

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
INFORMATION FORM FOR RENTAL ASSISTANCE BENEFITS
INITIAL/RECERTIFICATION

Do you need assistance in completing this form? (Circle One)	Yes	No
Do you need an interpreter present for meetings?		
What is your primary language?		

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If a questions does not apply write "NO" or "not applicable". If you do not understand a question, you may ask for an explanation.

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

HEAD OF HOUSEHOLD (HOH)

Last Name	First Name	Home Phone Number ()
Street Address	Apt Number	Cell Phone Number ()
City	Zip Code	Work/Message Phone Number ()
Mailing Address (if different)		Email Address
City	Zip Code	County

SECTION I-HOUSEHOLD COMPOSITION

A. FAMILY HOUSEHOLD COMPOSITION

Please list ALL people living in your home 51% or more of the time. If you need more space please use a separate sheet of paper and attach to this form. List the Head of Household first, followed by spouse/co-Head then oldest to youngest household members.

When designating Race and Ethnicity use the following codes:

Race: 1=White 2=Black/African American 3=American Indian/Alaska Native 4=Asian 5=Native Hawaiian/Other Pacific Islander

Ethnicity: 1=Hispanic 2=Non-Hispanic

Full Name As it appears on Social Security Card	Social Security #	Birth Date M/D/YR	Age	Sex M/F	Race	Ethnicity	Relation To Head	Disabled Yes/No
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

B. VETERAN STATUS OF HEAD OF HOUSEHOLDYes ☐No ☐Branch of Service: Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ National Guard ☐ Navy ☐**C. MARITAL STATUS OF HEAD OF HOUSEHOLD**Married ☐Never Been Married ☐Separated ☐Widowed ☐Divorced ☐

Current Spouse Name: _____

D. SEPARATED/DIVORCED Please list spouse or ex-spouse information.

Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)	Divorced? YES/NO	Year Separated
1.			
2.			
3.			
4.			

E. CITIZENSHIP STATUS Please list household member(s) that are **not** United States citizens.

Household Member Name	Alien Registration Number
1.	
2.	
3.	
4.	

F. NON-CUSTODIAL PARENT(S) Please list non-custodial parents(s) information for all children under 18 in the household.

Child Name	Non-custodial Parent Name	Last Known Address	Contact with non- custodial parent? YES/NO
1.			
2.			
3.			
4.			

G. STUDENT STATUS Please list all household member(s) who are participating in school fulltime. This includes elementary, middle, high school, trade/technical, and college. School transcripts, report cards, and verification of payment are required if applicable for all household members.

Student Name	School Name	School Address	Financial Aid Amount	Type of School (Elementary, Middle, High School, College)
1.				
2.				
3.				
4.				

H. Supplemental Household Composition Information	YES/NO
1. Do you or any member of your household claim any type of disability for the purpose of qualifying for a reasonable accommodation, modification of the housing unit, or specific housing needs? If yes, please identify the accommodation needed:	
2. Is there a household member with a disability that started a new job or got a raise in the last 12 months? If yes, please explain:	
3. Is any household member temporarily absent from the home? Away at school or military service, etc. If yes, please explain:	
5. Does any household member have any minor children that do not live in the home? If yes, please explain: —	
6. Does anyone live with you who is not listed above? If yes, please list their names:	

SECTION II-HOUSEHOLD INCOME

Please answer ALL questions below (A-G). If you answered “YES” please fill out information below for the household member(s) who receives this income and provide appropriate documentation. If you need more space, use a separate sheet of paper and attach to this form.

A. EMPLOYMENT					YES/NO
Do you or any household member(s) receive full/part-time job earnings or severance pay?					
Does any household member(s) work for someone who pays them in cash?					
Do you or any household member(s) receive tips, commissions or bonuses?					
Do you or any household member(s) receive military or reserve pay?					
Are you or any household member(s) self-employed or own a business?					
Name of Household Member	Gross Pay	How often Paid*	Name of Employer	Address of Employer	Phone Number of Employer
1.					
2.					
3.					
4.					

*Monthly (once a month), semi-monthly (twice a month), bi-weekly (every two weeks), weekly.

