

**Housing Authority**  
**Re-certification Paperwork**  
**Drop-in office hours: Tuesday's 7am-3pm**  
**Thursday's 8:30 am-4:30 pm**  
**Other times by appointment**

THE FOLLOWING **MUST** BE PROVIDED WITH YOUR INFORMATION:

- Previous year's tax return if self-employed (If applicable)
- Can provide W-2 from prior year
- Copies of proof of current income for ALL household members:**
  - Any Social Security Award Letters
  - Any WI Supplement documentation of \$83.78 monthly income
  - Pay Stubs (At least 4 to 6 weeks)
  - Food Share
  - Child Support Verification (past year and/or court ordered docs)
  - Copies of 3 months of ALL bank/Stock/Investment statements for checking, savings, CD's, IRA's, etc.
- Copies of the legal docs for primary custodial rights for ALL dependent(s). (if applicable)
- Proof of school district enrollment for dependent(s) (if applicable)

**FAILURE TO PROVIDE ALL INFORMATION THAT APPLIES  
TO YOUR HOUSEHOLD MAY RESULT IN AN INCOMPLETE  
APPLICATION AND MAY DELAY PROCESSING UNTIL ALL  
INFORMATION IS RECEIVED.**



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house. (removed from program for voucher holders)
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



<b>Household Member</b>	<b>Source</b>	<b>Amount of Income from Source</b>	<b>Frequency Received</b>	<b>Name of Agency/Source</b>	<b>Address</b>	<b>Contact Name</b>
<b>EXAMPLE</b> First and last Name	<b>EXAMPLE</b> What is the excluded income? (Food Share Energy Asst)	<b>EXAMPLE</b> Amount Received	<b>EXAMPLE</b> How often do you receive it	<b>EXAMPLE</b> What agency do you Receive it from	<b>EXAMPLE</b> Where is this agency located	<b>EXAMPLE</b> Who is the contact at the agency
IF THERE IS NO Excluded Income. Write N/A across the page. If you have food share, above is where you would put that amount.						



**HOUSING AUTHORITY**  
 75 N. Bonson St., PO Box 780–  
 Platteville, WI 53818  
 housingauthority@platteville.org

**ASSET CERTIFICATION**

NAME: \_\_\_\_\_

**COMPLETE ALL THAT APPLY FROM 1 THROUGH 2:**

1. My/Our assets include:

SOURCE OF ASSET	CASH VALUE*	INTEREST OR DIVIDEND RATE	ANNUAL INCOME
Checking/Money Market Account			
Savings/Certificate of Deposit (CD)			
Stocks/Bonds			
IRA/401K			
Trust/Retirement/Pension Funds			
Other Retirement			
Equity in Real Estate/Land Contracts			
Life Insurance Policies (Excluding Term)			
Lump Sum Receipts			
Capital Investments			
Personal Property** (Held as an Asset)			
Cash on Hand/Safety Deposit Box			
Assets Disposed of For Less Than Fair Market Value Within the Past Two (2) Years (See Question 2)			
Other (List)			
<b>TOTAL</b>	<b>\$</b>		<b>\$</b>

\* Cash value is defined as market value minus the cost of converting the asset to cash, such as brokers fees, settlement costs, outstanding mortgage, early withdrawal, penalties, etc.

\*\* Personal property held as an investment may include, but not limited to, gem or coin collections, art, antique cares, etc. Do not include necessary personal property such as, but not limited to, household furniture, clothing, assets for an active business, or special equipment for use by the disabled.

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts that are.

2.  Yes  No Within the past two (2) years, I/We have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below the fair market value (FMV). If yes, the difference between the FMV and the amount received is referenced in the chart above.

**(As defined in 24 CFR 813.102) The annual income from these assets as determined above is included in the total annual income.**

Under penalty and perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that is providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
 Applicant/Tenant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant/Tenant Signature

\_\_\_\_\_  
 Date



# HOUSING AUTHORITY

75 N. Bonson St.. PO Box 780  
 Platteville, WI 53818  
 Telephone (608) 348-1830  
 housingauthority@platteville.org

## 1. FAMILY APPLICATION: (Households needing more than one bedroom)

Please Type or Print Using Blue or Black Ink Only

Head of Household: \_\_\_\_\_  
First MI Last

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Person/Translator: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(Optional) Do any disabled household members require accessibility in an apartment?  Yes or  No If yes, please explain below:

\_\_\_\_\_  
 \_\_\_\_\_

## 2. HOUSEHOLD FAMILY MEMBERS DATA:

List Head of Household from Section 1 on the first line. Then list other adults, then any children. If you are expecting a child, please list anticipated birth as "Unborn Child" and put your due date in the Date of Birth column. Please provide Social Security number for each family member.

