



Absentee Shawnee Housing Authority

P.O. Box 425 • 107 N. Kimberly • Shawnee, Oklahoma 74802-0425

Phone 405-273-1050 • Fax 405-273-1274

Revised 07/28/2026



Income Requirements

Applicant MUST meet income limits

LEASE WITH OPTION TO PURCHASE

Family Size	Minimum	Maximum	Family Size	Minimum	Maximum
1	\$24,960	\$59,850	5	\$38,520	\$92,300
2	\$28,560	\$68,400	6	\$41,400	\$99,150
3	\$32,100	\$76,950	7	\$44,220	\$106,000
4	\$35,640	\$85,450	8	\$47,100	\$112,800

RENTAL

Family Size	Minimum	Maximum	Family Size	Minimum	Maximum
1	\$5,500	\$59,850	5	\$14,524	\$92,300
2	\$7,756	\$68,400	6	\$16,780	\$99,150
3	\$10,012	\$76,950	7	\$19,036	\$106,000
4	\$12,268	\$85,450	8	\$21,292	\$112,800

Resolution 2026-14
Guidance No. 2026-01
Effective date: 7/22/2026

WE ONLY ACCEPT COMPLETE & ORIGINAL APPLICATIONS
INCOMPLETE APPLICATIONS WILL BE RETURNED OR FILED INACTIVE
PLEASE DO NOT FAX OR EMAIL APPLICATIONS.

You must attach colored copies of the following documents with the application in order for the application to be processed:

- ☒ **Driver's license &/or State ID for all household members over the age of 18.**
- ☒ **CDIB & /or Tribal Enrollment Cards (for ALL Native American household members)**
- ☒ **Social Security Cards (all household members)**
- ☒ **State Birth Certificates (all household members)**
- ☒ **Marriage License/Divorce Decree/Custody Decree (if applicable)**
- ☒ **Declaration of 214 (all household members)**
- ☒ **Award Letters for Income (Social Security, SSI, Disability, Unemployment Benefits and Workman's Comp, etc...) if applicable**
- ☒ **Most recent Tax Returns (if applicable; for ALL household members over the age of 18)**
- ☒ **Any other documentation requested by the Absentee Shawnee Housing Authority**

Application Process:

- Applicants will be screened for prior balances owed to any other Housing Authorities or prior landlords. (This applies to all household members over the age of 18)
- Applicants will be served with preference as listed:
 1. Enrolled Absentee Shawnee Tribal Members
 2. Absentee Shawnee Descendants
 3. All Other Tribes
- Applicant **MUST** meet income requirements based on family size in order for the application to be processed.
- Applicant and all household members over the age of 18 are subject to a criminal background check and credit check.
- Applicants are required to allow the Housing Authority to perform a Home Visit at their current residence before approval of the application.

It is the applicant's responsibility to:

- Update the application annually. Applicants who have not updated their applications within thirty (30) days of notification of the duty to update will be removed from the waiting list and will have to re-apply to be placed back on the waiting list.
- Notify the Housing Authority of any change in income, family composition and /or new contact information; such as mailing address and phone number.
- Answer any and all correspondence from the Housing Authority.

When your application has been submitted with all supporting documents you will be notified by mail when your application has been approved or denied. If your application is approved, your name will be placed on the **WAITING LIST**. When a unit becomes available, you will be contacted by phone or mail.

CHECK BOX(S) OF PROGRAM IN WHICH YOU ARE APPLYING FOR:

☐ Lease to Own

☐ Rental

☐ Both programs

WARNING!

Any false or misleading information may result in a fine, imprisonment and/or rejection of your application



Housing Application

(Please use Ink)



List all persons who will be living the household (Use Additional sheets if necessary)

All spaces must be completed: If the question does not apply to you mark N/A.

