

PUBLIC HOUSING INFORMATION SHEET



SUNSET PARK

Sunset Park is a 50 unit apartment complex on Houser Street near Kent-Stein recreational complex. It has 30 two-bedroom units, 16 three-bedroom units and 4 four-bedroom units. Two of the 2-bedroom units are wheel chair accessible. Each apartment is equipped with gas stove, refrigerator, tile, carpeting, washer/dryer hook-up and a whole house-ceiling fan. All units are individually metered for utilities. Gross rent, including an allowance for utilities, is 30% of income. Three playground areas are available to residents. Kent-Stein recreational area and the Muscatine Soccer Complex are within walking distance. Children will be bussed to Middle School, High School, and Franklin Elementary School.

QUALIFICATIONS FOR RESIDENCY

Sunset Park is an apartment complex for families and handicapped. The applicant must qualify as a family, as described in the Project Admission Policy. Gross income for admission cannot exceed:

Family Size	Maximum Income
2	\$26,350
3	\$29,650
4	\$32,900
5	\$35,550
6	\$38,200
7	\$40,800
8	\$43,450

Families will be offered apartments with the number of bedrooms according to the following standards:

Number of Bedrooms	Number Persons	
	Minimum	Maximum
2	2	4
3	3	6
4	4	8

(12/13/12)

CLARK HOUSE

This is an 11 story – 100 unit apartment building located at 117 West Third Street, Muscatine, IA. Clark House has a community kitchen, dining area, and office on the ground floor. Apartments are located on floors 2-11, 2 elevators service the building. Milestones Area Agency on Aging operates a noon meal site in the dining room 7 days a week.

QUALIFICATIONS FOR RESIDENCY

To qualify, the head of the family or spouse must be 50 years of age or older. All residents must meet certain other criteria such as ability to maintain a threshold level of personal care and housekeeping, and meet income eligibility requirements. Clark House is available to all persons regardless of race, color, creed, religion, sex or national origin.

Family Size	Maximum Income
1	\$36,900
2	\$42,150

(03/05/14)

All applicants must permit verification of information provided on the application form and authorize credit and character review.

RESIDENT SELECTION / APARTMENT ASSIGNMENT

Solvency shall be a prime consideration in tenant selection and apartment assignment. Residents will be selected from among applicants eligible for apartments of given size and within such ranges of rent as may be established from time to time to ensure the financial solvency and stability of the project including, but not limited to the following:

- On time rent paying ability and rental history.
- Credit with utility companies and banks.
- Applicant's disability or handicap.
- Family size of the applicant as it relates to the existing housing (over crowding).

Eligibility of all families will be re-examined at least once every 12 months and based upon family income, the rent shall be adjusted accordingly. Residents, members of the family and/or guests will be expected to conduct themselves in accordance with the Sunset Park/Clark House Rules and Regulations adopted by the City of Muscatine.

PROCESS:

Normally there is a waiting list. As people apply for Sunset Park/Clark House, their names are put on the waiting list in the order they have applied. It is important that each applicant be sure to keep his or her application up to date. If a change occurs – you must report that change to the Muscatine Municipal Housing Agency *in writing*. Report family size changes, income changes, and especially address changes.



When your name comes to the top of the list you will be required to bring in some necessary items. Start putting those things together now, so you will have them easily accessible when the time comes. We need birth certificates and Social Security cards now, the other items will be needed later.

Items you **must** bring include:

Verification of Income for anyone over 18

years: employment/wages, termination of employment, unemployment benefits, welfare/ADC/FIP, child support/alimony benefits, Social Security benefits, SSI benefits, pension/retirement ... anything that pertains to YOUR family income.

Assets/All Bank Accounts: Savings, checking, CD's stocks, bonds, money market funds, IRA, KEOGH and similar retirement savings accounts, cash value of life insurance policies. Lump sum receipts such as inheritances, lottery winnings, cash from sale of assets, insurance settlements, Social Security and SSI lump-sum payments and other claims. EQUITY IN REAL PROPERTY OR CAPITAL INVESTMENTS. Equity is the estimated current market value of assets less the unpaid balance on all loans secured by the asset and reasonable costs that would be incurred in selling the asset.

Medical Expenses: Physician, prescription medication, over the counter medication, health insurance, hospital/clinic.

Current Rent Receipts: Most recent receipts.

Current Utility Bills: Gas, Electric – not telephone

Social Security or Resident Alien Cards:

Needed for *every member of the family.*

Birth Certificates: Need these for *every member of the family* (Needed WITH your application.*)

Immigration Documents: If needed.

