EQUAL HOUSING OPPORTUNITY

THE HOUSING AUTHORITY
OF THE CITY OF MAUSTON

208 W. MONROE STREET
MAUSTON, WISCONSIN 53948

Tel: (608) 847-4379
Fax: (608) 847-5028

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS……
IS FRAUD WORTH IT?

DO YOU REALIZE

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

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

DO YOU KNOW

You are committing fraud if you sign a form knowing that you provided false or misleading information.
The information you provide on housing assistance application's and and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments an with private agencies. Certifying false information is fraud.

SO BE CAREFUL

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

- All sources of income and changes in income ou or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc..
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc...
- Any increases in income, such as wages from a new job or an expected pay raise or bonus
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc..

- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

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

ASK QUESTIONS

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

WATCH OUT FOR HOUSING ASSISTANCE SCAMS!

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

REPORT FRAUD

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

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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THINGS YOU SHOULD KNOW

DON'T RISK YOUR CHANCES FOR FEDERALLY ASSISTED HOUSING BY PROVIDING FALSE, INCOMPLETE, OR INACCURATE INFORMATION ON YOUR APPLICATION AND RECERTIFICATION 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.

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 sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

COMPLETING THE APPLICATION

When you give your answers to application questions you must include the following information:

Income

- All sources of money you and any "adult" member of your family 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 stocks, 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 deposits, stocks, real estate, etc., that are owned by you and any adult member of your family/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 income to your children.

Family/Household Members

- The names of all 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 recertification 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 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 corret.

RECERTIFICATIONS

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 pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

BEWARE OF FRAUD

You should be aware of the following schemes:

- Do not pay any money to file and 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
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges),

REPORTING OF 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 Public Housing Authority. If you cannot report to the manager, call the local HUD office or the HUD hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD hotline, Room 8254, 451 Seventh St., S.W., Washington, DC 20410

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Required BDR Size _____

ALL QUESTIONS MUST BE ANSWERED IN FULL FOR THE QUESTIONS THAT DON'T APPLY WRITE N/A.

THE APPLICATION MUST BE COMPLETE FRONT AND BACK IN ORDER TO BE PROCESSED.

SECTION A	APPLICANT

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different): _____

Home Phone Number: _____ Work Number: _____

Please list relatives or friends that can be contacted if we are unable to reach you:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Preferences: Circle Yes (Y) Or No (No)

Y N - Juneau County Resident

Y N - Head of Household or Family Member Disabled

Y N - Head of Household or Family Member Elderly

Y N - Are There Dependents In The Household

SECTION B	HOUSEHOLD COMPOSITION

BEGINNING WITH HEAD OF HOUSEHOLD, LIST ALL PERSONS WHO WILL LIVE IN THE HOUSEHOLD WHILE YOU ARE ON THE PROGRAM, RELATIVE AND NON-RELATIVE (PLEASE INCLUDE MIDDLE INITIALS).

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	FULL-TIME STUDENT	SOCIAL SECURITY

1.) IF DIVORCED, PROVIDE NAME OF EX- SPOUSE: _____

2.) PLEASE LIST ALL ALIAS AND MAIDEN NAMES USED:

_____

_____

_____

_____

SECTION C	HOUSING STATUS

1.) Do you wish to move from your current residence? _____ Yes or _____ No

If yes, please explain: _____

_____

_____

2.) Are you or have you ever been evicted? _____ Yes or _____No

If yes, please explain: _____
_____
_____

3.) Will anyone else line in the unit on either a full-time or part-time basis? ____Yes or ____ No

If yes, please explain: _____
_____
_____

4.) Is an addition to your household expected: _____ Yes or _____ No

If yes, please explain: _____
_____
_____

5.) Do you have sole legal and physical custody of your children? _____ Yes or _____ No

If no, please explain: _____
_____
_____

6.) Are you now living or have you lived in a government subsidized housing (paying 30 or 40% of income for rent)?
_____ Yes or _____No

7.) Have you ever participated in any type of housing program with another housing authority?
_____ Yes or _____ No

If yes, please give the name of the housing authority and the time frame: _____
_____
_____
_____

8.) Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with re-certification procedures or any other reason? _____Yes or ____ No

If yes, please explain: _____
_____
_____

9.) Have you ever left any past due rent or past due utility bills unpaid at any of your previous residences?
_____ Yes Or _____ No

If yes, please explain: _____
_____
_____

10.) Present Landlord: _____
Address: _____
Telephone #: _____
Date Moved In: _____
Utility Bills Current: _____
Rent Current: _____

11.) Previous Landlord: _____
Address: _____
Telephone: _____
Date You Moved In: _____
Date You Move Out: _____
Was Your Security Deposit Returned: _____
If not, please explain: _____
_____
Reason For Leaving: _____

SECTION D | INCOME INFORMATION

FILL IN ALL THAT APPLY: LIST ALL FAMILY MEMBER'S WHO ARE 18 OR OVER AND EMPLOYED, EVEN IF STILL IN SCHOOL.

