

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12625 4TH AVE W., SUITE 200 EVERETT WA 98204
(425) 290-8499 OR (425) 743-4505
TDD: (425) 290-5785 FAX: (425) 290-5618

INSTRUCTIONS FOR A CLIENT REQUESTING TO ADD ANOTHER MEMBER TO THEIR HOUSEHOLD

1. **If you need help filling out your packet, please call the office to make an appointment with your assistant. Sorry – we can't see you without an appointment so please be sure to call first. If you need an interpreter, let your assistant know and one will be provided at no cost to you.**

TO: _____ DATE: _____

RETURN BY: _____

TO BE FILLED OUT OR COMPLETED BY CURRENT TENANT:

2. LANDLORD/TENANT AGREEMENT- Head of household must provide a copy of the written agreement with the landlord to add new members to the household.
3. CHANGE IN FAMILY SITUATION FORM – Head of household must fill out this form completely.

TO BE FILLED OUT BY THE NEW FAMILY MEMBERS

1. PERSONAL DECLARATION FORM –The prospective new member(s) must fill out this form completely. Fill out your packet in blue or black ink. Packets filled out in pencil will not be accepted.

REMINDER!

If you send your packet in the U.S. Mail, please be sure to attach enough stamps so that it gets delivered. You are also welcome to drop your packet off in person at the office Monday through Friday from 8:00 a.m. until 4:30 p.m. If you have questions or need help filling out your packet and you come into the office you will be asked to fill out a request for appointment form.

You must ALWAYS notify your Housing Coordinator in WRITING within ten days of these events:

- Changes in your household income – whether the change is more income or less income
- Definition of Net family Assets Form (*all family members 18 years or older must sign this form*).
- Requesting to add a new person into your household – including the birth of a new baby
- A family member moves out of your unit

WHAT DO YOU NEED TO SEND IN WITH YOUR PACKET?

1. **COPIES!** Only copies! We do not return originals. We do not make copies for you. We are not allowed to let you make copies in our office. **You must provide your own copies.**
2. **Income:** Send in current copies for ALL of your sources of income. Income is money that comes into your household. It does not matter where the money comes from: jobs, self-employment, babysitting, Social Security, child support, unemployment benefits, L&I, VA or other types of pension. See the next page for details on what to send for each type of income.
3. **Assets:** Send in current copies for ALL of your assets. Assets include checking accounts, savings accounts, IRA accounts, 401K accounts, pensions, stock certificates, savings bonds, or Certificates of Deposit. Send in copies of statements for any of these types of assets. All statements **MUST** have the family member's name, account number, amount of money in the account and the name and address of the bank printed on the form. For ownership in real estate, send a copy of your statement showing the assessed value or a copy of the deed or your most recent annual escrow statement.
4. **Student status:** If anyone in your household is eighteen years old or older and attends any type of school or training program on a full-time basis, send proof of their enrollment. Proof can be a copy of a class schedule or a letter from the school stating the person's enrollment. You must also provide proof of any student loan or grant that the student has been provided.
5. **Childcare expense:** Send in copies of childcare receipts. If you receive a subsidy from DSHS for childcare, please provide a copy of your letter from DSHS that shows your monthly co-pay.
6. **Medical expense:** If you are elderly (62 or older) OR you are disabled you may be entitled to an allowance in your rent calculation for medical expenses. HUD regulations define medical expenses as **“medical expenses, including medical insurance premiums, that are anticipated during the period for which annual income is computed, and that are not covered by insurance”**.

For detailed information on allowable expenses, please refer to the IRS Publication 502. On page 6 and 7 of the application, please provide your medical provider(s)' name and address. For prescriptions, please request a computer printout of medications you have purchased during the last 12 months.

REMINDER

You must complete the ENTIRE packet

Please allow a minimum of 30 days from the day you turn in your packet

If for any reason your Assistant should need to contact you, when is the best time between 7:30am and 4:30pm, for us to reach you?

