

# RESIDENT PERSONAL DECLARATION

*Please fill out the **front and back** of this form completely.*

## 1. RESIDENT INFORMATION

Tenant's Name: _____	Home Phone #: (____) _____ - _____
Mailing Address: _____	Work Phone #: (____) _____ - _____
_____	Cell #: (____) _____ - _____
City	State
Zip	Email: _____ optional

## 2. HOUSEHOLD COMPOSITION

List yourself as "head" and then list all other persons living in your home. If there are more than 8 children and/ or other people in your household, attach the additional names on a separate sheet.

	Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Yes/No
Head						
Spouse						
1						
2						
3						
4						
5						
6						
7						
8						

## 3. DEDUCTIONS FOR CHILD CARE / TRAVEL / FOSTER CHILDREN / ELDERLY / DISABLED

**A.** If you are paying for child care list the name / address / phone # of provider (*you may claim child care costs for children under the age of 13 years*):

Providers Name	Address	City	State	Zip	Phone #
----------------	---------	------	-------	-----	---------

**B.** If you travel **more** than 25 miles **1 way** to work, school, or for medical reasons, fill out the following:

<i>Name of Person Traveling</i>	<i>Travel From</i>	<i>Travel To</i>
How Many Miles Traveled (1 Way): _____	How Often Traveling (# of days per week or month): _____	

**C.** If you or your spouse is **not** elderly but disabled, list names: (*elderly is 62+ years*)

\_\_\_\_\_

**D.** If you have foster children in your home and receive assistance for them list their names: (*this income is exempt*)

\_\_\_\_\_

**Northern Circle Indian Housing Authority**

**HOUSEHOLD INCOME INFORMATION**

**LIST ALL INCOME FOR EACH ADULT FAMILY MEMBER**

It is important that this page be completely filled out  
(If you need additional space, provide information on a separate sheet)

<p>Name of Person Receiving Income</p> <p><input type="checkbox"/> check if this income is per capita or RSTF</p>	<p>_____ Name of Income Source (ex: employer, SSA, DSS, tribe) (____)____ - _____ Phone No.</p> <p>_____ Address City State Zip</p>
---	---

<p>Name of Person Receiving Income</p> <p><input type="checkbox"/> check if this income is per capita or RSTF</p>	<p>_____ Name of Income Source (ex: employer, SSA, DSS, tribe) (____)____ - _____ Phone No.</p> <p>_____ Address City State Zip</p>
---	---

<p>Name of Person Receiving Income</p> <p><input type="checkbox"/> check if this income is per capita or RSTF</p>	<p>_____ Name of Income Source (ex: employer, SSA, DSS, tribe) (____)____ - _____ Phone No.</p> <p>_____ Address City State Zip</p>
---	---

<p>Name of Person Receiving Income</p> <p><input type="checkbox"/> check if this income is per capita or RSTF</p>	<p>_____ Name of Income Source (ex: employer, SSA, DSS, tribe) (____)____ - _____ Phone No.</p> <p>_____ Address City State Zip</p>
---	---

**SIGN AND DATE CERTIFICATION BELOW**

**I understand that I am required to provide true and accurate information for all family members residing in my home. I certify that the information I have provided on this form is a true and accurate representation of all household members and their income.**

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

\_\_\_\_\_  
**Date**

**Authorization for the Release of Information/  
Privacy Act Notice**  
to the US Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

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

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

**Northern Circle Indian Housing Authority  
694 Pinoleville Dr.  
Ukiah, CA 95482**

**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, if required by applicable Tribal or State privacy law or HA adopted policies. Currently, there are no State or Tribal privacy laws that apply to the HA. [However, the HA has adopted a Tenant Information Confidentiality Policy ("Policy") which is available for review at the HA administrative office.] HUD 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 from HUD information authorized by this form [or under the Policy from the HA].

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

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

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

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

**Sources of Information To Be Obtained**

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

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information 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:** On condition that HUD and the HA use the information exclusively to determine my eligibility and level of benefits and for no other purpose, 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.

**Signatures:**

_____	_____	_____	_____
Head of Household	Date	Other Family Member 18 and over	Date
_____		Social Security No: _____	
Social Security Number	of Head of Household		
_____	_____	_____	_____
Spouse	Date	Other Family Member 18 and over	Date
Social Security No: _____		Social Security No: _____	
_____	_____	_____	_____
Other Family Member 18 and over	Date	Other Family Member 18 and over	Date
Social Security No: _____		Social Security No: _____	

**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 year and older, have and use. Giving the Social Security Numbers of all household members six year 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 Original is retained by the requesting organization.**



**NORTHERN CIRCLE Indian Housing Authority**  
**694 Pinoleville Dr. ~ Ukiah, Ca 95482**  
**Phone# 707-468-1336 800-521-3191**

**INCOME VERIFICATION RELEASE FORM**

**I understand that by signing this Income Verification Release form, I am giving my consent to Northern Circle Indian Housing Authority to request and obtain my income information.**

**PERMISSION GIVEN BY:**

***Tenant Signature:*** \_\_\_\_\_

***Print Your Name:*** \_\_\_\_\_

\_\_\_\_\_ ***Date***

**All adult members of your household must sign a release form.  
(18 years or older)**



**NCIHA USE ONLY:**

Head of Household: \_\_\_\_\_

Verification is for: \_\_\_\_\_

Rancheria: \_\_\_\_\_

## TENANT CERTIFICATION

### 1. GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed all applicable NCIHA forms and certify that the information shown is true and correct.

### 2. REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### 3. REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

### 4. NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and will not obtain duplicate federal housing assistance while I am in this current program.

### 5. COOPERATION

I know 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 pre-scheduled meetings, completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

### 6. CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

#### **CERTIFICATION OF TENANTS**

*All Adult Members of Household Required to Sign Below*

**I certify that I have read and understand the 6 declarations as listed above. I also certify that the information that I have provided is true to the best of my knowledge and that any misrepresentations of information or false statements shall be grounds for termination of my Lease/MHOA.**

1.	_____	Date _____
2.	_____	Date _____
3.	_____	Date _____
4.	_____	Date _____
5.	_____	Date _____