Other Documents & Forms: Driver's license, auto insurance/ registration, pet inoculations/licensing.

We might ask for other things when the time your name comes to the top of the list – but if you have these in hand and ready to bring, you will save a lot of time!

*Copies will be accepted with application; originals must be presented before housing assistance begins.

OTHER HOUSING OPPORTUNITIES:

The Muscatine Municipal Housing Agency offers the following housing communities and programs:
Clark House Hershey Manor Sunset Park
Section 8 Voucher Program

Muscatine Municipal Housing Agency
City Hall – 215 Sycamore Street - Muscatine, IA
52761
563-264-1554



PUBLIC HOUSING APPLICATION

Muscatine Municipal Housing Authority
City Hall
215 Sycamore Street
Muscatine, Iowa 52761

APPLYING FOR:

- Clark House
- Sunset Park

**PARTICIPANTS REQUIRING SPECIAL ASSISTANCE**

Participants with disabilities who require special accommodation in the application process should notify Muscatine Municipal Housing Agency at (563) 264-1554 or for the hearing impaired, the TDD at (563) 264-1550.

FAILURE TO COMPLETE ENTIRE APPLICATION OR PROVIDE READABLE ADDRESS AND FAMILY INFORMATION WILL RESULT IN APPLICATION NOT BEING PROCESSED IN A TIMELY MANNER.

PLEASE PRINT!

Name of Applicant _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip Code _____

A. Family Composition (List yourself and only those who will be living with you)

Name (First, Middle Initial, Last)	Birth Date	Social Security Number	Relationship to Head of Household	Age	Sex	Marital Status (M, S, D, W)
			Head of Household			



B. Source(s) and Amount(s) of Income: List all money earned or received by any household member who is 18 years old or older.

Family Member	Source of Income (Wages, SS, SSI, Pension, Alimony, TANF, Contributions from family and friends for living expenses, food assistance, etc)	Gross Dollar Amount per Month

Do you engage in the selling of goods or services? yes no

If yes, list type of business or service _____

Location of Business _____

Monthly Gross Income _____

C. Net Family Assets (Checking, Savings, CDs, Company Stocks, Real Estate owned, etc.)

Household Member	Type of Asset	Name of Bank or Other Source	Value of Asset



D. Deductions and Allowances for Medical Expenses (Elderly/ Disabled only)

Note: Persons who are 62 or older and persons with disabilities are entitled to additional deductions such as medical expenses, health insurance premiums, etc. These expenses could impact the amount of rent you pay.

Family Member	Description (Prescription cost, Life Line, insurance premiums, doctor/hospital bills, etc.)	Cost per Month

E. Minority Status Hispanic Non Hispanic

F. Ethnicity

White Native American African American Asian Pacific Islander

G. Miscellaneous Information

Note: Incorrect statements can cause your application and/or housing assistance to be declined and/or terminated. Check appropriate boxes and write full explanations as needed.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

1. Do you and/or any household member own or have interest in: real estate mobile home
If yes, explain _____

2. Have you sold any real estate in the last two (2) years? yes no
If yes, explain: _____

3. Does anyone outside of your household pay for any of your bills or give you money?
 yes no If yes, explain: _____

4. Have you or any other adult household member ever used any other name(s) such as a maiden
 yes no If yes, list former names: _____

5. Have you ever committed fraud in any federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing?
 yes no If yes, explain: _____

6. Have you or any other household member been involved in, arrested for, or convicted of drug/alcohol activity in the past five (5) years? yes no If yes, explain: _____



7. Have you or any other household member ever been arrested/ charged for a crime other than a traffic violation in the past five (5) years? yes no If yes, explain: _____

8. Have you or any other household member been incarcerated in the past five (5) years? yes no If yes, explain: _____

9. Are you, or any other household member, required by court order, to register on a local or national sex offender registry? yes no If yes, list the state and the year that the offense occurred: _____

10. Will any person in your household benefit from a handicap accessible unit? yes no

I hereby swear and attest that all information above about myself and other household members is true and correct.

I understand a criminal background check may be done to verify the information I have given and that untrue statements may be cause for my application and/or housing assistance to be declined and/or terminated.

I understand changes in income of any member of the household, household size and/or composition, address changes, etc. must be reported to Muscatine Municipal Housing Agency IN WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD DATE

SIGNATURE OF CO-HEAD OF HOUSEHOLD DATE

APPLICANTS REQUIRING SPECIAL ASSISTANCE

Applicants with disabilities who require special accommodation in the application process should notify Muscatine Municipal Housing Agency at (563) 264-1554 or for the hearing impaired, the TDD at (563) 264-1550.

