

Brainerd Housing and Redevelopment Authority
324 East River Road
Brainerd, MN 56401
218-824-3427
FAX 218-828-8817

HOUSING CHOICE VOUCHER APPLICATION FOR CERTIFICATION

Date: _____Recertification Date: _____

Name _____Are You Giving Notice & Moving? _____

Address _____Telephone: _____Home _____Work _____

City/State _____Zip Code _____Email: _____

NAME & TELEPHONE NUMBER OF FRIEND OR RELATIVE WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU

1. FAMILY COMPOSITION: List yourself and the complete names of all who live with you.
Social Security numbers MUST be listed for all members.

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Name First and last						
Relation to You	Self					
Birth Date						
Age						
Sex						
Full-Time High-School Student						
Post-High School Student						
Person with a Disability						
Social Security Number						

List additional members on a separate page

2. INCOME-LIST ALL SOURCES OF HOUSEHOLD INCOME- Include income of household members 18 & Older

Column A		Column B		
SOURCE	MONTHLY \$ AMOUNT	SOURCE	MONTHLY \$ AMOUNT	NAME AND ADDRESS OF SOURCE OF INCOME IN COLUMN B ONLY
MFIP		PENSION		
GA		EMPLOYMENT		
SOCIAL SECURITY		CHILD SUPPORT		
SSI		UNEMPLOYMENT		
MSA		OTHER INCOME		
		FOOD STAMPS		

3. STATEMENT OF ASSETS

I understand that the value of equity in real property, stock, bonds, and other forms of capital investment are considered assets and that all income from assets such as interest, dividends, net income from the operation of a business must be reported.

As the Head of Household, I state that I or any members of my household have no ownership, in full or in part, of any assets other than those identified below, the value of which I have listed on this form.
Check “yes” or “no” on each line. If “yes”, provide all additional information.

	<u>YES</u>	<u>NO</u>	<u>ACCOUNT #/NAME</u>	<u>BANK</u>	<u>AMOUNT/VALUE</u>	<u>INTEREST RATE/ DIVIDEND</u>
Cash on hand over \$100.00	_____	_____	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____	_____	_____
Certificate of Deposit	_____	_____	_____	_____	_____	_____
Money Market Funds	_____	_____	_____	_____	_____	_____
IRA Account	_____	_____	_____	_____	_____	_____
Cash Management Accounts	_____	_____	_____	_____	_____	_____
Annuities	_____	_____	_____	_____	_____	_____
Stocks/Bonds/Mutual Funds	_____	_____	_____	_____	_____	_____
U.S. Savings Bonds	_____	_____	_____	_____	_____	_____
BUSINESS	_____	_____	_____	_____	_____	_____
CONTRACT FOR DEED	_____	_____	_____	_____	_____	_____
REAL ESTATE	_____	_____	_____	_____	_____	_____
OTHER (please describe below)	_____					

Have you given away or sold any assets for less than Fair Market Value in the past two years? _____ Yes _____ No.
If yes, complete the following information:

_____	_____	_____
Date Sold/Given Away	Amount Received	Market Value at Time Of Disposal

4. CHILD CARE EXPENSES

Child Care _____ Yes _____ No

Are you on a “Sliding Fee”? _____ Yes _____ No If so, monthly amount \$ _____

Name, Address, Telephone Number of Daycare Provider: _____

5. CRIMINAL ACTIVITY HISTORY

Has anyone listed in the family composition been convicted of or charged with a crime? _____ YES _____ NO

If your answer is “yes”, state which household member(s), whether the crime was classified as a felony, where and when it occurred, and how it was resolved in court.

Is the applicant/head of household OR any member of the household subject to a lifetime state sex offender registration program in any state? _____ YES _____ NO

Since your last recertification in the last 12 months, has anyone listed in the family composition been convicted of or charged with a crime?

_____ YES _____ NO If “yes”, state the crime and how it resolved in court. _____

6. MEDICAL EXPENSES

MEDICAL (COMPLETE **ONLY** IF THE HEAD OF HOUSEHOLD OR SPOUSE IS 62 YEARS OF AGE OR OLDER, OR A PERSON WITH A DISABILITY.)

