



Project-Based Program

Date _____

Sender's name (*not agency's name*) _____

Phone or e-mail _____

Applicant's name _____ Property name _____

No. of bedrooms _____ Address & unit number _____

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

Application forms packet

E-mail this checklist, forms and documents to

ProjectBasedApplications@SeattleHousing.org

or fax them to **206-239-1770**

The following forms are included in the Application forms packet provided. 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**
- Declaration of Citizenship or Immigration Status (1117)**
- Eligible Immigration Status Verification Consent**, if applicable (1118)
- Authorization for Release of Information (HUD 9886)**
- General Release of Information (SHA-138)**
- Debts Owed to PHAs & Terminations form (HUD 52675 - all members 18 years or older)**
- Professional Certification of Disability** if applicable

In addition, the housing provider must provide the following documentation:

- Social Security Number Verification copied onto template for certifying that SS card(s) and immigration document(s) are copies of originals**
- Proof of Identity: photo ID for adults, birth certificate for minors**
- Criminal Background Check (all members 18 years or older)**
- Verification of the following, as applicable:**
 - **Income**
 - **Assets if \$50,000 or more**
 - **Out-of-Pocket Paid Childcare Expenses**
 - **Medical Expense Declaration form**
 - **Student status incl. tuition & financial aid**

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

Timelines

Seattle Housing will do our best to determine eligibility within five (5) business days for *complete* applications. If an incomplete application is submitted, Seattle Housing may return it to the building with instructions for resubmission. An approved application will be cancelled after 60 days if lease-up documents have not been received.



Project-based Program

Personal Declaration for Eligibility and Certification

Head of Household's Social Security number

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



DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have an eligible immigration status as set forth in 42 U.S.C. Section 1436(a). Please note that not all "legal" statuses are eligible for subsidy.

All adults (18 years and older) in the household must claim their status and sign below. The head of household and/or a responsible adult is required to certify the status of each minor child in the household. All Non-citizens with a subsidy-eligible status are required to sign a Verification Consent Form and present their original I-551 Permanent Resident card or I-94 Arrival/Departure record from the Department of Homeland Security in person.

Adult members (18 yrs. and older)

1. Under penalty of perjury, I declare that I am: Head of Household (print clearly)
A Citizen of the United States
A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
I-551 Permanent Resident Card
I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status
Signature Social Security # Date

2. Under penalty of perjury, I declare that I am: Spouse, Co-head, or Other Adult (print clearly)
A Citizen of the United States
A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
I-551 Permanent Resident Card
I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status
Signature Social Security # Date

3. Under penalty of perjury, I declare that I am: Other Adult (print clearly)
A Citizen of the United States
A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)
I-551 Permanent Resident Card
I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation
Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status
Signature Social Security # Date

SHA: All adults DHS status confirmed: Yes (See attached DHS print out) No Date: By:

DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS, page 2

Minor Children (under 18 years old)

I certify that the following minor children (under 18 years old) listed in my household are:

Please check appropriate box(s) and list the name and birth date.

A Citizen of the United States

Name	Social Security #

A Non-citizen with Eligible Immigration Status

Name	Social Security #	Permanent Residence Card	Annotated I-94	I-94 with DHS Letter or Court Order
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHA: All minors DHS status confirmed: Yes (See attached DHS print out) No Date : _____ By: _____

I am not able to certify U.S. Citizenship or Non-Citizenship with Eligible Immigration Status

Name	Birth Date

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge.

(At least one adult signature is required.)

Head of Household Signature

Date

Spouse/Co-Head/Other Adult Signature

Date



Housing Choice
Voucher 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

ELIGIBLE IMMIGRATION STATUS Verification Consent Form

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure the financial assistance is made available only to persons who are U.S. Citizens, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have “eligible immigration status.” The law requires all tenants for assisted housing who claim to have “eligible immigration status” to sign a consent form authorizing SHA and HUD to verify the information supplied with the U.S. Department of Homeland Security (DHS).

Purpose: This information is required to determine your eligibility for continued housing assistance (Federal subsidy).

Use of the Information to be Obtained: The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, (1) HUD, as required by HUD, and (2) the DHS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither SHA nor HUD are responsible for the further use or transmission of the evidence or other information by the DHS.

Who Must Sign This Consent Form? Each non-citizen in the household who will be receiving housing assistance and claims “eligible immigration status” must sign below. Adults, age 18 years or older, must sign for themselves. In the case of minor children (under 18 years old), the form must be signed by the head of household and/or adult member who is responsible for each minor child.