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, or dwelling unit that will allow a qualified person with a disability to participate fully in a program; take advantage of a service, or live in a dwelling. Applicants with disabilities who require a reasonable accommodation in order to participate in the application process or make effective use of the housing program may request such an accommodation. Muscatine Municipal Housing Agency will accommodate a specific request unless doing so would result in an undue financial and administrative burden, please call our administrative office at 563-264-1554 for more information.



Please provide a minimum of five (5) years of Landlord/Rental and Credit History. If you cannot provide five (5) years please explain why. A minimum of three (3) personal written references are requested if sufficient history cannot be provided.

Current Landlord: _____ Landlord Phone: _____

Your Current Address: _____

Name the unit was rented in: _____ Date Rented: _____ to _____

Why are you moving? _____

Previous Landlord: _____ Landlord Phone: _____

Your Previous Address: _____

Name the unit was rented in: _____ Date Rented: _____ to _____

Why did you move? _____

Previous Landlord: _____ Landlord Phone: _____

Your Previous Address: _____

Name the unit was rented in: _____ Date Rented: _____ to _____

Why did you move? _____

Previous Landlord: _____ Landlord Phone: _____

Your Previous Address: _____

Name the unit was rented in: _____ Date Rented: _____ to _____

Why did you move? _____

Have you ever been evicted? _____ When? _____

Where? _____ Why? _____



CREDIT REFERENCES (utilities, bank/car loans, etc.)

Company Name: _____ Address: _____

Contact Person if Known: _____ Phone: _____

Type of Reference (loan, utilities, etc.) _____ Account Number: _____

Name the account was in: _____

Company Name: _____ Address: _____

Contact Person if Known: _____ Phone: _____

Type of Reference (loan, utilities, etc.) _____ Account Number: _____

Name the account was in: _____

Company Name: _____ Address: _____

Contact Person if Known: _____ Phone: _____

Type of Reference (loan, utilities, etc.) _____ Account Number: _____

Name the account was in: _____

Explanation for why five (5) years of Landlord/Rental and Credit History cannot be provided:

YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE IF THE LANLORD/RENTAL AND CREDIT HISTORY SECTIONS ARE BLANK WITHOUT A WRITTEN EXPLANATION. THREE WRITTEN PERSONAL REFERENCES ARE REQUIRED IF SUFFICIENT HISTORY CANNOT BE PROVIDED.



Authorization for the Release of Information/ Privacy Act Notice

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

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

PHA requesting release of information
(Full address, name of contact person, and date)

MUSCATINE MUNICIPAL HOUSING AGENCY
215 Sycamore Street – Muscatine, IA 52761 (main office)

Also: 1810 Mulberry Avenue, 117 W. Third Street, and 2806 Bloomington Lane
Muscatine, IA 52761

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information that I provide from these sources will be used to verify information I provide in determining eligibility for assisted housing programs and the level of benefits.



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

This consent form expires 15 months after signed.

Signatures:

_____	_____		
HEAD OF HOUSEHOLD	DATE		
_____		_____	_____
Social Security Number (if any) of Head of Household		OTHER FAMILY MEMBER OVER AGE 18	DATE
_____	_____	_____	_____
SPOUSE	DATE	OTHER FAMILY MEMBER OVER AGE 18	DATE
_____	_____	_____	_____
OTHER FAMILY MEMBER OVER AGE 18	DATE	OTHER FAMILY MEMBER OVER AGE 18	DATE
_____	_____	_____	_____
OTHER FAMILY MEMBER OVER AGE 18	DATE	OTHER FAMILY MEMBER OVER AGE 18	DATE

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

Penalties for Misusing this Consent:

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

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

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

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Authorization for the Release of Information

PHA requesting release of information

Muscatine Municipal Housing Agency

aka Sunset Park, Hershey Manor, Clark House

215 Sycamore Street – City Hall

Muscatine, IA 52761

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551 (b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 HA for the purpose of determining housing assistance. The HA is also required to protect the 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 information that is obtained based on the consent form.

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

new adult members joining the household or whenever members of the household become 18 years of age.

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 in subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

HEAD OF HOUSEHOLD	DATE	SOCIAL SECURITY NUMBER (if any) OF HEAD OF HOUSEHOLD
SPOUSE	DATE	OTHER FAMILY MEMBER over age 18 DATE
OTHER FAMILY MEMBER over age 18	DATE	OTHER FAMILY MEMBER over age 18 DATE

Penalties for Misusing this Consent: HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.