



Instructions: During Annual Re-certification the Head of Household should answer the questions below. All Adults, 18 years of age and older must sign the certification statement.

Client Name: _____

Phone#: _____ Email Address: _____

1. List all household members: include yourself

Name	DOB	Age	Client SSN	Relationship

2. Does any household member receive any type of income from employment, including self-employment? If yes, please list names of each family member who will receive employment income. Yes No

a. Names of the persons: _____

b. Name of employer: _____

c. Amount of income: \$ _____ weekly monthly \$ _____ weekly monthly

3. Does any household member receive income from a family owned/operated business? If yes, please answer the following questions. Yes No

a. Names of the persons: _____

b. Name of business: _____

c. Amount of income: \$ _____ weekly monthly \$ _____ weekly monthly

4. Check ALL income that applies to you.

Social Security Benefits

SSI Benefits

Unemployment

Worker's Compensation

Military Allotment

TANF

Food stamps

Alimony/Child Support



5. Does anyone in the household receive periodic payments from Annuities, Insurance policies, Retirement funds, Pensions, Disability or Death benefits, or other similar accounts? If yes, list names of recipients. Yes No

List Names: _____

6. Do you have a Checking or Savings Account? Yes No

7. Does anyone in the household receive income from assets, such as interest from checking & savings, income from property, stocks or bonds, interest, or dividends on certificates of deposit, etc.? If yes, list names of each recipient.
Yes No

List Names: _____

8. Does any household member receive money from someone outside your household to pay bills or living expenses?
Yes No

List Names: _____

9. Does anyone in the household have retirement accounts or life insurance policies? Yes No

List Names: _____

10. Does anyone in the household have Childcare expenses or receive reimbursement by an agency? Yes No

List Names: _____

11. Is any adult member of your household a full-time student or in job training? If yes, list the names of the family members who are full-time students/job training & answer the following questions (a-d): Yes No

a. Name of family member who attends school: _____

b. Name of the school family member attends: _____

c. Address of the school: _____

d. Phone number of the school: _____

Elderly and Disabled

12. Is the head, spouse, or sole member of the household 62 years or older or disabled? Yes No

List Names: _____

13. Does any household member pay for Medicare or any other type of medical insurance? Yes No

List Names: _____

14. Is any household member paying on past medical bills? Yes No

List Names: _____

15. Does any household member anticipate any medical expenses, including prescriptions and non-prescription drugs, during the next 12 months that will not be reimbursed by any source? If yes, list names of family members.
Yes No

List Names: _____



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16. Does anyone in the household pay for care or apparatus for a disabled family member so that an adult member can work? Yes No

List Names: _____

17. Does the household expect unreimbursed medical expenses for 12 months to be covered by the certification? If yes, list the persons with unreimbursed medical expenses. Yes No

List Names: _____

WARNING: Section 1001 of Title 18 USC provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies...a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both".

CLIENT'S CERTIFICATION

I _____ hereby certify that I have answered the questions on this checklist truthfully.
(Print Name)

Head of Household's Signature/Date

Spouses Signature/Date

Household Member Signature/Date

Household Member Signature/Date

If you require a reasonable accommodation, please send a written request to: FWHS 504 Coordinator, 1407 Texas St, Fort Worth, TX 76102



August 30, 2022

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

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.

APPLICATION/TENANT CERTIFICATION



APPLICANT/TENANT STATEMENT

I/We certify that the information given to Fort Worth Housing Solutions 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 understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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

FEDERAL PRIVACY ACT STATEMENT

The U. S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families. The Act also requires us to notify you of this and to tell you what HUD will do with the information.

USE: HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

PUBLIC ACCESS: HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

THE PRIVACY ACT: Restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. There may be State and local laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS AND AUTHORITY: The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSNs of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington D.C. Metropolitan Area, call 426-3500).

I have read and understand the Applicant/Tenant Certification and Federal Privacy Act Statement listed above.

Head of Household Signature

Date



August 29, 2022

General Release of Information Consent Form



I fully understand Fort Worth Housing Solutions (FWHS) will verify by third (3rd) party sources all information necessary in determining eligibility for its programs.

I authorize and understand FWHS will request verification of all factors affecting my eligibility for housing assistance. This information includes but is not limited to the following:

- Income from all sources including TANF benefits, VA pension or regular contributions received from any source for any member of my household and income disclosed through any computer driven income-matching system
- Citizenship
- Child Support Office
- Assets
- Participation under a current or prior housing subsidy program
- Criminal history
- Any deductions to income, such as childcare expenses, disability expenses and any other applicable deductions

Signature of Head of Household

Date

Signature of Spouse or Other Adult Family Member

Date

Signature of Spouse or Other Adult Family Member

Date



August 30, 2022



**FWHS Information Request
Registration as a Sex Offender/Residency in other states**

HUD regulations require Housing Authorities to ask all participants in the Housing Choice Voucher Program, the following questions at the time of annual/interim recertification:

1. Is any member of your household subject to a registration as a Sex Offender?

_____ No _____ Yes

2. If yes, which household member? _____

3. In which states have you or your family lived? (List ALL)

Warning: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO THE MATTER WITHIN ITS JURISDICTION.

Signature of Head of Household

Date

Signature of Spouse or Other Adult Family Member

Date

Signature of Spouse or Other Adult Family Member

Date

FWHS USE ONLY: Checked Database Initial _____ Date _____



August 30, 2022

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.

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

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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.

Asset Verification



Client Name: _____

Client #: _____

In order to comply with federal regulations, we are requesting certification of all assets that do not exceed the current balance of \$5000 for Housing Choice Voucher participants. Please complete the following information:

Do You or Any household member have the following?:

	<u>How Many</u> <u>Accts.</u>	
<input type="checkbox"/> CDs or Savings Bond	_____	estimated current balance \$ _____
<input type="checkbox"/> Checking Account	_____	estimated current balance \$ _____
<input type="checkbox"/> Life Insurance Policy	_____	estimated current balance \$ _____
<input type="checkbox"/> Real Estate Property	_____	estimated current balance \$ _____
<input type="checkbox"/> Retirement or IRAs	_____	estimated current balance \$ _____
<input type="checkbox"/> Safety Deposit Box	_____	estimated current balance \$ _____
<input type="checkbox"/> Savings Account	_____	estimated current balance \$ _____
<input type="checkbox"/> Other _____	_____	estimated current balance \$ _____

OR

- I currently do not have any assets at any financial institution. Assets include, but are not limited to:
- Retirement and pension funds
 - IRA and KEOGH Accounts
 - Real Estate (house, land, etc.)
 - Equity Stocks, Bonds, Securities, Money Market Certificates, of Deposits etc.
 - Balances in all financial institutions (i.e., checking)
 - Trusts
 - Cash kept in safe deposit boxes or non-interest-bearing accounts
 - Assets disposed of within the previous two years

WARNING: Title 18 Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development (HUD) is guilty of a felony.

Signature of Head of Household/Date

Signature Spouse or Co-Head/Date

Signature HH Member 18 yrs or older/Date

Signature HH Member 18 yrs or older/Date



August 29, 2022