

# Cheyenne Housing Authority

## How to Add A Person to Your Household

### \*Section 8 / Housing Choice Voucher\*

If you are currently receiving housing assistance and need to add someone to your household, additional paperwork needs to be completed and turned into Cheyenne Housing Authority to determine approval.

- ☐ Request to Add A Person to Household Form for each person being added to household
- ☐ Updated Household Declaration - to include all people in household, person/people being added, all income, assets, etc. requested.  
**\*\*Head of Household needs to remain the same as originally submitted\*\***

For household members **18 years and older**, complete the following forms:

- ☐ Authorization for the Release of Information / Privacy Act Notice (HUD-9886-A)
- ☐ Debts Owed (HUD – 52675)
- ☐ General Release of Information / Consent Form
- ☐ Non-Criminal Justice Applicant's Privacy Rights

Include the following applicable documentation for each person being added to household:

- ☐ Government issued Photo ID card (Copy must have a clear picture and writing must be legible)  
**\*Required for each person 18 years and older\***
- ☐ Social Security Card(s) and / or verification of Citizenship Status if not a US Citizen. (Copy must be clear and legible)  
**\*Required for each person in the household\***
- ☐ **Income Verification**  
Employment: Payroll summary from employers and or check stubs (60-days of the most recent, consecutive months.) Original third-party authentic documentation for any other income such as: Unemployment Benefits, POWER, Child Support, Pension / Retirement Income, Social Security Award Letter, contributions from others not currently living with you, etc.  
Self-Employed Individuals Only (includes independent contractors / gig economy platforms, such as Door Dash, Uber, Lyft, etc.):  
Current, Signed Federal Tax Return, that has been filed with the IRS, with W2's and a schedule C for business income and expenses. CHA will accept a completed profit and loss statement with verification (IRS Form 4506-T) that a tax return was not filed. CHA may request documents that support submitted financial statements such as manifests, appointment books, cash books, or bank statements.
- ☐ **Assets**  
Current statement from your financial institution (I.e. most recent, itemized bank statement checking / savings.)
- ☐ Verification of Unreimbursed Childcare Expenses  
Two consecutive months of receipts from the childcare provider (if applicable)
- ☐ Verification of Student Status and Financial Information (If applicable)  
Student enrollment with name of school and credit hours. Financial verification of tuition cost, fees, grants and scholarships for every student household member over 18 years old.
- ☐ **Verification of Disability Status (If applicable)**  
Submit verification for each person of the household who is 18 years or older with a disability. Verification of receiving SSI or SSDI benefits can be used as a verification of disability. If needed, the Verification of Disability Form can be picked up at our front desk.
- ☐ **Verification of Unreimbursed Medical Expenses (Elderly or Disabled Households Only)**  
If applicable, printouts from doctors, printout from pharmacy, insurance premiums will require 3-months bank statements or invoice and / or payment book from your provider. All other medical expenses will need invoices and all **unreimbursed expenses must include verification of payment.**



# Cheyenne Housing Authority

Request to Add a Person to Household

\*Required Information\*

Head of Household: \_\_\_\_\_

Name of Person Being Added: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race (Circle One):

- |          |                              |                                   |          |
|----------|------------------------------|-----------------------------------|----------|
| 1. White | 2. Black                     | 3. American Indian/Alaskan Native |          |
| 4. Asian | 5. Hawaiian/Pacific Islander | 6. Mixed                          | 7. Other |

Ethnicity (Circle One):

- |             |                 |
|-------------|-----------------|
| 1. Hispanic | 2. Non-Hispanic |
|-------------|-----------------|

## CITIZENSHIP DECLARATION OF SECTION 214 STATUS

*In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.*

**Complete a section for every household member, including children.**

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because: **(Check the applicable box or boxes.)**

1. ☐ **I am a citizen** by birth, naturalized citizen or national of the United States. **OR:**
2. ☐ **I have eligible immigration status and I am 62 years of age or older** (attach proof of age). **OR:**
3. ☐ **I have eligible immigration status as checked below (see reverse side of this form for explanations).** Attach INS document(s) evidencing eligible immigration status and signed verification consent form on the reverse side.
  - ☐ Immigrant status under #101(a)(15) or 101(a)(20) of the INA **OR:**
  - ☐ Permanent residence under #249 of INA **OR:**
  - ☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA **OR:**
  - ☐ Parole status under #212(d)(f) of the INA **OR:**
  - ☐ Threat to life of freedom under #243(h) of the INA **OR:**
  - ☐ Amnesty under #245A of the INA \_\_\_\_\_
4. ☐ **I am not a citizen and do not have eligible immigration status.**