Married ☐

Single ☐

Divorced ☐

Separated ☐

Widowed ☐

Name: Last, First MI	Relation	List Enrolled Tribe**	Sex	Date of Birth / Birth Place	Social Security#
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

****Attention! If enrolled tribe is left blank or you did not attach a CDIB/Tribal Enrollment Card, the person will not be listed as Native American**

Current Address: _____ City _____ State _____ Zip _____

Email address: _____ Cell Phone #: _____

Home Phone #: _____ Work#: _____ Message #: _____

Are you currently renting? Yes ☐ No ☐ Date of Move in: _____

If no, please provide the name and relationship of who you are currently living with:

Name: _____ Relationship: _____

Landlord Name: _____ Landlord Phone#: _____

Present landlord address: Street: _____ City _____ State: _____ Zip: _____

Current rent amount: _____ Reason for housing need: _____

List your previous addresses and landlord information for the **Past Five (5) years:**

Any rental history reported to us on a credit report or landlord that deems you or a household member unsuitable will automatically determine you ineligible for housing services.

We must have a telephone number and address for the landlord(s). (You may attach additional sheets if necessary)

Rental Address Street: _____ Date of Move in: _____ Move out: _____

City: _____ State: _____ Zip: _____ Reason for Moving: _____

Landlord Name: _____ Check box if related: _____

Landlord Address Street: _____ ☐

City: _____ State: _____ Zip: _____ Landlord Phone: _____

Rental Address Street: _____ Date of Move in: _____ Move out: _____

City: _____ State: _____ Zip: _____ Reason for Moving: _____

Landlord Name: _____ Check box if related: _____

Landlord Address Street: _____ ☐

City: _____ State: _____ Zip: _____ Landlord Phone: _____

Rental Address Street: _____ Date of Move in: _____ Move out: _____

City: _____ State: _____ Zip: _____ Reason for Moving: _____

Landlord Name: _____ Check box if related: _____

Landlord Address Street: _____ ☐

City: _____ State: _____ Zip: _____ Landlord Phone: _____

Are you or any family member handicapped or disabled? Yes ☐ No ☐

Certified disability? Yes ☐ No ☐

Have you or any of your household served in the military? Yes ☐ No ☐

Are you currently displaced? Yes ☐ No ☐

Displaced-This category includes only those households displaced by governmental action, or whose dwelling has been extensively damaged or destroyed by extreme weather, fire or other involuntary act. Persons displaced by reasons of misconduct or failure to meet financial obligations are specifically excluded from priority consideration under this category.

SERVICE AREA PREFERENCE

Elderly rental units are currently located in Shawnee.

Family rental units are currently located in Shawnee, Tecumseh, Earlsboro, Mcloud and Wanette.

Rank your area of preference 1-4, with 1 being your top selection and 4 being your least. **NOTE: Some counties may have limited or no housing in the area, however, you may select your preferred location in the counties listed, however, you may not be offered your top selection if no homes are in the area. By listing the area, it may be considered for future housing project sites.**

ONLY SELECT THE FOLLOWING COUNTIES: OKLAHOMA, CLEVELAND, POTTAWOTOMIE AND LINCOLN.

Rank	County	City
1		
2		
3		
4		

List Two (2) Personal References:

Provide COMPLETE mailing addresses and they **must not** be related.

1. Name: _____ Phone: _____ How long acquainted? _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

1. Name: _____ Phone: _____ How long acquainted? _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

List Two (2) Next of Kin:

1. Name: _____ Phone: _____ Relationship? _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____ Relationship? _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

INCOME INFORMATION

Head of Household:

Name _____ Birthdate: _____ SSN: _____

Age _____ Tribal Affiliation _____

What year did you last file taxes _____

Source of Income. Check ALL boxes that apply to you.

- | | |
|---|--|
| ☐ Employed (list information below)
☐ Social Security and/or SSI (Attach current award letter)
☐ Retirement or Pension (Attach current retirement/pension letter)
☐ Per Capita from Tribe (list tribe) _____ | ☐ Unemployed and receiving no assistance
☐ TANF (formerly AFDC) or Aid to Disabled (Attach letter)
☐ Child Support (Attach YTD Child Support Statement)
☐ Other _____ |
|---|--|

Employment History

Please list your employment for the past Five (5) years. List present job first.