ARE YOU ON MEDICAL ASSISTANCE? ____ Yes ____ No SPENDDOWN? ____ Yes ____ No
If you are on a spenddown, give monthly amount: _____

Do you pay for Medicare? ____ Yes ____ No Is your Medicare paid by another source? ____ Yes ____ No

Do you pay for medical/dental or hospital insurance (other than Medicare)? ____ Yes ____ No

Name and Address of Insurance Company _____

Policy Number of Insurance Company _____ Monthly premium amount _____

Are you enrolled in a Medicare approved drug plan? ____ Yes ____ No If so, what is the amount approved? _____

Do you pay for prescription drugs? _____ Monthly \$ amount in co-pays? _____

Do you pay for non-prescription drugs prescribed by a doctor? _____

How many pharmacies do you use? _____ Name(s) and Addresses of Pharmacy(ies):

Are you currently making regular payments on medical bills for which you will NOT be reimbursed by Medicare or another insurance company? _____ If yes, list names and addresses of clinics, doctors, hospitals, etc. _____

Do you have any expenses related to a disability that are necessary for your employment? _____

As a person with a disability, do you require a specific request for a reasonable accommodation to fully utilize the Housing Choice Voucher Program? If so, contact the HCV Program at 218-824-3427.

7. **I CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN ON THIS FORM IS COMPLETE AND ACCURATE.**

Head of Household Signature

Date

Other Household Members 18 & Older Signature

Date

WARNING: I understand it is illegal to provide false information and that my rent assistance would be terminated as a result and I could be prosecuted for fraud.

HOUSING QUALITY STANDARDS

The Brainerd Housing and Redevelopment Authority is required to inspect and approve all rental units for which assistance payments are made. The Housing Quality Standards are established by HUD and are the same across the Country. Housing Assistance Payments cannot be made on units which do not meet all of these standards.

If a unit fails to meet Housing Quality Standards, the tenant may be responsible for the rent until any needed repairs are complete.

BRAINERD HRA STATEMENT OF RESPONSIBILITIES

Continued participation in the Section 8 and other rent assistance programs is dependent on following the Statement of Responsibilities. **Violation of the responsibilities may result the denial or termination of assistance from the program.**

Cooperation

I understand I am required to cooperate in supplying all requested information in the timeframe required by the HRA to determine my eligibility and amount of rent assistance. Cooperation includes:

- Attending pre-scheduled appointments;
- Completing, signing and returning necessary forms;
- Disclosing and verifying the social security numbers for all family members;
- Cooperating with the inspection process; and
- Providing evidence of citizenship or eligible immigration status for all family members.

I understand that my assistance will be denied or terminated if:

- I have missed 2 scheduled appointments, including, but not limited to, briefings, home or office visits and inspections.
- Engaging in or threatening, abusive or violent behavior toward Brainerd HRA personnel. *Abusive or violent behavior* includes verbal as well as physical abuse or violence. Threatened refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.

Giving True and Complete Information

I certify that the information given to the Brainerd HRA on my household members, income, assets, deductions and allowances is true, accurate and complete to the best of my knowledge and belief.

Reporting Household Members

Household member – a person who **cannot** verify a permanent address elsewhere and lives or stays in my home more than thirty (30) days.

Visitor – a person who can verify a permanent address elsewhere and lives or stays in my home less than thirty (30) days.

I understand and certify that:

- The people I have listed on my most recent recertification application, lease and voucher are the only people that live or stay in my home.
- I must notify the HRA **in writing** if anyone moves in or out of my home (including any birth, adoption, court-awarded custody, or marriage) within **thirty (30) days**.
- I must provide the HRA a copy of written approval from my landlord for all household members I am requesting be added to my lease. All household members must be approved prior to them moving into my home, **including foster children and live-in-aids**.
- Brainerd HRA will increase my voucher size if members are added to my household by birth, adoption or court-awarded custody of a child.
- My voucher will not increase for all other household members added until they have lived in my home for at least twelve (12) months. The increase will take place at the next annual recertification following the twelve (12) month requirement.
- I will be required to pay back money overpaid on my behalf due to untimely reporting or non-cooperation.
- **If anyone receives mail at your address and they are not listed on your voucher the HRA will consider them an unauthorized resident and your voucher will be terminated.**

Reporting Household Income

The HRA is required to review my household income when I start the program and every year thereafter. I understand and certify that:

- I must provide true and complete information regarding my entire household's income.
- If I have changes in my household income prior to my next scheduled recertification, I **must** contact the HRA within **ten (10) days** of the change and complete an interim request form.
- I **must** provide the HRA any required verifications with the interim form before a rent change will be made.
- I will be required to pay back money overpaid on my behalf due to untimely reporting or non-cooperation.