Best time of day _____ Daytime Phone _____

If you are working with an agency, please state the Agency Name: _____

Case Manager's Name _____ Case Manager's Phone _____

CURRENT HEAD OF HOUSEHOLD

MUST COMPLETE

THIS PACKET

* * * * *

If this packet is incomplete or not returned by the due date, the Housing Authority of Snohomish County cannot approve any new member(s) to live in your household.

If the new member(s) to the household should move into the assisted unit prior to the Housing Authority's approval, this is considered a lease violation and would be grounds for terminating the family's housing assistance.

LANDLORD / TENANT AGREEMENT

You are required to provide a written agreement, signed by the landlord, adding all new members to your lease. Please attach the signed agreement provided by your Landlord to this sheet.

The Housing Authority of Snohomish County will not approve anyone to be added to your lease without the written approval of your landlord. If you move someone into your unit without the approval of your landlord and the Housing Authority, you are in serious violation of your lease for the housing assistance program.

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CHANGE IN FAMILY SITUATION
Interim Change

NAME: _____

DAYTIME PHONE: _____

ADDRESS: _____

MESSAGE #: _____

The following changes have taken place in my family composition and /or income:

I am **ADDING OR DELETING** (Circle One) the following family member(s). **PLEASE PRINT.** If not applicable, please write N/A.

Name of Family Member	Age	Sex	Relationship to Head	Date of Birth	Social Security Number

I understand that an additional family member may not be added to the lease until the request has been reviewed and formally approved by the Housing Authority and my Landlord.

List below all sources of income for **ALL** members of the household.

Name of Family Member	Source of Income	Gross Wages:		
		Hourly	Weekly	Monthly

Does any member of your household **RECEIVE** any of the following types of income?

- | | | |
|-----------------------------|-----------------------|--------------------------|
| _____ Unemployment Benefits | _____ Child Support | _____ State Industrial |
| _____ Educational Grants | _____ Alimony | _____ Veteran's Benefits |
| _____ Retirement Pension | _____ SSI | _____ Workman's Comp. |
| _____ Public Assistance | _____ Social Security | _____ Annuity Payments |

List any other income types that are not included above: _____

Equal Housing Opportunity



If employed, fill in the employer's name and address. *Please provide letter of hire, most recent pay stubs, or Employment termination statement.*

1. _____

2. _____

Employer's phone #: _____

Employer's phone #: _____

Date employment started: _____

Date employment started: _____

Family member employed: _____

Family member employed: _____

Are there any adult members (18 years or older) in your household claiming no income? Yes No
 If Yes, state the name of the adult member claiming No Income. _____

List all assets including checking, savings, IRA's, certificates, stocks, bonds, etc.

Type of Assets	Bank Name	Account #	Current Balance	Interest Rate

Has any member of your family turned 18 years of age since your last review? Yes No

◆ If Yes, does that person attend school or college full time?

Yes No

◆ Does this person work or have any income? Yes No

Do you pay child care for a family member under thirteen (13) years of age? Yes No

Is any family member disabled? If so, who: _____

Yes No



I certify that the information given above is true and correct to the best of my knowledge and belief. I understand and agree that I must report, in writing, any changes in my family composition and income within ten (10) business days of when the change occurred. I am aware that misrepresentation to the Housing Authority of my family's circumstances is considered fraud and is cause for the termination of my housing assistance.

Signature of Head or Spouse: _____

Date: _____

NEW FAMILY MEMBER(S)

MUST COMPLETE

THIS PACKET

* * * * *

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If the new member(s) to the household should move into the assisted unit prior to the Housing Authority's approval, this is considered a lease violation and would be grounds for terminating the family's housing assistance.