[Sign and Date Here] \_\_\_\_\_

☐ **Check box if signing for a minor child.**  
Sign your name, not the minor child's name.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following pertains to noncitizens who declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under §101(a) (15) or 101(a) (20) of the INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(1) (20) of the immigration and nationality Act (INA), as an immigrant, as defined by §101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

**Permanent resident under §249 of the INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained resident in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*]

**Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980 because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

**Parole status under §212(d) (5) of the INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

**Threat of life or freedom under §243(h) of the INA.** A noncitizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*Threat to life or freedom*].

**Amnesty under §254A of the INA.** A noncitizen who is lawfully admitted for temporary or permanent residence under §254A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].

**Cheyenne Housing Authority****HOUSEHOLD DECLARATION FORM**

(for Public Housing, Section 8 - Housing Choice Voucher and Multi-family housing programs)

**This form must be filled out completely. Mark "N/A" if not applicable****YOUR INFORMATION**

NAME	<input type="text"/>	AGE	<input type="text"/>	SSN (last 4 digits)	XXX-XX- <input type="text"/>
PHONE#	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	EMAIL	<input type="text"/>		
ADDRESS	<input type="text"/>				
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
DISABLED	Yes___ No ___	STUDENT	Yes___ No ___	IF YES	Full time ___ Part Time ___

**MEMBERS OF YOUR HOUSEHOLD (PEOPLE WHO LIVE WITH YOU)**

First Name	Last Name	AGE	Relationship (e.g. Spouse, son, live-in aide etc.)	Disabled (Yes or No )	Student (Yes or No)	If yes to student (FT or PT)
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _

Is anyone in the household 18 years old or older a student who is enrolled in an institution of higher education?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, who: \_\_\_\_\_

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.



# Cheyenne Housing Authority

## HOUSEHOLD DECLARATION FORM

(for Public Housing, Section 8 - Housing Choice Voucher and Multi-family housing programs)

### HOUSEHOLD MEMBER'S INCOME

Please answer the following with Yes or No. Each Section must be filled out **completely**.

Source	Do you or anyone who lives with you gets money from this source? (Yes or no)	If No, Mark "N/A" If Yes, Monthly Amount
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Social Security (SSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
State SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Self-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Pension / Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Power / TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Per Capita	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Veterans Benefit (Retirement, Disability, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Gift Income (Examples: someone who does not live with you 1) pays your bills monthly 2) regularly gives you cash 3) regularly buys you groceries or clothes.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Student financial Aid / Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Other Income (Any and all income sources must be reported)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Child Support or Alimony	Is there a court ordered amount you are supposed to get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes How much \$ _____
	Do you get the full amount ordered? If not, how much do you actually get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes How much \$ _____



**HOUSEHOLD MEMBER'S BANK ACCOUNTS**

Please answer the following with Yes or NO. Each section must be filled out completely.

Do you or anyone who lives with you have any of the following assets (e.g. Bank Accounts)

Type of Account	Do you or anyone who lives with you have this type of account? (Yes or no)	Name of Bank Name of Prepaid Card If No, Mark "N/A"	Provide Amount If No, Mark "N/A"
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
IRA / Other Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Trust accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Whole Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Prepaid Cards (e.g. Direct Express)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	Direct express _____ Blue bird _____ Other _____	\$ _____ \$ _____ \$ _____
Real Estate	Do you own any Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____	
	If yes, what is the address of the property?	_____	
	Appraised Market Value	\$ _____	
	Mortgage or outstanding balance due	\$ _____	

❖ Has anyone disposed of any asset for less than fair market value within the last 2 years?

☐ YES ☐ NO If yes, how much did you dispose the asset for: \$ \_\_\_\_\_

If Yes, please explain (example: Selling a house for less than what it's worth).