(You may attach additional sheets if necessary)

Employer Name: _____ Date of Employment Start: _____ End: _____

Employer Address: _____ Name of Supervisor: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____

Employer Address: _____ Name of Supervisor: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____

Employer Address: _____ Name of Supervisor: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Spouse/ Other Adult Member 18 & Older:

Name _____ Birthdate: _____ SSN: _____

Age _____ Tribal Affiliation _____

What year did you last file taxes _____

Source of Income. Check ALL boxes that apply to you.

- | | |
|---|--|
| ☐ Employed (list information below)
☐ Social Security and/or SSI (Attach current award letter)
☐ Retirement or Pension (Attach current retirement/pension letter)
☐ Per Capita from Tribe (list tribe) _____ | ☐ Unemployed and receiving no assistance
☐ TANF (formerly AFDC) or Aid to Disabled (Attach letter)
☐ Child Support (Attach YTD Child Support Statement)
☐ Other _____ |
|---|--|

Employment History

Please list your employment for the past Five (5) years. List present job first.

(You may attach additional sheets if necessary)

Employer Name: _____ Date of Employment Start: _____ End: _____

Employer Address: _____ Name of Supervisor: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____

Employer Address: _____ Name of Supervisor: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____

Employer Address: _____ Name of Supervisor: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____

Employer Address: _____ Name of Supervisor: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____
Employer Address: _____ Name of Supervisor: _____
City: _____ State: _____ Zip: _____ Phone #: _____

Other Adult Member 18 & Older:

Name _____ Birthdate: _____ SSN: _____
Age _____ Tribal Affiliation _____
What year did you last file taxes _____

Source of Income. Check ALL boxes that apply to you.

- ☐ Employed (list employment information below) ☐ Unemployed and receiving no assistance
☐ Social Security and/or SSI (Attach current award letter) ☐ TANF (formerly AFDC) or Aid to Disabled (Attach letter)
☐ Retirement or Pension (Attach current retirement/pension letter) ☐ Child Support (Attach YTD Child Support Statement)
☐ Per Capita from Tribe (list tribe) _____ ☐ Other _____

Employment History

Please list your employment for the past Five (5) years. List present job first.

(You may attach additional sheets if necessary)

Employer Name: _____ Date of Employment Start: _____ End: _____
Employer Address: _____ Name of Supervisor: _____
City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____
Employer Address: _____ Name of Supervisor: _____
City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____
Employer Address: _____ Name of Supervisor: _____
City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____
Employer Address: _____ Name of Supervisor: _____
City: _____ State: _____ Zip: _____ Phone #: _____

Employer Name: _____ Date of Employment Start: _____ End: _____
Employer Address: _____ Name of Supervisor: _____
City: _____ State: _____ Zip: _____ Phone #: _____

Have you ever filed an application with the Absentee Shawnee Housing? _____
When? _____

Have you ever filed an application with any other Housing Authority? _____
If so, which one? _____ When? _____

Have you ever lived in low rent housing before? _____
If so, which one? _____ When? _____

Have you or your spouse ever lived in Mutual Help housing? _____
If so, which one? _____ When? _____

Have you or any family member been evicted? _____
If yes, explain the circumstances: _____
If so, please list Landlord: _____ Year: _____

Have you or any member of your household been arrested? _____
If yes, list person(s) name _____

Crime committed: _____ year: _____ County/State: _____

Have you or any member of your household been convicted of a felony? _____

If yes, list person(s) name _____

Crime committed: _____ year: _____ County/State: _____

♦Important Notice♦

NO PETS of any kind are allowed in any of the Rental units.

I have answered every question and filled in all the requested information to the best of my ability. No fraudulent statements have been made or implied, and I have no objection to inquiries being made for the purpose of verification of statements made herein. I fully understand that false statements are subject to prosecution and/or rejection of my application.

By signing this application, I agree to allow a home visit and also provide any additional information requested.

I understand that it is my responsibility to update my application at least once a year, and must notify the Absentee Shawnee Housing Authority of any change of address, income or family composition and to answer any correspondence that the Housing Authority send to me and I understand that failure to do so will result in the application becoming inactive.