Moving

I understand and certify that:

- My household can only receive rent assistance in one (1) unit in any twelve (12) month period.
- I must give the HRA written notice, at least 30 days, before moving out of my rental unit. This applies even if I am moving to another unit in the same building.
- I must give my landlord proper notice, according to my lease, prior to the move-out date. I must provide the HRA with a copy of that notice.
- If I move prior to the end of my lease, I must submit an agreement signed by my landlord.
- I understand I must be in good standing with my landlord at the time I move out.
- I understand that an exception may be considered in accordance with the Violence against Women Act (VAWA) or as a reasonable accommodation request.

The HRA may deny permission to move, or terminate my assistance, if:

- I move prior to fulfilling the twelve (12) month minimum requirement;
- My household has violated the Statement of Responsibilities;
- I owe money to any HRA;
- I owe money to my landlord while on the program;
- I have not given proper written notice to the HRA and my landlord.

Lease Violations, Evictions and Moving Without Notifying Landlord

I understand and certify that:

- I must not commit any serious or repeated lease violations. Serious and repeated lease violations will include, but are not limited to:
 - Nonpayment of rent, utilities or other fees.
 - Moving without proper notice.
 - Disturbance to neighbors.
 - Unauthorized guests.
 - Destruction of property, or living or housekeeping habits that cause damage to the unit or premises.
 - Criminal activity.
- I must give the HRA a copy of any eviction notice I receive within ten (10) days of receipt.
- If I am evicted by court order or I move out before the end of my lease without my landlord's permission (skip), the HRA will terminate my rent assistance.

Inspections

The HRA is required to inspect my home prior to rental assistance beginning and every year thereafter to make sure it is decent, safe and sanitary housing. I understand and certify that:

- I must allow the HRA to inspect my unit at reasonable times and after reasonable notice.
- The Request for Tenancy Approval (RTA) form must be turned into the Brainerd HRA by the 20th of the month prior to the move. If the 20th falls on a weekend or holiday, the RTA must be received by next business day.
- Full assistance will not be paid if my unit does not pass inspection prior to or on my move in date or recertification date.
- If full assistance is not paid due to failed inspection, it is my responsibility to negotiate the rent difference with the owner.
- Inspection violations caused by my household members or guests are my responsibility to correct, and must be corrected within the time set by the HRA.
- An adult, 18 years or older, must be present for the inspection.
- **If the inspector has not been able to get into my unit to complete an inspection due to my lack of cooperation, my assistance will be terminated after two (2) missed appointments.**

Units Owned by Relatives

I understand that I must not receive rent assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of my family. The HRA may approve renting from a relative as a reasonable accommodation for a family member who is a person with disabilities. It is your responsibility to request an accommodation for HRA consideration.

Reasonable Accommodation/Violence Against Women Act (VAWA)

An exception to program rules may be considered in accordance with the Violence Against Women Act (VAWA) or as a reasonable accommodation request for persons with disabilities. It is your responsibility to contact the Brainerd HRA and request an accommodation, in writing, if you are a victim of VAWA or are a person with disabilities. You must explain what accommodation or exception is being requested and how it will help you utilize the program. The request must be reasonable.

Drug-Related or Violent Criminal Activity Notice

I understand that my assistance **will be denied or terminated** if:

- Any member of my household has been convicted or adjudicated within the last three (3) years for any of the following criminal activities:
 1. drug-related criminal activity;
 2. violent criminal activity; or
 3. other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises, including alcohol abuse.
- I have been **evicted within the last five (5) years** from federally assisted housing (including a termination from the HCV/Section 8 program) for drug-related or violent criminal activity.
- Any household member has been convicted of manufacturing or producing methamphetamine (permanent denial).
- Any household member that is currently registered as a sex offender under a state registration requirement (permanent denial).

Duplicate Assistance/Own/Sublease

I understand and certify that:

- I live in the unit the Brainerd HRA is helping pay rent on;
- The unit that the Brainerd HRA is helping pay rent on will be my only residence and I will not receive rental assistance for any other unit for the same time period;
- Household members living in my home are not living in another rental unit or receiving another rent subsidy;
- I must not own or have any ownership interest in my rental unit, unless I am on the homeownership program through the Brainerd HRA; and
- I must not sublease or rent any part of my unit to anyone else. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.