B. CONTRIBUTIONS				YES/NO
Does anyone outside your household pay any of your bills for you other than DCA or your current Housing Authority?				
Does anyone outside your household buy you supplies such as groceries, clothing, household items, formula, diapers, etc.?				
Do you or any household member(s) receive any type of income, money, or financial support from any source(s)?				
Did any organization help you pay a bill or expense?				
Name	Address	How Often	Amount	
1.				
2.				
3.				
4.				

C. SOCIAL SECURITY/SSI/PENSION/OTHER BENEFITS			YES/NO	
Do you or any household member(s) receive Social Security/SSI Benefits?				
Do you or any household member(s) receive disability benefits?				
Do you or any household member(s) receive unemployment benefits, workman's compensation?				
Name of Household Member	Amount	Type of Benefit		
1.				
2.				
3.				
4.				
Do you or any household member(s) have or receive pension, retirement benefits, or an annuity?				
Name of Household Member	Amount	Type of Pension/Annuity	Address of Provider	Phone Number of Provider
1.				
2.				
3.				
4.				

D. PUBLIC ASSISTANCE BENEFITS			YES/NO	
Do you or any household member(s) receive TANF, food stamps, welfare, or other public assistance?				
Do you or any household member(s) receive adoption or foster care payments?				
Do you or any household member(s) receive energy assistance?				
Do you or any household member(s) receive an earned income tax credit?				
Name of Household Member	Monthly Amount	Type of Benefit		
1.				
2.				
3.				
4.				

E. CHILD SUPPORT					YES/NO
Do you or any household member(s) have an open child support case/receive child support directly from the child support enforcement office?					
Do you or any household member(s) receive child support directly from a noncustodial parent/spouse? If so please list the address of noncustodial parent/spouse.					
Do you or any household member(s) receive child support from any state other than Georgia? If so please list the state:					
Minor's Name	Absent Parent's Name	Location of Court Case	Case Number	Amount	
1.					
2.					
3.					
4.					

F. ALIMONY BENEFIT(S)					YES/NO
Do you or any household member(s) have an open alimony case with the court, receive alimony through the court, or directly from the ex-spouse?					
Is any household member(s) entitled to receive alimony that he/she is not now receiving?					
Name of Household Member	Former Spouse's Name	Location of Court Case	Case Number	Amount	
1.					
2.					

G. FEDERAL INCOME TAX			YES/NO
Did you or any household member(s) file a federal income tax return in the last 12 months?			
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT file a tax return?			
Were you or any household member(s) claimed as a dependent on someone else's taxes?			
Name of Household Member	Tax Year	Reason taxes not filed	Name of Person claiming family member as a dependent
1.			
2.			
3.			

SECTION III-ASSETS

Please answer ALL questions below (A-D). If you answer "YES" please fill out information below for the household member(s) with the asset(s) and provide appropriate documentation. If you need more space, use a separate sheet of paper and attach to this form.

A. ACCOUNT INFORMATION					YES/NO
Do you or any household member(s) have a savings or checking account?					
Are you or any household member(s) listed on a joint account with someone not listed as a household member?					
Do you or any household member(s) have stocks, bonds, or certificate of deposits (CDs)?					
Do you or any household member(s) have a money market fund/trust or fund/investment account?					
Do you or any household member(s) have a retirement (e.g. TSERS, LGERS) 401K, federal thrift savings plan (TSP), IRA, or Keogh account?					
Name of Household Member	Type of Account	Account Number	Account Balance	Anticipated Income	Company/Bank Name and Address
1.					
2.					
3.					
4.					

B. LIFE INSURANCE POLICIES		YES/NO
Does any household member own life insurance policies? If yes, provide:		
a. Household Member Name:	c. Household Member Name:	
Insurance Agency Name:	Insurance Agency Name:	
Insurance Agency Address: City and State	Insurance Agency Address: City and State	
Policy Number:	Policy Number:	
Policy Type (Check One): <input type="checkbox"/> Whole Life <input type="checkbox"/> Term Life	Policy Type (Check One): <input type="checkbox"/> Whole Life <input type="checkbox"/> Term Life	
Cash Value:	Cash Value:	
b. Household Member Name:	d. Household Member Name:	
Insurance Agency Name:	Insurance Agency Name:	
Insurance Agency Address: City and State	Insurance Agency Address: City and State	
Policy Number:	Policy Number:	
Policy Type (Check One): <input type="checkbox"/> Whole Life <input type="checkbox"/> Term Life	Policy Type (Check One): <input type="checkbox"/> Whole Life <input type="checkbox"/> Term Life	
Cash Value:	Cash Value:	

C. LUMP SUM INCOME			YES/NO
Did you or any member of your household receive an inheritance, lottery winning, lump sum, or any other sum of money within the last 12 months?			
Name of Household Member	Amount	Date	Type of Income
1.			
2.			
3.			

