

BUCKS VILLA

APPLICATION FORM

Due to the complicated nature of this form, applicants are encouraged to seek assistance from their medical case manager as needed. The Family Service Housing Administrator will provide referrals to a medical case manager if necessary.

Applicant's Name: _____ Date: _____

Phone: _____ Date of Birth: _____

Address: _____
Street Apt No.

_____ City State Zip

Current Place of Residence:

- Shelter/Street
- Relative/Significant Other
- Friend
- Live Independently in Rental Property
- Live Independently in Self-owned Property
- Prison
- Other, Specify: _____

Sex: _____ Social Security #: _____

Monthly Income:

Social Security Income		Pension	
Social Security Disability Income		Unemployment	
Employment/ Cash Wages		Other:	

Assets- Total for each category:

Savings Account		IRAs	
Checking Account		Stocks/Bonds	
Money Market Account		Real Estate	
Other			

(Please Note: Documentation is required for all forms of income and assets at the time of the interview.)

BUCKS VILLA

Medical Expenses:

Do you have Medical insurance? Yes No If yes, what is type? _____

Do you have more than one type of medical insurance? Yes No

If yes, please name: _____

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have any outstanding medical expenses during the next 12 months? Yes No

If yes, amount of medical expenses \$ _____

Other Expenses/Debts: (Includes: Credit Cards, Loans, Car Payment/Insurance, Fines/Tickets, etc.)

Type of Expense/Debt	Amount Owed	Type of Expense/Debt	Amount Owed

SUBSTANCE ABUSE INFORMATION

Please list current and past substance abuse issues, including current clean time:

Substance Abuse Treatment Programs (specify programs, dates of attendance, date of discharge and outcome):

BUCKS VILLA

Why are you requesting housing?

References:

Current Landlord: _____ Phone: _____

Address: _____

Dates of Occupancy: _____ Reason for Leaving and/or Eviction: _____

Previous Landlord: _____ Phone: _____

Address: _____

Dates of Occupancy: _____ Reason for Leaving and/or eviction: _____

List all States you have lived in since the age of 18:

Comments/Additional Information:

BUCKS VILLA

I certify that if selected to move into this project, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for assistance. I authorize the owner to verify all information provided in this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law and could result in this application being rejected.

Applicant's Signature

Date

Management's Signature

Date

RACIAL AND ETHNIC CATAGORIES**ETHNICITY – CHOOSE ONE**

- Hispanic or Latino
- Not Hispanic or Latino

RACE – CHOOSE ONE

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American

Family Service Association of Bucks County
Housing Subsidy/HUD PRAC 811
ADL Assessment Form

Client's Name: _____

DOB: _____

Instructions: Write in the appropriate value number on the score lines provided to the right.

- | | <u>Value #</u> |
|---|----------------|
| 1. TOILET | _____ |
| 4 Cares for self at toilet completely, no incontinence | |
| 3 Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents | |
| 2 Soiling or wetting while asleep, more than once a week | |
| 1 Soiling or wetting while awake, more than once awake | |
| 0 No control over bowels or bladder | |
| 2. FEEDING | _____ |
| 4 Eats without assistance | |
| 3 Eats with minor assistance at meal times, with help preparing food or w/help cleaning up | |
| 2 Feeds self with moderate assistance and is untidy | |
| 1 Requires extensive assistance for all meals | |
| 0 Does not feed self at all and resists efforts of others to feed him/her | |
| 3. DRESSING | _____ |
| 4 Dresses, undresses and selects clothes from own wardrobe | |
| 3 Dresses and undresses self, with minor assistance | |
| 2 Needs moderate assistance in dressing or selecting of clothes | |
| 1 Needs major assistance in dressing but cooperates with efforts of another to help | |
| 0 Completely unable to dress self and resists efforts of another to help | |
| 4. GROOMING (neatness, hair, nails, hands, face, clothing) | _____ |
| 4 Always neatly dressed and well-groomed, without assistance | |
| 3 Grooms self adequately, with occasional minor assistance, e.g. in shaving | |
| 2 Needs moderate and regular assistance or supervision in grooming | |
| 1 Needs major assistance in dressing but cooperates with efforts of another to help | |
| 0 Actively negates all efforts to others to maintain grooming | |
| 5. PHYSICAL AMBULATION | _____ |
| 4 Goes about grounds or city | |
| 3 Ambulates within residence or about one block distance | |
| 2 Ambulates with assistance of (check one): _____ another person, _____ railing, _____ cane
_____ walker, _____ wheelchair: ___ gets in/out without help ___ needs help getting in/out | |
| 1 Sits unsupported in chair or wheelchair, but cannot propel self without help | |
| 0 Bedridden more than half the time | |
| 6. BATHING | _____ |
| 4 Bathes self (tub, shower, sponge bath) without help | |
| 3 Bathes self, with help of getting in and out of tub | |
| 2 Washes face and hands only, but cannot bath rest of body | |
| 1 Does not wash self but is cooperative with those who bathe him/her | |
| 0 Does not try to wash self, and resists efforts to keep clean | |
| 7. RESPONSIBILITY FOR OWN MEDICATION | _____ |
| 2 Is responsible for taking medications in correct dosages at correct time | |
| 1 Takes responsibility if medication is prepared in advance in separate dosages | |
| 0 Does not take medication without being distributed or refuses to take medications | |