NEW HOUSEHOLD MEMBER
PERSONAL DECLARATION -- INITIAL

Tenant's Name: _____ Phone #: _____
 Circle: (Home, Work, Cell)

Mailing Address: _____ Phone #: _____
 Circle: (Home, Work Cell)

City: _____ State: _____ Zip: _____

**PLEASE ANSWER ALL QUESTIONS ACCURATELY WITH COMPLETE INFORMATION AND SIGN WHERE ASKED.
 (USE INK, NOT PENCIL!)**

If a question does not apply to your household, write NONE or N/A

FAMILY COMPOSITION: Please list YOURSELF AND everyone living/staying in your home

ADULTS (name as it appears on SS card)	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #

CHILDREN (name as it appears on SS card)	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	SCHOOL NAME

Are you a Veteran? **Circle Yes or No answer.** **YES NO**

Are any family members temporarily absent? **Circle Yes or NO answer.** **YES NO**

If YES, list the family members and where they are currently residing (address) and when they will be returning or if you are working with an agency, please provide documentation of when the absent family member will be returning.

 * Signature

 *Date

A. NEW MEMBER INCOME

Please provide COMPLETE information in the spaces below

REMINDER: Income is money that comes into your home. It can be from a job, public assistance, child support, a pension, odd jobs, self-employment, L&I, Social Security, educational grants, foster care or adoption support, tips, overtime, bonuses etc.

Family Member (Name) and Type of Income	Name, Address, Phone and Fax Numbers for Income Source	Gross Amount (before taxes or other deductions)
<p>Family Member's Name</p> <hr/> <p>Type of Income:</p> <hr/>	<p>Name and Address of Source:</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>FAX: _____</p>	<p>\$ _____</p> <p>Per: (check one)</p> <p style="text-align: center;">_____ Hour</p> <p style="text-align: center;">_____ Week</p> <p style="text-align: center;">_____ Month</p> <p style="text-align: center;">_____ Year</p>
<p>Family Member's Name</p> <hr/> <p>Type of Income:</p> <hr/>	<p>Name and Address of Source:</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>FAX: _____</p>	<p>\$ _____</p> <p>Per: (check one)</p> <p style="text-align: center;">_____ Hour</p> <p style="text-align: center;">_____ Week</p> <p style="text-align: center;">_____ Month</p> <p style="text-align: center;">_____ Year</p>
<p>Family Member's Name</p> <hr/> <p>Type of Income:</p> <hr/>	<p>Name and Address of Source:</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>FAX: _____</p>	<p>\$ _____</p> <p>Per: (check one)</p> <p style="text-align: center;">_____ Hour</p> <p style="text-align: center;">_____ Week</p> <p style="text-align: center;">_____ Month</p> <p style="text-align: center;">_____ Year</p>
<p>Family Member's Name</p> <hr/> <p>Type of Income:</p> <hr/>	<p>Name and Address of Source:</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>FAX: _____</p>	<p>\$ _____</p> <p>Per: (check one)</p> <p style="text-align: center;">_____ Hour</p> <p style="text-align: center;">_____ Week</p> <p style="text-align: center;">_____ Month</p> <p style="text-align: center;">_____ Year</p>

Need more room? Attach another page including all information

B. NEW MEMBER ASSETS

List ALL assets for your household including checking accounts, savings accounts, IRA's, certificates, stocks, bonds, trust accounts, real estate etc. Assets are not limited to this list. If you have any other type of assets that is not listed here, you must declare it to the Housing Authority.

**If you have no assets, please write NONE or N/A.
Need more room? Attach a separate page with all the required information.**

Family Member Name and Type of Asset	Financial Institution (usually a bank), Address and Phone Number	Account Number and Estimated Amount in your Account
Family Member's Name: <hr/> Type of Asset: (checking, etc.) <hr/>	Bank Name: <hr/> Address: _____ Phone #: <hr/>	Account #: <hr/> Amount in this account: <hr/>
Family Member's Name: <hr/> Type of Asset: (checking, etc.) <hr/>	Bank Name: <hr/> Address: _____ Phone #: <hr/>	Account #: <hr/> Amount in this account: <hr/>
Family Member's Name: <hr/> Type of Asset: (checking, etc.) <hr/>	Bank Name: <hr/> Address: _____ Phone #: <hr/>	Account #: <hr/> Amount in this account: <hr/>

