

## BEAUFORT HOUSING AUTHORITY

(This form must be completed in blue or black ink)

YOU MAY PICK UP APPLICATIONS FOR PUBLIC HOUSING AT THE HOUSING AUTHORITY OFFICE DURING NORMAL BUSINESS HOURS, MONDAY TO FRIDAY, 8:30 A.M. – 11:30 A.M.

**WE REQUEST YOU DO NOT BRING CHILDREN WHEN APPLYING. THEY ARE USUALLY UNABLE TO SIT QUIETLY DURING THE HOUR REQUIRED FOR THE INTERVIEW THAT MUST BE COMPLETED.**

PLEASE BRING IN ALL ITEMS THAT APPLY TO YOU:

- ☞ DRIVER'S LICENSE/LICENSE PLATE NUMBER/PICTURE ID FOR ALL ADULT FAMILY MEMBERS
- ☞ SOCIAL SECURITY CARD(S) FOR ALL FAMILY MEMBERS
- ☞ BIRTH CERTIFICATE (S) FOR ALL FAMILY MEMBERS
- ☞ MARRIAGE CERTIFICATE (if applicable)
- ☞ CURRENT PRINTOUT OF FOOD STAMPS BENEFITS (if applicable)
- ☞ DIVORCE PAPERS OR PROOF OF SEPARATION (if applicable)
- ☞ FOSTER CARE LICENSE (if applicable)
- ☞ MOST RECENT BANK, CREDIT UNION AND/OR SAVINGS/SHARED ACCOUNT STATEMENT
- ☞ PROOF OF SOCIAL SECURITY BENEFITS/SSI AND/OR DISABILITY (YOU MAY OBTAIN THIS INFORMATION BY CALLING 1-800-772-1213 or online at [www.socialsecurity.gov](http://www.socialsecurity.gov))
- ☞ PRIOR YEAR'S FEDERAL TAX RETURNS
- ☞ PREVIOUS Four (4) PAY STUBS
- ☞ PROOF OF SCHOOL (if applicable for adults)
- ☞ CHILD SUPPORT PRINTOUT
- ☞ IF YOU ARE UNEMPLOYED, YOU MUST BRING AN UNEMPLOYMENT VERIFICATION.

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE UNTIL ALL INFORMATION IS PROVIDED

**Beaufort Housing Authority**  
**1009 Prince Street**  
**Post Office Box 1104**  
**Beaufort, South Carolina 29901**  
**Phone (843)525-7059 Fax (843)525-7090 TDD 1-800-735-2905**  
**www.beaufortha.com**

Offers for housing assistance will be taken from the Waiting List as follows based on the priority order and having the oldest date and time of application. (\* See below)

\_\_\_\_\_ 1. Applicants that have a **local preference** as designated by the PHA in either of the following categories.

\_\_\_\_\_ Families whose head, spouse or sole member is working (\*see below) or has graduated from an institute of higher learning within the last six (6) months or who is attending on a regular basis, has satisfactory performance, and expects to graduate within 6-12 months. An institute of higher learning includes, but is not limited to colleges, universities and adult education.

\* Employment must be current and have lasted a minimum of **30** calendar days prior to the time the preference is claimed. The employment must provide a minimum of **20** hours of work a week for the family member claiming the preference.

\_\_\_\_\_ Families whose head, spouse or soul member currently live in or work (see\* below) in or have been hired to work in the PHA's jurisdictional area.

\* Working families include applicant household whose head, spouse or sole member is age 62 or older or is receiving social security disability benefits, supplemental security income, disability benefits, or any other payment based on the individual ability to work.

\_\_\_\_\_ 2. Applicants that are displaced due to no fault of their own (fire, flood, disaster, condemnation or other governmental action).

\_\_\_\_\_ 3. Single applicants that are elderly, disabled or displaced over other single applicants.

\_\_\_\_\_ 4. All others by the oldest date and time of application.

A. Exceptions to the Order of Selection:

The Beaufort Housing Authority reserves the right to offer special incentives and/or skip applicants in a non-discriminatory manner in order to meet HUD's mandated targeting and deconcentration requirements for selection purposes or in the event that the Beaufort Housing Authority is unable to maintain financial stability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## THINGS YOU SHOULD KNOW

Don't take away your chance for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- \* Evicted from your apartment or house
- \* Required to repay all overpaid rental assistance you received
- \* Fined up to \$10,000
- \* Imprisoned for up to 5 years and or
- \* Prohibited from receiving assistance

Your State and local governments may have other laws and penalties as well.

