



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

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED ***IN YOUR OWN HANDWRITING***. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. ***PLEASE PRINT***.

I. **Household Composition:** List all persons who will be living in your home, listing head of household first.

ADULT(Legal Name)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	MARTIAL STATUS
1.					
2.					
3.					
4.					

CHILDREN (Name as it appears on SS Card)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL
1.					
2.					
3.					
4.					
5.					
6.					
7.					

List number where you can be reached:

If separated or divorced, list name and address Of spouse/ex-spouse:

Home/CELL Phone#: _____

Name _____

Work Phone#: _____

Street Address, City, State, Zip _____

PLEASE COMPLETE BACK PAGE →



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FAX: 435-586-0896

DATE: _____

TO WHOM IT MAY CONCERN

SUBJECT: VERIFICATION OF INCOME

Federal Regulation mandates that income for Indian Housing Authority resident 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.


James Emery, Executive Director
Paiute Housing Authority

I, _____ release to the UTAHPAIUTE TRIBAL HOUSING AUTHORITY information relation to my gross income.

(SIGNATURE)

(DATE)

SS# _____ DATE OF EMPLOYMENT _____

Total anticipated gross earning for the next twelve (12) months \$ _____

Employer's Name _____

Address _____

Phone Number _____

Employer's Signature _____ Date _____

FORM MUST BE COMPLETED BY EMPLOYER ONLY



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Employer's Name _____

Address _____

Phone Number _____

Employer's Signature _____ Date _____

FORM MUST BE COMPLETED BY EMPLOYER ONLY

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.



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INSURANCE FACT SHEET

The Utah Paiute Housing Authority is required by our agreement with the U.S. Department of Housing and Urban Development to insure against certain kinds of losses. In all cases, the coverage the Housing Authority buys is designed to protect the Housing Authority.

Resident who desire to insure personal belongings and liability should contact an Insurance agent.

Your agent should be advised that the Housing Authority covers the “real property” for damage that results from fire, lightning and extended coverage on a replacement cost basis with an agreed amount clause.

Since the Housing Authority owns the house (the real property)/ most agents recommend that IHA residents purchase a “renters” policy that normally covers your personal belonging and provides liability coverage that protects you against lawsuits that may arise if another person is injured in or around your residence due to your negligence.

Head of Household

Date

Tenant

Date

Tenant

Date

Tenant

Date



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APPLICANT/TENANT CERTIFICATION

APPLICANT (S)'S/ TENANT (S) 'S STATEMENT

I/we certify that the information given to the UTAH PAIUTE HOUSING AUTHORITY on household composition, income, net family assets and allowances and deduction is accurate and complete to the best of my/ our knowledge and belief. I/we understand that false statements of information are punishable under Federal Law. I/we also understand the false statements or information are grounds for termination of housing assistance and termination of tenancy.

Head of Household

Date

Tenant

Date

Tenant

Date

Tenant

Date



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**CONTROLLED SUBSTANCES
LEASE ADDENDUM**

Tenant: _____

Address: _____

Unit # _____ **Move In Date:** _____

I understand that this unit was tested on _____ and tested at or below the Utah State legal limit for any illegal controlled substances. This unit will be tested for illegal controlled substances before any transfer is approved and upon move-out of the current tenant. Any positive tests for illegal controlled substances will result in eviction and no further housing assistance will be provided from the Utah Paiute Tribal Housing Authority. The tenant is responsible for all of the clean-up and damages that are incurred by UPTHA as a result of the use or manufacture of illegal controlled substances.

This addendum to the Dwelling Lease Agreement is in compliance with the Utah Paiute Tribal Housing Authority's adopted Eligibility, Admissions and Occupancy policy that defines drug related activity.

The term drug related criminal activity means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use of a controlled substance as such term is defined in Section 102 of the Controlled substance Act.

Head of Household

Date

Tenant

Date

Tenant

Date



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PET POLICY

As tenant(s), we understand that pets are allowed in the Paiute Housing Authority units, after the \$ 75.00 annual fee is paid and a picture of our pet is submitted. We also understand that we are allowed only one type of pet and that there is no pet tending. If we violate this policy our housing assistance will be discontinued. **Tenant must be current on their account to qualify for the pet policy.**

VISITOR (S) POLICY

We understand that visitor(s) are not allowed to stay in the Paiute Housing Authority unit for more than 2-weeks (14 days) during any 6 month period without the prior permissions of the UPTHA. We understand that if we violate this policy, our housing assistance will be discontinued.

Head of Household

Date

Tenant

Date

Tenant

Date

Tenant

Date