



SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145
 Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889

Section 8 Housing Choice Voucher Program Questionnaire

- Print and Use Ink
- Complete All Sections
- Use a separate piece of paper (signed and dated) if more room needed
- All statements listed on this form must be verified by SHA to comply with governmental rules and regulations
- Clients must report in writing any changes to the information given as soon as they occur

Head of Household Name:		
Address:	City:	Zip:
Phone:	Email:	

Section 1: Household Composition – list the Head-of-Household and all household members.

Name	Relation to Head	Social Security #	Disabled	Sex	Date of Birth	Race/Ethnicity	Full Time Student
	Head of Household		Y/N	M/F			Y/N
			Y/N	M/F			Y/N
			Y/N	M/F			Y/N
			Y/N	M/F			Y/N
			Y/N	M/F			Y/N
			Y/N	M/F			Y/N
			Y/N	M/F			Y/N

Change in family composition expected? Y/N If yes, describe:

Language Do you understand and speak English? Y/N If no, language spoken:

Do you understand and read English? Y/N If no, language read:

Section 2: Income

Unreported Income: Did anyone in your household receive income that was not reported to SHA last year?

Circle: Y/N Amount: Explanation:

Employment Income: list for all household members regardless of age and/or student status.

Household Member	Employer	Employer Address	Earnings
			\$ /per
			\$ /per
			\$ /per
			\$ /per

Authorization for Release of Information

I _____, hereby authorize the Somerville Housing Authority to obtain any and all information necessary to determine my eligibility and the eligibility of my household under the Housing Choice Voucher Program. I understand that such information will be kept confidential and will be used only for program purposes.

I also authorize the Somerville Housing Authority to obtain from the local police department, sheriff office, and Federal Bureau of Investigations any or all criminal records that they may have on file in my name. Furthermore, I release the local police department, sheriff office, and Federal Bureau of Investigations and its employees thereof from any liability arising from the release of this information.

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. 200d), 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 the amount your family will pay towards 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 effect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Head of Household Name (Print)

Social Security Number

Head of Household Signature

Date

Spouse Name (Print)

Social Security Number

Spouse Signature

Date

18+ Family Member Name (Print)

Social Security Number

18+ Family Member Signature

Date

18+ Family Member Name (Print)

Social Security Number

18+ Family Member Signature

Date

18+ Family Member Name (Print)

Social Security Number

18+ Family Member Signature

Date

Emergency Contact *(optional)*

Emergency Contact	Relationship
Phone	Email Address

I, _____, grant the Somerville Housing Authority permission to use my Emergency Contact information in the event that all methods to contact me have been exhausted and/or in the event of an emergency.

Head of Household Signature	Date
Spouse Signature	Date

Applicant/Tenant Certification

Applicant/Tenant Statement:

I/We certify that the information given to the Somerville Housing Authority on household composition, income, net family assets, 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.

Head of Household Signature	Date
Spouse Signature	Date

Translation and interpretation services are available upon request, by appointment only
Services de traduction et d'interprétation sont disponibles sur demande
Sèvis tradiksyon ak intèprétasyon disponib si w bezwen
Servicio de traducción e interpretación están disponibles, con cita, una vez que lo solicite

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If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.

After verification by the Somerville Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary), on a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.



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FAMILY OBLIGATIONS OF SECTION 8 PROGRAM PARTICIPANTS

If a family violates any Section 8 program obligation, the Somerville Housing Authority (SHA) has discretion to terminate Section 8 housing assistance. The obligations are as follows:

INFORMATION AND DOCUMENTATION SUBMITTED BY THE FAMILY MUST BE TRUE AND COMPLETE.	INITIAL
The family must supply any information that SHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.	_____
The family must supply any information requested by the SHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.	_____
The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.	_____
The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.	_____
The family must allow SHA to inspect the unit at reasonable times and after reasonable notice.	_____
The family must not commit any serious or repeated violation of the lease.	_____
The family must notify SHA and the owner before moving out of the unit or terminating the lease.	_____
The family must promptly give SHA a copy of any owner eviction notice.	_____
The family must use the assisted unit for residence by the family. The unit must be the family's only residence.	_____
The composition of the assisted family residing in the unit must be approved by SHA. The family must promptly notify SHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request SHA approval to add any other family member as an occupant of the unit.	_____
The family must promptly notify SHA in writing if any family member no longer lives in the unit.	_____
If SHA has given approval, a foster child or a live-in aide may reside in the unit.	_____
The family must not sublease the unit, assign the lease, or transfer the unit.	_____
The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.	_____

The family must promptly notify SHA when the family is absent from the unit greater than **30 calendar days**.

The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).

Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.

Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state, or local housing assistance program.

A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

I hereby certify that I understand my obligations under the Housing Choice Voucher Program and that my failure to comply with these obligations may result in the termination of my participation in the HCV Program.

Signature of household members 18 years of age and over

1. (Head) _____

Date: _____

2. _____

Date: _____

3. _____

Date: _____

4. _____

Date: _____

5. _____

Date: _____

Translation and interpretation services are available upon request by appointment only
Sevis tradiksyon ak intepretasyon disponib si w bezen
Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite
Serviço de tradução e interpretação estão disponíveis somente após agendamento



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. 07/31/2021

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)

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

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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.