Full Name			Social Security Number <b>REQUIRED</b>	Household Relationship	Sex	Date of Birth	Disabled? (Optional)
First	MI	Last					
				Head of Household			<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N
							<input type="checkbox"/> Y - <input type="checkbox"/> N

### FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Unit Size: \_\_\_\_\_

**3. Check the box for the Race and Ethnicity Code that applies to the Head of Household:**

- White Non-Hispanic  
  - White Hispanic  
  - Black  
  - American Indian or Alaskan Native  
  - Asian or Pacific Islander

**4. INCOME:** (List ALL household income below)

Please check all applicable sources of income and assets for all household members. Put the amount you receive **MONTHLY** before deductions (**gross amount**) from each source on the line next to it.

<input type="checkbox"/> Social Security: \$	<input type="checkbox"/> Unemployment: \$	<input type="checkbox"/> Alimony: \$
<input type="checkbox"/> SSI: \$	<input type="checkbox"/> Pension: \$	<input type="checkbox"/> Church Support: \$
<input type="checkbox"/> Wages: \$	<input type="checkbox"/> W-2/AFDC: \$	<input type="checkbox"/> Annuities: \$
<input type="checkbox"/> Family Support: \$	<input type="checkbox"/> Child Support: \$	<input type="checkbox"/> Stocks & Bonds: \$
<input type="checkbox"/> I/We have no sources of income	<input type="checkbox"/> Rent paid <u>to you</u> as an owner of real estate: \$	
<input type="checkbox"/> Other (Please specify): \$		

**5. ASSETS:** (Include assets of ALL household members)

Identify all checking and savings accounts, stocks, bonds, mutual funds, IRA's, CD's, or real estate that you own, or any other assets. **FAILURE TO PROVIDE ALL INFORMATION COULD RESULT IN NON-QUALIFICATION OF THE PROGRAM OR TERMINATION OF THE PROGRAM.**

BANK/INSTITUTION/REAL ESTATE	TYPE OF ACCOUNT	BALANCE/CASH VALUE

**6. CURRENT & PREVIOUS RESIDENCE INFORMATION:** (Attach another sheet if you need additional space.) Indicate where you have been living **for the past five (5) years**. Include any friends or relatives with whom you have lived with or if you owned your own home during this time. Start with your most recent address. Provide **complete** address information for yourself and your landlord.

**1. Current Address:** \_\_\_\_\_  
Street Address City State Zip

Length of time at this address (example June 2025-present): \_\_\_\_\_

Complete name, address, and phone of landlord/owner: \_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Street Address City State Zip Telephone Number

Are you related to landlord/owner?  Yes or  No If yes, how? \_\_\_\_\_

**1. Previous Address:** \_\_\_\_\_  
Street Address City State Zip

Length of time at this address (example May 2024-June 2025): \_\_\_\_\_

Complete name, address, and phone of landlord/owner: \_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Street Address City State Zip Telephone Number

Are you related to landlord/owner?  Yes or  No If yes, how? \_\_\_\_\_

**1. Previous Address:** \_\_\_\_\_  
Street Address City State Zip

Length of time at this address (example May 2023-May 2024): \_\_\_\_\_

Complete name, address, and phone of landlord/owner: \_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Street Address City State Zip Telephone Number

Are you related to landlord/owner?  Yes or  No If yes, how? \_\_\_\_\_

**7. OTHER REQUIRED INFORMATION**

1. Do you currently own a home, land, or timeshare?  Yes or  No If yes, describe: \_\_\_\_\_

2. Has any household member sold, gifted, or donated property or any other assets worth more than \$1,000 in the past two years?  Yes or  No If yes, explain: \_\_\_\_\_

3. Have you or any household member ever used any name (such as maiden name) or Social Security Number(s) other than one listed on this application? If yes, please explain: \_\_\_\_\_