**Asking Questions** When you sit down with the person who fills out the application you should know what is expected of you. If you do not understand something say so. That person can answer your questions or find an answer for you.

**Completing The Application** When you give answers to application questions, you must include the following information

**Income**

- \* All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.)
- \* Any money you receive on behalf of your children (child support, social security for children, etc.)
- \* Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.)
- \* Earning from a second job or part time job;
- \* Any anticipated income (such as a bonus or a pay raise you expect to receive)

**Assets**

- \* All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and all members of your family/household who will be living with you.
- \* Any business or asset you sold in the last 2 years, such as your home to your children

**Family/Household Members** \* The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.

### **Signing the Application**

Do not sign any form unless you read it, understand it, and make certain everything is complete and accurate. When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. Information you give on your application will be verified by your housing agency. In addition, HUD will do computer matching of the income you report with various Federal, State and private agencies to verify that the income is correct.

### **Keeping the Housing Authority Informed**

The applicant must at any time report changes in writing in their applicant status including changes in family composition, income or preference factor. The applicant shall also report an address or telephone number change. Changes in preference factor may change your status on waiting list'(s).

### **Recertification Once Housed**

You must provide updated information at least once a year. All programs require that you report any changes in income or family/house-hold composition within fourteen (14) days of the change.

- \*All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all family/household members.
- \*Any family/household member who has moved in or out. (MUST receive approval PRIOR to move in and provide acceptable documentation for move out).
- \*All assets that you or your family/household members own and any assets that was sold in the last 2 years.

### **Beware of Fraud**

You should be aware of the following fraud schemes:

- \*Do not pay any money to file an application
- \*Do not pay any money to move up on the waiting list
- \*Do not pay for anything not covered by your lease
- \*Get a receipt for any money you pay
- \*Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

### **Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone lies to persuade you to make false statements, report them to the manager of your project. If you cannot report to the manager, call the local HUD office or write to the HUD HOTLINE Room 8254, 452 7<sup>th</sup> Street, S. W. Washington, DC 20410

**REMEMBER** It is your responsibility to report changes in your status including: changes in family composition, income or preference factor. You must also report an address or telephone number change.

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SIGNATURE OF APPLICANT

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Public Housing \_\_\_\_\_

Section 8 \_\_\_\_\_  
# Bedrooms: \_\_\_\_\_

**BEAUFORT HOUSING AUTHORITY**  
1009 Prince Street, Post Office Box 1104  
Beaufort, South Carolina 29901  
(843) 525-7059  
Fax (843) 525-7090 -- TDD 1-800-735-2095  
www.Beaufortha.com

Personal Declaration

**INSTRUCTIONS:**

**YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR OFFICE APPOINTMENT. (Please Print in Blue or Black Ink or Type) THIS FORM MUST BE SIGNED BY ALL ADULTS AT THE OFFICE APPOINTMENT.**

*(Failure to complete this form will result in delays in processing your application and/or rescheduling your office appointment.)*

*The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.*

**APPLICANT FAMILY/UNIT:**

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email address: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Person to call in case of emergencies:

Name Of Friend/Relative \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**A. HOUSEHOLD ADULT MEMBERS: (List children in Part B.)**

List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for adults only.

1.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Birth Place/City, State \_\_\_\_\_ Birth Date \_\_\_\_\_ Driver's License #/State \_\_\_\_\_

Check all that apply:

Male  Female  Divorced  Single  Married  Separated  Widowed  Student  Self Employed  Employed  Unemployed  Retired

Relation to Head of Household: SELF

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

**OFFICIAL USE ONLY  
Housing Assistant**

1.  
 SSA Card on file  
 ID/Birth Certificate on file  
 Review Personal Status  
 Age  
 Marriage Cert.  
 Divorce/Separation Papers

2.

Last Name First Name MI Soc. Sec. #

Birth Place/City, State Birth Date Driver's License #/State

Check all that apply:

Male Female Divorced Separated
Single Married Widow Student
Employed Unemployed Retired

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name Address

Social Security # Birth Date

2.

- SSA Card on file
ID/Birth Certificate on file
Review Personal Status
Age
Marriage Cert.
Divorce/Separation Papers

3.

Last Name First Name MI Soc. Sec. #

Birth Place/City, State Birth Date Driver's License #/State

Check all that apply:

Male Female Divorced Separated
Single Married Self Employed Student
Employed Unemployed Retired

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name Address

Social Security # Birth Date

3.

