



# 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:

Home/CELL Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

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

Name \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

PLEASE COMPLETE BACK PAGE →

II. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI(disability payments, Workman’s Comp, retirement benefits, Cash Assistance, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources. **LIST AMOUNTS RECEIVED BELOW.**

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	UNEMPLOYMENT BENEFIT	CHILD SUPPORT MONTHLY	SI/SSA	WFS CASH ASSISTANCE	OTHER INCOME
1.							
2.							
3.							
4.							

III. **ASSETS: If yes to any, list below.** Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? **Yes/No.** Have you sold any real estate in the last two years? **Yes/No.** Do you own any stocks or bonds? **Yes/No.** Do you have a savings account? **Yes/No.** If yes, list amount: \$ \_\_\_\_\_. Do you own a car? **Yes/No.** Model/Year \_\_\_\_\_ License No. \_\_\_\_\_. Do you own a second car? **Yes/no.** Model/Year \_\_\_\_\_ License No. \_\_\_\_\_.

1. Does anyone outside of your household pay for any of your bills or give you money? **Yes/No.**  
If yes, explain: \_\_\_\_\_
2. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? **Yes/No.** If yes, explain \_\_\_\_\_
3. Have you or any member lived in any assisted housing? **Yes/No.**  
If yes, list where and when? \_\_\_\_\_
4. Have you are anyone in your household ever been convicted on any crime other than traffic violations? **Yes/No.**  
If yes, explain \_\_\_\_\_
5. Have you ever committed any fraud in a *federally assistance housing program* or been requested to repay money knowingly misrepresenting information for such housing programs? **Yes/No.**  
If yes, explain \_\_\_\_\_

.....  
***I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes of Household Income and Household composition must be reported to the Housing Authority in WRITING IMMEDIATELY.***

\_\_\_\_\_  
**Signature of Head of Household                      Date**

\_\_\_\_\_  
**Signature of Spouse                                      Date**

\_\_\_\_\_  
**Signature of Other Adult                              Date**

\_\_\_\_\_  
**Signature of Other Adult                              Date**





*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 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



## *Utah Paiute Tribal Housing Authority*

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### **PROGRAM PARTICIPANT RESPONSIBILITIES**

As a participant in the (RAP) Rental Assistance Program, I agree to abide by the following requirements and report any changes within 10 days (**IN WRITING**).

### **FAILURE TO FOLLOW ALL RULES AND REGULATIONS WILL RESULT IN TERMINATION FROM THE HOUSING SUBSIDY PROGRAM.**

1. Report all income changes-within 10 days-in writing (Wages, Pensions, Unemployment, Pell grant, GA, Social security, SSI, Child support, Tribal dividends or resources, Self employment, Cash Assistance and State Supplement, etc.)
2. Report changes in household composition (an additional child, marriage, a live-in aide, children over the age of 18) must be reported in writing within 10 days.
3. I agree to pay my portion of rent on time (eviction for non-payment of rent will result in termination from the Housing Program).
4. I agree to maintain the rental property in decent, safe, and in sanitary condition.
5. Comply with all approved lease requirements.
6. Please notify (in writing) the Housing Authority if your landlord or manager requires you to pay a side payment in addition to your rent.
7. I also understand that if my place of residence does not pass an annual inspection. I am responsible for the rent to the landlord until the place passes the inspection.
8. I also understand that the Housing Authority will investigate any allegations made against me in regard to the above categories and will cooperate to resolve any discrepancies to ensure my Rental Assistance continues.
9. I must return all my paperwork to Housing, so my RAP payment can be made to my landlord. Note: You will be responsible for paying your own rent if your file is incomplete.
10. I understand I am entitled to a fair hearing in accordance with Federal Regulations.

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Signature

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Date

# 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)

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

U.S. 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 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.