation due to the criminal check.

Adult Signature		Date
Maiden Name	Other names used	
Date of Birth	Social Security Number	

# 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  
OMB Control Number 2577-0295  
Expiration Date 1/31/2025

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		
_____		_____	_____
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.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410