EMPLOYER (INCLUDE OVERTIME, TIPS, BONUSES, COMMISSIONS, SELF-EMPLOYMENT)

INDIVIDUAL WORKING	EMPLOYERS NAME AND ADDRESS	TELEPHONE	DATE STARTED	HOURS PER WEEK	RATE PER HOUR $

1.) **IF YOU ARE EMPLOYED OR ATTEND SCHOOL, DO YOU REQUIRE CHILD CARE?**
_____ **YES OR** _____ **NO**

2.) **IF YES, NAME OF YOUR CHILD ARE PROVIDER:** _____
ADDRESS: _____
TELEPHONE; _____

3.) **IF ANY CHILD CARE EXPENSE IS PAID BY AN AGENCY PROVIDE NAME AND ADDRESS OF THE AGENCY:** _____
_____
AMOUNT PAID BY AGENCY: PER WEEK $_____ **PER MONTH $**_____
HOW MUCH DO YOU PAY: PER WEEK $_____ **PER MONTH $**_____

CHILD SUPPORT

PAYOR'S NAME	CHILD'S NAME	AMOUNT PER WEEK	COUNTY

1.) **IF YOU ARE ENTITLED TO CHILD SUPPORT THAT YOU DO NOT RECEIVE , HAVE YOU STARTED PROCEEDINGS TO RECEIVE SUPPORT?** _____ **YES OR** _____**NO**
IT YES, WHEN IS IT SCHEDULED TO START: _____

NON-EARNED INCOME

SOCIAL SECURITY

FAMILY MEMBERS NAME	SOCIAL SECURITY CLAIM NUMBER	AMOUNT OF SOCIAL SECURITY PER MONTH $

SSI

FAMILY MEMBERS NAME	SSI CLAIM NUMBER	AMOUNT OF SSI PER MONTH $

W-2

FAMILY MEMBERS NAME	COUNTY	NAME OF CASE MANAGER AT W-2 OFFICE	W-2 GRANT AMOUNT $

UNEMPLOYMENT

FAMILY MEMBERS NAME	AMOUNT OF COMPENSATION $	NAME OF PREVIOUS EMPLOYER	LAST DAY OF WORK	IS THIS A TEMPORARY LAYOFF

MISCELLANOUS

DO YOU RECEIVE OR EXPECT TO RECEIVE ANY OF THE FOLLOWING	YES OR NO	MONTHLY AMOUNT $	NAME AND ADDRESS OF THE SOURCE
DOES ANYONE IN THE HOUSEHOLD WORK FOR SOMEONE WHO PAYS CASH			
WORKMAN'S COMPENSATION			
PENSION/RETIREMENT BENEFITS (WIDOW, VA, OTHER)			
ANNUITIES OR LIFE			

INSURANCE DIVIDENDS			
LUMP SUM PAYMENTS (INCLUDES INHERITANCE, INSURANCE SETTLEMENTS, LOTTERY WINNINGS, CAPITAL GAINS)			
REGULAR CASH CONTRIBUTIONS OR GIFTS FROM INDIVIDUALS NOT LIVING IN THE UNIT			
FOOD STAMPS			CASE WORKER: COUNTY:

SECTION E — ASSETS

ALL INFORMATIONWILL BE VERIFIED BY A THIRD PARTY.
ANSWER ECH OF THE FOLLOWING QUESTIONS FOR ALL HOUSEHOLD MEMBERS, INCLUDING MINORS FOR EACH QUESTION ANSWERED YES, PROVIDE THE CURRENT BALANCE AND THE COMPLETE NAME AND ADDRESS OF EACH SOURCE (CHECKING, SAVINGS, IRA'S, STOCKS, BONDS, TRUST ACCOUNTS, DIVIDENDS, CERTIFICATES OF DEPOSIT AND LIFE INSURANCE POLICIES).

FAMILY MEMBER	TYPE OF ACCOUNT	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER	CURRENT BALANCE

1.) DO YOU OWN A HOME/REAL ESTATE? _____ YES OR _____ NO
   A. WHAT IS THE MARKET VALUE? _____
   B. HAVE YOU SOLD OR GIVEN AWAY PROPERTY, MONIES, OR OTHER ASSETS IN THE PAST 2 YEARS? _____ YES OR _____ NO
      I. IF YES, PLEASE EXPAIN: _____
      _____

2.) DO YOU OWN A CAR? _____ YES OR _____ NO
   A. IF YES: MODEL/YEAR_____
   B. LICENSE #: _____
   C. STATE REGISTERED: _____