Side Payments

I understand and certify that:

- All lease agreements with the landlord must be approved by the Brainerd HRA.
- I am not allowed to pay my landlord any more than my rent portion as approved by the Brainerd HRA.
- Making a side payment or entering into a separate lease agreement is a violation of the HCV/Section 8 Program.
- Payments made to my landlord and approved by the Brainerd HRA for additional amenities such as garages, pet deposit, washer and dryer are not considered side payments.

Absence from Unit

I understand and certify that:

- I must notify the Brainerd HRA in writing prior to being absent from my unit for more than thirty (30) consecutive days.
- I may be required to provide appropriate documentation as to the likelihood and timing of my return to my unit.
- I must continue to pay my portion of the rent in my absence. If I cannot pay my rent, I should give proper notice to vacate my unit.
- If the family is absent from the unit for more than 180 consecutive calendar days (six months), the family's assistance will be terminated.

Debts Owed to a Housing Authority

I understand my rental assistance may be denied or terminated if:

- I owe rent or other amounts to the Brainerd HRA or to any other HRA in connection with the HCV/Section 8 or public housing programs or I am not current with any repayment agreements.
- If I owe money to an owner under a HAP contract for rent, damages, utilities I am responsible for under the lease, or other amounts owed by the family under the lease.
- I am not current with any repayment agreements.

Landlord Screening

Landlords are responsible for screening all prospective tenants for their ability to pay the rent, take care of the unit and other lease responsibilities. I understand that Brainerd HRA must give prospective owners my current address and name and address of current and previous landlords, if known to the Brainerd HRA.

Security Deposit

I understand that the Owner/Landlord may collect a security deposit that is up to, but not greater than, the amount they would collect from an unassisted tenant. The Brainerd HRA does not pay any portion of the Security Deposit.

National Portability

HCV/Section 8 rent assistance can be used anywhere in the United States where there is a housing authority operating the HCV/Section 8 program. You will, however, be required to live in the Brainerd HRA’s service area for one (1) year prior to moving to another housing authority’s service area.

Criminal and administrative action for False Information

I understand that false statements or information are punishable under federal law. I understand that false statements or information are grounds which could result in theft and fraud charges under the state and federal law.

Fraud/bribery/corrupt/criminal acts

I understand I must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.

Summary of Reasons for Denial or Termination of Rent Assistance

The Brainerd HRA will deny or terminate my rental assistance for violating any of the Statement of Responsibilities or Program Rules, including, but not limited to:

- **Missing two (2) scheduled appointments, including, but not limited to, briefings, annual recertifications, home or office appointments and inspections;**
- Failing to cooperate with the inspection process;
- Providing false information to the Brainerd HRA, committing fraud, bribery or any other corrupt or criminal act in connection with the program;
- Failing to provide information requested by the Brainerd HRA;
- Failing to report household members;
- Failing to report changes in income, assets, deductions or allowances within ten (10) days;
- Moving without giving proper notice to my landlord **and** the Brainerd HRA
- Failing to follow/fulfil the terms of my lease;
- Committing serious or repeated lease violations;
- Being evicted by a court order;
- Renting from a relative;
- Engaging in drug-related, violent, or other criminal activity, including alcohol abuse;
- Violating inspection standards caused by my household or guests (including failure to pay utilities and damage to home);
- Making side payments to my landlord above my Brainerd HRA approved rent portion.
- Being absent from my unit for more than thirty (30) days without notifying the Brainerd HRA;
- Entire household absent from the unit for more than 180 days (six months);
- Owing money to any HRA, or a landlord in connection with the program;
- Receiving rent assistance for more than one unit or **not living in the unit I receive assistance in;**
- Engaging in or threatening abusive or violent behavior toward Brainerd HRA personnel.

Signature and Date of All Household Adults (Head and Spouse and All Household Members 18 and over) I have read and understand the Statement of Responsibilities. I understand that violation of these rules may result in the denial or termination of assistance:

1. _____	Date: _____
2. _____	Date: _____
3. _____	Date: _____
4. _____	Date: _____

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

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777.

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: 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		
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.

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to «ha_name» any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers	Social Service Agencies	Community Support Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member****Date (mm/dd/yyyy):** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Declaration of Citizenship or Eligible Immigration Status

Last Name _____ First Name _____ Middle Name _____

Relationship to Head of Household _____ Sex _____ Date of Birth _____

Social Security Number _____ Alien Registration No. _____

Admission No. _____ Nationality _____
(If applicable – from INS Form I-94, Departure Record) (Foreign Country to which you owe legal allegiance – Country of Birth)

SAVE Verification No. _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(please print first name, middle initial and last name)

_____ 1. A citizen or national of the United States.

Signature _____ Date _____

(If signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here _____)

If you checked this block, no further information is required.