1. Do you own, or are purchasing a home, mobile home, or any other form of Real Estate? If YES, please describe. **YES NO**

2. Have you or any household member sold, disposed of, or transferred title or given away any assets within the past two years? If YES, please explain. **YES NO**

3. Is there anyone in the family who is **UNDER age 18 that has a job?** **YES NO**
If yes, please list the name and birth date of the family member(s):

4. Is any family member **(18 years or older)** claiming **NO INCOME?** If YES, state the name of the family member(s) claiming NO INCOME. **EACH PERSON CLAIMING NO INCOME MUST SIGN A NO INCOME FORM** (in your packet) **YES NO**

5. Is anyone in your household serving in the Military? If YES, please provide the name of the family member(s) and the Branch of the military they are serving with. Any pay earned by a family member serving in the Armed Forces, who is exposed to hostile fire will not be used in determining your family's income.

YES NO

6. Does anyone outside of your household pay for any of your bills or give you money? If YES, please provide the name, address and phone number of the individual or agency.

YES NO

7. Do you expect changes in your income in the near future? If YES?, please describe change.

YES NO

8. Have you or anyone in your household ever used any other names (like your maiden name) and/or Social Security numbers OTHER than the one you are currently using? If YES, please explain.

YES NO

9. Do you owe any money to any Housing Authority for a damage claim or other reasons? If YES, please explain.

YES NO

10. Do you currently, or have you previously resided in any subsidized housing? If YES, explain when and where. **YES NO**

11. Have you ever been evicted from any subsidized housing program? If YES, please explain. **YES NO**

YES NO

12. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If YES, please explain. **YES NO**

YES NO

13. Have you or any member of your listed household ever been arrested or convicted for any criminal activity? Conviction will not necessarily disqualify an applicant. If YES, please give names, dates, charges, city, and state. **YES NO**

YES NO

14. Have you or any member of your listed household ever been arrested or convicted for any drug related criminal activity? If YES, please give name, dates, charges, city and state. **YES NO**

YES NO

15. Have your or any member of your listed household ever been arrested or convicted of a Kidnapping offense? If YES, please give dates, Name of offense, class of offense, city and state. **YES NO**

YES NO

16. Do you pay for childcare for any family member **under age thirteen (13)**? If YES, please fill out the information below. If you need more room, write the information on a separate sheet and attach it to your packet.

		YES NO
Name of Child (under 13)	Name, Address & Phone of Childcare Provider	Amount You Pay to Provider

17. Is any family member **(18 years or older)** attending school or college OR taking part in a job training program? If YES, please fill out the information below. If you need more room, write the information on a separate sheet and attach it to your packet.

YES NO				
Family Member (Name)	Attending Part or Full-time	Name and Address of School or Training Program	Phone Number of School (or Facility)	Amount of Grant

If your job training program is sponsored through an agency (such as DSHS-Work First Training) please provide the information listed below.

Family Member: _____

Agency Providing Training: _____

Contact Persons Name and Phone Number: _____

C. ELDERLY AND/OR DISABLED?

Elderly (62 years or older) and disabled program participants are entitled to certain benefits. In some cases, we are able to deduct medical expenses. Please contact your housing coordinator for more information.

Definition of Disabled: A person who: a) has a disability in section 223 of the Social Security Act, b) has a physical, mental or emotional impairment that: (I) is expected to be of long-continued and indefinite duration, (II) substantially impedes his/her ability to live independently AND (III) is of such a nature that ability to live independently could be improved by more suitable housing conditions, and c) has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

- | | |
|--|--------|
| 1. Is anyone in your family age 62 or over? | YES NO |
| 2. Does anyone in your family meet the definition of disabled? | YES NO |

**IF YOU ANSWERED NO TO BOTH OF THESE QUESTIONS
SKIP THIS SECTION, GO TO PAGE 7, SECTION D**

Name of Qualifying Family Member	Name and Mailing Address of Doctor or Diagnostician	Phone and Fax Numbers for Doctor or Diagnostician
		Phone: _____ Fax: _____
		Phone: _____ Fax: _____
		Phone: _____ Fax: _____