SECTION F — CRIMINAL HISTORY

THE FOLLOWING QUSTIONS PERTAIN TO YOURSELF AND EACH MEMBER OF YOUR HOUSEHOLD WHO WILL OCCUPY THE UNIT. INDICATE EITHER YES OR NO IN REPSONSE TO EACH QUESTION. EXPLAIN YES ANSWERS BELOW:

1.) HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION? _____ YES OR _____ NO
IF YES PLEASE EXPLAIN:

_____

_____

2.) HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED FOR AN VIOLENT CRIMS (INCLUDING DOMESTIC VIOLENCE)? _____ YES OR _____ NO
IF YES, PLEASE EXPLAIN:

_____

_____

3.) HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF BATTERY, DRUG POSSESSION, OR DRUG MANUFACTURING, OR DRUG DISTRIBUTING WITHIN THE LAST FIVE YEARS? _____ YES OR _____ NO
IF YES, PLEASE EXPLAIN:

_____

_____

4.) HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER USED A SOCIAL SECURITY NUMBER DIFFERENT FRO THOSE LISTED ON THE APPLICATION? _____ YES OR _____ NO
IF YES, PLEASE EXPLAIN:

_____

_____

SECTION G	MEDICAL

COMPLETE THIS SECTION ONLY IF HEAD OR SPOUSE IS ELDERLY OR DISABLED

1.) ARE YOU COVERED BY MEDICARE? _____ YES OR _____ NO

2.) DO YOU HAVE MEDICARE SUPPLEMENTAL INSURANCE? _____ YES OR ____ NO

3.) DO YOU HAVE BADGERCARE? _____ YES OR _____NO
IF YES, DO YOU HAVE A MONTHLY CO-PAY? _____

4.) DO YOU USE PRESCRIPTIONS DRUGS, THAT YOU HAVE TO PAY FOR?
_____ YES OR _____ NO
IF YES, HOW MUCH PER MONTH OUT OF POCKET DO YOU PAY? _____
LIST THE NAME OF THE PHARMACY YOU USE?

_____

_____

_____

5.) IS ASSISTANCE REQUIRED BECAUSE OF A DISABILITY? _____ YES OR _____ NO

6.) IS A LIVE-IN ATTENDANT REQUIRED? _____ YES OR _____ NO

7.) DO YOU HAVE OUTSTANDING MEDICAL BILLS THAT YOU HAVE A PAYMENT AGREEMENT ON AND ARE MAKING MONTHLY PAYMENTS? _____ YES OR _____ NO
IF YES, PLEASE FILL IN THE CHART BELOW:

NAME AND ADDRESS	OUTSTANDING BALANCE $	MONTHLY PAYMENT AMOUNT $

AUTHORIZATION FOR RELEASE OF INFORMATION

I/WE HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED AS OF THIS DATE RELATIVE TO THE HOUSING APPLICATION IS TRUE AND CORRECT. AUTHORIZATION IS GRANTED TO THE MAUSTON HOUSING AUTHORITY TO OBTAIN EMPLOYEE INFORMATION AND WAGES AND CLAIM INFORMATION FROM THE STATE WAGE INFORMATION COLLECTION AGENCY AND ANY OTHER AGENCY CONCERNED, TO VERIFY INCOME, ASSETS, AND OTHER RELEVENT INFORMATION FOR THE PURPOSE OF ESTABLISHING QUALIFICATIONS AND ELIGIBILITY FOR FEDERALLY SUBSIDIZED PROGRAMS. AUTHORIZATION IS ALSO GRANTED FOR THE RELEASE OF INFORMATION RELATIVE TO ANY AND ALL UTILITY CONSUMPTION AND PAYMENTS WHERE A UTILITY ALLOWANCE IS PROVIDED BY THE HOUSING AUTHORITY. I UNDERSTAND THAT I/WE MAY REVOKE THIS AUTHORIZATION IN WRITING AT ANY TIME; UNTIL I/WE DO SO, THIS AUTHORIZATION REMAINS VALID. I/WE ALSO UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION HAS BEEN GIVEN, I/WE CAN AND WILL BE DENIED ASSISTANCE.

_____ _____ _____
SIGNATURE OF HEAD OF HOUSEHOLD DATE SOCIAL SECURITY NUMBER

_____ _____ _____
SIGNATURE OF HEAD OF HOUSEHOLD DATE SOCIAL SECURITY NUMBER

_____ _____ _____
SIGNATURE OF OTHE ADULT DATE SOCIAL SECURITY NUMBER

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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)
MAUSTON HOUSING AUTHORITY 208 W. MONROE STREET MAUSTON, WI 53948-	

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.

U.S. Citizenship and Immigration Services

Recent HUD regulations declared that all applicants will have to be prepared to submit evidence of citizenship or eligible immigrant status. This evidence pertains to each family member.