- SSA Card on file
ID/Birth Certificate on file
Review Personal Status
Age
Marriage Cert.
Divorce/Separation Papers

**B. Children in Household:** List all children who stay with you.

1.				<div style="border: 1px solid black; padding: 2px; text-align: center;">                 Relation to Head of Household:             </div>	Child 1. <input type="checkbox"/> SSA Card on file <input type="checkbox"/> ID/Birth Certificate on file <input type="checkbox"/> Review Information on Parents <input type="checkbox"/> Child Support
Last Name	First Name	MI			
Social Security #	Sex	Birth Date			
Birth Place	School Name	Address, City State	Zip Code		
Mother's Name	Social Security #	Birth Date	Address		
Father's Name	Social Security #	Birth Date	Address		
2.				<div style="border: 1px solid black; padding: 2px; text-align: center;">                 Relationship to Head of Household:             </div>	Child 2. <input type="checkbox"/> SSA Card on file <input type="checkbox"/> ID/Birth Certificate on file <input type="checkbox"/> Review Information on Parents <input type="checkbox"/> Child Support
Last Name	First Name	MI			
Social Security #	Sex	Birth Date			
Birth Place	School Name	Address, City State	Zip Code		
Mother's Name	Social Security #	Birth Date	Address		
Father's Name	Social Security #	Birth Date	Address		
3.				<div style="border: 1px solid black; padding: 2px; text-align: center;">                 Relation to Head of Household:             </div>	Child 3. <input type="checkbox"/> SSA Card on file <input type="checkbox"/> ID/Birth Certificate on file <input type="checkbox"/> Review Information on Parents <input type="checkbox"/> Child Support
Last Name	First Name				
Social Security #	Sex	Birth Date			
Birth Place	School Name	Address, City State	Zip Code		
Mother's Name	Social Security #	Birth Date	Address		
Father's Name	Social Security #	Birth Date	Address		

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**C. FOSTER CHILDREN:**

Is anyone living in your home a foster child?  Yes  No  
If yes, list complete name for each foster child:

C.  
 Documentation of Foster care status for each child.

Foster Care License

**D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:**

Student's Name Name and Address of School

D.  
Yes No  
Student Aid

Student's Name Name and Address of School

Yes No  
Student Aid

Student's Name Name and Address of School

Yes No  
Student Aid

**E. WORKING:** Is anyone working or expecting to work in the next 6 months? If more sheets are needed please attach.

E.  
 Pay stubs on file  
 Employer's report on file  
 W2/1099

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Earnings Exempt:  
 Yes  No

Name Occupation Gross Wage Per Month

Employer's Name Address City, State, Zip Code

Do you ever receive any of the following?

Overtime  Yes  No Tips  Yes  No

Bonus  Yes  No Commission  Yes  No

Pay stubs on file  
 Employer's report on file  
 W2/1099

Name Occupation Gross Wage Per Month

Employer's Name Address City, State, Zip Code

Do you ever receive any of the following?

Overtime  Yes  No Tips  Yes  No

Bonus  Yes  No Commission  Yes  No

Earnings Exempt:  
 Yes  No



**F. INCOME:** Does anyone, including children, receive or expect to receive money from any source listed below?  
 Check "Yes" or "No" for each item. If yes, list who and amount received monthly>

Item	Yes	No	Who	Monthly Amount	OFFICIAL USE ONLY F.
• Training	_____	_____	_____	_____	_____
• Work Study	_____	_____	_____	_____	_____
• Educational Loans	_____	_____	_____	_____	_____
• Grants, Scholarships	_____	_____	_____	_____	_____
• TANF, AFDC, WELFARE, FI	_____	_____	_____	_____	_____
• Food Stamps	_____	_____	_____	_____	_____
• Money from family	_____	_____	_____	_____	_____
• Unemployment Benefits	_____	_____	_____	_____	_____
• State Disability	_____	_____	_____	_____	_____
• Workers Compensations	_____	_____	_____	_____	_____
• Child Support	_____	_____	_____	_____	_____
• Spousal Support	_____	_____	_____	_____	_____
• Social Security	_____	_____	_____	_____	_____
• SSI	_____	_____	_____	_____	_____
• Pension/Retirement	_____	_____	_____	_____	_____
• Veteran's Benefit	_____	_____	_____	_____	_____
• Military Allotment	_____	_____	_____	_____	_____
• Railroad Retirement	_____	_____	_____	_____	_____
• Interest/Asset	_____	_____	_____	_____	_____
• Income from Rental Prop.	_____	_____	_____	_____	_____
• Second Job	_____	_____	_____	_____	_____
• Other; Explain:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

TANF \_\_\_\_\_  
 Worker Name DSS Office Address City, State, Zip Phone

Bring your most recent proof of income and your last Federal Income Tax Return to your office appointment (examples: letter from employer, check stubs, welfare or social security award letters, bank statements, 1099 forms, etc.).