3. Do you pay for any medical, dental or optical INSURANCE for any family member? If YES, please fill out the information listed below:

Family Member Name	Medical Insurance Provider Name and Address	Policy Number	YES NO
			Premium (How much you pay)
			____ monthly ____ year
			____ monthly ____ year
			____ monthly ____ year

4. Do you make regular payments to any doctor or medical facility for any family member? If YES, please fill out the information listed below:

Family Member Name	Doctor or Medical Facility Name and Address	Phone / FAX #	YES NO
			Payment \$ (per month)

5. If you PAY FOR any prescriptions for any family member please send either receipts OR a printout from your pharmacy showing the prescriptions and amounts paid for each for the previous twelve months.

6. Do you PAY FOR a care attendant, (either live-in or live-out), or for medical equipment (such as a wheelchair)? If YES, please provide information on who you pay and how much per month.

YES NO

D. EMERGENCY CONTACTS

If you are working with an agency, please the Agency name: _____

Case Manager's name and phone number: _____

**In case we cannot reach you please provide complete information for people
who will be able to contact you.**

NAME:	RELATIONSHIP:
ADDRESS:	HOME PHONE:
	ALTERNATE PHONE:
NAME:	RELATIONSHIP:
ADDRESS:	HOME PHONE:
	ALTERNATE PHONE:

HOUSING APPLICATION

I understand that this applies to units in **Snohomish County** *Outside the city limits of Everett only.*

I certify that the information given in this packet is true and correct to the best of my knowledge and belief. I am aware that misrepresentation or omission of information to the Housing Authority of my family's circumstances is considered fraud and is cause for the termination of my housing assistance.

* Signature

*Date

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ADDITIONAL INFORMATION FOR NEW MEMBERS ONLY

DIFFERENT TYPES OF INCOME REQUIRE

DIFFERENT KINDS OF PROOF

Employment: Provide copies of paystubs from the last three months for each job **OR** provide a dated letter from your employer that includes the date you started working there, how many hours you work each week, your hourly rate of pay and your supervisor's name and phone number

Tips: If there is a Tip Statement included in your annual packet, fill it out, sign it and return it with your packet. If there is not a Tip Statement included in your annual packet, write a statement on a piece of paper – your name, how much per week you earn in tips and then sign and date the statement.

Self-Employment: If there is a form called “Notarized Statement of Income Received From Operation of Business or Self-Employment” in your packet, fill it out completely. This form **MUST** be notarized by a Washington State Notary Public. If the form is not notarized, we will send it back to you. If there is no form in your packet, please call and ask for a form. **OR** if you have been self-employed for one year or more **AND** you have filed a 1040 income tax return you can send a copy of your **ENTIRE** tax return including all Attachments – specifically Schedule C for Self-employment.

Social Security: Send a copy of your annual letter from the Social Security office that shows your monthly income.

TANF or GAU: Send a copy of your most recent letter from DSHS that shows the amount you receive monthly **OR** send a DSHS printout showing the monthly income for the past twelve months.

CHILD SUPPORT: If your child support is paid to you through DSHS Office of Support Enforcement send a DSHS printout showing the monthly income for the past twelve months. If your child support is paid to you directly from the other parent, send a statement **SIGNED BY THE PAYING PARENT** that shows the full name, address and phone number of the paying parent, and how much per month is paid to you for child support.

UNEMPLOYMENT: Send copies of the weekly payment stubs.

L&I: Send a copy of a statement that shows your claim number and the amount that you are receiving weekly or monthly. You may be asked for additional information regarding your injury date and planned return to work date.

VA or Other type of Pension: Send a copy of a monthly or annual statement that shows the monthly or annual amount that is provided to you. The statement must include the full name and address of the organization that is making the payments to you.