**HOUSEHOLD EXPENSES**Each section **must be filled out completely.**

Does anyone pay <b>childcare</b> for children under 13 years of age?	Yes ____ No ____	Monthly Amount \$ _____
<b>If yes:</b> Is the amount reimbursed/paid for by an agency or another person who does not live with you?	Yes ____ No ____	
Does the childcare allow anyone to go to work, go to school or look for work?	Yes ____ No ____	
<p>Medical expenses must be anticipated, regular, ongoing expenses that a family expects to pay in the 12 months following examination or reexamination. Medical expenses for the previous year <i>may</i> be used as a basis for estimating the family's anticipated expenses for the coming year.</p> <p>The medical expense deduction is permitted <b><u>only for families in which the head, spouse, or cohead is at least age 62 or is a person with disabilities.</u></b> If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted to the extent they exceed three percent of annual income.</p>		
Does anyone pay <b>medical expenses</b> ?	Yes ____ No ____	Monthly Amount \$ _____

❖ Are you, or anyone who lives with you, required to register as a sex offender in any State?

☐ YES ☐ NO

❖ Have you, or anyone who lives with you, been convicted of any drug related or violent criminal activity since the last reexamination?

☐ YES ☐ NO

If yes, please explain:

❖ Currently, or at any time within the last 12 months, have you, or anyone who lives with you, received assistance at another location?

☐ YES ☐ NO If yes, who, where and when:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance/the lease and/or prosecution.

**Signature of you and everyone who lives with you that is 18 years of age or older:**

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	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:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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



**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**

**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):

Cheyenne Housing Authority  
 3304 Sheridan Street  
 Cheyenne WY 82009

**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		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		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.

## **CHEYENNE HOUSING AUTHORITY**

### **General Release of Information / Consent Form**

I authorize the Cheyenne Housing Authority (CHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive or continue to receive housing assistance or otherwise participate in programs operated by, administered by, or overseen by CHA. CHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, governmental entity, or organization that has, or may have, any information listed below. If CHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to abide by the rules of the lease, take care of rental property, and get along well with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- Information from employers regarding wages, salary and duration of employment.
- Criminal history information, including fingerprint submission where necessary to effect positive identification. This includes, but is not limited to, criminal history information generated, stored, accumulated, assembled, or reported by local, state, or federal law enforcement agencies or entities even if that information is otherwise restricted, confidential, or protected from release by local, state, or federal law;
- Information about or concerning me which has been created by or is in the possession of any state, local, or law enforcement agency or any prosecutorial entity (including, but not limited to such entities as district attorney's offices, city attorney's offices, or county attorney's offices) related to any suspected, investigated, alleged, charged, or convicted criminal activities. This release applies even if such information is otherwise restricted, confidential, or protected from release by local, state, or federal law. This information which I am authorizing the release of would include, but not be limited to, investigation reports, arrest reports, statements of witnesses, complaining parties, or other persons, photographs, recordings, documents and materials collected in the course of investigations or prosecutions, citations, tickets, referrals for charges, booking sheets, detention reports, charging documents, plea bargain paperwork, pleas, verdicts, transcripts, sentencing documents, probation documents, and all other such documents related to the topics referred to in this paragraph.
- Information on payment history and balances owed to utility companies;
- 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;
- U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verification;

- 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/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.

This Consent expires 15 months after I sign it. I may revoke this General Release of Information / Consent Form by notifying the CHA in writing. If I revoke this General Release of Information / Consent Form, I understand that future housing assistance may not be provided and/or that my participation in assistance or other programs may be denied or terminated. I hereby release any and all persons, businesses, governmental entities, or organizations that disclose, share, or otherwise provide information to the CHA and/or to HUD pursuant to this release from any and all claims or liability which would or might otherwise arise from the disclosure, sharing or providing of such information without such a release having been given by me. This Consent Form is being signed knowingly and voluntarily without coercion.

Head of Household (printed name)	Signature	Date
Co-Head (printed name)	Signature	Date
Other Adult 18 years of age or older	Signature	Date
Other Adult 18 years of age or older	Signature	Date

**Who must sign the Consent Form:** Each member of your household 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. Criminal background checks will be run on anyone in the household 18 years of age or older.

**Failure to sign Consent Form:** Denial of eligibility or termination of benefits is subject to CHA's Housing Choice Voucher informal hearing/review procedures or Public Housing informal review/grievance process.

**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 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 Social Security Numbers issued to you and all other household members age six years and older. Provision of Social Security Numbers of all household members is mandatory, failure to provide 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 application.

**Penalties for misusing this Consent:** HUD, CHA and any owner (or any employee of HUD, CHA or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the Consent Form. Use of the information collected based on this form is restricted to the purposes cited on the form. 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 appropriate relief against the officer or employee of HUD or the CHA.

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

x \_\_\_\_\_ All adults 18 and older must sign

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).