

Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602

Phone: (802) 828-3295 or 1-800-820-5119 (messages)

Fax: (802) 828-2111 TTY: 1-800-798-3118



HOUSING PROGRAMS: ANNUAL OR INTERIM REEXAMINATION GETTING STARTED

Step-by-Step Re-exam Process

1. Complete this interim following the instructions below.

- ➔ Answer all questions completely and honestly. The information you provide will be verified. It's a violation of federal and state law to make false statements.
- ➔ Don't leave any question blank.
- ➔ If you need more space, attach additional pages.
- ➔ Unless indicated, each question applies to all household members.

2. Sign the Re-exam.

- ➔ The applicant must sign on page 6.

3. Attach copies of any required documents.

- ➔ Some questions ask for additional documents.

Other Important Facts

If you have limited English, we can provide free interpretation services to help you access our services.

If you have a disability, you may be entitled to reasonable¹ accommodations to help you apply. This could include:

- ➔ Providing information in accessible formats (e.g., large print or Braille).
- ➔ Giving you more time to gather any documents we need.
- ➔ Making an exception to our rules or policies to make it easier for you to participate in our programs.

To request an accommodation:

Call: (802) 828-3094

Write: Vermont State Housing Authority,
1 Prospect St., Montpelier, VT 05602

¹ *Reasonable* means an accommodation that doesn't present an undue financial or administrative burden and has an identifiable relationship to the person's disability.

Housing Assistance Reexamination

Please print clearly and answer questions completely and honestly. Thank you!



1. Tell us about you, the head of household

First name, middle name, last name and suffix (Jr., Sr., III, etc.)		Date of birth (mm/dd/yyyy)
Social Security number	Phone number where you can be reached () -	Email
Mailing address (street address or PO box, city, state, zip code)		
Physical address (if different from mailing address)		
Ethnicity: (check <input checked="" type="checkbox"/> one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: (check <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Legal Alien <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other		

2. Tell us about all the other people living in your home.

Provide details for all household members. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		
OTHER PERSON 2	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		
OTHER PERSON 3	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

Continue listing other people on next page if needed.

2. Other people living in your home (continued)

OTHER PERSON 4	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

OTHER PERSON 5	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

OTHER PERSON 6	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

3. Answer the questions below about you, your household and its members.

a. Do you have at least 50% physical custody of all dependent children named above? If not please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Has any household member given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past 24 months? Examples: car, money, stock, land, home or something else of value.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does anyone outside of your household pay for, or provide money for, any of your household bills or living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If your household has no income, how are your daily living expenses being paid? Explain below.	
e. Is any household member subject to lifetime registration on any State's sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD ASSETS

Answer the questions on this page for everyone in your household, including children.

4. Does any household member (including children) own assets? See list below.

YES. Answer below  **NO.** Skip to next question 

Check the types of assets owned. Then, provide details about each asset in the spaces provided below.

<input type="checkbox"/> Bitcoin <input type="checkbox"/> Bonds/stocks/mutual funds <input type="checkbox"/> Certificate of deposit <input type="checkbox"/> Checking account <input type="checkbox"/> Christmas Club <input type="checkbox"/> Direct Express	<input type="checkbox"/> Inheritance <input type="checkbox"/> IRA/Keogh Plan/401K <input type="checkbox"/> Life insurance policy <input type="checkbox"/> Money market account <input type="checkbox"/> Pension	<input type="checkbox"/> Property (land) <input type="checkbox"/> Retirement account <input type="checkbox"/> Savings account <input type="checkbox"/> Savings bonds <input type="checkbox"/> Trusts <input type="checkbox"/> Other (describe below)
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DOCUMENTATION REQUIRED: Send a copy of a current statement verifying the value of each asset.

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

HOUSEHOLD INCOME

Include income for all household members, including children.

5. Household income

Check the types of income received. Then, provide the details in the spaces provided below.

<p>Earned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job wages & salaries <input type="checkbox"/> Internship/training stipends <input type="checkbox"/> Military pay <input type="checkbox"/> Self employment (e.g., childcare, farming, home party sales, lawn care, logging, odd jobs and selling scrap metal) <input type="checkbox"/> Social Security 	<p>Unearned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alimony <input type="checkbox"/> Child support <input type="checkbox"/> Disability benefits <input type="checkbox"/> Financial aid for school <input type="checkbox"/> Insurance payments <input type="checkbox"/> Pension <input type="checkbox"/> Public benefits (General Assistance, Reach Up) 	<p>Unearned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Royalties <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Veteran's retirement benefits <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Other (describe below)
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DOCUMENTATION REQUIRED: Send supporting documents to verify income for the past 4 weeks. This could include pay stubs, check stubs, checks, bank statements, benefit printouts, self-employment tax statements and verification letters. Send copies as originals will not be returned.