Evidence may be in the form of a declaration of citizenship or original documents of eligible immigrant status. Original documents to satisfy eligible immigrant status are:

- Resident Alien Card (I-151)
- Alien Registration Receipt Card (I-151)
- Arrival- Departure Record (I-94)
- Temporary Resident Card (I-688B)
- Employment Authorization Card (I-688B)
- Receipt issued by INS for issuance of replacement of any of the above.

When final eligibility status is being determined, each family member will be requested to provide this information. The head or spouse in the family will make the necessary declaration for each family member under the age of 18.

DECLARATION OF CITIZENSHIP
OR
ELIGIBLE IMMIGRATION STATUS

I attest, under penalty of perjury that I am (check one):

_____ A citizen of the United States

_____ A noncitizen with eligible immigration status; (attach documentation)

_____ A noncitizen without eligible immigration status;

	Signature	Date
Head Of Household		
Spouse or Other Adult		
Other Adult		

(Continued On Other Side)

OR

I attest, under penalty of perjury that the following dependents are: (check one):

_____ is/are citizen(s) of the United States

_____ is/are noncitizen(s) with eligible immigration status (attach documentation)

_____ is/are noncitizen(s) without eligible immigration status

Legal Guardian: _____ Date: _____

Child's Name	Child's Birth Date	Child's Age	Date

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CRIMINAL BACKGROUND CHECKS

IN APPLYING FOR SECTION 8 HOUSING CHOICE VOUCHER RENTAL ASSISTANCE, A CRIMINAL BACKGROUND CHECK IS UNDERTAKEN FOR EACH ADULT APPLICANT. IF AN APPLICANT HAS NOT BEEN A RESIDENT OF WISCONSIN FOR THE PAST THREE YEARS, THE APPLICANT WILL NEED TO SUPPLY TO THE MAUSTON HOUSING AUTHORITY THEIR COUNTY AND STATE OF RESIDENCY FOR THE PRIOR THREE YEARS.

THERE ARE RESTRICTIONS TO PARTICIPATE IN THE RENTAL ASSISTANCE PROGRAM FOR CHARGES AND/OR CONVICTIONS OF ANY DRUG OR DRUG RELATED ACTIVITY AND/OR VIOLENT CRIMINAL ACTIVITY. THESE CHARGES AND/OR CONVICTIONS MAY PROHIBIT PARTICIPATION IN THE PROGRAM. IN ACCORDANCE WITH 24CFR 88.210, THE MAUSTON HOUSING AUTHORITY IS NOT REQUIRED TO ASSIST FAMILIES WHO HAVE ENGAGED IN DRUG RELATED CRIMINAL ACTIVITY OR VIOLENT CRIMINAL ACTIVITY AS DEFINED IN 882.118(B)(4). A PERSON DOES NOT HAVE TO HAVE BEEN ARRESTED OR CONVICTED IN ORDER TO TERMINATE ASSISTANCE FOR THIS REASON. THE CRITERIA USED TO DETERMINE DENIAL INCLUDES THE FOLLOWING:

A. CREDIBLE EVIDENCE—INCLUDING EVIDENCE PROVIDED BY NEWSPAPERS, THE POLICE AND COURT SYSTEMS, SUCH AS DRUG RAIDS, DRUGS FOUND IN THE DWELLING UNIT OR PERSONAL VEHICLE BY POLICE OR HOUSING AUTHORITY STAFF, ARREST WARRANT ISSUED, TESTIMONY FROM NEIGHBORS, ETC...
B. PREPONDERANCE OF EVIDENCE—PREPONDERENCE OF EVIDENCE IS DEFINED AS EVIDENCE WHICH IS OF A GREATER WEIGHT OR MORE CONVINCING THAN THE EVIDENCE WHICH IS OFFERED IN OPPOSITION TO IT, THAT IS, EVIDENCE WHICH AS A WHOLE SHOWS THAT THE FACT SOUGHT TO BE PROVED IS MORE PROBABLE THAN NOT;
C. DRUG RELATED OR VIOLENT CRIMINAL CONVICTIONS—WITHIN THE LAST FIVE YEARS.

WAIVER EXCEPTIONS WILL BE CONSIDERED ON A CASE BY CASE BASIS IF THE APPLICANT IS IN TOTAL COMPLIANCE WITH COURT ORDERS AND HAS COMPLETED ALL PROVISIONS RELATED TO PROBATION AND PAROLE STIPULATIONS. APPLICANTS WHO ARE DENIED ELIGIBILITY FOR PARTICIPATION IN THE RENTAL ASSISTANCE PROGRAM HAVE THE RIGHT TO AN INFORMAL REVIEW OF THE DECISIONS TO RESOLVE A DISPUTE WITH THE HOUSING AUTHORITY WITHOUT LEGAL ACTION AND TO CORRECT HOUSING AUTHORITY ERRORS.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

_____ _____
NAME DATE

_____ _____
NAME DATE

_____ _____
NAME DATE