4. Have you or any household member ever been **arrested** for a crime other than minor traffic violations?  Yes or  No  
If yes, disclose the charge(s) and legal outcome(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you or any household member subject to lifetime state sex offender registration requirement in any state?  Yes or  No  
If yes: Name: \_\_\_\_\_ State: \_\_\_\_\_

6. Have you or any other household member ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  Yes or  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

7. Please list household member **OVER THE AGE OF 18** who are full time students: \_\_\_\_\_  
\_\_\_\_\_

8. Does anyone live with you now or plan to live with you in the future who is not listed above?  Yes or  No

9. How many people live in your unit now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

10. Do you wish to move?  Yes or  No If yes, why? \_\_\_\_\_

11. Are you currently living in a federally subsidized unit?  Yes or  No If yes, where? \_\_\_\_\_

12. Have you ever participated in Section 8 Voucher Program before?  Yes or  No If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been evicted from **ANY** federally subsidized housing?  Yes or  No If yes, when? \_\_\_\_\_  
For what reason? \_\_\_\_\_

14. Have you or any household member ever been arrested for illegal use of a controlled substance?  Yes or  No

\*\*\*\*\* Section 504 of the Rehabilitation Act \*\*\*\*\*

In accordance with Americans with Disabilities Act of 1990, the Housing Authority requests that you notify us if you need special accommodations. This disclosure is **strictly voluntary** on your part. Please check if you or any member of your household requests any of the accommodations listed below. Please be aware that if the accommodation being requested poses an undue financial or administrative burden to the Housing Authority, the accommodation need not be made.

Please answer the following with **YES** or **NO**:

Wheelchair Accessibility: \_\_\_\_\_ Hearing-Impaired Accommodation: \_\_\_\_\_  
Sign or Braille Interpreter: \_\_\_\_\_ Other: \_\_\_\_\_

The following must be provided with your application (**FAILURE TO PROVIDE ALL INFORMATION THAT APPLIES TO YOUR HOUSEHOLD COULD RESULT IN NON-QUALIFICATION OF THE PROGRAM OR TERMINATION OF THE PROGRAM.**):

- Previous year's tax return if self-employed
- Property tax bill if own property
- Copies of Social Security Cards for ALL household members
- Copies of birth certificates for ALL household members
- Copies of Driver's License for ALL household members over 18
- Copies of proof of income for ALL household members
- Copies of ALL bank statements for checking, savings, CD's, etc.
- Copies of the legal documents for primary custodial rights for ALL dependent(s)
- Proof of school district enrollment for dependent(s) (if applicable)

**8. SIGNATURES:**

I/We do hereby swear and attest that all information about me/us is true complete and correct. I/We also understand that any change in household member or household income can affect my/our eligibility. I/We understand that it is my/our responsibility to promptly (within 10 days) report changes, and such reports must be in writing, As from time to time, the Housing Authority seeks to confirm continued interest in subsidized housing, I/We understand that failure to respond to written inquiry will result in my/our application being removed from consideration.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Spouse or Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Spouse or Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**WARNING:** Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.

**FOR OFFICE USE ONLY:**

Criminal Background Check: \_\_\_\_\_ Sex Offender Registry Check: \_\_\_\_\_ EIV: \_\_\_\_\_



## HOUSING AUTHORITY

75 N. Bonson St. – Platteville, WI 53818

Telephone (608) 348-1830

housingauthority@platteville.org

### CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal Law requires us to get a drug and criminal background and sex offender registration information for all adult household members applying for Section 8 rental assistance. To enable us to do this, all household members age 18 or older must answer the following questions below, then sign to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

The Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from federally assisted site for drug-related activity within the past three years?  
 YES  NO
2. Do you currently use illegal drugs or abuse alcohol?  YES  NO
3. Are you currently subject to a lifetime registration requirement under the state sex offender registration list?  YES  NO
4. Have you been convicted of any drug-related crime within the past three years?  YES  NO
5. Have you ever been convicted of any crime involving fraud or dishonesty within the past three years?  
 YES  NO
6. Have you ever been convicted of any felony within the past three years?  YES  NO
7. Have you ever been convicted of any crime involving violence within the past three years?  
 YES  NO
8. Are you currently charged with any of the above criminal activities?  YES  NO
9. Please list the states in which you have lived or have held licenses to drive (include driver's license #s)  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever used or been known by any other name?  YES  NO  
If yes, please list the names uses: \_\_\_\_\_
11. Are you currently on probation or parole?  YES  NO  
If yes, please list County and officer's name: \_\_\_\_\_

