



Utah Paiute Tribal Housing Authority

565 North 100 East • Cedar City, Utah 84721 • (435) 586-1122

HOUSING USE ONLY

Date Mailed: _____
Date Returned: _____
Time Returned: _____

CHECK BOX:

Low Rent Program
 Rental Assistance Program

LEGAL NAME: _____ PHONE #: _____

HEAD-WORK PHONE: _____ SPOUSE-WORK#: _____

CURRENT STREET ADDRESS: _____ APT# _____
(City) (State) (Zip)

MAILING ADDRESS: _____
(City) (State) (Zip)

HOW LONG AT CURRENT ADDRESS: _____ EMAIL ADDRESS: _____

(PLEASE PROVIDE A COPY OF YOUR TRIBAL ENROLLMENT DOCUMENT)

FEDERALLY RECOGNIZED TRIBE: _____ ENROLLMENT #: _____

HOUSEHOLD STATUS: For statistical purposes we ask that you check the box (es) that apply.

Head of Household: () Disabled () Age 62 or Over () None Apply

Co-Resident/Spouse: () Disabled () Age 62 or Over () None Apply

TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

Name:	Name:
Address:	Address:
Phone#:	Phone#:
Relationship:	Relationship:

Marital Status:

Married-County: _____ Divorced-County: _____
 Single Separated

If you are married, will your spouse live with you? Yes No

If not, where will your spouse live? _____

If not, do you intend for your spouse to live with you anytime in the future? _____

If yes, Explain _____

LEGAL NAME OF ALL PERSONS WHO WILL OCCUPY THE HOME: List Head of Household first and the relationship of each household member to the Head of Household:

LAST NAME	FIRST NAME	AGE	SEX	RELATIONSHIP To Head	PLACE OF BIRTH	DATE OF BIRTH
1.				<i>SELF</i>		
2.						
3.						
4.						
5.						
6.						
7.						

PLEASE LIST EACH HOUSEHOLD MEMBER'S SOCIAL SECURITY NUMBER BELOW:

SOCIAL SECURITY #	DRIVER'S LICENSE #	STUDENT(S) Y N COLLEGE STUDENT(S) FULL OR PART TIME	FELONY CONVICTIONS# DATE,CITY,STATE & NATURE OF OFFENSE
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Does anyone live with you now who is not listed above? **Yes/No.**

If yes, explain: _____

Do you plan to have anyone living with you in the future that is not listed above? **Yes/No.**

If yes, explain: _____

Do you or your Co-Applicant/Spouse have any children who are not living with you now? **Yes/No.**

If yes, explain: _____

Is any member of your household pregnant? **Yes/No.**

In which area would you prefer to live? _____

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone in your household. This includes Money from Wages, Social Security Benefits, Cash Assistance, GA, Child Support, Per Capita, Education Funds, Unemployment Benefits, SSI, Worker's compensation, Retirement Benefits, Veteran's Benefits, Rental Property Income, Stock Dividends, Interest, Etc.:

#GROSS WEEKLY WAGES	SSI/SSA BENEFITS	CASH/STATE ASSISTANCE	MONTHLY CHILD SUPPORT	UNEMPLOYMENT BENEFITS	EDUCATION/SCHOLARSHIP FUNDS	ALL OTHER INCOME
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Applicant employed by: _____

Spouse/Co-Applicant employed by: _____

ASSETS: List all assets including but not limited to amounts in bank accounts, safe deposit boxes, cash in hand, real estate, stocks and bonds.

DESCRIPTION OF ASSET	LOCATION OF ASSET	ACCOUNT#	\$ VALUE

Have you received any lump sum payment in the last twelve months: Insurance settlement, inheritance, etc.? **Yes/No.**

Do you anticipate receiving any lump sum payments in the next twelve months? **Yes/No.**

Are you currently in the process of applying for any additional sources of public assistance, Cash Assistance, Social Security, Unemployment Benefits, SSI, Worker's Compensation Benefits, etc.? **Yes/No.**

Have you disposed of any assets in the past two years? **Yes/No.**

AUTOMOBILES:

MAKE	MODEL	YEAR	LICENSE PLATE#	TITLED IN NAME OF

HOUSING INFORMATION: List your residence(s) for the last three years. Current residence first.

How long at present address: _____		Date: ____/____/____ to Present
Landlord Name:	Address:	Phone #:
Was it subsidized? Yes/No. Do you owe back rent? Yes/No. Did you move voluntarily? Yes/No.		

How long at this address: _____		From: ____/____/____ to ____/____/____
Landlord Name:	Address:	Phone #:
Was it subsidized? Yes/No. Do you owe back rent? Yes/No. Did you move voluntarily? Yes/No.		

How long at this address: _____		From: ____/____/____ to ____/____/____
Landlord Name:	Address:	Phone #:
Was it subsidized? Yes/No. Do you owe back rent? Yes/No. Did you move voluntarily? Yes/No.		

CREDIT INFORMATION: List four credit references other than current and former landlords:

NAME	ADDRESS	ACCOUNT#	PHONE#
1.			
2.			
3.			
4.			