_____ 2. A noncitizen with eligible immigration status, as described on the reverse side.

Signature _____ Date _____

(If signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here _____)

If you checked this block and you were 62 years of age or older and were receiving housing assistance on June 19, 1995, you should submit a proof of age document along with this form. You do not need to go on to the reverse side or to the Verification Consent Form.

If you check this block and you were under 62 on June 19, 1995, or you were 62 or older on that date but were not receiving housing assistance, you must go on to complete the reverse side and the Verification Consent Form.

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

(If signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here _____)

If you checked this block, no further information is required. You are NOT eligible for housing assistance.

If you checked Block 2 on the front side of this page and are claiming to be a noncitizen with eligible status, one of the following paragraphs must be checked:

_____ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101(a) (15), respectively). (Immigrants) (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural work), who has been granted lawful resident status);

_____ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United State since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residences as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

_____ (iii) A noncitizen who is lawfully presented in the United State pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) (refugee Status); pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) (asylum status); or as a result of being granted conditional entry under section 203(a) (7) of INA (8 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;

_____ (iv) A noncitizen who is lawfully present in the United State as a result of exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5) (parole status);

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

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

If you have checked one of the above boxes you must sign the Verification Consent Form and ONE of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or Asylum;
 - (iii) "Section 243 (h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Sec. 212 (d) (5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents;
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS Asylum officer-granting asylum (if applicant has filed on or after October 1, 1990);
 - (iii) A court decision granting withholding of deportation; or
 - (iv) A letter from and INS asylum officer granting withholding of deportation (if application filled on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245a" or "section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "provision of Law 274a.12";
- (6) A receipt issued by the INS indicating that an application for issuance of replacement document is one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

If, for any reason, the documents above are not currently available, complete the Request for Extension on the Verification Consent Form.

VERIFICATION CONSENT FORM

Instructions: Complete this form for each noncitizen member of the household who declared eligible immigration status on the Declaration Form.

CONSENT: I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and,
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - a. HUD, as required by HUD; and,
 - b. The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION: Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature: _____ Date: _____
(If signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here _____).

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature: _____ Date: _____
(If signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here _____).



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iviv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

Brainerd Housing & Redevelopment Authority
324 East River Road
Brainerd, Minnesota 56401
218-824-3433
E-MAIL: tania@brainerdhra.org
FAX 218-828-8817

PROVIDING RENTAL INFORMATION TO MANAGERS/OWNERS

The Brainerd HRA is required to provide prospective owners with the address of applicants/participants and names and addresses of current and/or previous landlords if known.

Upon request the HRA must also supply any factual information or third party verification relating to the applicant/participant's history as a tenant or their ability to comply with material standard lease terms, any history of drug trafficking, drug-related criminal activity, or any violent criminal activity.

The HRA will make an exception to this requirement if the family's whereabouts must be protected due to domestic abuse or witness protection.

By signing this form I understand what the HRA must report to prospective landlord if requested.

_____ Signature of Head of Household	_____ Date	_____
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_____ Additional Family Members 18 or older	_____ Date	_____
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Certification of Completion

Brainerd HRA Housing Choice Voucher Program Briefing

I, _____, certify that I watched the Housing Choice Voucher (Section 8) Program briefing presentation. I certify I have read and understand all documents, and that I may request a hard copy of the briefing packet at any time.

Participant Signature

Date

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department Agency of the United States as to any matter within its jurisdiction.

Briefing and Voucher Issuance Checklist

Before returning your application to our office, please make sure you have done the following:

	Recertification Application All Adults need to sign
	Ethnicity and Racial Data One Per Person
	Citizenship Declaration One Per Person
	EIV All Adults need to sign
	Debts Owed All Adults need to sign
	Providing Rental Info to Managers All Adults need to sign
	Briefing Certification Head of household must certify they completed the entire online briefing

Tenant Documents

Please make sure you send copies of all the following documents:

	Social Security Cards for all household members
	Photo ID – for all adults
	Proof of Income for everyone. Note with employment, we will ask for two paystubs.
	Proof of Assets – please include a full bank statement for all accounts.
	Proof of Expenses, if necessary (for elderly or disabled family only)

Upon completion of all items above, please contact our office for your voucher.