Applicant's Signature

Date

Spouse/ Other Adult Member 18 & Older Signature

Date

Other Adult Member 18 & Older Signature

Date

ABSENTEE SHAWNEE HOUSING AUTHORITY CONFLICT OF INTEREST POLICY

PURPOSE:

The purpose of this Policy is to help IHBG recipients manage those situations where Conflicts of Interest arise within the absentee Shawnee Housing Authority's housing programs governed by the Native American Housing Assistance and Self-Determination Act (NAHASDA) and to ensure fair and equitable treatment for all eligible participants of those programs.

APPLICATION OF REQUIREMENTS

The Conflict of Interest provisions apply to anyone who participates in the IHBG recipient's decision-making process or who gains inside information with regard to the IHBG assisted activities. Such individuals are, but are not necessarily limited to: housing staff, housing or Tribal Board Members, members of their immediate families, Council Members, members of their immediate families and such individual business associates.

The requirements prohibit any such individuals from benefiting from their position personally, financially or through the receipt of special benefits other than payment of their salary and/or appropriate administrative expenses. This does not prevent housing staff, Board Members, their family members, Council Members, their family members, and/or business associates from receiving housing benefits for which they qualify as low-income individuals, **if not in violation of Tribal or State Laws.**

CONFLICT OF INTEREST

A Conflict of Interest may occur when an employee of the Absentee Shawnee Housing Authority, a Member of the Absentee Shawnee Tribal Council/Board of Commissioners, or an immediate relative of an employee or Absentee Shawnee Tribal Council/Board of Commissioners is selected to receive assistance through any of the Absentee Shawnee Housing Authority Programs.

DEFINITIONS:

Immediate family: is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse, and grandchildren of the employee, or "foster" or "step" situations within these relationships.

HUD APPROVAL:

If the person receiving assistance is of low-income and they qualify for eligibility, admission and occupancy, only public disclosure and HUD notification is required per CFR §1000.30(c). However, HUD approval for an exemption is required when there is a potential conflict of interest that would be

in violation of §1000.30(b). An example of a situation requiring HUD approval for an exemption to the Conflict of Interest provision would be housing assistance to a TDHE Council/Board Member whose income is between 80% and 100% of median income.

PUBLIC DISCLOSURE:

The Absentee Shawnee Housing Authority shall make **public disclosure** the nature of assistance to be provided and the specific basis for selection of that person. The disclosure shall be provided to the Office of the Principal Chief, National Council and posted at the entrance of the Housing Division Office. A copy of the disclosure shall be provided to HUD before assistance is provided.

PREVIOUSLY ADMITTED RECIPIENTS UNDER NAHASDA:

Recipients should identify any Conflict of Interest for participants previously admitted under NAHASDA that have not been properly reported. The necessary action should immediately be taken to make these conflicts of interest public and report them to the recipient's area ONAP.

REFERENCES:

NAHASDA Sections: 201(b), 203(d), 207(b) and 408; 24 CFR 85.36 (a) (3); 24 CFR 1000.30, 1000.32, 1000.34 and 1000.36



ABSENTEE SHAWNEE HOUSING AUTHORITY PUBLIC DISCLOSURE NOTICE

To: Executive Office
Absentee Shawnee
Housing Authority

Date: _____

Re: _____

Staff _____

Board _____

Council _____

The above has applied and has been determined eligible for services:
The nature and basis of the assistance to be provided as follows:

Per 24 CFR 1000.30 a public disclosure must be made in accordance with the Absentee Shawnee Housing Authority's Conflict of Interest Policy.

ASHA OFFICIAL CERTIFICATION

ASHA Staff Member:

Signature: _____ **Date:** _____

ABSENTEE SHAWNEE HOUSING AUTHORITY



Notification of Potential or Appearance of Conflict of Interest

To: Southern Plains Office of Native American Programs

From: Absentee Shawnee Housing Authority
P.O. Box 425
Shawnee, OK 74802-0425

Date: _____

Re: _____
(Applicant)

Per 24 CFR 1000.30 and Absentee Shawnee Housing Authority Conflict of Interest Policy, this is to notify your office that the above named individual will be provided assistance through the Absentee Shawnee Housing Authority program:(check all that apply)

☐ Lease with Option to Purchase ☐ Rental

This person is considered a potential Conflict of Interest for the following reason:

- ☐ Employee of ASHA
- ☐ Member of the ASHA Board of Commissioners
- ☐ Member of the Absentee Shawnee Tribal Council
- ☐ "Immediate" Relative to an ASHA Employee
- ☐ "Immediate" Relative to an ASHA Board Member
- ☐ "Immediate "Relative to an Absentee Shawnee Council Member

Do you have an immediate family tie to any of the above-mentioned individuals?