**G.** Do you employ the services of a Care Provider for a child 12 years or under or for an elderly or disabled person?  Yes  No

If yes, complete the following:

1) Care Provider Name \_\_\_\_\_ Amount Paid \_\_\_\_\_  
 Weekly or Monthly (circle one)

Care Provider Address \_\_\_\_\_ Care Provider Phone \_\_\_\_\_

Number of hours of care provided weekly \_\_\_\_\_

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G.

Third Party Verifications Who pays childcare expense?

Receipts

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H.      Third Party Verification

I.      Third Party Verifications  
 Market Value \$       
 Amount Owed \$       
 Income \$     

J.      Third Party Verifications on file

H. Does anyone receive contributions, gifts or loans from any source?      Yes      No  
 If yes, complete the following:

Item Received	Value of Item	Who Gives the Item
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I. Does anyone own or is anyone buying real estate, such as land and/or buildings, mobile homes, etc., anywhere?  
     Yes      No If yes, complete the following:

Type	Address	Estimated Value
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J. Does anyone, including children, have any of the following resources? Check Yes or No For each item. If yes, list who and amount.

Item	Yes	No	Who	Amount
• Cash	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Checking Account(s) How many Checking Accounts do you have:	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Savings Account(s) How many Savings Accounts do you have?	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Life Insurance Policy	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Trust Funds	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Stocks or Bonds	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Certificates of Deposit or Money Market Account	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Notes, Mortgages, or Deeds	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Retirement Accounts	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Deferred Compensation	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Safe Deposit Box	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Real Estate	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
• Other, Explain:	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

If yes to any items above, complete the following and provide a copy of the statement.

Type of Resource	Current Value	Name and Address of Institution	Account Number
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

K. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money?  Yes  No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

L. Does anyone own, pay for or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle?

Yes  No If yes, complete the following:

Type	License Tag #	State	Year	Make and Model
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

M. Do you have a live-in aide?  Yes  No If yes, please complete the following:

Name	Social Security #
_____	_____
Do you pay for this service yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
_____	_____

N. Have you or any member of your household (listed above) ever been arrested for any drug related criminal activity?

Yes  No If yes, please give dates, charges, city and state:

\_\_\_\_\_

O. Have you or any member of your household (listed above) ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another?  Yes  No

If yes, please give dates, charges, and city and state:

\_\_\_\_\_

P. Have you or any other adult member ever used any name(s)/social security number(s) other than the one you have listed?  Yes  No

If yes, list:

Q. Have you or any other adult household member sold any business or asset in the last 2 years for less than full its full value?  Yes  No If yes, explain:

\_\_\_\_\_

R. Have you or any other household member ever lived in any rental-assisted housing (This includes any type of Voucher Assistance)?  Yes  No If yes, give the details:

Where	When
_____	_____

S. Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs?

Yes  No If yes, explain:

\_\_\_\_\_

T. Are there any children 7 years and under who have an elevated blood level of lead?

Yes  No

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 K.

\_\_\_\_\_  
 \_\_\_\_\_

L.

\_\_\_\_\_  
 \_\_\_\_\_

M.

\_\_\_\_ Physician's Evaluation 24 hour Care IHSS Evaluation 24 hour care  
 Live-In Aide Certification

N.

O.

P.

Q. Third Party Verification of Property Value Verification that

Asset is no longer owned by household member  
 Disposition of proceeds.

R.

\_\_\_\_ Review for Outstanding Collections.

S.

\_\_\_\_ Review eligibility status. (Is account balance zero or up to date?)

T.

## U. MEDICAL EXPENSES – ELDERLY OR FAMILIES ONLY

If the head of household or the spouse of the head of household is: 62 years of age or older; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

Name of Pharmacy

Address

City, State, Zip

HEAD OF HOUSEHOLD ONLY, please complete:  
(Enter code which best describes your race.)

Race ( )		Ethnicity ( )
1 - White	3 - American Indian Native American	1 - Hispanic
2 - Black or African American	4 - Asian/Pacific Islander	2 - Non Hispanic

### FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority will conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members have and use. Giving the social security numbers of all household members 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.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency; the U.S. Housing ACT of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members.