CURRENT HOUSEHOLD EXPENSES: (Estimated)

RENT:	AUTO:	MEDICAL:
ELECTRIC:	AUTO INSURANCE:	LOANS:
GAS:	LIFE INSURANCE:	
WATER:	HEALTH INSURANCE:	
CABLE:	CHILD CARE:	
TELEPHONE:	FURNITURE:	

GENERAL APPLICATION QUESTIONS:

1. Do you have needs that might be better served by a disabled unit? **Yes/No.**
2. Are you currently using an illegal controlled substance? **Yes/No.**
3. Are any members of your family currently using an illegal controlled substance? **Yes/No.**
4. Have you or anyone in your household ever committed a felony or misdemeanor other than traffic violations? **Yes/No.** If yes, explain_____.
5. Have you or any member of your hold ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **Yes/No.** **If yes,** explain_____.
6. Have you or any other member of your household ever used any names or Social Security numbers other than the one you have given on this application? **Yes/No.**
7. Have you ever been on a government subsidized apartment? **Yes/No.**
8. Have you ever been involuntarily removed from rental housing? **Yes/No.**

AGREEMENTS, REPRESENTATIONS AND CERTIFICATIONS:

Applicant authorizes the owner to obtain a consumer report as defined in the Fair Credit Reporting Act. 15 U.S.C. Section 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, character, general reputations, personal characteristics or mode of living of applicant(s).

Applicant understands that any representation of information of failure to disclose requested information on this form will disqualify applicant from consideration for occupancy and may be grounds for eviction.

Applicant has given:

I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felon for knowingly and willingly making false or fraudulent statements to any department or agency of the United States; therefore; I, verify that the foregoing information is true and correct to the best of my knowledge and belief.

Head of Household: _____ Date: _____

Co-Applicant/Spouse: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Representative: _____ Date: _____

PLEASE FILL OUT COMPLETELY – DO NOT FAX



Utah Paiute Tribal Housing Authority

565 North 100 East • Cedar City, Utah 84721 • (435) 586-1122

Fax # 435-586-0896

Date _____

TO WHOM IT MAY CONCERN:

SUBJECT: VERIFICATION OF INCOME

Federal Regulation mandates that income for Indian Housing Authority residents be verified annually. The information received is held in strict confidence for use only in establishing a monthly charge.

Please include in the Total Annual Gross Income the estimated overtime earnings, if applicable. It is a Federal Crime for an employer or an employee to misrepresent the amount of income for a federally funded Housing Program.

Executive Director

James Emery/Utah Paiute Tribal Housing Authority

I _____ release to the UTAH PAIUTE TRIBAL HOUSING AUTHORITY information relating to my gross income.

(Signature)

(Date)

SS# _____ Date of Employment _____

Total anticipated gross earnings for the next twelve (12) months>>> \$ _____.

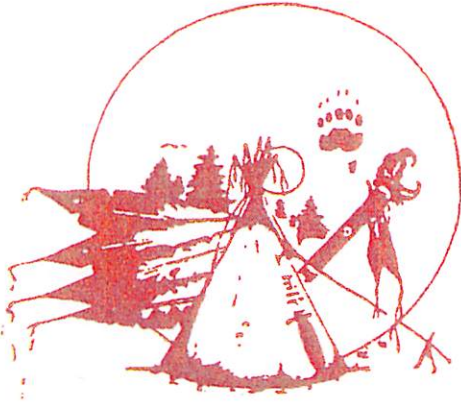
Employer's Name _____

Address _____

Phone Number _____

Employers Signature _____ Date _____

Form Must Be Completed By Employer Only.



Utah Paiute Tribal Housing Authority
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Residency Verification

I, _____, authorize my landlord to release the following information on this form. My address is/was: _____

Signature: _____ Date: _____

Do Not Write Below This Line (For Landlord Use Only)

Landlord Name: _____

Address: _____

Phone Number: _____

Signature of person completing this form: _____

Position: _____

Date: _____

- 1. Date of Move-in: _____ Date of Move-out: _____
- 2. Did Resident pay rent on time? _____
- 3. Did Resident give proper 30 Day Notice? _____
- 4. Does Resident have any monies due? _____
- 5. Did Resident have any social problems? _____
- 6. Has Resident followed all the rules and policies of your property? _____
- 7. Did Resident have a pet and deposit? _____
- 8. Would you rent to this Resident again? _____

Please fax this information to: 435-586-0896. Thank you for your time and assistance.

Sincerely,

Executive Director

James Emery/Utah Paiute Tribal Housing Authority

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Utah Paiute Tribal Housing Authority or any of its subsidiaries may obtain information about you from a consumer reporting agency for housing purposes. Thus, you may be the subject of a “consumer report” conducted by a consumer reporting agency which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch)—11184 Huron St. Suite 13; Northglenn, CO 80234; (800)-827-9550—will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any report conducted by a consumer reporting agency.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch.com, LLC—11184 Huron St. Suite 13; Northglenn, CO 80234 (800)-827-9550— another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

<p>Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.</p> <p>New York applicants or employees only: You have the right to inspect and receive a copy of any report conducted by a consumer reporting agency and requested by the Company by contacting the consumer reporting agency identified above directly.</p> <p>Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not a consumer report was requested. If such report was obtained, you may contact the consumer reporting agency, NationSearch, and request a copy of the report(s) compiled.</p> <p>Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
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Last Name:		First Name:		Middle Name:	
Other Names Used:		SSN:		Date of Birth: (For Employment Purposes Only)	
Motor Vehicle Number & State of Issue: (Driver's License Number)		Current Address:			

Signature: _____ Date: _____

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer report, and are aware of the consumer reporting agency conducting the background investigation:

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Authorization for the Release of Privacy Act Notice

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

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

**US Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
Exp 1/31/2014

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)



Utah Paiute Tribal Housing Authority

565 North 100 East
Cedar City, Utah 84721

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.