

Poarch Creek Indians Housing Authority

5811 Jack Springs Road Atmore, Alabama 36502

Telephone Number: (251) 368-9136

Applicant(s) _____

Address _____

Email Address _____

Date _____

Phone No. _____

Work No. _____

Family Composition

	List <u>ALL</u> family members who will live or are living in the Home	Relation To Head	Date of Birth	Age	Sex	Social Security Number	Tribal Roll No.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Anticipated Change in family Composition: _____

Total Family Income

List all earned income and income received by all household members. This included income from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman’s Compensation, retirement benefits, AFDC, veteran benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Household Member	Earned Income Employer/Telephone#	Unearned Income All Income Sources	Per Capita Payment	Total Income

Total Household Income \$ _____

All applications are good for **one year**. After one year your application is discarded, if this occurs you will need to reapply. It is the applicant’s responsibility to update the application. **You are responsible for providing all required information.** If required information is not provided, the application will be considered incomplete.

Warning and Signatures

Title 18, Section 1001, of the United States Code states that a person is guilty of a felony for knowingly and/or willing making false or fraudulent statements to any department or agency of the United States.

Advised of the above, I hereby swear and attest that all of the information provided on this application is true and correct. I also understand that all changes in the household income and family composition must be reported within ten (10) days in writing to the Housing Authority.

Signature of Applicant

Date

Signature of Spouse if Applicable

Date

Department Use Only

Rental (All Subdivisions)	
Renovation Loan	
Rehabilitation Assistance	
Heat & Cool Loan	
Senior Emergency	
TAHO	
Replacement Home	

Housing Staff Member Receiving Application

Date

I. Rental

Homeless	Current Living Arrangements _____	Yes	No
Substandard Living	In adequate: heating or air plumbing wiring	Yes	No
Overcrowded Living	How many bedrooms? _____ To how many people _____	Yes	No

Answer the following questions:

Does anyone outside your household pay for any of your bills or give you money? If yes, explain	Yes	No
Have you or any household member(s) ever used any names(s) or Social Security Numbers(s) other than the one you currently use? If yes, explain	Yes	No
Have you or any household member(s) ever been convicted of any crime other than traffic violations?	Yes	No
Have you or any household member ever committed any fraud in an assisted housing program or been requested to repay money for knowingly misrepresenting information for any housing programs? If yes, explain	Yes	No
Have you or any family member lived in a Tribal rental unit? If yes, which subdivision: _____ When: _____	Yes	No
Do you have any other loans with the Tribe?	Yes	No
If so, is the payment current?	Yes	No
Name and Phone number of previous landlord.		
PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION		
Proof of Income of ALL people listed on application	Received	Incomplete
Copy of Tribal ID card on ALL Tribal Members listed on application	Received	Incomplete
Copy of Social Security Cards for ALL people listed on application	Received	Incomplete
Copy of Driver License for ALL people listed on application	Received	Incomplete
Verification from doctor or Social Security and/or Social Supplemental Security Income award letter must be provided.	Received	Incomplete
Copy of Marriage Certificate, if married	Received	Incomplete
Copy of Divorce papers showing if you have full or joint physical custody of children	Received	Incomplete
Verifiable Proof of Handicap or Disability	Received	Incomplete
Copy of Veteran’s Verification (DD214)	Received	Incomplete
Written proof of substandard living conditions	Received	Incomplete
Written proof of overcrowded living conditions	Received	Incomplete
MUST SIGN THE AUTHORIZATION FOR BACKGROUND CHECK	Received	Incomplete