D. LAND		YES/NO
Do you or anyone in your household, own or have an interest in commercial or residential real estate, land, and/or a mobile home? If yes, please provide a property tax statement or tax information, e.g. copy of your latest tax return filed.		
Have you or anyone in your household sold or given away any real estate in the last two years?		
Name of Household Member	Address of Real Estate	Market Value of Real Estate
1.		
2.		
3.		

SECTION IV-EXPENSES

Please answer ALL questions below (A-C). If you answer "YES" please fill out information below for the household member(s) with that expense(s) and provide appropriate documentation. If you need more space, use a separate sheet of paper and attach to this form. Please note that if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact DCA at (800) 359-4663.

A.MEDICAL EXPENSES (only complete if HOH or spouse is 62 years or older or disabled)				YES/NO
Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months? If yes, how much?				
Do you have Medicare? If yes, what is your Medicare premium amount?				
Do you have any other kind of medical insurance? If yes, provide the following information.				
Name of Household Member	Name of Provider	Provider address	Provider Phone Number	Policy Number
1.				
2.				
3.				
Do you have medical assistance through the Department of Social Services?				
Do you have any outstanding medical bills on which you are paying?				
Do you have recurring medical expenses? If yes, provide the following information.				
Name of Household Member	Pharmacy/Provider Name	Pharmacy/Provider Address	Pharmacy/Provider Phone Number	
1.				
2.				
3.				

B. DISABILITY EXPENSES				YES/NO
Do you pay for a care attendant or for any equipment for a disabled household member(s) in order for you or someone else in the household to work?				
Do you have any special medical needs? If yes, please list:				
Name of Disabled Person	Provider Name	Provider Address	Provider Phone Number	Monthly Care Expenses
1.				
2.				
3.				

C.CHILDCARE EXPENSES				YES/NO
Do you or any household member(s) pay childcare for a child 12 and under to seek employment, go to work or to school? If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Name of Minor	Provider/Agency Name	Provider Address	Provider Phone Number	Monthly Care Expenses
1.				
2.				
3.				
4.				

SECTION V-VEHICLES

Please answer ALL questions below. If you answer "YES" please fill out information below for the household member(s).

A. VEHICLES BEING USED BY YOUR HOUSEHOLD				YES/NO
Do you or any household member(s) have a vehicle(s) registered to him/her?				
Do you or any household member(s) have use of any vehicle(s) that is not registered to him/her?				
Name of Registered Owner	Make and Model of Vehicle	Year	Monthly Payment	
1.				
2.				

SECTION VI-SUPPLEMENTAL INFORMATION

Please answer ALL questions below (1-8). If you answer "YES" please fill out information below for that household member(s).

A. HOUSEHOLD INFORMATION	YES/NO
1. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? If yes, provide the following information: When: _____ For what reason: _____ Name of Household Member: _____ Name of Public/Subsidized Housing: _____	
2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Subsidized Housing? If yes, provide the following information: Name of Household Member: _____ Name of Public/Subsidized Housing: _____	
3. Are you or anyone in your household subject to registration as a sex offender in any state? If yes, list name of registrant and complete address where currently registered: _____	
4. Are you now or have you ever received or lived in any other assisted housing? If yes, list in detail date(s) and location(s): _____	
5. Have you or anyone in your household ever been required to repay money for misrepresenting information on such programs or owe a debt to a Public Housing Authority? If yes, list date and all details: _____	
6. Have you ever been evicted from a federally assisted unit? If yes, list the details: _____	
7. Have your utilities been off at any time in the past 12 months?	
8. Does anyone residing outside of your household receive mail at your residence or claim it as their residence on ANY legal document (driver's license, government assistance benefits, school, tax forms, vehicle registration, employment, etc.)? If yes, list name of person(s) and actual address where they reside and explanation of why they use your address. _____	

CERTIFICATION

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

****If you have anyone outside your household helping you to complete this form or assisted with translation, please provide their name and their relationship to your family****

FHC Notes about their review:

[illegible]

Family Housing Counselor Signature	Date Reviewed
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Do Not Write In This Space for DCA Use Only
Sex Offender Check:
Criminal Background Check:

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.