**APPLICANT/TENANT CERTIFICATION & NOTICE**

I/We certify that the information\* given to Beaufort Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\*After verification by this PHA, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information about its use.)

**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.**

I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority *IN WRITING* immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of South Carolina that the information contained in this statement of facts is true, correct, and complete.

**WAIT! THIS FORM IS TO BE SIGNED AT YOUR APPOINTMENT. ALL ADULT MEMBERS MUST SIGN THIS FORM IN FRONT OF A HOUSING AUTHORITY STAFF MEMBER.**

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

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

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

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

**PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE**

I certify that:

1. The information given to the Beaufort Housing Authority by the household of \_\_\_\_\_ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

\_\_\_\_\_  
PHA Official or Representative

\_\_\_\_\_  
Date

FILE NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_



2. PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: \_\_\_\_\_

Do you owe them money? \_\_\_\_\_ How Much? \_\_\_\_\_

3. PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: \_\_\_\_\_

Do you owe them money? \_\_\_\_\_ How much? \_\_\_\_\_

4. PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: \_\_\_\_\_

Do you owe them money? \_\_\_\_\_ How Much? \_\_\_\_\_

5. PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: \_\_\_\_\_

Do you owe them money? \_\_\_\_\_ How Much? \_\_\_\_\_

6. PREVIOUS ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY/STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: \_\_\_\_\_

Do you owe them money? \_\_\_\_\_ How much? \_\_\_\_\_

**FINANCIAL OBLIGATIONS IF APPLICABLE (I.E., CAR PAYMENTS, LOANS, ETC.):**

<b>PAYMENTS TO:</b>	<b>AMOUNT PER MONTH:</b>	<b>PAYMENTS TO:</b>	<b>AMOUNT PER MONTH:</b>
1) _____	\$ _____	4. _____	\$ _____
2 _____	\$ _____	5. _____	\$ _____
3 _____	\$ _____	6. _____	\$ _____

**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 FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE PUBLIC HOUSING AUTHORITY TO VERIFY ANY INFORMATION REGARDING RENTAL HISTORY OR CRIMINAL ACTIVITY, INCLUDING OBTAINING A CONSUMER OR INVESTIGATIVE CREDIT REPORT.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF SOUTH CAROLINA THAT THE INFORMAITON CONTAINED IN THIS STATEMENT OF FACTS IS TRUE, CORRECT, AND COMPLETE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**(HOUSING)**



**REQUEST FOR REASONABLE ACCOMODATIONS**  
**APPLICANT/RESIDENT**

This questionnaire is to be administered to every applicant of The Housing Authority. It is used to determine whether an applicant needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name \_\_\_\_\_ File \_\_\_\_\_

Interview Conducted By \_\_\_\_\_ Date \_\_\_\_\_

1. Will you, or any member of your family require any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision- Impaired               |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired               |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1 <sup>st</sup> floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom                           |
| <input type="checkbox"/> Live in Attendant           |  |

2. Can you and all family members use the stairs unassisted? Yes \_\_\_ No \_\_\_  
If no, please indicate how the PHA should accommodate your family:

3. Will you or any of your family members need a live-in aide to assist you? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

5. What is the name of the family member who needs the features identified above?

*Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$16,000 or imprisoned for not more than 5 years or both.*

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

(APPLICATION)  
**REQUEST FOR REASONABLE ACCOMODATIONS**

**APPLICANT/RESIDENT**

I (Applicant/Tenant), \_\_\_\_\_ request that reasonable accommodations are made in order for me to accurately complete the application/re-exam process. I do hereby certify that without the reasonable accommodations requested I will not be able to complete my application/reexamination.

- 1) \_\_\_ Translator (language)      1a) Type (English, French, Spanish, etc. ) \_\_\_\_\_
- 2) \_\_\_ Sign language interpreter hearing impaired)
- 3) \_\_\_ Power of Attorney
- 4) \_\_\_ Brail or bold print (vision)
- 5) \_\_\_ Other \_\_\_\_\_

Applicant/Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both.**

Supplemental and Optional 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

--	--

**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.



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p>	
	<p><b>Signature</b></p>	<p><b>Date</b></p>
<p><b>Printed Name</b></p>		

**Beaufort Housing Authority**  
**P.O. Box 1104**  
**Beaufort, South Carolina 29902**

**Purpose**

The Beaufort Housing Authority may use this authorization and the information obtained with it to administer and enforce program rules and policies.