No Income: Any family member who will be eighteen years or older on the day your annual takes affect **MUST** sign a No Income form if that person has no income. Money that comes from employment, Social Security, TANF, GAU, pension money, child support, Unemployment benefits, L&I are all considered income.

**Don't see your type of income? Please call your assistant
and ask what type of proof of income you should send**

SOCIAL SECURITY CARD AND NUMBER VERIFICATION

All family members are required to have a copy of their social security card in their Housing Authority of Snohomish County file.

If you are a new member being added to a current family that is on housing assistance, you must attach a copy of your social security card to this sheet.

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DECLARATION OF SECTION 214 ELIGIBILITY STATUS

(Circle One) Head of Household/Adult Family Member

(Circle One) Spouse/Co-Tenant/Adult Family Member

Print name: _____

Print name: _____

Birth date: _____

Birth date: _____

I Certify that I am (please check one):

I Certify that I am (please check one):

- a U.S. Citizen
a non-citizen with Eligible Immigration Status
choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

- a U.S. Citizen
a non-citizen with Eligible Immigration Status
choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

(Please complete the following only if there are minor children in the family and you are the responsible adult family member)

I certify that the following minor children listed in my household are (please check appropriate box(s) and list the name and birth date): (Use the following page for additional minor children.)

NAME

BIRTHDATE

- a U.S. Citizen

Blank lines for name and birthdate entry under the 'a U.S. Citizen' option.

- a non citizen with Eligible Immigration Status

Blank lines for name and birthdate entry under the 'a non citizen with Eligible Immigration Status' option.

- choosing not to state if they are a U.S. Citizen or have eligible immigration status

Blank lines for name and birthdate entry under the 'choosing not to state...' option.

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

Head of Household/Adult Signature

Date

Spouse/Co-tenant/Adult Signature

Date

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 statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Use for additional children:

(Please complete the following only if there are minor children in the family and you are the responsible adult family member)

I certify that the following minor children listed in my household are *(please check appropriate box(s) and list the name and birth date): (Use back for additional minor children.)*

NAME

BIRTHDATE

a U.S. Citizen

_____	_____
_____	_____
_____	_____

a non citizen with Eligible Immigration Status

_____	_____
_____	_____
_____	_____

choosing not to state if they are a U.S. Citizen or have eligible immigration status

_____	_____
_____	_____

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VERIFICATION CONSENT FORM

Section 214 of the Housing and community Development Act of 1980, as amended, requires the Housing Authority and HUD to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have been lawfully admitted to the United States and hold what is considered to be “eligible immigration status”. The law requires all applicants and tenants for assisted housing who claim to have “eligible immigration status” to sign a consent form authorizing the Housing Authority and HUD to verify the information supplied with the U.S. Department of Immigration and Naturalization.

Purpose: In signing this consent form, you are authorizing the Housing Authority of the County of Snohomish and HUD to verify your status as an immigrant to the United States. This information is needed in order to determine your eligibility for the assisted housing benefits for which you have applied.

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

Who must sign the form: Each Non-citizen who claims “eligible immigration status” must sign a verification consent form. Adults, age 18 or older, must sign the form themselves. In the case of children (under age 18), the form must be signed by the family member who is responsible for the minor child.

Failure to sign the 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 Housing Authority’s grievance procedures or Section 8 informal hearing process, which ever is applicable.

NONCITIZ\VERIFICATION CONSENT
03/02/00

Consent: I consent to allow the Housing Authority of the County of Snohomish, or HUD to request and obtain verification from the INS of the information I have supplied regarding my immigration status. I understand that this form is necessary to determine my eligibility for housing assistance and certify the information I have supplied is true and accurate to the best of my knowledge.

_____	_____	_____	_____
Head of Household	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

Consent for Minor Children: I certify that I am the adult family member responsible for the minor children listed below and I consent to allow the Housing Authority and HUD to request and obtain verification from the INS of the information supplied regarding their immigration status. I understand that this information is needed in order to determine eligibility for housing assistance and certify that the information I have supplied is true and correct to the best of my knowledge.