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):**Department of Community Affairs
60 Executive Park S #2231, Atlanta, GA 30329**

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.

Family Obligations: Grounds for Denial and Termination of Assistance

Georgia Department of Community Affairs

When a family is required to provide notice to DCA, the notice must be in writing. Admin Plan 5-I.C

DCA may deny and terminate assistance to an Applicant or Participant on any of the following grounds:

1. Failure to supply any information, including any certification, release, or other documentation that DCA considers necessary to verify citizenship or eligible immigration status or for use in an annual or interim examination of family income and composition. (24 CFR 982.551 (b) & (24 CFR 982.552(b)(4)) (Admin Plan 12-I.D).
2. Failure to provide documentation of Social Security numbers, and to sign and submit consent forms for obtaining information, including spouse unless legally separated or divorced.) 24 CFR 982.551(a) (3) & 24 CFR 5.218(c)) (Admin Plan 12-I.D).
3. Failure to supply any information requested by DCA to verify that the family is living in the unit or information related to the family's absence from the unit. (24 CFR 982.551(h)(7)(i))
4. Failure to give DCA a copy of any notices from the Department of Housing and Urban Development (HUD) regarding family income, earnings, wages or unemployment compensation.
5. Failure to supply any information requested for use in a regularly scheduled reexamination or interim reexamination of family income and composition. (24 CFR 982.551(b)(2) (Admin. Plan 5-I.C and 11-I.C).
6. Porting families may be terminated for family action or inaction. (24 CFR 982.355(c)(17), (Admin. Plan 10).
7. Failure to promptly notify DCA and the landlord **IN WRITING** when a family member or Head of Household will be away from the unit for more than 30 calendar days. (Admin. Plan 5-I. C.) The family or Head of Household may be absent from the unit for up to 180 consecutive days with DCA's written approval. (Admin Plan 3-I.L.).
8. Failure to notify DCA **IN WRITING** within 30 business days of the birth, adoption, or court-awarded custody of a child. (24 CFR 982.551(h)(2)(Admin. Plan 11-II.B).
9. Failure to request and obtain prior written approval from DCA and the landlord to add any other person(s) as an occupant of the unit (except for the birth, adoption, or court-awarded custody of a child). (24 CFR 982.551(h)(2)(Admin. Plan 11-II.B).
Approval to add a member to the household will be **DENIED** if the individual is ineligible for assistance from DCA due to a debt, fraud, or other reason. Person(s) who reside in the unit more than 50% of the time or have established residency are considered occupants.
10. Failure to notify DCA **IN WRITING** within 10 business days if a household member no longer lives in the unit.(24 CFR 982.551(h)(3))(Admin. Plan 5-I.C).
11. Failure to report **ANY** increases in income or expenses at the next annual reexamination. (24 CFR 982.551(b)(2), (Admin. Plan 11-II-C).
12. Failure to report **ANY** increase in income for zero income families within 10 calendar days of the date of the increase. (24 CFR 982.551(b)(2), (Admin. Plan 11-II-C).
13. Failure to properly report any other changes (i.e. marriage, divorce, separation, etc.) that DCA may consider relevant or that affect family composition or income. (24 CFR 982.551(h)(2) (Admin. Plan 5-I.C).
14. Failure to comply with the lease. **BEFORE** moving out of the unit or terminating the Lease the family must provide DCA with a **COPY OF WRITTEN** notice given to the landlord, which must be in accordance with the terms of the Lease. The initial lease term must be for a minimum of one year. (24 CFR 982.309)(Admin. Plan 9-I.E).
15. Failure to use the assisted unit for residence by the family. The unit must be the family's