**Information Covered Inquires May Be Made About:**

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Identity and Marital Status
- Residence and Rental History
- Family Income

**INDIVIDUALS or ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

Any individual or organization including any government organizations may be asked to release information. For example information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Landlords
- Credit Bureaus
- Providers of Alimony, Child Care, Child Support
- Credit
- School, Colleges
- Utility Companies
- Employers (Former and Current)

Condition I agree that photocopies of this authorization may be used for the purpose states above.

\_\_\_\_\_  
Print Name of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Adult

\_\_\_\_\_  
Date

**BEAUFORT HOUSING AUTHORITY**

1009 PRINCE STREET

P.O. BOX 1104

Beaufort, South Carolina 29901

(843) 525-7059

Fax (843) 525-7090 TDD 1-800-735-2905

www.beaufortha.com

EXECUTIVE DIRECTOR

Angela R. Childers

**COMMISSIONERS**

E. Richardson LaBruce, Chairman

Linda J. Robinson, Vice Chairman

Ronald J. Ianoale

Jan M. Malinowski

Dorothyann Mullen

Jeremiah W. A. Smith

Lolita Huckaby-Watson

**CHILD SUPPORT VERIFICATION**

Date \_\_\_\_\_

I do solemnly swear and state that I receive child support for my child/ children as follows:

	Child/ Children	Absent Parent Name	Amount Received	Weekly, Bi-Weekly, Monthly	This Support is Court Ordered, Voluntary, Other (if other explain below)
1					
2					
3					
4					
5					
6					

**EXPLAIN** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Absent Parent

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

**NOTARY PUBLIC  
STATE OF SOUTH CAROLINA  
COUNTY OF BEAUFORT**

SWORN TO and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Who produced \_\_\_\_\_ as identification.

Notary Public: \_\_\_\_\_

My Commission Expires \_\_\_\_\_

# 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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

**BEAUFORT HOUSING AUTHORITY**  
**P.O. BOX 1104**  
**BEAUFORT, SC 29901-1104**

**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
- Turkey 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.

## +DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully. Sign and return it to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify under penalty of perjury,<sup>1</sup> that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence for proof of age,<sup>2</sup> or
- I have eligible immigration status as checked below (see explanation on reverse side of form). Attach INS document(s) evidencing eligible immigration status, and signed verification consent form.
  - Immigrant status under 1001 (a) (15) or 101 (a) (20) of the INA,<sup>3</sup> or
  - Permanent residence under 249 of INA,<sup>4</sup> or
  - Refugee, asylum or conditional entry status under 207, 208 or 203 of the INA,<sup>5</sup> or
  - Parole status under 212 (d) (f) of the INA,<sup>6</sup> or
  - Threat to life or freedom under 243 (h) of the INA,<sup>7</sup> or
  - Amnesty under 245 of the INA<sup>8</sup>

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date: \_\_\_\_\_

(See reverse side for footnotes and instructions)

**BEAUFORT HOUSING AUTHORITY**

1009 PRINCE STREET

P.O. BOX 1104

Beaufort, South Carolina 29901

(843) 525-7059

Fax (843) 525-7090 TDD 1-800-735-2905

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Dorothyann Mullen

Jeremiah W. A. Smith

Lolita Huckaby-Watson

NAME \_\_\_\_\_ SS# \_\_\_\_\_

OTHER NAMES THAT YOU ARE KNOWN BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

I UNDERSTAND THAT POSSESSION OF A RECORD BY ME OR ANY MEMBER OF MY FAMILY WILL MAKE US INELIGIBLE FOR HOUSING ASSISTANCE FROM THE BEAUFORT HOUSING AUTHORITY.

I, \_\_\_\_\_, HEREBY GIVE PERMISSION TO BEAUFORT HOUSING AUTHORITY TO CHECK MY FAMILY'S CRIMINAL HISTORY WITH ANY LAW ENFORCEMENT AGENCY.

I FURTHER AUTHORIZE BEAUFORT HOUSING AUTHORITY TO CHECK ON A RANDOM AND PERIODIC BASIS FOR REPORTS ON INCIDENTS OCCURRING THAT INVOLVE \_\_\_\_\_, MY FAMILY MEMBERS OR GUESTS THAT REQUIRE A RESPONSE FROM A LAW ENFORCEMENT AGENCY.

I RELEASE THE LAW ENFORCEMENT AGENCY FORM LIABILITY THAT MAY ARISE FROM THIS CHECK.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_