List Minor Children: _____

Signed: _____ Date _____
Parent or Guardian

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IMPORTANT

NON-CITIZENS RULE – APPLICANTS (Section 214)

When you come to the top of our waiting list, as part of the verification process, you will be asked to tell us about your citizenship status. We will ask each adult to tell us whether **you and any members of your family** have:

- **U.S. Citizenship - if so, you will sign a declaration, under penalty of perjury, that you have U.S. citizenship.** You will not be required to provide any verification.
- **If you are not a citizen, and have eligible immigration status, we will ask to see an INS paper** which states that you and your children or other family members are lawfully admitted for residence as an immigrant. This includes admission through temporary resident status. You will need to sign a consent form authorizing us to verify your immigration status.
- **If you and all members of your family are not U.S. Citizens and do not have eligible immigration status, then you are not eligible for the Section 8 Tenant-Based Assistance program.**
- **If your family composition consists of both eligible and non-eligible family members, you may be eligible for the program under pro-ration of your housing assistance.** For those who are non-eligible, you can declare in writing that you choose not to state what your status is. No verification or notification will be made with the INS unless you give signed permission.
- At least one family member must be verified as eligible before the family can receive assistance.
- You should also understand that if we find you are not eligible for assistance, you will be notified and have a chance to appeal.

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 statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.

NONCITIZ\RULE-APPLICANT
03/02/00

WHAT VERIFICATION IS NEEDED:

1. For **U.S. Citizens**, evidence consists of a signed declaration of U.S. Citizenship or U.S. Nationality.
2. For **non-citizens 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 September 30, 1996 or applying for assistance on or after that date, the evidence consists of:
 - a) A signed declaration of eligible immigration status; and
 - b) Proof of age document.
3. For all other **non-citizens**, the evidence consists of:
 - a) A signed declaration of eligible immigration status;
 - b) A signed verification consent form;
 - c) One of the following INS documents
 - i) **Form I-551** Alien Registration Card
 - ii) **Form I-94** Arrival Departure Record annotated with one of the following:
 - Admitted as Refugee Pursuant to Section 207
 - Section 208 or Asylum
 - Section 243(h) or Deportation stayed by Attorney General
 - Paroled Pursuant to Section 212 (d)(5) of the INA
 - iii) **Form I-94** Arrival Departure Record not annotated, must be accompanied by one of the following:
 - A final court decision granting asylum
 - A letter from the INS asylum officer, or from the INS district director granting asylum
 - A court decision granting withholding of deportation
 - A letter from an INS asylum officer granting withholding of deportation
 - iv) **Form I-688** Temporary Resident Card annotated with Section 245A or Section 210
 - v) **Form I-688B** Employment Authorization Card annotated with Provision of Law 274a.12(11) or Provision of Law 274a.12
 - vi) A receipt from the INS indicating the application for issuance of a replacement document for one of the above.

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12625 - 4th Avenue West, Suite 200 • Everett, Washington 98204

(425) 290-8499 or (425) 743-4505

TDD (425) 290-5785 • FAX (425) 290-5618

**AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE HOUSING AUTHORITY OF SNOHOMISH COUNTY**

I authorize the release of any information deemed pertinent by the Housing Authority of Snohomish County for establishing eligibility or continued participation in any of the agency's housing assistance programs. I agree that photocopies of this authorization may be used for these purposes. Requested information includes, but is not limited to any of the following:

1. Income from any source (employment, pensions, child support, federal, state or local benefits, financial aid, alimony, annuities, asset income, etc.)
2. Expenses such as childcare and handicapped assistance expenses.
3. Medical expenses to give a medical deduction for participants, to include, but not limited to: regular monthly payments on medical bills, hospital services, health insurance premiums, co-pays, prescription costs, vision costs, dental treatment, medical equipment, or any other medical expense allowed under IRS Publication 502.
4. Information from previous landlords, law enforcement agencies, criminal checks through the Washington State Patrol and FBI National Crime Information Center, courts, credit bureaus, schools, utilities, etc. for the purpose of screening prospective tenants.
5. Information regarding any minor or foster children.
6. Any information on past history required for any of the above.