A. Walker Subdivision (Pensacola, FL)

Homeless	Current Living Arrangements _____	Yes	No
Substandard Living	In adequate: heating or air plumbing wiring	Yes	No
Overcrowded Living	How many bedrooms? _____ To how many people? _____	Yes	No
Does anyone outside your house hold pay for any of your bills or give you money? If yes, Explain. _____ _____		Yes	No
Have you or any house hold member (s) ever been convicted of any crime other than traffic violations? If yes, Explain. _____ _____ _____		Yes	No
Have you or any household member ever committed any fraud in a housing program or been requested to repay money for knowingly misrepresenting information for any housing programs? If yes, explain. _____ _____ _____		Yes	No
Have you or any family member lived in a tribal rental unit? If yes, which subdivision: _____ When: _____		Yes	No
Do you have any other loans with the Tribe?		Yes	No
If so, is the payment current?		Yes	No
Name and Phone number of previous landlord.			
PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION		Received	Incomplete
Proof of Income of ALL people listed on application		Received	Incomplete
Copy of Tribal ID card on ALL Tribal Members listed on application		Received	Incomplete
Copy of Social Security Cards for ALL people listed on application		Received	Incomplete
Copy of Driver License for ALL people listed on application		Received	Incomplete
Verification from doctor or Social Security and/or Social Supplemental Security Income award letter must be provided.		Received	Incomplete
Copy of Marriage Certificate, if married		Received	Incomplete
Copy of Divorce papers showing if you have full or joint physical custody of children		Received	Incomplete
Verifiable Proof of Handicap or Disability		Received	Incomplete
Copy of Veteran's Verification (DD214)		Received	Incomplete
Written proof of substandard living conditions		Received	Incomplete
Written proof of overcrowded living conditions		Received	Incomplete
MUST SIGN THE AUTHORIZATION FOR BACKGROUND CHECK		Received	Incomplete

B. Moniac Townhouses

Homeless		Yes	No
Substandard Living	In adequate hearing ___ plumbing ___ wiring ___	Yes	No
Overcrowded Living	How many bedrooms _____ to how many people _____	Yes	No
Does anyone outside your house hold pay for any of your bills or give you money? If yes, Explain. _____		Yes	No
Have you or any house hold member (s) ever been convicted of any crime other than traffic violations? If yes, Explain. _____		Yes	No
Have you or any household member ever committed any fraud in a housing program or been requested to repay money for knowingly misrepresenting information for any housing programs? If yes, explain. _____		Yes	No
Have you or any family member lived in a tribal rental unit? If yes, which subdivision: _____ When: _____		Yes	No
Do you have any other loans with the Tribe?		Yes	No
If so, is the payment current?		Yes	No
Name and Phone number of previous landlord.			
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Copy of Social Security Cards for <u>ALL</u> people listed on application		Received	Incomplete
Copy of Driver License for <u>ALL</u> people listed on application		Received	Incomplete
Verification from doctor or Social Security and/or Social Supplemental Security Income award letter must be provided.		Received	Incomplete
Copy of Marriage Certificate, if married		Received	Incomplete
Copy of Divorce papers showing if you have full or joint physical custody of children		Received	Incomplete
Verifiable Proof of Handicap or Disability		Received	Incomplete
Copy of Veteran’s Verification (DD214)		Received	Incomplete
Written proof of substandard living conditions		Received	Incomplete
Written proof of overcrowded living conditions		Received	Incomplete
MUST SIGN THE AUTHORIZATION FOR BACKGROUND CHECK		Received	Incomplete
MUST HAVE A CREDIT SCORE OF 550 OR HIGHER			
NO PETS WILL BE ALLOWED			

II. Renovation Loan

(All work must be performed on primary residence)

Amount Requested \$		
Description any/all of Improvements: _____		

Have you ever utilized the Renovation Loan Program?		Yes No
Do you have any other loans with the Tribe?		Yes No
If so, is the payment current?		Yes No
Work to be performed by: _____ Contractor _____ Self		
If Contractor, Please provide the Contractor's information (including address and phone number):		
Company Name:	Address:	Telephone Number:
		Cell Phone Number:
Company Owner:		Fax Number:
	Email address:	
Materials to be furnished by: _____		

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Proof of Income of ALL people listed on application		Received Incomplete
Copy of Tribal ID card on ALL Tribal Members listed on application		Received Incomplete
Copy of Social Security Cards for ALL people listed on application		Received Incomplete
Copy of your Home Owners Insurance		Received Incomplete
Copy of Deed/Lease (If manufactured home, copy of the Title or other proof of ownership)		Received Incomplete
Copy of Marriage Certificate, if married		Received Incomplete
You are required to pay a Land Restriction fee upon approval of application. Fee depends on State.		Received Incomplete
MUST HAVE A CREDIT SCORE OF 550 OR HIGHER		