- only residence. 24 CFR 982.551(h)(1)(Admin. Plan 5-I.C).
16. Failure to allow DCA to inspect the unit at reasonable times and after reasonable notice. If the head of household misses the appointment, one final appointment will be scheduled. If the family misses the final appointment, DCA will terminate assistance for abuse. (24 CFR 982.551(d)), (Admin. Plan 8-IIC).
 17. Failure to pay utility bills and supply and maintain any appliances that the owner is not required to supply under the Lease. All tenant paid utilities must remain continuously connected. Participants with a first documented instance of utility disconnection will be required to have the utility reconnected within 24 hours or face rental assistance termination. 24 CFR 982.404(a); (Admin. Plan 8-IC Participants with a second documented instance of utility disconnection will not be provided with an opportunity for reconnection and will be terminated for abuse. (Admin. Plan 5-I. C).
 18. Failure to reimburse landlord for any damages (other than damage from ordinary wear and tear) to occupied unit or premises caused by household members or guests during lease term or when vacating the unit. (Admin. Plan 12-I.E).
 19. Failure to correct tenant-caused, life-threatening HQS violations within 24 hours and other tenant-caused HQS violations within the required time period.
 20. Failure to pay rent to the landlord when due or report any additional charges by the landlord **IN WRITING** to DCA. It is illegal for a landlord to charge additional amounts for rent or any other item not specified in the lease which has not been specifically approved by DCA.
 21. Failure to give DCA a copy of any owner eviction notice. If evicted for serious or repeated lease violations the family will be ineligible for continued rental assistance. (24 CFR 982.551(g)) (Admin. Plan 12-I.D).
 22. The family (including each household member) must **NOT**:
 - a. Own or have any interest in the unit. This includes, but is not limited to, rent to own agreements, installment sales contracts, or any other arrangement for a family member to buy the unit;(24 CFR 982.551(h)(j)) (Admin. Plan 5-I. C).
 - b. Sublease or let the unit, assign the Lease, or transfer the unit; (24 CFR 982.551(h)(6) (Admin. Plan 5-I. C).
 - c. Receive Housing Choice Voucher (HCV) assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or Local housing assistance program. (24 CFR 982.551 (n)) (Admin. Plan 5-I. C);
 - d. Be related to the owner in any of the following ways: parent, child, grandparent, grandchild, sister, or brother unless the family includes a member with a disability and the unit accommodates the disability. (24 CFR 982.306 (d)) (Admin. Plan 5-I. C);
 - e. Be evicted from federally assisted housing for serious violation of the Lease, including drug related criminal activity within the last five years (24 CFR 982.552 (c)(iii);
 - f. Be subject to a permanent or lifetime registration as a sex offender. HCV assistance for participants (or household members) erroneously admitted will be terminated (24 CFR 982.553 (a)(2)(i) (Admin. Plan 12-I.D.);
 - g. Owe DCA or have committed past abuse for unreported income (24 CFR 982.552(c)(v);
 - h. Be a felon convicted of illegal drug or violent criminal activity or other criminal act that threatens the health and safety of other residents. 24 CFR 982.551 (1) and 24 CFR 982.553 (a)(ii)(3)(Admin. Plan 5-I.C).
 23. The family (including each household member or guest) must **NOT**:
 - a. Commit any serious or repeated violation of the Lease 24 CFR 5.2005(c)(1) (Admin.12.III-E);
 - b. Commit fraud, bribery, or any other corrupt or criminal act in connection with the Housing Choice Voucher Program (24 CFR 982.551(k) & 24 CFR 982.552 (c)(iv);
 - c. Participate in illegal drug or violent criminal activity while receiving assistance from DCA (24 CFR 982.553(a)(1) and (2)) (Admin. Plan 12-I.E.);

- d. Be convicted of the manufacture or sale of methamphetamines (speed) on federally assisted housing property (24 CFR 982.553(b)(1)(ii) (Admin. Plan 12-I.D.);
 - e. Participate in drug use or alcohol abuse that adversely affects the health or safety, or peaceful enjoyment of the premises of other residents while receiving assistance from DCA (24 CFR 982.553 (b)(1)(B) (Admin. Plan 12-I.E.);
24. Engaging in or threatening abusive or violent behavior towards DCA personnel. (24 CFR 982.552)(1)(ix) (Admin. Plan 12-I.E).
25. Owing money to DCA or another Housing Agency in connection with HCV or public housing programs. (24 CFR 982.552(c)(1)(v) (Admin. Plan 12-I.E).
26. Failure to cooperate with DCA staff, DCA Regional Compliance Officers, and other State and Federal personnel that are assigned special case reviews.