All adult members in your household must print their name and provide their signature below.

Head of Household – Print your name

Head of Household – Signature

Date

Other Adult Member – Print your name

Other Adult Member – Signature

Date

Other Adult Member – Print your name

Other Adult Member – Signature

Date

This release is intended only for the use of the individual or entity to which it is addressed, and it may contain information that is privileged and confidential. Any dissemination, distribution or copying of this form is strictly prohibited by other parties.

Authorization for the Release of Information/ Privacy Act Notice

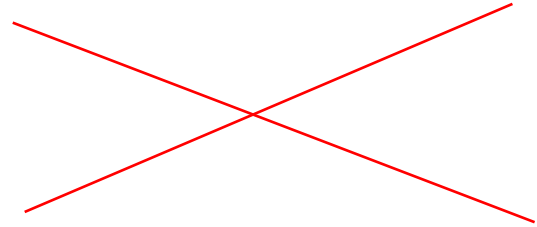
to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Housing Authority of Snohomish County
12625 4th Ave. W., Suite 200
Everett, WA 98204
425-290-8499 or 425-743-4505

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)



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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(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 concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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

Penalties for Misusing this Consent:

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

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

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

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DEFINITION OF NET FAMILY ASSETS 24 CFR 813.102

Applicant/Tenant Name: _____

Net Family Assets means the cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investments, excluding interests in Indian trust land and the equity in a housing cooperative unit or in a manufactured home in which the family resides. The value of necessary items of personal property such as furniture and automobiles shall be excluded. **(In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered and asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income under § 813.106.)** In determining net family assets, PHAs and owners shall include the value of any business or family assets disposed of by an applicant or resident for less than fair-market value **(including a disposition in trust, but not in foreclosure or bankruptcy sale)** during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration of a disposition as part of a separation received thereof. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair-market value if the applicant or resident receives important consideration not measurable in dollar terms.

Note: All assets must be verified to determine interest/dividends from assets received.

I/We have reviewed the above definition of Net Family Assets. The definition is found in 24 Code of the Federal Regulations 813.102 **(which provides definition for the HUD Section 8 and Rental Assistance programs)**. I understand that Net Family Assets includes, but is not limited to, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds, certificates of deposit, personal property such as coin collections, gems, jewelry or antiques used for investment.

Please sign below:

Signature Applicant/Tenant Full Name

Social Security Number

Date

Signature Applicant/Tenant Full Name

Social Security Number

Date

Signature Applicant/Tenant Full Name

Social Security Number

Date

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NO INCOME STATEMENT

I, _____, affirm to the Housing Authority of Snohomish County that I am not receiving any income. I also affirm that I understand I must report any income I receive in the future, and that I understand it is fraud not to do so.

Signature

Date

I, _____, affirm to the Housing Authority of Snohomish County that I am not receiving any income. I also affirm that I understand I must report any income I receive in the future, and that I understand it is fraud not to do so.

Signature

Date

Zero Income Status

Families will be required to sign a statement, under penalty of perjury, that they have no income and understand they must report the receipt of any income within 10 days. Families will be notified that all types of income received must be reported and that casual or sporadic income, such as odd jobs (examples: cutting wood, babysitting, automobile repair), are considered income in their situation.

Families claiming to have no income will be required to execute verification forms to determine that forms of income such as unemployment benefits, TANF, SSI, etc. are not being received by the household. The HA may request information from the IRS. The HA may check records of other departments in the jurisdiction (such as government utilities) that have information about income sources of customers.

If the family continues to report no income at their 90 day review, they will be required to complete another statement and also a "Cost of Living Sheet" explaining how they are able to live on no income. The family shall further be required to provide two statements by two acquaintances that they know the family has no source of income. Verification of food stamp authorization may substitute for one statement. Reviews will continue every 90 days until receipt of income is reported.