



# Housing & Redevelopment Authority of Virginia, Minnesota

Name \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Message ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Your unit is:

☐ Single Family home ☐ 3-Plex/4-Plex ☐ Mobile Home

☐ Apartment building ☐ Garage Apartment ☐ Duplex

## UTILITY INFORMATION:

Do you pay for:	Yes	No
Heat	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Trash	<input type="checkbox"/>	<input type="checkbox"/>
Your stove?	<input type="checkbox"/>	<input type="checkbox"/>
Your refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>

1. Number of bedrooms: \_\_\_\_\_
2. Full Rent Amount: \_\_\_\_\_
3. Is apartment furnished? \_\_\_\_\_
4. Do you have a garage? \_\_\_\_\_
5. Do you plan to move? \_\_\_\_\_

**\*Would you be interested in receiving information about the Family Self-Sufficiency Program, help with credit repair, money management, finding employment or homeownership? YES NO**

## LIST ALL HOUSEHOLD MEMBERS WHO LIVE OR WILL LIVE IN THE UNIT:

	LAST NAME	FIRST NAME	MI	RELATION	SEX	BIRTH DATE	SOCIAL SECURITY NUMBER	DISABLED
1				SELF				
2								
3								
4								
5								
6								
7								

Place of Birth (City, State, Country) – Head of Household: \_\_\_\_\_

Place of Birth (City, State, Country) – Spouse: \_\_\_\_\_

Place of Birth (City, State, Country) – Additional Adult: \_\_\_\_\_

Are you anticipating any changes in income? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Are you anticipating any changes in family composition? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Are you or will you be a full time student in the next 12 months? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**INCOME:**

TYPE	RECIPIENT	GROSS AMOUNT PER MONTH	TYPE	RECIPIENT	GROSS AMOUNT PER MONTH
Wages		\$	RSDI		\$
Unemployment		\$	Pension		\$
Alimony		\$	Pension		\$
Child Support		\$	Annuities		\$
MFIP		\$	Veterans Benefits		\$
GA/ MSA		\$	National Guard		\$
Social Security		\$	Daycare Income		\$
Social Security		\$	Cash Income		\$
SSI		\$	Other		\$

**ASSETS:**

TYPE	NAME OF INSTITUTION	CURRENT BALANCE	INTEREST PER YEAR	TYPE	NAME OF INSTITUTION	CURRENT BALANCE	INTEREST PER YEAR
Checking		\$	\$	Life Insurance		\$	\$
Savings		\$	\$	Annuity		\$	\$
Burial		\$	\$	Mutual Funds		\$	\$
Certificates		\$	\$	Stocks/Bonds		\$	\$
Cash Mgmt. Account		\$	\$	Savings Bonds		\$	\$
Money Market		\$	\$	Rental Income		\$	\$
IRA		\$	\$	Contract for Deed		\$	\$

Do you own any real estate or a home? ☐ Yes ☐ No If yes, estimated market value: \_\_\_\_\_

Have you opened any new accounts within the past 12 months? ☐ Yes ☐ No If yes, Bank name \_\_\_\_\_

Have you closed any accounts within the past 12 months? ☐ Yes ☐ No If yes, Bank name \_\_\_\_\_

Have you disposed of any assets for less than fair market value in the past 2 years? ☐ Yes ☐ No

If yes, date of disposal: \_\_\_\_\_ Amount received \$ \_\_\_\_\_ Market value at time of disposal \$ \_\_\_\_\_

**EXPENSES:**

Do you have any daycare costs while a family member is employed or attending school? ☐ Yes ☐ No

If yes: Name of provider \_\_\_\_\_ Address \_\_\_\_\_

Cost per week: \$ \_\_\_\_\_ Month: \$ \_\_\_\_\_

If you are of 62 years of age or older **OR** receiving disability benefits answer the following:

Are you receiving Medical assistance from the county? ☐ Yes ☐ No

Are you receiving Medicare benefits from Social Security? ☐ Yes ☐ No

Do you have any expenses related to a handicap that are necessary for employment? ☐ Yes ☐ No

If yes: Cost per week: \$ \_\_\_\_\_ Per month: \$ \_\_\_\_\_

Do you pay for medical insurance? ☐ Yes ☐ No

Do you pay for prescription drugs on a regular basis? (include co-pays) ☐ Yes ☐ No

If yes: cost per month: \$ \_\_\_\_\_

Have you been making regular payments on outstand medical bill for at least 3 months or longer? ☐ Yes ☐ No

If yes: amount per month \$ \_\_\_\_\_

Do you anticipate any health care related expenses within the next 12 months, which are not covered by insurance?