☐ Yes- If, yes please list their names and their relationship to you.

☐ No

Signature _____

Date_____

**U.S. Department of Housing and Urban Development
Office of Inspector General**

PLEASE READ & SIGN

Head of Household Signature: _____	DATE _____
Adult Member 18 & Older Signature: _____	DATE _____
Adult Member 18 & Older Signature: _____	DATE _____
Adult Member 18 & Older Signature: _____	DATE _____

Things You Should Know

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
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Penalties for Committing Fraud	The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may 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 5 years; and/or • Prohibited from receiving future assistance.
---------------------------------------	--

Your State and local governments may have other laws and penalties as well.

Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
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Completing The Application	When you answer application questions, you must include the following information:
-----------------------------------	--

Income

- All sources of money you or any member of your household receives (wages. Welfare payments, alimony, social security, pension, etc.):
- Any money you receive on behalf of your children (child support, social security for children, etc.);

- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that is owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
 - When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
 - Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
-

Recertification

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
 - Do not pay any money to move up on the waiting list;
 - Do not pay for anything not covered by your lease;
 - Get a receipt for any money you pay; and,
 - Get a written explanation if you are required to pay for anything other than rent (Such as maintenance charges).
-

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

AUTHORIZATION For Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Absentee Shawnee Housing Authority 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	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

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 18 & Older:	_____	Date: _____
Adult Member 18 & Older:	_____	Date: _____
Adult Member 18 & Older:	_____	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 of Agency of the U.S. as to any matter within its jurisdiction.

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. 1/31/2014

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)

Absentee Shawnee Housing Authority
PO Box 425
107 North Kimberly
Shawnee, OK 74802-0425

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(1)(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.

FEDERAL PRIVACY ACT NOTICE

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and Public and Indian Housing Program.

PURPOSE:

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit, size, and the amount the family must pay toward rent and utilities.

USE:

HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulator 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 information requested by the public housing agency/Indian housing authority including all social security numbers you and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

AUTHORITY FOR INFORMATION COLLECTION:

The following laws authorize the collection of the information by HUD or the public housing agency/Indian housing authority; the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3443) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on _____
Date

Signature of Head of Household

Signature of Spouse/ or Adult Member 18 & Older

Signature of Adult Member 18 & Older

**ATTN: FOR HEAD OF HOUSEHOLD'S SIGNATURE ONLY, PLEASE REQUEST ADDITIONAL FORMS
FOR ALL OTHER HOUSEHOLD MEMBERS AT OFFICE**

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. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjuryⁱ, that to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States.
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach proof of age.ⁱⁱ
- ☐ 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.
 - ☐ Immigration status under §§ 101 (a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)ⁱⁱⁱ
 - ☐ Permanent residence under § 249 of the INA^{iv}
 - ☐ Refugee, asylum or conditional entry status under §§ 207, 208 or 203 of the INA^v
 - ☐ Parole status under § 212 (d)(5) of the INA^{vi}
 - ☐ Threat to life or freedom under §§ 243 (h) of the INA^{vii}
 - ☐ Amnesty under § A of the INA^{viii}

(Signature)

(Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: _____ Date: _____

ⁱ Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

ⁱⁱ 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 documents providing evidence of proof of age. No further documentation of eligible immigration status is required.

ⁱⁱⁱ Immigrant status under § 101(a)(15) or 101(a)(20) of the 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.

^{iv} Permanent residence under § 249 of the 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 eligible 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*]

^v Refugee, asylum, or conditional entry status under §§ 207,208 or 203 of the 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*].

^{vi} Parole status under § 212(d)(5) of the INA. A non-citizen 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*].

^{vii} Threat to life or freedom under § 243(h) of the INA. A noncitizen who is lawfully 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*].

^{viii} Amnesty under § 245A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under § 245A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].