

APPLICATION FOR RE-CERTIFICATION

SECTION 8 HOUSING CHOICE VOUCHER

Agency Name: Camden Housing Authority of the City of Camden

Bring this form, completed in ink, in your own handwriting to your appointment for re-certification. Use the legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All Persons age 18 and over must sign this application certifying that the information pertaining to them is correct. Do not leave any blanks. If a section or question does not apply to you, write N/A in it.

Name: _____ Home Phone # _____ Work Phone # _____

Mailing Address: _____ Physical Address: _____

Emergency Contact: _____ Address: _____ Phone # _____

I. HOUSEHOLD COMPOSITION (list all persons 18 and over in household here)

Last	Adults (age 18 and older)		Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age	Disabled Yes/No	Student Yes/No
	First	MI								
				HEAD						

(list all persons 17 and younger in household here)

Last	Minors (age 17 and younger)		Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age	Disabled Yes/No	Name/Address of Absent Parent (if applicable)
	First	MI								

Is any household member age 18 or older a full time student (other than head of household or spouse of head of household)? If yes, list name and the school they attend:

Is the Spouse of the Head of Household temporarily absent from the home [] yes [] no

If yes, where? _____

Does anyone outside the household help with bills on a regular basis? _____ If yes, List name of each person or agency that assists with bills: _____

Does anyone in your household require special accommodations due to a handicap or disability? _____ If yes, specify requirements: _____

INCOME AVAILABLE TO HOUSEHOLD:

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before any deductions).

Income Sources	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
Self-employment					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Alimony					\$
					\$
Babysitting or Adult Care					\$
					\$
Regular Contributions or Gifts					\$
					\$
Income from Rental Property					\$
					\$
Other Income (ex. TANF, GA, Food-stamps)					\$
					\$

III. QUALIFYING FOR THE EARNED INCOME EXCLUSION (If there is not a disabled adult in the household, skip to section IV, Assets.

1. Has any disabled adult household member started a new job or had an increase in earnings since last certification? _____ If yes, who? _____ if no, skip to section IV. Assets
2. How much did the person listed above earn in the 12 months immediately before his/her increased earnings or new employment? _____ Where was the previous employment _____.
3. Did the person listed above receive TANF benefits at any time in the six months before this employment or increase in earnings began? _____.
4. Was the employed person participating in a self-sufficiency or job training program at the time he/she starting this job or received the increase in earnings: _____ If yes, list training program and dates of enrollment: _____

IV. ASSETS

1. Does any household member have assets or receive any income from assets? (Check all that apply)

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Company Retirement/Pension Fund	<input type="checkbox"/> Trusts
<input type="checkbox"/> Stocks	<input type="checkbox"/> Insurance Settlements	<input type="checkbox"/> Bonds
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate(s) of Deposit	<input type="checkbox"/> checking Account
<input type="checkbox"/> Other		
2. Has an asset been given away or sold in the past 2 years? _____ If yes, what was the asset? _____
 Date: _____ What was its market value? _____ How much did you receive for it? _____.

V. Medical (complete only if the head of household or spouse is disable or is 62 years of age or older.

1. List all medical expenses that family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do Not include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>Medical insurance</u>	\$ _____	_____	\$ _____
<u>Prescription medicine</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

3. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? _____ If yes, itemize: _____

VI. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work? _____ If yes, to whom are expenses paid _____ How much per month? \$ _____.
 Address of Child Care provider: _____

VII. ADDITIONAL INFORMATION

Did you fail to report any income received by any members of your household during the past 12 months to housing Agency? [] yes [] no If yes, list amounts unreported at this time: \$ _____ If you report the income at this time, you will be given the opportunity to enter into a repayment agreement.

Answer the following questions ONLY if you are requesting a transfer:

Are you current with your share of the rent to the landlord: [] yes [] no if not, explain _____

Are all utilities in your unit (gas, electricity, water) currently turned o by the utility company? [] yes [] no if not, specify: _____

Household members age 18 and over should review the information on this form and **MUST** sign All information provided on this form is subject to verification by the Housing Agency.

I hereby swear and attest that all the information provided on this application by me, about me and my household is true and correct. I understand that I must report any changes in income, assets, and family composition to the Housing Agency within 10 days of such change. I further understand that false statements or information provided by me are punishable under federal and state law and constitute grounds for termination of your housing assistance.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

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.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-0777.

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. 07/31/2017

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

HOUSING AUTHORITY OF THE CITY OF CAMDEN
2021 WATSON ST., 2ND FLOOR
CAMDEN, NJ 08105

VICTOR D. FIGUEROA, EXECUTIVE DIRECTOR

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

HOUSING AUTHORITY OF THE CITY OF CAMDEN
SECTION 8 RENTAL ASSISTANCE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any federal, state or local agency, organization, business, or individual to release to the Housing Authority of Camden any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested, include but are not limited to:

- | | |
|-----------------------------------|----------------------------------|
| * Identity and Marital Status | * Employment, Income & Assets |
| * Medical or Child Care Allowance | * Residences and Rental Activity |
| * Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS AND INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that be asked to release the above information (depending on program requirements) includes, but are not limited to:

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

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information, HUD may in the course of its duties exchange such information with of the Federal, State or Local Agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; The U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The authorization will stay in effect of a year and one month from the dated signed:

Signatures

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Co-Head Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date