Failure to Sign the Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing (subsidy) benefits, or both. Denial of eligibility or termination of benefits (subsidy) is subject to the Housing Authority’s grievance procedures or Section 8’s informal hearing process, whichever is applicable.

Consent: I authorize the Housing Authority of the City of Seattle, or HUD to request and obtain verification from the DHS of the information I have supplied regarding my immigration status. I understand that this information is true and accurate to the best of my knowledge.

_____	_____	_____	_____
Head of Household	Date	Spouse/Co-Tenant	Date
_____	_____	_____	_____
Other Adult (over age 18)	Date	Other Adult (over age 18)	Date

Consent for Minor Children: I certify that I am the head of household and/or the adult family member responsible for the minor children listed below. I authorize Seattle Housing to request and obtain verification from the DHS of the information supplied regarding their immigration status. I understand this information is needed to determine eligibility for housing assistance (Federal subsidy); and I certify that the information I have supplied is true and correct to the best of my knowledge. List minor children:

_____	_____
_____	_____
_____	_____

Signature _____ Date _____
Parent or Guardian

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)

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 purposed 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 _____
Head of Household

X _____
Co-Head, Spouse, Domestic Partner, Other Adult DATE

X _____
Other Adult

X _____
Other Adult DATE



**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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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

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

PROFESSIONAL CERTIFICATION OF DISABILITY

Name _____ Birth date _____ Last 4 of SSN _____

Applicant or authorization:

I hereby authorize the release of information requested by the Seattle Housing Authority for the purpose stated below.

Signature _____ Date _____

Dear Medical Professional:

- The person named above is an applicant for housing assistance. To be eligible to receive certain benefits, the applicant must be disabled or handicapped as defined below.
- The person name above is an applicant for housing assistance who has indicated that they or a member of their household request an accommodation which will remove a barrier to the housing application process, or to tenancy. It will be helpful to verify a disability or handicap to help us make a decision about granting the request for accommodation.

DISABILITY: The inability to engage in any substantial gainful activity, by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

HANDICAP: An impairment which (1) is expected to be of long-continued or indefinite duration, (2) substantially impedes the ability to live independently, and (3) is of such nature that this ability could be improved by more suitable housing conditions.

Note: For the purposes of eligibility determinations with the Seattle Housing Authority, an individual may not be considered eligible if that individual is *currently* engaging in the illegal use of drugs. An individual may be eligible, however, if he or she is currently participating in a supervised rehabilitation program or has successfully completed such a program and is *not* currently engaging in the illegal use of drugs.

This Professional Certification of Disability must be completed by an individual licensed by the State of Washington in a discipline qualified to determine the existence of a disability or handicap as defined on the reverse side of this form.

Based upon the above definitions, it is my opinion that the individual indicated above:

- IS DISABLED IS NOT DISABLED IS HANDICAPPED IS NOT HANDICAPPED

Professional's Printed Name _____ Title _____

Signature _____ Date _____

Address _____ Phone _____

Name of Organization _____

Thank you for your cooperation. SHA Representative _____ Phone _____



Housing Choice
Voucher 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

DISABILITY AND HANDICAP – DEFINITIONS

DISABILITY

Disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) shall mean the inability to engage in any substantial gainful activity by reason of medical determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; or in the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in Section 416(i) (1) of the title), inability by reason of such blindness to engage in substantial gainful activity in which he or she has previously engaged with some regularity and over a substantial period of time; or;

HANDICAP

Handicap shall mean a physical or mental impairment which:

1. is expected to be of long continued and indefinite duration;
2. substantially impedes their ability to live independently in their present housing; and,
3. is of such nature that such ability could be improved by more suitable housing conditions.

This definition shall also include a disability attributable to mental retardation, cerebral palsy, epilepsy, or other neurological conditions of an individual found by the Secretary of Health and Human Services to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual.

It shall also include any person who has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(7) which defines developmental disability as a severe chronic disability that:

1. is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. is manifested before the person attains age twenty-two;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. self-care,
 - b. receptive and responsive language,
 - c. learning,
 - d. mobility,
 - e. self-direction,
 - f. capacity for independent living, and
 - g. economic self-sufficiency; and
5. reflects the person’s need for a combination and sequence of special, inter-disciplinary, or generic care, treatment, or to her services which are individually planned or coordinated.

COPY OF ORIGINAL ID, SSN, AND/OR IMMIGRATION DOCUMENTATION

Head of household name _____

I certify that the item(s) pictured above is a copy of the original document(s) that I saw in person.

Staff name _____	Title _____
Staff signature _____	Date _____