III. Heating and Cooling Loan Program

Amount Requested \$		
Description of Improvements : _____		

Do you have any other loans with the Tribe?		Yes No
If so, is the payment current?		Yes No
Please provide Contractor's name and Contractor's name and contact information (including address and phone number):		
Company Name:	Address:	Telephone Number:
		Cell Phone Number:
Company Owner:		Fax Number:
	Email address:	
PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION		
Proof of Income of ALL people listed on application		Received Incomplete
Copy of Tribal ID card on ALL Tribal Members listed on application		Received Incomplete
Copy of Social Security Cards for ALL people listed on application		Received Incomplete
Copy of Marriage Certificate, if married		Received Incomplete
Copy of Deed/Lease or (If manufactured home, copy of the Title or other proof of ownership)		Received Incomplete

IV. Rehabilitation Assistance

Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying:					
Please give detailed directions to the house to be rehabilitated:					
1.	To your knowledge have you received assistance through the Housing Improvement Program (HIP) for this house, or have you or anyone in your household ever received HIP assistance? If yes, indicate amount \$_____ for whom:_____ when:_____			Yes	No
2.	If repair assistance is needed, do you own or rent the home?			Own	Rent
3.	If renting, is the owner Indian?			Yes	No
4.	Type of Sewer System? (Please circle one.) City Sewer, Septic Tank, Chem. Toilet, Outhouse, and Other. If other please describe._____				
5.	Water Source? (Please Circle One.) City Water, Private Well, Community Water Tank, or Other. If other please describe:_____				
6.	Number of Bedrooms?_____ House Size: (Square Feet)_____				
7.	What year was home built?				
8.	Has any structural damage occurred to the home in the past 5 years?			Yes	No
9.	What type of Heating and Cooling System is in the home? (Please circle one.) Gas Furnace, Oil Furnace, Fireplace, Radiant Heat, and/or Electric Heat and Air				
10.	Bathroom facilities in existing house:_____ Facility:_____				
	_____ Flush Toilet			Yes	No
	_____ Bathtub			Yes	No
	_____ Sink/Lavatory			Yes	No
11.	Do you own the land on which the home is located? If you do not own the land on which the home is located provide the name and contact information of the owners:			Yes	No
12.	If you do not own the land, do you have leasehold interest? If yes, explain			Yes	No
13.	If you do not own the land, do you have a land use permit? If yes, explain			Yes	No
14.	If you do not own the land, do you have indefinite assignment or joint ownership? If yes explain			Yes	No
15.	What is the current Status of the land?	Fee	Tribal Fee	Native/Restricted	
16.	What is the current Status of the land?	Individual Trust Land	Tribal Trust Land	Public Domain	
17.	What is the current Status of the land?	Individually Restricted	Tribally Restricted	Other:	
18.	Do you own any other house not occupied by your family? If yes where is the house located: Who Occupies it:_____			Yes	No
19.	Do you live in a house built with Housing and Urban Development (HUD) funds?			Yes	No
20.	If so, is the house still under the operation of an Indian Housing Authority?			Yes	No
21.	If you are requesting assistance for a new housing unit, have you applied for assistance from the Indian Housing Authority? If yes, provide date of application:_____			Yes	No
22.	If you are requesting assistance for a new housing unit, have you applied for assistance from the Section 184 Program? If yes, provide date of application:_____			Yes	No
23.	If you are requesting assistance for a new housing unit, have you applied for assistance from any other program? If yes, provide date of application:_____ What program?			Yes	No
24.	Does anyone in your family, who is a permanent resident listed on this application, have severe health problems, handicap or permanent disability? If yes, please provide name of family member.			Yes	No
25.	Add a brief description of their condition. (You may be required to include a physician's certification, Social Security or Veterans Affairs determination, or similar determination._____				
26.	Do you have any other loans with the Tribe?			Yes	No
27.	If so, is the payment current?			Yes	No
	PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION				
	Proof of Income of ALL people listed on application		Received	Incomplete	
	Copy of Tribal ID card on ALL Tribal Members listed on application		Received	Incomplete	
	Copy of Social Security Cards for ALL people listed on application		Received	Incomplete	
	Copy of payment history for the past 6 months on a Utility Bill		Received	Incomplete	
	Copy of your Home Owners Insurance		Received	Incomplete	
	Copy of Deed/Lease (If manufactured home, copy of the Title or other proof of ownership)		Received	Incomplete	
	A copy of Marriage Certificate, if married		Received	Incomplete	
	You are required to pay a Land Restriction fee upon approval of application. Fee depends on State.				