There are participation restrictions in the rental assistance program for charges and/or convictions of any drug or drug related criminal activity and/or violent criminal activity. These charges and/or convictions may prohibit participation in the program. In accordance with 24 CFR 88.210, the Housing Authority is not required to assist families who engage in drug related criminal activity or violent criminal activity as defined in 882.118 (b)(4). A person does not have to be arrested or convicted in order to terminate assistance for this reason. The criteria used to determine denial include the following:

- A. Credible Evidence: including evidence provided by newspapers, the police and court systems, probation officers, such as drug raids, drugs found in the dwelling unit or personal vehicle by police or housing authority staff, arrest warrants issued, testimony from neighbors, etc.
- B. Preponderance of Evidence: Preponderance of evidence is defined as evidence which is greater weight or more convincing than the evidence, which is offered in opposition to it, that is, evidence which as a whole show that the facts sought to be proved is more probable than not.
- C. Drug related or violent criminal convictions within the last three (3) years.

Waiver exceptions will be considered on a case- by- case basis if the applicant is in total compliance with court orders and has completed all provisions related to probation and parole stipulations. Applicants who are denied eligibility for participation for the rental assistance program have the right to an informal review for the decision to resolve the dispute with the Housing Authority without legal action and to correct errors.

I understand that the above information is required to determine my eligibility for rental assistance. I certify that my answers are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for denial of admission or termination of assistance. I authorize the Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Housing Authority.

Consent form expires fifteen (15) months after signed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Please Print): \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Name (Please Print): \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

ATTACHMENT 2

**HOUSING AUTHORITY DRUG-FREE HOUSEHOLD STATEMENT**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

I, the undersigned do hereby attest that I and all members of my household, do not use any **illegal drug(s)**. I further attest that I and all members of my household do not sell, manufacture, possess or use illegal drugs and that my household is a **drug-free household**.

I further understand that if I, members of the household or guest(s) of household, use, sell, manufacture or possess illegal drugs, I am subject to the removal from the waiting list or termination of Housing Assistance Payments, or Subsidized Housing, whichever may apply.

I understand that this statement will remain in effect for the entire length of my application period and participation of the Section 8 Housing Choice Voucher Program.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

ATTACHMENT 3

**HOUSING AUTHORITY DRUG-FREE APPLICANT/TENANT CERTIFICATION**

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE HOUSING AUTHORITY ON **HOUSEHOLD COMPOSITION, INCOME, FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS** IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE UNDER **FEDERAL LAW**. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing Toll-Free Hotline at 800-669-9777.

After verification by the Housing Authority, the information will be submitted to the U.S. Department of Housing and Urban Development on form HUD-50058. See the Federal Privacy Act Statement for more information.

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER IN THIS JURISDICTION.**

# DECLARATION OF CITIZENSHIP

## HOUSING AUTHORITY

**PART 1: APPLIES TO ALL FAMILY MEMBERS**

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is under 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status	Signature of Adult listed to the left, or Signature of Guardian for Minor
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X

**WARNING:** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement(s) to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future rental assistance.

**NOTE:** Family members who have checked indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

**PART 2: APPLIES TO NONCITIZEN FAMILY MEMBERS ONLY**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Temporary Stamp and MRIVS
2. Form I-94, Arrival-Departure Record
3. Temporary Resident Card
4. Employment Authorization Card
5. A receipt issued by the INS indicating an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call to arrange delivery of any original documents. Do not

mail original documents to this office.

If documents are not presented and verified in a timely matter, as requested, your family's rental assistance may be reduced, denied, or terminated as provided in the regulations by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**HEAD OF HOUSEHOLD CERTIFICATION**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult listed to the left, or Signature of Guardian for Minor	OFFICE USE ONLY INS VERIF #
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Authority, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purpose of verification of immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

## 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):

Housing Authority

Sandy Cook - Executive Director

75 N. Bonson St. PO Box 780

Platteville, WI 53818

**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.