FAMILY CERTIFICATION:

I understand that failure to comply with these responsibilities is grounds for denial or termination of my rental assistance. I understand as Head of Household that it is my sole responsibility to provide true and complete information on myself and all household members now or in the future and failure to do so may lead to the denial or termination of my assistance. I understand that if I am terminated for program abuse, I will be ineligible for assistance for three years. If I am terminated for program fraud, I will be ineligible for assistance for five years. Also, if I am terminated for two documented cases of fraud, I will be permanently ineligible for assistance. All monies paid by DCA from the documented date the fraud began must be reimbursed to DCA. Additionally, I understand that false statements or information are punishable under Federal and/or State Law and DCA will pursue accordingly. Under Federal Law this could result in a fine up to \$10,000 and/or imprisonment for up to five years. I also understand that as Head of Household, I am solely responsible for each guest and family member's behavior in relation to the family obligation policies outlined above and their violation of the family obligations could lead to termination from the program.

Name of Head of Household

Signature of Head of Household

Date

Name of Co-Head

Signature of Co-Head

Date

ZERO INCOME STATEMENT and MONETARY CONTRIBUTION WORKSHEET

- 1) I, _____ verify that I have NO income. I understand that I am required to report within ten (10) business days, in writing, any changes in income and household composition. Failure to report this information may result in owing DCA back rent and/or the termination of my subsidy.
- 2) How do you pay for the following?

	Monthly Expense	How do you pay for/or explain how you receive it?	Provide the name and address of the people/agency who provide you assistance to purchase the following:
Cleaning Products (disinfectant, laundry products, etc.)	\$		
Personal care items (clothing, soap, shampoo, toilet paper deodorant, diapers, etc.)	\$		
Rent or utilities in excess of your utility allowance?	\$		
Transportation (gas, registration, license, bus pass, etc.)	\$		
Loans or credit cards (car payment, school loan, etc.)	\$		
Food/Groceries	\$		
Health Care (Insurance, Prescriptions, co-pays, etc.)	\$		
Cell Phone/Home Phone	\$		
Cable/Internet	\$		
Total Expenses	\$	X 12	\$
What is the reason you have zero income (lost employment, unpaid leave etc.) Please explain:			

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documentation or communication in alternative formats, please contact your assigned Housing Specialist.

Applicant/Tenant Signature

Date

_____ Initial here if DCA staff assisted you with completing this form.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



Housing Choice Voucher Program

THIRD PARTY CONSENT FORM

PURPOSE: The Georgia Department of Community Affairs may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Georgia Department of Community Affairs (DCA) any information or material needed to complete and verify my application for participation, and or to maintain my continued assistance under the Housing Choice Voucher Program, Low-Income Public Housing, Project Based Voucher, and/or other housing assistance programs. I understand and agree that this authorization or information obtained with its use may be given to and used by DCA and the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED (INQUIRIES MAY BE MADE ABOUT): Child Care Expenses, Credit History, Criminal Activity, Family Composition Employment Income, Pensions, Assets, Federal, State, Tribal or Local Benefits, Disabled Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, Rental History, Utility History, and School Records

GROUPS OR INDIVIDUALS THAT MAY RELEASE INFORMATION: The groups or individuals that are asked to release the above information (depending on program requirements) include but are not limited to: Previous landlords (including Public Housing Agencies), Court and Post Offices, Law Enforcement Agencies, Schools and Colleges, Support and Alimony Providers, Past and Present Employers Welfare Agencies, State Employment Agencies/ Department of Labor, Social Security Administration, Medical and Child Care Providers, Veterans Administration, Retirement Services, Banks & Other Financial Institutions, Credit Providers & Credit Bureaus, and Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or re- certification. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and the State Welfare and Food Stamp Agencies.

CONDITIONS: I agree that a photocopy of this authorization *may* be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance will be terminated

Each adult (18 years or older) must sign and date the form in the space provided next to the name.

☐

Head of Household

Address

City, State Zip Code

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

Date

THIRD PARTY CONSENT FORM

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ **Other Adult**

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name