V. Emergency Rehabilitation Program
(Tribal Seniors & Tribal Disabled Only)

Amount Requested \$		
Description of Improvements: _____		

Do you have any other loans with the Tribe?	Yes	No
If so, is the payment current?	Yes	No
Please provide Contractor's name and Contractor's name and contact information (including address and phone number):		
Company Name:	Address:	Telephone Number:
		Cell Phone Number:
Company Owner:		Fax Number:
	Email address:	
PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION		
Proof of Income of ALL people listed on application	Received	Incomplete
Copy of Tribal ID card on ALL Tribal Members listed on application	Received	Incomplete
Copy of Social Security Cards for ALL people listed on application	Received	Incomplete
Copy of your Home Owners Insurance	Received	Incomplete
Driver's License for Seniors	Received	Incomplete
Copy of Marriage Certificate, if married	Received	Incomplete
Verifiable Proof of Handicap or Disability	Received	Incomplete
Copy of payment history for the past 6 months on a Utility Bill	Received	Incomplete
Copy of Deed/Lease (If manufactured home, copy of the Title or other proof of ownership)	Received	Incomplete

VI. TAHO

A. Present Housing Conditions and Need:

Without Housing:	Yes	No
a.) Reason:		
b.) Present Living Arrangements:		
Living Under Substandard Housing Conditions:	Yes	No
a. Dwelling structurally Unsafe	Yes	No
b. No Running water in dwelling	Yes	No
c. No usable/flushing toilet in dwelling	Yes	No
d. No installed Usable Tub/Shower in dwelling	Yes	No
e. No operating sink or proper stove connections in kitchen	Yes	No
f. Inadequate or no electric wiring system in dwelling	Yes	No
g. Inadequate or unsafe heating/cooling system in dwelling	Yes	No
h. Overcrowded: Number of BR's _____ Number of people: _____	Yes	No
i. Single family dwelling occupied by 2 or more families:	Yes	No
Other conditions and factors of housing needs (Specify): _____ _____ _____		
Monthly amount now paying for rent and utilities \$ _____		
Veteran: Yes _____ No _____ 1. Branch of Service: _____ 2. Years of Service: _____ Disabled head, spouse, or single-person application: Yes _____ No _____ 1. Member Disabled: _____ 2. Nature and extent of disability: _____ Physically handicapped head, spouse, or single-person application: Yes _____ No _____ 1. Member Disabled: _____ 2. Nature and extent of disability: _____ Do you have any other loans with the Tribe? Yes _____ No _____ 1. If so, is the payment current? Yes _____ No _____		
PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION		
Proof of Income of ALL people listed on application	Received	Incomplete
Copy of Tribal ID card on ALL Tribal Members listed on application	Received	Incomplete
Copy of Social Security Cards for ALL people listed on application	Received	Incomplete
Copy of Driver License for ALL people listed on application	Received	Incomplete
Letter From Cultural /Archives on ALL Indian Descent	Received	Incomplete
Child Custody Verification	Received	Incomplete
Current Years Tax Return	Received	Incomplete
Verifiable Proof of Handicap or Disability	Received	Incomplete
Copy of Marriage Certificate, if married	Received	Incomplete
Copy of Veteran's Verification (DD214)	Received	Incomplete
Copy of deed where you want to build	Received	Incomplete
Copy of Current Lease or Mortgage	Received	Incomplete
Written proof of substandard living conditions	Received	Incomplete
Written proof of overcrowded living conditions	Received	Incomplete
MUST HAVE A CREDIT SCORE OF 550 OR HIGHER		

VII. Replacement Home

(Tribal Seniors & Tribal Disabled Only)