Doctor's signature

Date Assessed

Privacy Act Statement Collection and Use of Personal Information

Sections 1614(a)(3), 1631(a)(4), 1631(e)(1), and 1633 of the Social Security Act, as amended, allow us to collect this information. We will use the information you provide to make a determination on the named individual's disability claim.

Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on the claim. We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs, including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices, 60-0103, entitled Supplemental Security Income Record, and Special Veterans Benefits, and 60-0320, entitled Electronic Disability (eDIB) Claim File. Additional information about these and other system of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0500. We estimate that it will take about 8 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

BUCKS VILLA

Managed by Family Service Association of Bucks County

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION [SEND/RECEIVE]

HIV-related information cannot be used/disclosed in reliance on this form unless specified explicitly as such under Item 2. HIV-related disclosures must be accompanied by disclosure statements required verbatim by federal and state laws (Item #7).

I, _____, authorize **Bucks Villa, Inc.** and its Management Agent, **Family Service Association of Bucks County (Family Service)** to use and/or disclose my information only as described below:
(Print Full Proper Name)

- This Authorization's **purpose** is as follows:
To allow the Management Agent to coordinate services with the Case Manager/Medical Case Manager to apply for and/or maintain housing at Bucks Villa.
- This Authorization **covers** the following information about me:
Name, DOB, SSN, address, phone number, HIV+ status, income and expenses, household composition, Behavioral Health/drug/alcohol history (including diagnosis, current/past treatment and clean time).
- This Authorization **permits** Family Service to release the covered information which it has in its possession. Family Service may release this information to the following person or entity:
Name: _____
Full Mailing Address: _____ ; Tel: _____
(Street, City, State, Zip Code)
- This Authorization **permits** the above-named person or entity to disclose the covered information about me which is in their possession to Family Service immediately upon Family Service's request.
- I understand that I have a **right to revoke** this Authorization at any time. I may revoke the authorization verbally or in written notification to Family Service. I understand that Family Service has a notification form for me to use if I wish to revoke this Authorization at any time before it expires. Revocation will be effective immediately upon Family Service's receipt of proper notification. I may not revoke this Authorization to the extent that Family Service has already relied upon it or if it was signed as a condition of obtaining insurance coverage.
- In the absence of revocation, this Authorization **becomes effective** on *(Specify Date)* _____ and **will expire** on *(Specify Date)* _____.
- This information has been disclosed to you from records protected by HIPAA (45 CFR, Parts 160 and 164) and Confidentiality of HIV- Related Information Act (PA 35 P.S. § 7601et seq.). These rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by these rules.
- I understand that Family Service may not require that I sign this Authorization in order to obtain treatment or service.

I have read this Authorization, or had it explained to me, and I understand its contents.