Member name	Income type	Monthly income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

HOUSEHOLD EXPENSES

Include expenses for everyone in your household, including children.

6. Is anyone age 18 or older a full-time student?

YES. Answer below **NO.** Skip to next question

First name, middle initial	Name of school	Contact information at school

DOCUMENTATION REQUIRED: Provide current enrollment & financial aid information from the registrar or admissions office.

7. Does anyone have unreimbursed (out-of-pocket) expenses for child (aged 12 or younger) or adult care? **YES.** Answer below ⬇️ **NO.** Skip to next question ➡️

Name of child or adult being cared for	Who is paying for the care	Who is providing child/adultcare	Amount paid weekly	Days of care per week	Why care is needed
			\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
			\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school

DOCUMENTATION REQUIRED: Provide documentation verifying the monthly payment for each child or adult care expense.

8. Does any family member in the household, if the head of household, spouse, or co-head has a disability or is aged 62 or older, have unreimbursed (out-of-pocket) medical expenses? For example: medical premiums, copays and deductibles, medical/dental/optical expenses, hospital care, nursing care and prescription, and over-the-counter medications.

YES. Answer below ⬇️ **NO.** Skip to next question ➡️

First name, middle initial	Type of service or product	Name of vendor or service provider	Amount paid & frequency (e.g., weekly, monthly, one time)

DOCUMENTATION REQUIRED: Provide documentation verifying the expenses listed above. This could include proof of health care premiums, co-pays, and deductibles; a printout from your pharmacy showing prescription copays and payments for over-the-counter medications, a printout of medical bills you're paying on; and receipts for other medical expenses.

SIGN HERE

Unsigned Reexaminations will be returned.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I knowingly provide false or incomplete information.

Head of Household Signature _____ Date _____

Co-Head/Spouse Signature _____ Date _____



Asset Self-Certification

Tenant Name

Unit Address

All tenants must provide verification of assets and the income derived from those assets. Review and updated household assets held by any family member, irrespective of age. Add new assets in the space provided below. For all new assets, please provide current statements showing the value and interest rate of each asset.

An asset is any one of the following types without limitation:

401(k) or 403(b)	Checking Account	Life Insurance Policies	Pensions	Stocks
Bonds	Individual Retirement Accounts (IRA)	Money Market Account	Real Estate Property (land)	Trust Funds
Certificate of Deposit	Inheritances	Mutual Funds	Savings Account	

Expected income can be derived from interest, dividends, regular periodic payments, or regular withdrawals. Enter the Current Balance (worth) of the asset, the annual income expected and whether the account is open or closed.

Current Household Assets

Account Holder Name	Type of Account	Account Number	Current Balance	Dividends/ .Interest %	Account Open/Closed
TOTAL					

Certification

The Total Family Assets above do not exceed \$5,000.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

_____	_____	_____	_____
Head of Household	Date	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

HUD/FEDERALLY MANDATED EXCLUDED INCOME

Although not included for purposes of eligibility or rent calculation, HUD requires that any income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member received one category, please list them separately.

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
Income from employment of children under 18	_____	_____
Payments received from Foster children or Foster adults	_____	_____
Lump sum additions to family assets (deferred payment, inheritance, capital gains insurance payments, etc.)	_____	_____
Medical Reimbursements	_____	_____
Income of Live-in Aide	_____	_____
Student Financial Aid	_____	_____
Special Armed Services Pay (when family member is exposed to hostile fire)	_____	_____
Resident Services Stipend (not to exceed \$200 per month)	_____	_____
Sporadic Income (gifts, pay of a census taker)	_____	_____
Holocaust reparation payments	_____	_____
Earnings for full time students (in excess of \$480) Doesn't include head or spouse	_____	_____
Adoption Assistance Payments	_____	_____
Development Disability Care Payment	_____	_____
Refunds and rebates for property taxes	_____	_____
PASS (plan for achieving self-support)	_____	_____
Other publicly funded programs (amounts specifically for reimbursement of out of pocket expenses to allow participation in a specific program)	_____	_____
HUD Funded training program	_____	_____
Americorps Living Allowance	_____	_____
Indian Settlements/Trust	_____	_____
Title IV of the Higher Education Act of 1965	_____	_____
Spina Bifida-any allowance paid under the provision of 38 U.S.C. 1805 to a child suffering from Spina Bifida who is a child of a Vietnam Veteran	_____	_____
Agent Orange Settlements	_____	_____
Child Care and Development Block Grant Act of 1990	_____	_____
Earned Income Tax Credit Refunds	_____	_____
Crime Victim Compensation	_____	_____
Title V of the older Americans Act (Senior community Service in Employment Program)	_____	_____

I hereby certify that the above information is true and correct to the best of my knowledge.