Provide a brief description of the problems you feel are condemning the home making it “Beyond Repair.”			
Please give detailed directions to the home:			
1.	Are you a Tribal Senior age 55 years or older?	Yes	No
2.	Are you a Tribal Disabled Person over 21 years of age?	Yes	No
3.	To your knowledge have you received assistance through any Housing Program resulting in the replacement or construction of a new home within the last twenty (20) years? If yes, indicate date _____ for whom:	Yes	No
4.	To your knowledge do you have any delinquent accounts with the Tribe, its departments, authorities, commissions or other entities?	Yes	No
5.	Is home located in the five county service areas? Alabama: Baldwin, Escambia, Mobile, or Monroe County; and in Florida: Escambia County	Yes	No
6.	Do you own the land on which the home located?	Yes	No
7.	Have you owned the home for at least the past five (5) years?	Yes	No
8.	Has any structural damage occurred to the home in the past 5 years?	Yes	No
9.	Was damage filed under insurance claim?	Yes	No
10.	Was claim denied?	Yes	No
11.	Was claim approved?	Yes	No
12.	Is the dwelling structurally unsafe?	Yes	No
13.	Do you live in a house built/bought with Federal funds?	Yes	No
14.	Do you have any other loans with the Tribe?	Yes	No
15.	If so, is the payment current?	Yes	No
PLEASE RETURN REQUIRED ITEMS WITH THE APPLICATION			
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Copy of Social Security Cards for <u>ALL</u> people listed on application		Received	Incomplete
Verifiable Proof of Handicap or Disability		Received	Incomplete
Copy of Marriage Certificate, if married		Received	Incomplete
Copy of Deed to the Home and Deed to the Land (If manufactured home, copy of the Title or other proof of ownership)		Received	Incomplete
Copy of payment history for the past 12 months on a Utility Bill		Received	Incomplete
Copy of your Homeowners Insurance, if applicable		Received	Incomplete
Copy of Insurance Claim Denial letter, if applicable		Received	Incomplete

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any Investigator bearing this release, or a copy thereof, within one (1) year of its date, to obtain any information from schools, credit bureaus, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, medical, driving record history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name)

Full Name (Printed)

Other Names Used:

Date and Place of Birth:

Social Security Number:

Today's Date :

Current Address:

Telephone Number:

PRIVACY ACT NOTICE
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by the Indian Child Protection and Family Violence Prevention Act (Public Law 101-630) and the Crime Control Act of 1990 (Public Law 101-647). The purpose of the requested information is to determine your suitability in working with children. We will protect it from unauthorized disclosure. The information will be provided to Tribal personnel who have need for the information in the performance of their official duties. While conducting the investigation, the information may be disclosed to appropriate Federal, Tribal, State, or foreign law enforcement.

NOTICE REGARDING FALSE STATEMENT
A false statement on any part of your application may be grounds for not hiring you, or terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

If additional room is needed, attach a separate sheet labeled with the corresponding sections. Applicant
Initials:_____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Requesting Agency:

Poarch Band of Creek Indians
5811 Jack Springs Road
Atmore, AL 36502

DISCLOSURE

The Federal Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Reform Act of 1996, (Title II, Subtitle D, Chapter I, of Public Law 104-208), permits the procurement of consumer credit reports for certain limited purposes, provided that the agency requesting the report makes a clear and conspicuous disclosure to the applicant that the report may be obtained for those specific purposes and obtains the applicant’s written authorization for the credit report.

In accordance with the Fair Credit Reporting Act, you are being informed that Poarch Band of Creek Indians may obtain a consumer credit report on you for purposes of determining your eligibility for certain Housing Department programs. Before taking any adverse action based in whole or in part on the report, the Poarch Band of Creek Indians will provide you with a copy of the report and a summary of your rights concerning same. The information from the report will not be used in violation of any applicable Tribal, federal, or state law or regulation.

AUTHORIZATION

I acknowledge the receipt of the above disclosure and authorize the above named entity to obtain a consumer credit report on me for the limited purposes stated above. The authorization is valid for a period of one (1) year, unless revoked by me in writing earlier. I hereby release all parties from any liability that may result from any investigation conducted and/or the release of information to the Poarch Band of Creek Indians.

Applicant's Name

Spouse’s Name- if applicable

PRIVACY ACT NOTICE

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NOTICE REGARDING FALSE STATEMENT

A false statement on any part of your application may be grounds for not hiring you, or terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Applicant's Social Security Number

Spouse’s Social Security Number-- if applicable

Applicant's Signature

Spouse’s Signature

Date

Date

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.