Family Service has given me a copy of this Authorization. Copy: Accepted Declined

Client's Signature _____ **Date in Client's Handwriting** _____

VERBAL CONSENT: *(For use by persons unable to provide a signature.)* I have witnessed that the person giving Authorization understood the nature of this Authorization and freely gave his/her verbal consent. *(Two witnesses required.)*

/s/ **Witness 1** _____

/s/ **Witness 2** _____

Date in Witness' Handwriting _____

Date in Witness' Handwriting _____

Bucks Villa, Inc. | c/o Family Service Association of Bucks County | 4 Cornerstone Drive | Langhorne, PA 19047

215.757.6916, ext. 229 (p) | 215.757.7628 (f) | www.bucksvilla.org



Bucks Villa, Inc. is an equal opportunity housing provider. Business is conducted in accordance with the Federal Fair Housing Law.



BUCKS VILLA

Managed by Family Service Association of Bucks County

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION [SEND/RECEIVE]

HIV-related information cannot be used/disclosed in reliance on this form unless specified explicitly as such under Item 2. HIV-related disclosures must be accompanied by disclosure statements required verbatim by federal and state laws (Item #7).

I, _____, authorize **Bucks Villa, Inc.** and its Management Agent, **Family Service Association of Bucks County (Family Service)** to use and/or disclose my information only as described below:
(Print Full Proper Name)

- This Authorization's **purpose** is as follows:
To allow the Management Agent to share income and asset information in order to verify income via 3rd party verification; complete rent calculation with HUD verification systems.
- This Authorization **covers** the following information about me:
Name, address, SSN, DOB, income and asset information
- This Authorization **permits** Family Service to release the covered information which it has in its possession. Family Service may release this information to the following person or entity:
Name: Paulhus and Associates, Inc.
Full Mailing Address: 8 Keystone Drive Lebanon, PA 17042
(Street, City, State, Zip Code)
- This Authorization **permits** the above-named person or entity to disclose the covered information about me which is in their possession to Family Service immediately upon Family Service's request.
- I understand that I have a **right to revoke** this Authorization at any time. I may revoke the authorization verbally or in written notification to Family Service. I understand that Family Service has a notification form for me to use if I wish to revoke this Authorization at any time before it expires. Revocation will be effective immediately upon Family Service's receipt of proper notification. I may not revoke this Authorization to the extent that Family Service has already relied upon it or if it was signed as a condition of obtaining insurance coverage.
- In the absence of revocation, this Authorization **becomes effective** on *(Specify Date)* _____ and **will expire** on *(Specify Date)* _____.
- This information has been disclosed to you from records protected by HIPAA (45 CFR, Parts 160 and 164) and Confidentiality of HIV- Related Information Act (PA 35 P.S. § 7601et seq.). These rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by these rules.
- I understand that Family Service may not require that I sign this Authorization in order to obtain treatment or service.

I have read this Authorization, or had it explained to me, and I understand its contents.

Family Service has given me a copy of this Authorization. Copy: Accepted Declined

Client's Signature _____ **Date in Client's Handwriting** _____

VERBAL CONSENT: *(For use by persons unable to provide a signature.)* I have witnessed that the person giving Authorization understood the nature of this Authorization and freely gave his/her verbal consent. *(Two witnesses required.)*

/s/ **Witness 1** _____ /s/ **Witness 2** _____

Date in Witness' Handwriting _____ **Date in Witness' Handwriting** _____

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Tenant Consent to Disclose EIV Income Information

Print name of tenant authorizing release

Print name of third party being authorized to view information

A. Third party to view and/or discuss information for the sole purpose of recertification assistance is an:

- Adult Household Member Translator / Interpreter Service Coordinator
 Guardian Temporarily Absent Family Member
 Individual Assisting Elderly Individual or Person with a Disability
 Other Individual (Include Relationship): _____

B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:

- EIV Income Report EIV Income Discrepancy Report EIV No Income Report
 EIV New Hires Report Other EIV information: _____

C. Penalties for Misuse of Information:

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

"[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years." 18 U.S.C. 1001.

"Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i).

"The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (i) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph." 42 U.S.C. 653(l).

Federal law also provides penalties for misusing Social Security numbers. 42 U.S.C. 408 (a) (6), (7) and (8).

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 owner responsible for the unauthorized disclosure or improper use.

D. Certifications:

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

Signature of tenant authorizing release

Printed name of tenant authorizing release

Date

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above named individual for the sole purpose of assisting the tenant in the recertification of his/her subsidy. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

Signature of authorized third party

Printed name of authorized third party

Date



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)