☐ Yes ☐ No

**APPLICATION DECLARATION AND AUTHORIZATION:**

**ACCURATE INFORMATION-** You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any questions or give false information, we may reject the application; retain all application fees as liquidated damages for our time and expense. Giving false information is a serious crime offense.

**AUTHORIZATION-** You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and other consumer reporting agencies, public records resources, and other rental housing owners. Your further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

X \_\_\_\_\_  
Signature of Head of Household Date

X \_\_\_\_\_  
Signature of Spouse or Additional Adult Date

**PRIVACY ACT NOTICE:**

The information requested about you is necessary to determine your eligibility for housing program benefits. It is used to determine the amount of rent you must pay and meet other requirements in the administration of legally authorized housing programs. Most of the information is classified as "private" or "confidential" information under Minnesota law. (M.S. 15.1611-15.1699) Use of the information is limited to Virginia HRA employees, employees assisting you under a contract with the HRA, and other agencies authorized by the state or federal law, including the U.S. Department of Housing and Urban Development, Civil, criminal or regulatory investigators or prosecutors. You do not have to give us the information, but if you refuse to supply necessary information, the HRA may not be able to provide you with the housing assistance.

This is to acknowledge that I have given the above information. X \_\_\_\_\_  
Signature of Head of Household Date

**REQUEST FOR REASONABLE ACCOMMODATIONS:**

Any request for reasonable accommodations under the Fair Housing Law for a disability may be made in writing to the HRA or by calling (218) 741-2610 for assistance and specify the nature of the accommodation requested.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll free hotline at (800) 424-8590.





# Housing & Redevelopment Authority of Virginia, Minnesota

## Information and Privacy Notice/Tennessen Notice THERE ARE LAWS TO PROTECT YOUR RIGHTS TO INFORMATION AND PRIVACY

Under the Minnesota Government Practices Act (M.S. 13.01 through 13.88) you have the right to know:

### A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE HRA COLLECTS?

Within the context of the HRA's Public Housing and Section 8, and other HRA programs, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated for the administration and management of legally authorized programs. The information we collect about you is classified under Minnesota law as: (1) Public - anyone can see the information; (2) Private - only you and those authorized by law or by you can see the information; or (3) Confidential - you cannot see the information although those persons authorized by law can. The Private classification applies to most of the information we collect about you.

The purposes and uses of this information are for one or more the following reasons:

1. To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing or other HRA program for which you have applied.
2. To enable us to establish the level of rent you must pay in accordance with federal law.
3. To assist the HRA in maintaining or upgrading its housing stock.
4. To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

### B. YOUR RIGHTS WHEN SUPPLYING INFORMATION (M.S. 13.04)

The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for housing (or other agency) program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. While you have the right to refuse to supply the information we request, the HRA may not be able to provide you with housing or other requested assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the HRA's Executive Director.

### C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the housing program and as authorized by state, local, or federal law, the information we maintain may be shared with:

1. U.S. Department of Housing and Urban Development
2. Minnesota Housing Finance Agency
3. HRA employees and contractors and HRA selected volunteer agencies serving you or your dwelling unit
4. Owner of Section 8 unit in which you reside
5. Health and Human Service Agencies
6. School Districts
7. Police, Sherriff and Fire Departments and Paramedics when an emergency situation or investigation requires the sharing of information
8. Utility companies servicing the City of Virginia and St. Louis County to insure that HRA rental units are maintained as required by the lease
9. U.S. Census Bureau
10. The City/Township and its' various departments in which you receive HRA assistance
11. Federal, State or Local auditors
12. Researchers who are granted access to the data for the purposes of preparing summary data
13. Other Local, State and Federal agencies as may be required by law





# Housing & Redevelopment Authority of Virginia, Minnesota

If any criminal or civil investigation is begun regarding you or your family's receipt of benefits from this Agency or any other social service agency, information may also be shared with county, state, local or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of the data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with which we share private information must likewise treat that information as private. When you are no longer being served by the HRA, we will keep your file only until state and federal retention requirements are met.

**D. WHO HAS ACCESS TO THE CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?**

Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and our attorney. Only the HRA and our attorney and those persons authorized by local, state and federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

**E. WHAT INFORMATION DO YOU HAVE ACCESS TO?**

You or your authorized representative or guardian may request to be shown information about you, that is maintained by the HRA and that is classified as private. There is no cost for this service, but there may be a copy charge for copies that you would like made.