Head of household

Date

Authorization for the Release of Information

HA requesting release of information:

Vermont State Housing Authority
1 Prospect St
Montpelier, VT 05602

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551 (b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow **HUD** or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under **HUD's** assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service

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 this form is restricted to the purposes cited above. 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.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Vermont State Housing Authority
1 Prospect Street
Montpelier, VT 05602

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Applicant/Participant Certification

Giving True and Complete Information

I/We certify that all information provided on household composition, family assets, income and items for allowances and deductions, is/are accurate and complete to the best of my/our knowledge. I/We have reviewed the application for and certify that the information shown is true and correct.

Reporting Changes in Household Composition and Income

I/We know I/we am/are required to report, immediately in writing, changes in household composition and income. I/We understand the rules regarding guests/visitors and when I/we must report anyone who is staying with me/us.

Reporting on Prior Housing Assistance

I/We certify that I/we have disclosed where I/we received any previous federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/we did not commit fraud, knowingly misrepresent information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I/We certify that the house or apartment will be my/our principal residence and that I/we will not obtain duplicate federal housing assistance while I/we am/are participating in this current program. I/We will not live anywhere else without notifying the Housing Authority immediately in writing. I/We will not sublease my/our assisted residence.

Cooperation

I/We know that I/we am/are required to cooperate in supplying all information needed to determine my/our eligibility, level of benefits, or verify my/our current circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing the required forms. I/We understand failure or refusal to do so may result in delays and termination of assistance.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or State criminal law. I/We understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

Signature of Family Members:

Date Signed:

Head of Household: _____

Co-Head/Spouse: _____

Other Family Member over age 18: _____

Other Family Member over age 18: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**VERMONT STATE HOUSING AUTHORITY
REQUEST FOR CRIMINAL RECORD CHECK
SECTION 8 HOUSING**

Applicant: _____

Maiden Name: _____

Aliases: _____

Date of Birth: _____

SS#: _____

Gender: _____ Race: _____

Place of Birth: _____
City/Town State Country

Phone Number: _____

List all states in which you have lived: _____

RELEASE

I, _____, hereby acknowledge and agree to a check of my criminal record which may be maintained by either the Vermont Criminal Information Center or the Federal Bureau of Investigation/National Criminal Information Center. I understand that the results of that check will be made available to the Vermont State Housing Authority for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant: _____ Date: _____

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Signature of Applicant: _____ Date: _____

List of Acceptable Documentation – Provided by Participant

For any household member who is employed:

1. If new employment:
 - a. A recent letter of hire showing the number of hours worked per week and the hourly rate of pay.
 - b. A payroll summary generated by the employer within the last 60 days which indicate the start date.
2. If existing employment: Copies of two recent consecutive paystubs (if paid bi-weekly), copies of four recent consecutive paystubs (if paid weekly).

For any household member who receives new Social Security Benefits or if there has been a change in the amount of your benefits:

1. A current SS award letter, which may be obtained by calling 1-800-772-1213

For any household member who receives Welfare/Reach Up/General Assistance:

1. A benefit statement or a benefit history issued by the Department of Economic Services.

For any household member who receives Unemployment Benefits:

1. Two consecutive check stubs OR the award letter stating the amount of the weekly benefit.

For Child Support paid directly to your household by the non-custodial parent:

1. A copy of the Child Support Order.

For Child Support paid through the Office of Child Support:

1. Two copies of recent check stubs OR the Child Support Order OR Correspondence from the Office of Child Support confirming the amount of support.

For any Assets held by a bank, broker, fund manager or other financial institution, including retirement, checking, savings, mutual fund or certificate of deposit, etc.

1. A copy of your most recent statement from the financial institution

For any Household member who is 18 or older and a student:

1. Documentation issued by the educational institution showing they are enrolled, and whether the enrollment is part or full time, and any financial aid documentation.

For and household member who is disabled and/or elderly and claiming medical expenses:

1. Copies of statements or receipts documenting the amount of your medical expenses, such as a printout from your pharmacy documenting your out-of-pocket costs for the past twelve (12) months. Please note: you may only claim medical expenses that are on-going.
2. If you are paying medical insurance, copies of recent statements from the providers showing the amount of your monthly premiums.