



## Project-Based Program

Date \_\_\_\_\_

Sender's name (*not* agency's name) \_\_\_\_\_

Phone or e-mail \_\_\_\_\_

Applicant's name \_\_\_\_\_ Property name \_\_\_\_\_

Bedrooms requested \_\_\_\_\_ Address & unit number \_\_\_\_\_

Is this a Sound Families unit? (*circle one*)    **YES**    **NO**

# Annual Review Forms packet

*Fax this checklist, forms and documents to 206-239-1770*

The following forms are included in the Annual Review forms packet. They should be completed by the applicant with the housing provider's assistance.

### Checklist [this form; use as your coversheet]

- Project-based Program Personal Declaration for Eligibility and Certification**
- Authorization for the Release of Information (HUD 9886)**
- General Release of Information (SHA-138)**

In addition to the completed forms listed above, the housing provider must provide the following documentation:

- Income Verification for all household members**
- Asset Verification** *if over \$50,000*
- Paid Out of Pocket Childcare Expenses** *if applicable*
- Medical Expenses declaration** *if applicable*
- Student status: Enrollment and aid verification** *if applicable*

👉 *Forms must be signed by all household members 18 years of age or older.*



# Project-based Program

## Personal Declaration for Eligibility and Certification

Head of Household's Social Security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

**CONTACT INFO**  
(Head of household)

Street address, P.O. Box, or shelter name		City	State	ZIP Code	Homeless at application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary phone number	Other phone number	E-mail address	What language do you speak at home?		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

► **HOUSEHOLD COMPOSITION AND INCOME** *List every person living with you at least 51% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)*

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M/F)	Date of birth	Race (Black, White, Asian, Native American, etc.)	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'.
						Yes	No	
	HEAD	(Entered above)						Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$

► **OTHER HOUSEHOLD INFORMATION** *(If you need additional space, please attach a separate paper.)*

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is anyone in your household disabled? <b>If yes</b> , please list their names:
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Has anyone in your household served in the armed forces or is the spouse of someone who has served? <b>If yes</b> , please list their names:
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? <b>If yes</b> , explain here and attach a statement from the person stating how often and the amount:
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? <b>If yes</b> , please explain:
Is there any other information you would like us to know about your household?

► **ACCOMMODATIONS** *If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.*

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?
--

Print head of household name \_\_\_\_\_

► **CURRENT EMPLOYMENT INFORMATION** *(If you need additional space, please attach a separate paper.)*

**Yes**, someone in my household is employed. Complete the below information.  **No**, no one in my household is employed.

Name of household member	Name of employer	Employment start date	Employer's address	Employer's phone number	Employer's fax number

► **ASSETS** *List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)*

**Yes**, someone in my household has assets.  **No**, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
		\$	%		
		\$	%		

**Yes**  **No** Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$

**Yes**  **No** Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.

► **STUDENT INFORMATION** *List information only for household members who are 18 years old or older. (If you need additional space, please attach a separate paper.)*

**Yes**, an adult in my household is a student. Complete the below information.  **No**, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)

► **DEDUCTIONS** *List expenses that you pay out of pocket and anticipate to continue for the next 12 months. (If you need additional space, please attach a separate paper.)*

**Yes**, someone in my household has these expenses. Complete the below information.  **No**, no one in my household has these expenses.

Child care expense	Name of provider	Provider's address	Provider's phone number	Amount of monthly expense
				\$

**Yes**  **No** Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form.

**Yes**  **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:

► **CERTIFICATION** I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Seattle Housing within ten (10) business days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

_____ Head of household signature	_____ Date	_____ Spouse or Co-head signature	_____ Date
_____ Signature of other household member (age 18+)	_____ Date	_____ Signature of other household member (age 18+)	_____ Date
For Seattle Housing Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled
Issuance supervisor or designee			Date

# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

**Seattle Housing Authority – PorchLight**  
**907 N.W. Ballard Way, Suite 200**  
**Seattle, WA 98107**

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

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



Project-Based Program

THE PORCHLIGHT BUILDING

Address 907 NW Ballard Way, Suite 200 Seattle, WA 98107-4637 Telephone 206-239-1500 Fax 206-239-1770 TTY 1-800-833-6388 Website www.seattlehousing.org

GENERAL RELEASE OF INFORMATION

Head of Household name (print clearly)

\_\_\_\_\_

Other household members age 18+

\_\_\_\_\_

Attach additional copies of this form if necessary.

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Seattle Housing Authority to request and obtain information in the categories listed below for the purpose of determining my eligibility to receive housing assistance. I also authorize that SHA may provide a copy of this release to the person(s), business(es), and organization(s) to which such requests are directed to provide the information requested by SHA and I indemnify them from any harm for providing information in accordance with such requests. I understand that SHA may make inquiries from any source, including but not limited to sources I have given to SHA and from other sources that become apparent from information collected during the completion of my application file. I understand that I will be given the opportunity to contest any negative determinations based on the information obtained. I also authorize SHA and the owner and/or manager of the building in which I reside to share financial and social information for the purpose of verifying my continued eligibility and suitability for subsidized housing. This consent expires 40 months after it is signed.

- Information necessary to authenticate preference claims; Rental history records, including but not limited to, information about the ability to pay rent, take care of rental property, and get along well with neighbors; Residential history references, including but not limited to, information about the ability to live independently, are for property, and get along well with others; Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives; References from employers, including wage and salary information, and job performance; Criminal history, including fingerprint submission where necessary to effect positive identification; Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community; Income and asset information from any source, for all family members; School registration for minor children, and for family members over the age of 18 where required to establish program eligibility; Registration in educational or vocational training programs including information about participation, progress, and completion of such programs; Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap); Verification of need for reasonable accommodation, if requested; Credit reports and/or tenant screening reports from private screening contractors; Outstanding debts to other housing agencies.

SIGNATURES:

X \_\_\_\_\_ X \_\_\_\_\_ DATE Head of Household Co-Head, Spouse, Domestic Partner, Other Adult

X \_\_\_\_\_ X \_\_\_\_\_ DATE Other Adult Other Adult