According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

**F. HOW CAN YOU CONTEST THE ACCURACY OR COMPLETENESS OF INFORMATION IN YOUR FILE?**

Write to us describing the nature of your disagreement. Send this information to:

Executive Director- Data Practices  
Virginia HRA  
PO Box 1146  
442 Pine Mill Court  
Virginia, MN 55792

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Data Practices Act. If you have any other questions about your privacy rights, contact the HRA office at (218) 741-2610.

This is to acknowledge I have been given the above information.

Signature \_\_\_\_\_

Date \_\_\_\_\_





# Housing & Redevelopment Authority of Virginia, Minnesota

## RELEASE OF INFORMATION

### Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce programs rules and policies.

### Authorization

The undersigned hereby authorize the release of information including documentation and other materials pertinent to eligibility for a participation under any of the following programs:

- Low-Income Rental Public Housing
- Section 8 Housing Assistance Payment Program
- Bridges Rental Assistance
- Loan Programs
- Family Self Sufficiency (FSS) Programs

The undersigned hereby authorizes the above named organization to obtain information about me or my family that is pertinent to eligibility for, anticipation of eligibility for, or continued occupancy in assisted housing programs.

I authorize only the Virginia Housing and Redevelopment Authority to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information covered may include but is not limited to the following:

- Child Care Expenses
- Credit History/Criminal History
- Family Composition
- Employment Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Social Security Number/Incomes
- Residences and Rental History
- These forms cannot be used to request a copy of tax returns. Instead, use IRS for 4506

### Individual or Organizations That May Release Information

- Banks and other Financial Institutions
- Courts, Law Enforcement Agencies
- Probation Offices
- Employers, Past and Present
- Landlords, Past and Present
- Mental Health Centers

442 PINE MILL COURT, VIRGINIA MN 55792  
Phone 218-741-2610  
Fax 218-748-7067



- Range Mental Health
- Work Force Center
- AEOA
- Range Transitional Housing
- Arrowhead Center
- St.Louis County Fraud Investigations
- St.Louis County Child Protection Services
- St.Louis County Financial Services & Child Support
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Providers of:

- Alimony, Child Care, Credit
- Handicapped Assistance Medical Care
- Pensions/Annuities
- Schools/Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies: Virginia Public Utilities
- Welfare Agencies

I agree that the Virginia Housing and Redevelopment Authority may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal, local agencies or organizations. Further, I authorize the Virginia Housing and Redevelopment Authority to share information received through this authorization with other agencies as part of the monitoring and enforcement of the program rules and policies of the Virginia Housing and Redevelopment Authority.

#### Conditions

I agree that the photocopies of these authorizations may be used for the purpose stated above for a period of fifteen (15) months from the date signed below.

If I do not sign this authorization, I also understand that my housing assistance or loan program may be declined or terminated.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

442 PINE MILL COURT, VIRGINIA MN 55792  
Phone 218-741-2610  
Fax 218-748-7067







## Housing & Redevelopment Authority of Virginia, Minnesota

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Phone 218-741-2610 \* Fax 218-748-7067\*

422 Pine Mill Court. Virginia, MN 55792-1146

### Virginia HRA Housing Choice Voucher Program Statement of Responsibilities

#### Giving True and Complete Information

I certify that the information given to the Virginia Housing and Redevelopment Authority (HRA) on my application regarding my household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief.

#### Reporting Changes in Household Size

I certify that the members in my household that I have listed on my application are the **only** people that live/stay in my housing unit.

I understand that I must notify the HRA within thirty (30) days if anyone moves in or out of my housing unit (including any birth, adoption, or court-awarded custody of a child.) If I choose to add an additional adult to my household their income will also be added to the household income and my rent portion will be recalculated. I understand that failure to report changes in my household size to the HRA within thirty (30) days of the change **will** result in termination of my housing assistance.

I understand that I can have visitors stay with me on a “temporary” basis and I understand “temporary” is considered to be no more than thirty (30) consecutive days. I must get approval from the owner/manager if I plan to have someone stay with me for an extended time period. I understand that my housing assistance also could be terminated if I have unreported “visitors” who stay in my household for longer than thirty (30) consecutive days.

