



CITY OF ANN ARBOR, MICHIGAN

727 Miller Avenue, Ann Arbor, MI 48103

Phone (734) 794-6720

Fax (734) 994-0781

<http://www.a2gov.org>

ANN ARBOR HOUSING COMMISSION

I, _____, am requesting an interim recertification based on the following changes:

- My family size has **INCREASED** because _____
_____ on _____.
- My family size has **DECREASED** because _____
_____ on _____.
- Household income has **INCREASED** because _____
_____ on _____.
- Household income has **DECREASED** because _____
_____ on _____.
- My childcare expenses have **CHANGED** because _____
_____ on _____.
- Other changes include _____

_____ on _____.
- NO OTHER CHANGES HAVE OCCURRED.**

Signature Head-of-Household

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date



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DISALLOWANCE OF INCREASED INCOME FROM EMPLOYMENT

**YES NO Are YOU or an ADULT household member disabled?
If NO, please DO NOT complete this form.**

If YES, please list the name below and complete the entirety of this form.

Name(s): _____

The Ann Arbor Housing Commission must not increase the annual income of an eligible family, as a result of increase income due to employment, under certain circumstances. To help us determine your eligibility please check all that may apply.

YES NO Are you currently employed?
If yes, what was the hire date? ____________

YES NO Prior to this job, were you unemployed for more than 1(one) year or more?

YES NO Prior to this job did you earn less than \$2625.00 annually?

YES NO Have you participated in any economic self-sufficiency or other job-training programs?
If you answered yes, the dates you attended from ____________ to ____________.

YES NO Have you received any money from FIA in the last 6 months?
If you answered yes, what was the benefit?

What was the value of the benefit? \$_____

I certify to the best of my knowledge all statements are true and that when circumstances change, I will notify the Ann Arbor Housing Commission to determine my continued eligibility for the federally funded housing program in accordance with the regulations of the Department of Housing & Urban Development.

Signature

Date

ELIGIBILITY VERIFICATION CHECKLIST

I (or a minor dependent in my household) have the following assets:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Checking Account(s) acct # _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Savings Account(s) acct # _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Certificates of Deposit/Time Certificates |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Money Market Funds/Treasury Bills |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stocks/Bonds |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trusts |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inheritances |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lottery Winnings |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have disposed of assets for less than fair market value w/in the last 2 years. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other: _____ |

I have the following expenses:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Childcare for work |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Childcare for school |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Handicap/Auxiliary Apparatus (Elderly/Disabled Families Only) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical Insurance Premiums (Elderly/Disabled Families Only) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescription/Medical Bills (Elderly/Disabled Families Only) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other: _____ |

I (or a minor dependent in my household) receive income from the following sources:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wages/Salaries (Employment/Job) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | College Work-Study |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cash Assistance/FIP from Dept. Human Services Case # _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Food Stamps/FAP from Dept. Human Services Case # (If not entered above) _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Supplemental Security Income (SSI) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Quarterly SSI Check |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social Security (SS) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Disability/Death Benefits |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Veteran's Administration/GI Bill benefits |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Military Pay |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unemployment Compensation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Workers' Compensation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pension/Retirement Funds |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insurance Policies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Annuities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alimony Case # _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child Support Case # (Indicate if not paid) _____ County/State _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Self-employment/Ownership of a business |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Real/Personal Property |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Strike Benefits |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interest/Dividends |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Educational Assistance/Scholarships |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Support from persons not residing in the unit (i.e. monetary gifts, food...) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lottery Winnings |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Payments received under the table for services rendered or employment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other: _____ |

I certify that, to the best of my knowledge, all statements are true and that when circumstances change, I will notify the Ann Arbor Housing Commission to determine my continued eligibility for a federally funded housing program in accordance with the regulations of the Department of Housing & Urban Development. I understand that I must provide third party verification of each item marked as "Yes". I further understand that each adult member of my household must complete a separate checklist.

Signature

Date

Please provide the requested information so we may verify information included on your checklist.

Please list the names, addresses and account #'s of all banks and financial institutions with whom you have accounts.			
Previous (OLD) Name _____ Address _____ City, St, Zip _____ Acct # _____	Current (NEW) Name _____ Address _____ City, St, Zip _____ Acct # _____		
Please give the name, address and phone number of your childcare provider.			
Previous (OLD) Name _____ Address _____ City, St, Zip _____ Phone # _____ Fax# _____	Current (NEW) Name _____ Address _____ City, St, Zip _____ Phone # _____ Fax# _____		
Please give the name, address and phone # and fax # of each employer, pension/retirement provider or other entity from whom you receive income. Fax #'s are helpful, too (If your company uses an automated system, please give the company code).			
Previous (OLD) Name _____ Address _____ City, St, Zip _____ Phone # _____ Fax# _____	Current (NEW) Name _____ Address _____ City, St, Zip _____ Phone # _____ Fax# _____		
Please give your case number and your caseworker's name with the Department of Human Services (DHS).			
_____	_____	_____	_____
Location (City) DHS Office	Case Number	Worker' Name	Phone Number
Please give case numbers and names of persons who are supposed to pay child support to you. <u>If your case is not on file with the Washtenaw County Friend of the Court, please give the name and address of your child support enforcement agency. (This information must be given even if you have not received any payments).</u>			
County/State _____ Case # _____ Payer Name _____ Children _____ Extra info _____	County/State _____ Case # _____ Payer Name _____ Children _____ Extra info _____		
If you are attending classes, please provide the complete name and address of the school(s) you attend.			
Name _____ Address _____ City, St, Zip _____ Phone # _____ Fax# _____	Name _____ Address _____ City, St, Zip _____ Phone # _____ Fax# _____		



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Obligations of the Family Page 1 of 2

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
- B. The family must:
1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
 3. 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.
 4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
 5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
 6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
 7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
 8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
 9. Request PHA written approval to add any other family member as an occupant of the unit.
 10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
 11. Give the PHA a copy of any owner eviction notice.
 12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 2. Commit any serious or repeated violation of the lease.
 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 4. 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.
 5. Sublease or let the unit or assign the lease or transfer the unit.
 6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.

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Family Obligations

Page 2 of 2

- 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
- 8. Receive housing choice voucher program housing 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.
- 9. 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.

Termination of Assistance

- A. If the family voluntarily vacates the unit, there is no guarantee that further assistance will be provided.
- B. The HA may deny program assistance for an applicant, or terminate program assistance for a participant, for any of the reasons listed below:
 - 1. If the family violates any family obligation;
 - 2. If any member of the family has ever been evicted from public housing;
 - 3. If an HA has ever terminated assistance under the certificate or voucher program for any member of the family;
 - 4. If any member of the family participates in illegal drug or violent criminal activity;
 - 5. If any member if the family commits fraud, bribery or any other corrupt or criminal act in connection with any Federal Housing program;
 - 6. If the family owes any money to an HA in connection with Section 8 or public housing assistance;
 - 7. If the family has not reimbursed any HA for any amounts paid to an owner under a contract for rent, damages to the unit, or other amounts owed by the family under the lease;
 - 8. If the family breaches an agreement with the HA to pay amounts paid to an owner by an HA; or
 - 9. If the family engaged in or threatened abusive or violent behavior toward HA personnel.

I have read and understand the preceding program requirements.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER

DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER

DATE

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.

--	--

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.

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

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.