#### Reporting Changes in Income, Assets and Expenses

I understand that I am required to report if my household’s income increases. I am required to report these changes within ten (10) business days of the effective date of the change. The PHA will only conduct interim reexaminations for families that qualify for the earned income disallowance (EID), and only when the EID family’s share of rent will change as a result of the increase. In all other cases, the PHA will note the information in the tenant file, but will not conduct an interim reexamination. If at the time of the annual reexamination, it is not feasible to anticipate a level of income, for the next 12 months, the PHA will schedule an interim reexamination to coincide with the end of the period for which it is feasible to project income.

The PHA may conduct an interim reexamination at any time in order to correct an error in a previous reexamination, or to investigate a tenant fraud complaint.

### Reporting Moves

I understand that I must notify the owner and HRA in writing before moving out of my rental unit. Notice must be in accordance with the lease. If the landlord agrees to end my lease prior to the end of the lease term, I must provide a written mutual termination of the lease signed by the owner and myself. (One can be provided by the HRA at your request).

I understand that if I want to receive assistance in another housing unit, I am required to give the HRA a proper thirty (30) day notice in writing. **(This applies even if I am moving to another apartment within the same building/complex).**

I understand a proper thirty (30) day notice means one month plus one day. Example: if you want to move July 1, notice must be received by May 31.

I understand that if I move without giving notice to the owner and the HRA, my Section 8 Rental Assistance **will be terminated.**

I understand that the HRA may deny permission to move with continued assistance if:

- The family has violated a family obligation (court ordered eviction);
- The family owes money for rent or damages to the landlord or any HRA;
- The family has not given proper notice.

### Request for Tenancy Approval (RTA) Deadline

I understand that, when leasing of a new unit, I am required to submit a completed RTA with the information on my new housing unit to the HRA to start the assistance process.

### Inspections

I understand that the HRA is required to inspect and approve all housing units of the Section 8 Program before assistance can begin in a unit, and at least annually thereafter. I know that I will be notified by mail of the date of the inspection at the time of my recertification. I understand I am required to make sure that the inspector can get into my unit for the inspection. **I understand that after two (2) missed inspection appointments my assistance will be terminated.**

I understand that failure to pay utilities or failure to provide and maintain any appliances that are required of me by the lease, or allowing any member of the household or guest to damage the unit or premises beyond normal wear and tear is in violation of the Housing Quality Standards (HQS). I understand that HQS violations caused by my household member or guests must be corrected within the time stipulated by the HRA. I understand the HRA may terminate assistance in accordance with the federal regulations for a violation of HQS caused by my family or guests.

### Landlord Screening

Landlords are responsible for screening all prospective tenants for their ability to pay the rent, take care of the unit, and other lease responsibilities. I understand that the HRA must give prospective owners my current address, and also name and address of current and previous landlords, if known, to the HRA.

Upon request, the HRA must also supply any factual information or third party verification relating to the applicant/participant's history as a tenant, their ability to comply with material standard lease terms, any history of drug trafficking, drug-related criminal activity, or any violent criminal activity.

### Lease Violations

I understand that I must give the HRA a copy of any eviction notice I receive **within ten (10) days of receipt of that**

**notice.** I understand that if I violate a provision of my lease and am evicted by a court ordered judgment on behalf of the owner, the HRA **will terminate** my Section 8 Rental Assistance.

I understand serious and/or repeated lease violations can jeopardize my ability to participate in the Section 8 Program.

Examples of lease violations include Damage to the unit beyond normal wear and tear, disturbance of neighbors, failure to pay rent or other landlord charges, unauthorized guests and family members, and drug-related or violent criminal activity.

I agree to allow previous and/or current landlords to share information about my tenancy with the HRA.

#### **Landlord Claims for Unpaid Rent or Damages. Vacancy Loss – NEW SECTION 8 LEASES**

I understand that if I vacate a unit with rent owed to the landlord, vacate without proper notice to the landlord, and/or with damages to the unit, the owner has the ability to withhold my security deposit and make a claim against me to cover any additional expenses. Under the new contract, the HRA has no liability to cover any of these expenses. It is between me and the landlord to resolve the issue(s).

I understand that if I owe additional expenses beyond my security deposit, I will be required to pay the debt in full or enter into a payment agreement with the property owner/manager with whom the debt exists before program assistance can be started at a new unit.

#### **Missed Appointments**

At the recertification time I will be mailed a notice to schedule an appointment. I must call to schedule a time for the appointment. **Rescheduling needs to be done before the appointment date.** If I do not make the second appointment, the Housing Authority will take action to terminate assistance payments. Two (2) missed appointments for any recertification may result in termination of my eligibility to participate in the program.

#### **Absence from the Unit**

I understand that I must notify the HRA of any absences from my unit that exceed thirty (30) days. I may continue to receive assistance during the absence for a maximum of 180 consecutive calendar days (6 months) if the absence is for a reasonable purpose and approved by the HRA. I understand I may be required to provide the HRA with the appropriate documentation as to the likelihood and timing of return to my unit. I understand that I must continue to pay my portion of the rent in my absence and that if I cannot pay my rent, I should give proper notice to vacate my unit.

#### **Drug Related or Violent Criminal Activity Notice**

I understand that the HRA cannot provide me with assistance if I or a member of my household has: (1) participated in a drug or violence activity, (2) been lawfully evicted from a rental property as a result of participating in a drug-related or violent criminal activity, (3) been found not eligible for rental assistance by another housing authority because of drug or violence activity.

#### **No Duplicate Residence of Assistance/Own/Sublease**

I certify that the unit rented under the Housing Choice Voucher Program will be my principal residence, and I will not obtain duplicate Federal, State or local housing assistance while I am on this current program.

I understand I must not own or have any ownership interest in the unit. I understand I must not reside in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of my family unless this has been pre-approved by the HRA.

I understand I cannot sublease, assign the lease, or transfer the unit.

**National Portability**

I understand that I may use my Section 8 rental assistance anywhere in the United States where a tenant based housing assistance program is administered. However, I understand that if I am receiving assistance for the first time, I **may** be required to live in the Virginia HRA's jurisdiction for the twelve (12) months prior to using the portability feature.

**Cooperation**

I understand I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending appointments, completing and signing needed forms (including evidence of citizenship or eligible immigration status), providing requested information in a timely manner and disclosing and verifying the Social Security numbers for all family members. **I understand that failure or refusal to do so will result in termination of assistance.**

I understand that the Virginia HRA may deny or terminate program assistance if any member of the family has engaged in, or threatened abusive or violent behavior toward Virginia HRA personnel.

I understand that false statements or information are punishable under Federal Law. I understand that false statements or information are grounds for termination of housing assistance and could result in theft and fraud charges under the state and federal law. The signature(s) below indicates that I/we understand all the policies and statements on all previous pages.

Signature and Date of All Household Adults (household members age 18 and older)

1. \_\_\_\_\_ Date \_\_\_\_\_
2. \_\_\_\_\_ Date \_\_\_\_\_
3. \_\_\_\_\_ Date \_\_\_\_\_
4. \_\_\_\_\_ Date \_\_\_\_\_

After verification by this Housing Agency, information will be submitted to the Department of Housing & Urban Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its used. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hotline at 1-800-669-9777.

Copy offered to participant. \_\_\_\_\_

# Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

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

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

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

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

## Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



# Housing & Redevelopment Authority of Virginia, Minnesota

## St Louis County PHHS MFIP/GA/MSA Verification Form

Family Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Case # \_\_\_\_\_

DOB: \_\_\_\_\_

**Monthly Amounts Unless Specified**

**Please Return To: Greg Lee**

**greg@vhra.org**

GA: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ Month of Re-exam \_\_\_\_\_

MSA: \$ \_\_\_\_\_ Social Sec: \$ \_\_\_\_\_

Food Portion \$ \_\_\_\_\_ RSDI: \$ \_\_\_\_\_

Wages: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ How many people in the household? \_\_\_\_\_ Names: \_\_\_\_\_

MFIP: \$ \_\_\_\_\_ Family Wage Level \$ \_\_\_\_\_

Food Portion: \$ \_\_\_\_\_ Full Standard \$ \_\_\_\_\_

**Over Payment Amounts**

Total Owed \$ \_\_\_\_\_ Deducted Monthly \$ \_\_\_\_\_

**Other Income**

\_\_\_\_\_ Earned Income \$ \_\_\_\_\_

Child Support \* (Please include a printout of child support received for the timeframe of at least 1 year)

Months Remaining: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

.....  
I, \_\_\_\_\_, hereby grant the Housing and Redevelopment Authority of Virginia, MN to make inquiries regarding my income and assets. I understand that this info is for the purpose of determining my eligibility and rent and will be kept confidential.

X  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

.....  
Completed By: \_\_\_\_\_

(Thank you for all your help!!!)

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

